

NHS Trafford Annual Report 2010/11

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Welcome An introduction from Graham, Terry and Liz.

Welcome to our annual report for the 2010/11 financial year, which will take you through an account of some of our key achievements, as well as highlight how we spent our budget on behalf of Trafford residents. You can find out more about what we do, and what our responsibilities are as your local primary care trust on page 4.

This report will also outline how we have achieved the objectives set at the start of the year, culminating in our summary financial statements and the audited accounts for the year. We were pleased to have achieved a £1.5million surplus at year end, which means we met the target set for us by NHS North West, the strategic health authority, at the beginning of the year.

We are continuing to make good progress against our five year pledges to ensure that the residents of Trafford are able to live longer and healthier lives. The plan also outlines how we are tackling the biggest killers in Trafford, which are cancer, cardio-vascular disease and chronic obstructive pulmonary disease, and also how we will improve people's mental health and wellbeing.

You can see how some of this work has come to fruition by reading the bowel cancer screening feature on page 14, read an overview on mental health commissioning activity on page 22, and page 26 shows how we are redesigning services to become more integrated to enable us to improve those outcomes even further.

Page 24 outlines how we involved patients and the general public in their local health services and some commissioning decision-making processes, and you can also see how we are getting Trafford more active and eating more healthily on page 21.

We hope you find the content of this annual report interesting, and if you have any questions, comments or queries, do not hesitate to get in touch using the details on the back page.

Graham Wallis Locality managing director

Terry Atherton Locality board chair

Liz O'Brien Clinical executive committee chair



£1.5million

surplus at year end, which means we met the target set for us by NHS North West.



About us

NHS Trafford is the primary care trust for the borough and during the 2010/11 year was responsible for commissioning (or buying) all, and providing a range of, healthcare services for local residents.

We monitor the performance and progress of healthcare services in Trafford, which include the hospitals, health centres and care homes. We also take a leading role in improving the health of the local population.

We are constantly working to develop health services in Trafford, with the key aim of ensuring that quality is continually improved, that people across the borough have good access to services and information, and that health inequalities are addressed.

Our overall aim for the 2010/11 year was to support the people of Trafford with quality, local health services that are commissioned to world class standards so that they live longer, healthier lives.

This was underpinned by the following priorities:

- To deliver improvements in health and wellbeing for all people in Trafford
- To commission quality healthcare services that meet the needs of local people
- To involve staff, patients and the public in decisions about their health and healthcare
- To ensure we are well run and fully fit for purpose

How we intended to deliver these priorities

Deliver improvements in the health and wellbeing for all people in Trafford

- Deliver preventative interventions that increase life expectancy and improve the quality of life of local people.
- Work with our partners to tackle the needs of the most vulnerable and disadvantaged groups in Trafford so that we can reduce health inequalities.

Commission quality healthcare services that meet the needs of local people

- Commission services in a way that delivers integrated and innovative models of provision.
- Ensure health services are delivered to best practice, quality and safety standards.
- Improve the efficiency of local health services and ensure they are value for money.
- Ensure that patients are able to receive appropriate forms of care in the most appropriate settings.

Involve staff, patients and the public in decisions about their health and healthcare

- Improve our communications with staff, patients and the public to improve their knowledge of the health system.
- Involve staff, patients and carers in decision-making and improve the patient experience by acting on their feedback.

Ensure we are well run and fully fit for purpose

- Improve the capability of our people to ensure we are able to commission to world class standards.
- Improve and sharpen our focus on performance and risk so that decisions can be based on high quality information.
- Ensure that we lead and participate in meaningful partnerships that add value and improve health outcomes.

This annual report will detail evidence of how we have achieved these objectives.



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Commission quality healthcare services that meet the needs of local people.

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Introducing our board NHS Trafford's executive management team is responsible for the day-to-day running of the primary care trust, under the leadership of the organisation's chief executive (now locality managing director).

The executive management team sits on the board, and is joined by a chair and seven non-executive directors. The board sets strategy, monitors performance against objectives, ensures high standards of corporate governance and promotes links between the organisation and the local community.

Non-executive directors are appointed by the Appointments Commission for a four-year term and the chief executive and executive directors are appointed through a competitive and open recruitment and selection process by the authority of the board.

The dates and times of all the board meetings are published on the website. They are open to the public, who can also ask questions.

www.traffordpct.nhs.uk



Executive directors

- 1 Mike Barker – Director of corporate affairs, partnerships and compliance
- 2 Tim Barlow – Director of finance, contracting and performance (Locality director of finance, contracting and performance from 3 May 2011)
- 3 Dr George Kissen – Medical director
- 4 Gina Lawrence – Director of commissioning
- 5 Liz O'Brien – Clinical executive committee chair
- 6 Abdul Razzaq – Director of public health
- 7 Graham Wallis – Chief executive (Locality managing director from 3 May 2011)

Non-executive directors

- 8 Graham Aitken
- 9 Akilah Akinola
- 10 Terry Atherton – Chair (Locality board chair from 3 May 2011)
- 11 Paul Connellan
- 12 Dr Malcolm Clarke
- 13 Bob Galley
- 14 Dr Priscilla Nkwenti – Vice-chair
- 15 Barbara Rimmer

Associate board member

- 16 Jan Hornby - Interim associate director of human resources

Co-opted board member

- 17 Deborah Brownlee – Corporate director, Trafford Children and Young People's Service (CYPS)

Our governance

We have followed strict governance procedures and protocols during the 2010/11 financial year to ensure that we operated in a sound way, and to enable us to manage risks. Our governance structure includes both internal processes and external scrutiny.

The board delegates appropriate authority to its committees to make recommendations, decisions and carry out strategic work. Each committee has a chair and membership from representatives of the NHS Trafford board (see table opposite).

Risk management

NHS Trafford has a comprehensive risk management strategy, which details the organisation's long term vision for managing risk. A risk management policy complements the strategy, and outlines the approach to identifying, managing and reporting risk.

A board assurance framework is used at a strategic level, and a corporate risk register is used operationally, to identify and manage all types of risk such as safety, clinical, financial, regulatory and information governance. Both documents are scrutinised by the integrated governance committee, with updates on the progress of managing risk presented to the board.

A process of risk assessing is embedded throughout the organisation to support the risk reporting process. Regular staff training is also provided to ensure that robust risk assessments support the internal control framework. The statement on internal control (SIC) sets out the primary care trust's (PCT) approach to internal control, which has been signed by the cluster chief executive as the accountable officer. The head of internal audit's opinion provided significant assurance over the PCT's risk management arrangements as part of the SIC process.

Independent review of the risk management and internal control framework through the use of resources assessment, which scores PCTs from 1 (below minimum requirements or inadequate performance) to 4 (well above minimum requirements or performs excellently), increased the PCT's score from 2 to 3 leading into the reporting period.

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Committee	Description	Chair	Board membership
Audit	A sub-committee of the board, which reviews the work and findings of internal and external audits as well as other significant assurance processes to ensure the organisation meets its corporate objectives.	Barbara Rimmer	Graham Aitken Tim Barlow Dr Malcolm Clarke
Clinical executive	Assists the organisation in developing policies and strategic direction, including the provision of healthcare. It develops and monitors clinical governance and quality standards.	Liz O'Brien	Terry Atherton Tim Barlow George Kissen Gina Lawrence Abdul Razzaq Graham Wallis
Joint commissioning board (adults)	Responsible for direction and supervision of the strategic partnership through planning, commissioning, policy setting, governance and performance management of services, and is the main reporting body for sub-commissioning groups.	Terry Atherton (part of the year)	Terry Atherton Gina Lawrence
Joint commissioning board (Children and Young People's Service)	Responsible for direction and supervision of the strategic partnership through planning, commissioning, policy setting, governance and performance management of services, and is the main reporting body for sub-commissioning groups.	Graham Aitken	Mike Barker Dr Priscilla Nkwenti
Finance and performance	Considers financial performance, financial planning and strategy and provides the board with exception reporting and robust recommendations for actions needed. Links into both the audit and integrated governance committees.	Bob Galley	Terry Atherton Tim Barlow Gina Lawrence Dr Priscilla Nkwenti Graham Wallis
Integrated governance	Provides assurance to the board that there are robust structures and accountabilities in place for identifying and managing risks, receives assurance from providers of robust clinical governance and approves all HR policies and procedures.	Paul Connellan	Graham Aitken Mike Barker Tim Barlow Gina Lawrence (until September 2010) Abdul Razzaq
Remuneration	A sub-committee of the board, which has responsibilities in relation to the remuneration and terms of service for the chief executive, executive directors, clinical executive and other senior employees.	Terry Atherton	Bob Galley Barbara Rimmer
Provider Services	Governs and takes decisions for areas delegated by the board in relation to Trafford Provider Services, setting its vision and strategic aims and objectives and ensuring the achievement of these.	Dr Malcolm Clarke	Akilah Akinola Mark Brandreth John Lafon (independent) Andrew Rink (independent)

NHS Greater Manchester cluster board

The Department of Health announced in the 2011/12 Operating Framework that there was mandatory requirement for all primary care trusts (PCT) 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, 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.

The ten PCTs within Greater Manchester have worked together to establish a cluster. The NHS Greater Manchester cluster board became operational on 7 June 2011 when it assumed the statutory responsibilities of its constituent PCTs as set out in the establishment agreement document. At this time a single board of directors became the embodiment of the board of each of the ten individual PCTs. Each director carries statutory accountability as a director of each of the ten constituent PCTs.

As a result, the board of Trafford PCT (NHS Trafford) delegated authority to sign off the accounts to the cluster board at its board meeting on 7 June 2011. Operational management of Trafford PCT continues at a local level, with a locality board accountable to the NHS Greater Manchester cluster board. Whilst the annual report and accounts of Trafford PCT were approved by the NHS Greater Manchester cluster board and certified by the cluster chief executive and director of finance, this was done following the provision of appropriate assurance from Trafford PCT's chair of local audit group, external auditor and locality director of finance to the NHS Greater Manchester cluster board on 7 June 2011.

NHS Trafford's chief executive and director of finance became the locality managing director and locality director of finance, respectively, once the cluster board became accountable.

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Trafford CYPS Trafford Children and Young People's Service (CYPS) is the only integrated children's service in the north west, bringing together the commissioning and provision of health, social care, and education services for children and their families within Trafford.

The organisational governance arrangements are through a strategic partnership agreement between NHS Trafford, Trafford Council and Trafford Healthcare NHS Trust. Deborah Brownlee, the corporate director for CYPS, is co-opted onto NHS Trafford's board to provide assurances on the service.

There is a very strong integrated commissioning relationship between NHS Trafford and Trafford Council for the commissioning of child community health services, and the next stage of this development will be working towards an enhanced strategic partnership agreement for integrated commissioning for children's services.

The work of CYPS has been subject to considerable external scrutiny, with a full inspection of safeguarding in April 2010, which judged the service as 'good' and highlighted the very positive multi-agency working. Trafford then received the highest grading of 'Performs Excellently' by Ofsted in its 2010 Annual Rating, which was published in December 2010. The multi-agency referral and assessment team, made up of health, social care, education, and police staff, has been used as an example of good practice by Ofsted in its annual report.



The following integrated multi-agency services are currently in place with all three agencies making a full contribution:

- Multi-agency family support teams (north, south, and west locality-based)
- Multi-agency referral and assessment team
- Children in care service
- Children's centres services
- Complex and additional needs
- Youth offending services

How we spent your money

NHS Trafford had a budget of £388million for 2010/11, which was used to tackle health inequalities in the borough to ensure that everyone, no matter where they live, has access to high quality healthcare whenever they need it.

● **NHS healthcare contracts: £230m**

This is the money we pay to providers of care for Trafford residents, including acute and specialist hospital care, and ambulance services.

● **Prescriptions: £39m**

● **GPs: £29m**

● **Non-NHS healthcare contracts: £28m**

This includes community, voluntary and private sector providers of mental health care, drug action support and nursing services in care homes.

● **Employee pay: £26m**

● **Dental services: £13m**

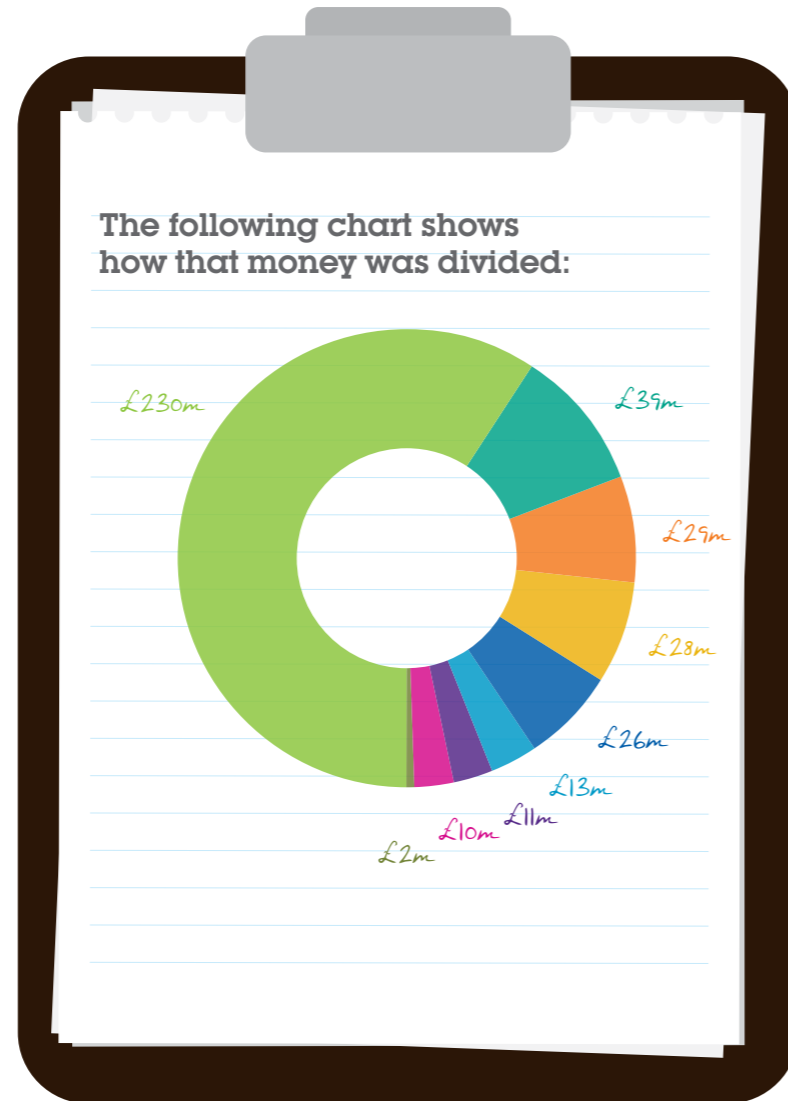
● **Supplies and services: £11m**

This refers to the purchase of medical and surgical equipment.

● **Pharmacy services: £10m**

● **Opticians: £2m**

Total: £388m



An overview of Trafford: Services and health

The population of Trafford is made up of over 231,000 people.

The borough has:

39 GP practices

140 GPs

59 pharmacies

37 dental practices

27 optician practices

- 55.2% of school children spend at least three hours a week doing sport
- 5.49% is the percentage of people diagnosed with diabetes
- Trafford's teenage pregnancy rates are 5.8% lower than the national average
- Trafford's rate of increasing and higher risk drinking is 3.9% higher than the national average

Community, district and allied healthcare services are mainly provided by Trafford Provider Services, which until 31 March 2011 was an 'arms length' part of NHS Trafford (more information on this can be found on page 17).

In terms of hospital care, admissions of Trafford registered patients into the four main local hospitals were split as follows:

- University Hospitals South Manchester NHS Foundation Trust – 34%
- Trafford Healthcare NHS Trust – 30%
- Central Manchester University Hospitals NHS Foundation Trust – 22%
- Salford Royal NHS Foundation Trust – 7%

The health of people in Trafford is described by the English Public Health Observatories in the 2011 health profile as 'mixed' when compared to the rest of England. Deprivation is lower than average, however 7,600 children live in poverty. Life expectancy for women is higher than the England average, and all cause mortality rates for both sexes are falling.

Overall, some people in Trafford are dying earlier than necessary because of just three diseases: Cancer, cardio-vascular (heart) disease and chronic obstructive pulmonary (respiratory) disease. However, early death rates from cancer and heart disease and stroke have fallen and are now similar to the England average.

People from the most deprived parts of our borough are, on average, living significantly shorter lives than people from the most affluent areas in Trafford: eleven years less for men and six years less for women. People with mental health problems and learning disabilities also tend to suffer poorer physical health than the rest of our population.

An estimated 19.2 per cent of adults smoke and 21.4 per cent are obese. The rate of hospital stays for alcohol-related harm is higher than average.

Helping people get NHS dental treatment

In Trafford over 19,000 extra people are now able to access NHS dental care.

More NHS dental places were made available to the borough's residents by using healthcare funding to open five new purpose-built dental practices, and these extra places were promoted using advertising, public relations and road shows.

Martin Tickle, professor of dental public health and primary care at Manchester University and NHS North West, said: "Trafford beat its target to provide 130,000 residents with NHS dental places, while at the same time producing nationally important innovations, such as a dedicated website that allows residents to search by postcode for practices nearby which are accepting patients."

Trafford residents that would like an NHS dentist can still get one by visiting the website www.trafford-dentists.nhs.uk. Alternatively, they can call the dental hotline on 0845 602 0708, or email dentalenquiries@trafford.nhs.uk to register.

Screening successfully catches bowel cancers

NHS Trafford has been taking part in a national screening programme to try and catch bowel cancer in its early stages.

Postal screening kits are being sent to everyone aged between 60 and 69, around the time of their odd-numbered birthday, and those aged 70 and over can also request kits by phoning the special hotline: **0800 707 6060**.

Dr Lisa Davies, consultant in public health at NHS Trafford, said: "The kits detect early cancers in people with no symptoms by checking stool samples for tiny traces of blood. Bowel cancers caught early can be more easily treated, so carrying out this simple test really could help save your life.

Alongside the screening programme, NHS Trafford is working hard to raise awareness amongst Trafford residents of some of the tell-tale signs of bowel cancer, and to encourage them to visit their GP as soon as they have any of the symptoms.

"The key signs of bowel cancer are things like rectal bleeding and diarrhoea, and many people are reluctant or embarrassed to speak to a doctor about them," added Dr Davies. "However, it is really important that you see your doctor if you have any of these symptoms. The earlier a cancer is caught, the greater the chance of survival, so I urge people to take the time to see their doctor and protect their health."

In 2010/11:

- 52.3% of those invited to take part did so.
- 104 abnormal screens were found.
- 63 of those screens were men and 41 women.
- 71 were polyps (cysts on the lining of the bowel that can turn into cancer). The patients had these removed.
- 16 were bowel and polyp cancers that are now being treated.

Supporting mums who want to breastfeed

A whole host of activity took place during the year to try to increase the number of new mums breastfeeding their babies.

Breast milk is seen as the best form of nutrition for infants, and exclusive breastfeeding is recommended for the first six months of a child's life. Breastfed babies are at lower risk of chest infections, and exclusive breastfeeding reduces the chances of babies being hospitalised with diarrhoea and respiratory infections.

A support network for new and expectant mothers was established by infant feeding coordinator Jackie Hall from Trafford Children and Young People's Service (CYPS), where discussion groups and education sessions could be accessed.

These groups cover a range of topics such as the difference between formula and breast milk, understanding the baby's feeding cues, and expressing and storing.

Drop-in sessions, led by peer supporters, were also set up to provide further support, advice and access to resources. These sessions are also regularly attended by a qualified breastfeeding counsellor.

The peer supporters are local breastfeeding mums who took part in a ten-week training course to equip them to be able to deal with questions or concerns that women might have.

Stretford mum Samantha Bell, 21, breastfed her son Aaron, 3, for a year. "We learnt so much on the course, particularly about the health benefits of breastfeeding. I'm looking forward to passing on the knowledge and helping other mums-to-be who might need some encouragement to take up breastfeeding."

73.1 per cent of mothers initiate breastfeeding at birth, and breastfeeding rates between six and eight weeks in 2010/11 were 50.1 per cent.

For more information about the drop-in sessions and discussion groups, call Jackie Hall on 07894 489 937. For help and advice on anything to do with breastfeeding, call the NHS breastfeeding helpline, 0300 100 0212, or visit www.breastfeeding.nhs.uk.



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Protecting people

Immunisations

It was a difficult winter in 2010/11, with lots of cases of seasonal flu, some mild and some more severe. This year swine flu was one of the main seasonal flu strains, and in response, the seasonal flu vaccine, which included protection for swine flu (H1N1), was promoted to pregnant women, at risk groups and front line staff by NHS Trafford.

Parents were urged to ensure that their children had all recommended doses of the measles, mumps and rubella (MMR) vaccine. To help with this, Saturday drop-in clinics were set up to make it easier for children to receive MMR and any other missed vaccinations.

The uptake for MMR in 2010/11 remained between 87 and 92 per cent, which is below the 95 per cent target recommended by the World Health Organisation. The plans underway to improve our uptake figures in 2011/12 include encouraging immunisers to offer opportunistic immunisation for children with outstanding vaccinations when they visit clinics or GP practices.

We will also be actively inviting children with outstanding vaccinations to Saturday drop-in clinics, and are hoping to implement home and school immunisation sessions targeting any persistent non-attendees and any children with outstanding immunisations.

We also continued to encourage girls aged between 12 and 18 years old to have the HPV (Human papillomavirus) vaccine, which protects against the HPV virus, which can lead to cervical cancer.

The HPV programme is delivered in schools to girls in Years 8 to 10. Those out of school up to 18 years old are vaccinated by their GP or can access the vaccine at Saturday drop-in clinics. The uptake rate in our routine Year 8 vaccinations in 2010/11 was 86.7 per cent compared to a Department of Health recommended target of 91 per cent.



Planning for an emergency

NHS Trafford recognises the importance of being prepared for an emergency, for example, a major incident or a pandemic outbreak.

The organisation has a major incident plan in place and has an on-call rota, which is covered by senior managers and directors, 24 hours a day, seven days a week.

There is a corporate business continuity plan in place, which is broken down into individual department roles, responsibilities and requirements.



Transforming Community Services Transforming Community Services was a national programme undertaken to ensure that primary care trusts separated the commissioning, or buying, of services from service provision by April 2011.

The 2010/11 NHS Operating Framework and the NHS White Paper published in June 2010 made it clear that this was a vital step towards empowering frontline staff, and helping to give patients more choice and control over their community care and treatment.

Trafford Provider Services (TPS) was the provider arm of NHS Trafford, and is the organisation that provides district nursing, community nursing and allied health services in the borough.

Community services provide essential care to the people of Trafford, from promoting good health to managing long term conditions and end of life care.

Good community services are vital when transferring care and treatment from hospital settings, and providing services closer to people's homes is easier and more convenient for patients, and can also help their recovery.

Our Transforming Community Services strategy involved moving TPS to Ashton, Leigh and Wigan Community Healthcare Trust as an interim arrangement while plans are put in place for it to become the heart of a new organisation to help deliver innovative integrated care for patients.



Community services provide essential care to the people of Trafford, from promoting good health to managing long term conditions and end of life care.



Service innovation

2010/11 saw the introduction of some innovative additions to services, which patients are already seeing the benefit of.

Toughbooks

Trafford Provider Services brought technology to the frontline, when the organisation gave a number of community staff super durable laptops called Toughbooks.

As part of the strategy to enable staff to work more flexibly, these computers mean that community healthcare staff can stay online while they're on the move, linking them up directly with both their own and Trafford Healthcare NHS Trust's secure data sharing websites.

It also means that they can immediately access their patient's medical records while treating them in the home.

The Toughbooks, so called because they can withstand excess heat, vibration, drops and spills, mean that frontline clinical staff can go about their jobs while still being linked to records at Trafford's hospitals. This allows them to maximise their time at work because they don't need to keep returning to a base to fill in paperwork online.



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Parkinson's nurse

NHS Trafford appointed a Parkinson's disease nurse specialist after agreeing funding for the post from Parkinson's UK.

Rachel Lodge (pictured below) took up the position at the beginning of March after working as a district nursing sister in the borough for the last ten years.

She is based with the neuro-rehabilitation team and has set up a specialist Parkinson's disease service to support and advise patients and their carers.

Rachel said: "I have always had an interest in Parkinson's and have been involved with many patients living with it during my time in the district nursing team.

"As part of my role, I am working alongside existing services in Trafford and other areas to support patients locally by assessing and monitoring them. I will also be educating patients, carers and other healthcare professionals, and I will be continually developing the service to accommodate the needs of my patients and staff involved in their care."

Parkinson's disease is a progressive neurological condition that primarily affects movements such as walking, talking and writing. It also has non-motor symptoms such as sleep disturbance and depression.

Phlebotomy clinics

Trafford Provider Services launched a blood test clinic at Sainsbury's in Urmston to make it easier for residents in the borough to get a fasting blood test.

The early morning clinic is held from 7.30am to 9.30am, Monday to Friday (excluding Bank Holidays) and is for patients who are required not to eat or drink before having their blood sample taken. A phlebotomist (a person trained to take blood) sees patients in the consultation room by the in-store pharmacy.

Debbie Walsh from Trafford Provider Services, commented: "We are constantly striving to make health services more convenient and accessible for the people of Trafford, so we were delighted when Sainsbury's agreed to provide the facilities for us to run these clinics.

"This service allows those who can't eat before a blood test, such as patients who need their blood glucose or cholesterol levels monitoring, to have the test first thing in the morning and then carry on with their day as normal. The benefit is that many patients will not require time off work to attend a ten minute appointment at a hospital or community clinic."



Linking nurses to improve patient care

In September 2010 NHS Trafford launched a new secure website, the Independent Sector Clinical Leads Network, to provide all nurses in Trafford with a singular base for them to access and share information.

NHS staff can then use this website to share their knowledge and expertise with independent nurses working in Trafford's nursing homes and residential care homes.

Michel LeStraad, NHS Trafford's named nurse for vulnerable adults and the clinical lead for the care home sector, was instrumental in developing the website. He said: "This is a really simple, innovative way of working, enabling us to share expertise, knowledge and skills which supports two way communications with colleagues from across the nursing, allied health professional and social care sectors.

"This virtual network exists to share best practice, research and experiences, which will improve the delivery of care to service users and support nurses and residential care managers to maintain and increase standards in the wider care sector."

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I will be continually developing the service to accommodate the needs of my patients and staff involved in their care.

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Improving people's health

World Mental Health Day 2010

NHS Trafford's health improvement team and provider blueSci worked in partnership to develop a World Mental Health Day celebration in Partington on 7 October 2010. The theme was mental health and chronic physical illnesses: the need for continued and integrated care.

Over 200 people visited the Healthy Living Centre and listened to talks on all sorts of topics, from the detrimental effects of cannabis smoking to mental health and medication, listened to poetry readings, watched healthy cooking demonstrations and even got to have a go at belly dancing, salsa and choir singing.

One in four people will experience some kind of mental health problem and people who experience severe mental ill health risk real inequalities in terms of their physical health.

Also, people who live with a long term physical illness such as cancer, diabetes, chronic pain, cardio-vascular or respiratory diseases have poorer mental health outcomes than the general population. Partington has the highest percentage of households containing at least one person with a limiting long term illness, health problem or disability in Trafford.

A combination of mental and physical health problems will often lead to stigma, discrimination and poor access to healthcare.

The mind and the body are connected so there is an absolute link between our mental and our physical health, so **five ways to wellbeing** were used to help tackle this issue.



Connect

With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.



Keep learning

Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.

Take notice

Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.



Be active

Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.

Give

Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.



18.9% of year six children and 21.4% of adults in Trafford are considered to be obese.



Change 4 Life

18.9 per cent of year six children and 21.4 per cent of adults in Trafford are considered to be obese.

Change 4 Life is a national social marketing initiative that aims to get families eating more healthily and doing more physical activity to help tackle obesity, which can lead to a range of physical and mental health problems.

A programme of Change 4 Life activity is delivered in the borough in partnership with NHS Trafford's Fit for Life project in Partington, Trafford Provider Services and the Children and Young People's Service.

This scheme supports people to make healthy changes to their lifestyle, such as at group sessions, where families can do some exercise, learn healthy eating ideas and make new friends.

A child weight management group has also been set up, to include family-led healthy eating advice, physical activity and general support. Over the course of the year, many children have reduced their BMI, increased their weekly physical activity levels and fitness, and also increased their consumption of healthier foods.

Find out more at www.nhs.uk/change4life.



Quitting smoking

An estimated 19.2 per cent of adults in Trafford smoke, and smoking is a major contributory cause of respiratory problems, cancers, heart disease and stroke.

NHS Trafford's public health team has a stop smoking service that provides a range of support for people wanting to quit, either in the home or in community venues, including:

- One-to-one support
- Advice on nicotine replacement therapy
- Telephone and text message support
- Carbon monoxide monitoring

The team also has a team of specialists to help people, including an adviser that looks after smokers who have made repeated attempts to quit, or who are having difficulty quitting, and someone who can support people to quit while in hospital.

During 2010/11, 2,886 people attempted to quit smoking using the NHS in Trafford, and 1,329 people quit for over four weeks. The annual post-four week quit smoking target was achieved with an increase on performance of 18 quits on the previous year.

Mums-to-be can also get specialist support from Trafford's stop smoking service. It is estimated that 244 pregnant women were smokers at the time of delivery. The number of expectant mothers smoking in Trafford continues to fall and is the lowest in the north west and below the national average. During 2010/11, 33 pregnant women set a quit date and seven remained as a quitter at four weeks.

Contact the stop smoking team by calling 0300 456 2400 or emailing stopsmoking.trafford@nhs.net.



19.2% of adults in Trafford smoke.



Helping people to have good mental health and wellbeing

Improving the mental health and wellbeing of the population can deliver long-term improvements in physical health, reduced mortality, a better quality of life, higher educational attainment, economic wellbeing and reduction in crime and anti-social behaviour.

Commissioning positively for mental health and wellbeing means enabling people to look after themselves, stay healthy and independent; and allowing them to choose and easily access the type of help they need, when they need it.

This requires an understanding of local health inequalities, their causes and their implications. It also requires actively identifying the groups or areas whose wellbeing may be at risk and specifically giving them a voice to influence and access targeted interventions for physical and mental wellbeing.

As such, we developed a series of service reviews and action plans that will result in improved outcomes, including:

- More people flourishing with improved wellbeing and fewer mental health problems
- More people with mental health problems recovering good quality of life
- Fewer people with mental health problems having poor physical health or dying prematurely, and fewer people with physical ill health having poor mental health
- More people having a positive experience of care wherever it takes place
- Fewer people suffering avoidable harm from the care and support services they receive
- Fewer people suffering stigma and discrimination as a result of negative attitudes and behaviours to people with mental health problems

Over the past year, positive progress has been made, and further work will now be required to support the continuation of local integrated service models in line with local authority and the shadow clinical commissioning group made up for GPs.

To date, there are safe, sound and supportive local specialist mental health and disability services in place, through various community teams and in-patient services.

A number of amendments have been made to existing commissioning arrangements, including new services, expansion of services and change of care pathways.

Work continues to build on effective commissioning of services as they continue to expand in order to meet the needs of the population. Equitable access, evidence-based interventions, and efficiency throughout the care pathways are at the heart of the mental health programme.



Work continues to build on effective commissioning of services as they continue to expand in order to meet the needs of the population.



Improving services for people with learning disabilities

In the autumn, people with learning disabilities, their carers and their supporters came together with Trafford's health service to discuss their experiences of healthcare in the borough.

NHS Trafford's commissioning team, led by mental health commissioner Sandy Bering, was looking to improve services for people with learning disabilities, and the event gave attendees a chance to share their views on how this could be done.

What they said

Health services in Trafford would be better for people with a learning disability if...

- There was greater provision for people with complex and profound difficulties.
- Staff explained things properly to people and spent time with people, to listen to them and understand their emotions and thoughts.
- Waiting times were minimal for getting appointments and people are seen on the day.
- There was a link person within GP surgeries to tell people about different services.
- The relevant websites were made more accessible to people.
- People coming back into the area get information on health and wellbeing services without having to get a new assessment or referral.

Information gathered from the day was taken to an event with key health service professionals and managers where they agreed a detailed action plan as part of the work on delivering better integrated care systems for vulnerable people in Trafford.

What has been done based on the feedback

- Improved availability of accessible information and better signage and direction: An accessible information and consultation worker has been established within the community learning disability team employed by Cheshire Wirral Partnership NHS Foundation Trust to support this work.
- Expanded emotional and mental health promotion activity to include people with a learning disability and their carers: A project offering carers health checks has been set up to support parents of those with learning and other disabilities. There have been significant improvements in physical and mental wellbeing for these carers.
- More accessible leisure centres and keeping fit activities through physical adaptations and passes for accompanying carers. Access Trafford has undertaken review work, which has resulted in a much better offer for people with disabilities and their carers. Customer care training has been set up by Trafford Leisure Trust.
- Better practical help for families and carers to help them when their relatives are in hospital: A detailed hospital service improvement programme is now in place, with a flagging system introduced to identify people with a learning disability at Trafford General Hospital so that additional reasonable adjustments and support can be provided.
- Improved hospital liaison support and access to the Patient Advice Liaison Service (PALS). The hospital service improvement programme is supporting this.

Involving patients, carers and the public



Trafford Talks Health network

Trafford Talks Health network is made up of almost 300 local people who want to keep up to date with local health issues and to have their say about the services available for people in the borough. Two events were held between April 2010 and March 2011, which focused on the national GP choice consultation and the development of integrated care services in Trafford, which was a joint event with Trafford LINK (local involvement network).

Prioritisation panel

Because of a growing demand for health services, and because money to pay for those services is limited, sometimes difficult decisions have to be made as to where this money is spent.

To help make these decisions, NHS Trafford set up a prioritisation panel where business cases for services or treatments can be assessed, and recommendations can be made as to whether that service or treatment needs to be commissioned, re-commissioned, suspended or de-commissioned.

Public representatives were formally recruited to sit on this panel alongside managers and clinicians to ensure that the interests of patients and the general public are appropriately represented within decision making processes.

Throughout the year, members of the network were also sent details on how to participate in events and consultations relating to health.

Anyone can join the network. It's completely free and members can sign up for as much or as little involvement as they like.

Those interested can complete a contact form at www.surveymonkey.com/s/contactform, email Tracy.Clarke@trafford.nhs.uk or call 0161 873 6008.

Patient congress

Trafford patient congress events were held in July and November 2010 to inform and discuss the development of Trafford's integrated care strategy, which interest groups, patient representatives and community and voluntary organisations attended.

The format of the event included a presentation about the integrated care system with questions and answers, a workshop to identify its benefits, a workshop to discuss creating supportive networks and feedback sessions.

Key areas of interest for attendees included understanding reasons for change in Trafford, the impact on quality of care, understanding how patient engagement will work in practice and how integrated care services will be implemented with the support of GP practices.

Feedback from the workshops was used to inform the development of a new model for public engagement and patient experience tracking within a Trafford integrated care service.

Attendees had a real appetite to learn more about how the NHS was financed and a subsequent event was provided to cover this topic in more detail.



Trafford Maternity Services Liaison Committee (MSLC)

The committee is a group of people, including new parents, midwives, doctors and other care professionals, who help improve maternity care and facilities for parents and babies who live in Trafford. Anita Kiernan (pictured left) and Zoe Heaton were appointed as chair and vice chair respectively in November 2010. Both live in Trafford, have young children and have been members of the MSLC during the last year.

Standalone midwife-led unit in Trafford

During November 2010 NHS Trafford re-examined public attitudes towards the concept of a standalone midwife-led unit (MLU) in Trafford. A survey was developed that asked questions about current perceptions on maternity service choice and likely future interest in a standalone MLU in Trafford. This was circulated to our Trafford Talks Health network, Trafford LINK and FASNET (Family Support Network). Workshops took place at parent and baby groups and views were sought at an event about maternity services at Partington Healthy Living Centre and from young parents.

The findings showed that there was little public support for a standalone MLU, and consultation with Trafford GPs showed that they did not believe it offered value for money. They also didn't feel there was enough published clinical evidence to support the safety of the service as a standalone unit. A report outlining these findings was presented at the NHS Trafford board meeting for consideration in January 2011, where it was agreed that there was no viable clinical or financial case to commission the service in Trafford.

New members are welcome, and any parent who lives in Trafford and has had a baby in the last five years can join.

Those interested can email Tracy.Clarke@trafford.nhs.uk or call 0161 873 6008. Meetings are held at Urmston library with a free crêche available for under 5s.

Trafford Cancer Patient User Partnership

The Trafford Cancer Patient User Partnership (PUP) is a forum where cancer patients and carers work in partnership with health professionals to improve cancer services for Trafford residents. Meetings are held bi-monthly at Trafford Macmillan Care Centre or the Holy Family Parish Church in Sale.

For more information about Trafford Cancer PUP email Sherida.Collins@trafford.nhs.uk or call 0161 873 9662.

Delivering truly integrated care Everyone knows the public sector is facing big challenges, and Trafford is no exception. The organisations that deliver our health and social care services are having to work within some of the toughest financial constraints ever.

To ensure Trafford residents continue to get the healthcare and support they need, we need to make services fairer, better and more accessible so people stay healthier and demand for costly hospital care goes down.

As close to patients as possible

Integrated care is what patients want and what our communities need as people live longer and health and social care needs become more complex.

Integrated care will put professionals and their skills as close to patients as possible. It will also bring about a shift from a reactive hospital-based setting to a proactive community-based setting, with increased activity in health screening, health improvement and care at home.

The integrated care approach also reflects the Government's intentions for the future of NHS commissioning.

Primary care will become the cornerstone for a new model of care and create a common view of patients, to drive health improvements by identifying those most at risk and most vulnerable. Data held on the GP registered lists is at the heart of this.

Data sharing will enable all health and social care professionals involved in a patient's care to work much more closely together.

A care co-ordination service will provide a central point of contact for patient information, creating a faster and more effective referral process, and manage the use of new technologies to monitor some health conditions remotely.

Hospital services will then be able to focus on dealing with emergency admissions and scheduled operations that require an overnight stay in hospital.

Over the last 12 months, we have invested in piloting the delivery of a programme of integrated care. Patient representatives, clinicians, practitioners and managers from across the health and social care economy have come together to understand, design and test care models, which aim to:

- Improve health outcomes
- Reduce hospital utilisation
- Improve patient experience
- Improve staff experience

Clinical panels

Some specific areas of care have been focused on, and formed into clinical panels, which also have patient representation.

- **End of Life:** prioritising care and planning for patient wishes for their health and care needs in their last years of life.
- **Diabetes:** ensuring the identification and care planning for patients with diabetes meets their needs and equips them to effectively manage their condition.
- **Mental health:** understanding and meeting the care needs of people with dementia, and improving early identification. Developing a hierarchy of information, support and care planning is a priority for this workstream.

- **Ear, nose and throat:** improving the distribution of patient care between primary and secondary care by working with clinicians to improve referral processes and care options.
- **Unscheduled care:** working to reduce the number of hospital admissions, improving hospital discharge processes and reducing bed days in order to improve patient experience and reduce unnecessary costs.
- **Respiratory:** ensuring the identification and care planning for patients with chronic obstructive pulmonary (respiratory) disease meets their needs and equips them to effectively manage their condition.

Work is underway to implement population management systems, so that 'high risk' patients that are the most likely to need care and support can be identified for health services to be personalised around them. This is particularly useful in identifying patients who, with the right information, can be supported to manage their health needs and therefore reduce the risk of their health and quality of life deteriorating.

Agreements are also being put in place so that key patient data can be securely shared by all the different clinicians involved in each patient's care in these priority condition areas.

Investment in community nursing

Five new community nurses have been recruited in Trafford to take a leading clinical role in reducing unnecessary hospital admissions as part of the borough's integrated care strategy.

As advanced practitioners, they have broad knowledge and the skills to take a full clinical history from patients, assess, diagnose and treat, or prescribe drugs across a range of conditions.

They are playing a vital role by working with hospital consultants, GPs, district nurses and other healthcare professionals to support and coordinate the care of patients. The matrons also work more closely with social care professionals.

Their work targets the most complex patients who have frequent admissions to hospital or may be housebound. By helping patients to better manage their own conditions from the comfort of their own home, community matrons will play a key role in reducing the volume of avoidable hospital admissions in the borough.



The role of Trafford LINK

Trafford LINK (local involvement network) is an independent network of local people, made up of individuals, community groups and organisations providing an innovative way for people to get involved in shaping health and social care.



The role of Trafford LINK is to gather people's views on local health and social care services, working with the people and organisations that plan and run them to improve those services. Trafford LINK has the power to influence, make recommendations and bring about change.

Here is a snapshot of some of the work they undertook in 2010/11:

- A major refurbishment has taken place at the Moorside Unit at Trafford General. The LINK Liaison Group monitored developments closely by visiting the unit to see the work in progress and by meeting regularly with staff.
- Ann Day, the chair of Trafford LINK, visited the Woodlands Unit to ensure that patients there were receiving the best care. The group raised concerns over transport for families of those in Woodlands. The LINK was assured that the transport needs and issues of all relevant families were addressed.
- Making it Better (MIB) was established to improve the quality of children's and maternity services by making changes across Greater Manchester. The LINK visited children's centres, speaking to toddler, parent and carers groups, and mums-to-be and parents of new babies about their experiences and views on accessing services following the implementation of the MIB changes in Trafford. From this exercise a report of the transport issues and other MIB concerns that had been raised by Trafford residents was gathered and submitted to NHS Trafford.

Changes introduced in the draft Health and Social Care Bill will see LINK evolve into HealthWatch in July 2012. Whilst much of the LINK's role will stay the same, there are proposed additions such as the provision of information and advice and complaints procedures.

Reforms to the NHS

The Government is planning to make major reforms to the NHS as part of its proposed Health and Social Care Bill.

Health services are currently commissioned, or bought, by NHS Trafford, the local primary care trust, and includes things like prescriptions, GP appointments, community nursing and treatment in hospitals.

As part of the proposed changes, the responsibility of commissioning services for patients will move to clinical commissioning groups made up of GPs and practice staff.

Trafford Commissioning Consortium

Trafford Commissioning Consortium (TCC), which currently has membership from 37 of the borough's 39 practices, has been set up and is readying itself to become a clinical commissioning group, so that it can take on these commissioning responsibilities.

TCC was one of the first Government 'pathfinders' to be appointed, which means that it has been developing and testing concepts to lead the way for the future of GP commissioning.

The consortium's board is chaired by Dr Nigel Guest, who is a GP at Park Medical Practice in Timperley.

The rest of the membership are:

Sister Lynne Blears (Nurse practitioner)

Sister Carmel Farrar (Nurse practitioner)

Dr Ann Harrison (GP)

Dr Steve Jenkins (GP)

Dr N MacDonald (GP)

Alison Overton (Practice manager)

Dr Masud Prodhan (GP and vice-chair)

Dr R Sumra (GP and practice director)

Dr Kath Sutton (GP)

Dr Chris Tower (GP)

Trafford Health and Wellbeing Board

As part of the reforms, it is also proposed that local health and wellbeing boards are set up to enable communities to have a greater say in the health and social care services that they need.

These boards, which will be part of local authorities, will tackle the wider influencers of health, such as transport, housing and leisure services.

In March 2010 a multi-agency workshop was held across the public and voluntary sector to discuss and debate the establishment of a Trafford Health and Wellbeing Board, as well as shape and define its priorities and governance. Key stakeholders and those with an interest in health services were given the opportunity to be involved.

Attendees reported that they wanted the board to help drive forward improvements, recognise that each locality in Trafford may have different needs and make a real difference to those who live in the borough.

It was decided that a core statutory board should operate with membership from GP commissioners, the local authority, the local NHS and Trafford LINK, and be supported by a wider forum of members from key sectors such as schools, housing, voluntary and community groups.

More in 2011/12

Across Trafford, work is continuing to ensure that the borough is well placed to take on the changes proposed in the Health and Social Care Bill for the benefit of patients.

This includes starting to delegate authority to Trafford Commissioning Consortium for it to begin to commission health services on behalf of Trafford residents.

Quality

Improving and assuring the quality of the services that Trafford patients use is a key task for NHS Trafford.

NHS Trafford has systems in place to ensure that the quality performance of providers is monitored on a regular basis. The clinical quality assurance group (CQAG) acts as the key hub for discussions concerning the quality of providers. The CQAG has membership from relevant teams within the organisation, and includes clinical input.

The group considers a range of information regarding providers, drawn from local and national sources and uses this to build up a picture of the quality performance. Where the CQAG feels that there are issues in relation to any provider these can then be acted upon. Regular reports on the quality of commissioned services are made to the clinical executive committee and board.

NHS Trafford is the lead commissioner for Trafford Healthcare Trust and Trafford Provider Services. We undertake service quality review meetings to discuss quality issues and developments with providers. In addition, NHS Trafford attends quality meetings with Central Manchester Foundation Trust and University Hospitals of South Manchester as an associate commissioner.

The Commissioning for Quality and Innovation (CQUIN) scheme enables commissioners of health services to agree a set of quality improvement targets with providers, who are rewarded for the achievement of these targets with additional payments. We are responsible for agreeing and monitoring CQUIN indicators with Trafford Healthcare Trust and Trafford Provider Services. The schemes consist of a range of targets, some of which are set nationally and regionally, and a further set which are designed locally. Both Trafford Healthcare Trust and Trafford Provider Services have achieved positive results in 2010/11.

CQUIN schemes for 2011/12 have been agreed and will contribute to the achievement of quality priorities across Trafford.

Trafford Healthcare Trust, Trafford Provider Services and NHS Trafford applied and were accepted to be part of the 'Patient Safety Express' programme. This will enable initiatives and learning on patient safety to be shared across organisations.

NHS Trafford's compliance and assurance and information teams have recently been working together to develop a bespoke quality dashboard that encompasses safety, effectiveness and patient experience.

The dashboards aim to give high level overviews on quality of service provision, and will also be used as an early warning system to identify any potential issues. It is intended that the dashboards will be developed even further to include mortality ratios and waiting time indicators.

NHS Trafford will continue to work with local providers to ensure that quality performance is maintained and improved throughout the coming year.

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NHS Trafford has systems in place to ensure that the quality performance of providers is monitored on a regular basis.

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Comments, compliments and complaints

At NHS Trafford we aim to ensure that our residents get the service they need, when they need it.



We welcome comments about the services we commission, and complaints and concerns provide us with an opportunity to improve what we do and how we do it, and where things have gone wrong, put in place steps to make sure it doesn't happen again.

We reassure people who contact us because they want to make a complaint that their concerns are taken seriously, investigated thoroughly and that any learning is shared.

During 2010/11 NHS Trafford received 217 complaints relating to its areas of responsibility:

- 42 of these were in respect of services provided by the PCT.
- 32 related to commissioning issues.
- 103 related to services provided by family health services practitioners (GPs, dentists, pharmacists and opticians).
- 6 related to the responsibilities of Trafford Children and Young People's Service.
- 34 of these related to services provided by other healthcare providers such as hospitals, the ambulance service and local authorities.

In 2011/2012 we will be collecting complaints and patient experience data from our providers to identify the key concerns of our service users across Trafford so that we can work to improve the experience of those using our services.

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We reassure people who contact us because they want to make a complaint that their concerns are taken seriously.

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Equality and diversity

NHS Trafford covers a diverse community with many different needs. In responding to that diversity NHS Trafford is committed to:

- Commissioning services that are equally accessible to everyone who needs to use healthcare services.
- Reducing health inequalities within the population so that everyone should have the same chances of enjoying good health.
- Being a good equal opportunities employer.
- Promoting equality and diversity through working with our partners.

NHS Trafford has undertaken work in a number of areas to meet its commitment in terms of equality and diversity. This year we have:

- Continued to assess our policies and functions for their impact upon the promotion of equality and diversity.
- Reviewed our employment policies and practices to ensure that they promote equal opportunities and that our workforce is treated fairly at all times.

- Worked to ensure that patients and carers have access to easy-to-understand information and can communicate with health services effectively.
- Monitored the experience of patients to see if a person's background made a difference to that experience.
- Worked on contracts with providers to ensure that they promote equality and diversity in relation to the services they provide and the management of their workforces.

“

NHS Trafford has undertaken work in a number of areas to meet its commitment in terms of equality and diversity.

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Our staff

During the 2010/11 financial year we employed 712.37 whole time equivalent members of staff, across NHS Trafford, Trafford Provider Services and CYPS (Children and Young People's Service).

The 2010 staff survey results showed that communication between senior management and staff is more effective than the average primary care trust (PCT), and staff feel that senior managers involve them in the decision making process, which is a significant improvement from 2009's results.

In response to staff survey results around personal security, we worked in partnership with Greater Manchester Police to provide personal safety training, which was well received by staff.

During what has been a challenging year amongst change and uncertainty, staff resilience has remained at reasonable levels and as a result sickness absence for 2010/11 was 4.4%. We continue to support staff proactively and flexibly in providing a healthy place to work and a good work/life balance. This will also be a priority in the year ahead to enable the transition to new ways of working whilst maintaining business as usual.

The range of health and wellbeing initiatives for staff has been extended and this has been reflected by staff in their responses to the survey with regards to managers taking an active interest into staff wellbeing.

NHS Trafford held several organisational development events in 2010/11 to gain staff views and ideas on various areas of the PCT, including learning and development. This resulted in two work groups being established that identified some recommendations that were subsequently approved by the board as part of an improved and enhanced staff support offering for 2011/12.

It is hoped through regular engagement that staff will continue to feel valued, and to support this, a priority for the year ahead is to ensure that staff receive appraisals in a timely manner and have personal development plans identified to support them.



Our performance...

In 2010/11 we performed well against:

- Healthcare acquired infection targets, such as MRSA and C. difficile.
- Key access targets, including referral to treatment times and access to sexual health, dental and mental health services.
- Mortality rates, which improved, specifically in the areas of cancer and cardio-vascular disease.
- Teenage conception rates, which fell.
- Smoking quit targets.
- The number of children receiving immunisations.

In 2011/12 these will be replaced by the 'integrated measures for national oversight' as set out in the Operating Framework. Key challenges will be to:

- Maintain good access.
- Ensure people receive good care following a stroke, and that they have at least 80 per cent of their hospital stay on a dedicated stroke unit.
- Implement the new quality indicators around A&E and ambulance services.
- Ensure access to annual health checks for 40 to 74 year olds.
- Reduce levels of delayed patient transfers from hospital.



Taking care of our environment

NHS Trafford encourages all staff to think carefully about the resources they are using to ensure that as little waste as possible is generated, recycling whatever materials it can.

The organisation promotes a range of health and wellbeing activities to staff that also help the environment, such as 'walk to work week' and the cycle scheme, where employees can pay for a bike as a salary sacrifice.



The organisation promotes a range of health and wellbeing activities to staff that also help the environment.



Director of finance's report 2010/11 was an extremely challenging year both in operational and financial terms.



The PCT board agreed a significant cost improvement and savings programme for the year, and I am pleased to report we successfully delivered £19.6m of savings, ensuring we were able to deliver a surplus of £1.5m for the financial year, to meet the target set by NHS North West.

As a result of the hard work of the PCT team, we were not only able to further improve relationships across the economy through our work programmes and continued work on integrated care, but were also able to deliver better patient outcomes as well as ensuring the ambitious cost saving programme could be delivered.

It is also very pleasing to report that for 2010/11 the summary financial statements show that all of the PCT financial duties have been met. These were as follows:

- Delivery of a surplus of £1.5m against a revenue resource limit of £380.464m, within the limits that had been agreed with NHS North West, the strategic health authority.
- Delivery of an under-spending of £6k against a capital resource limit of £1,187k. Most of the capital funding in 2010/11 was used for refurbishments and upgrades to bring the health centres and clinics up to a better standard in order to improve patient experience, as well as ensuring health and safety and disability requirements were met.
- Remaining within the notified cash limits for revenue and capital and having a cash balance at year end of less than £50k.
- Payment of over 96 per cent of its suppliers invoices to both NHS and non-NHS suppliers within 30 days. This achievement represented one of the best performances against the better practice payment policy targets for NHS organisations within the north west.

Finally, I can report that the annual accounts and summary financial statements have been audited by the PCT's external auditors and the result of the audit was a clean audit opinion.

Tim Barlow

Locality director of finance, performance and contracting
NHS Trafford



£19.6m
of savings delivered, ensuring we were able to deliver a surplus of £1.5m.



Independent auditor's report to the board of directors of Trafford Primary Care Trust (PCT)

I have examined the summary financial statement for the year ended 31 March 2011 which comprises the statement of comprehensive net expenditure, statement of financial position, statement of changes in taxpayers' equity, statement of cash flows, financial performance targets, better payment practice code and disclosures for exit packages for staff leaving, management costs, related party transaction and salary and pension set out on pages 39 to 49.

This report is made solely to the board of directors of Trafford PCT in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission in March 2010.

Respective responsibilities of directors and auditor

The directors are responsible for preparing the Annual Report.

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

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

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

Opinion

In my opinion the summary financial statement is consistent with the statutory financial statements of Trafford PCT for the year ended 31 March 2011. I have not considered the effects of any events between the date on which I signed my report on the statutory financial statements, 9 June 2011, and the date of this statement.

Mick Waite

Officer of the Audit Commission
2nd Floor, Aspinall House
Aspinall Close
Middlebrook, Horwich
Bolton, BL6 6QQ

August 2011

External audit services are provided to NHS Trafford by the Audit Commission. During 2010/11 the organisation spent £147,000 on the provision of statutory audit services, and £33,000 on other ad-hoc audit services.

Statement of comprehensive net expenditure For year ended 31st March 2011

	2010/11 £000	2009/10 £000
Commissioning		
Employee benefits	7,985	7,323
Other costs	358,612	331,922
Income	(6,222)	(3,536)
Provider		
Employee benefits	18,403	18,038
Other costs	3,041	3,160
Income	(3,074)	(3,089)
PCT net operating costs before interest	378,745	353,818
Investment income	0	0
Other (Gains)/Losses	0	(16)
Finance costs	219	223
Net operating costs for the financial year	378,964	354,025
Other Comprehensive Net Expenditure		
Net (gain) on revaluation of property, plant & equipment	(315)	0
Net (gain) on revaluation of intangibles	0	0
Net (gain) on revaluation of available for sale financial assets	0	(13)
Receipt of donated or government granted assets	0	0
(Gain)/loss on other reserves	0	0
Impairments and reversals	0	535
Adjustment for nominal cost of capital charge	0	200
Movement in LIFT liabilities	0	642
PPE De-recognition	315	0
Total comprehensive net expenditure for the year	378,964	355,389

Statement of financial position

As at 31st March 2011

	31st March 2011 £000	31st March 2010 £000
Non-current assets:		
Property, plant and equipment	13,146	12,865
Intangible assets	0	0
Other financial assets	160	160
Trade and other receivables	0	0
Total non-current assets	13,306	13,025
Current assets:		
Inventories	56	33
Trade and other receivables	4,116	3,201
Other financial assets	0	0
Other current assets	0	0
Cash and cash equivalents	39	80
	<u>4,211</u>	<u>3,314</u>
Non-current assets held for sale	0	0
Total current assets	4,211	3,314
Total assets	17,517	16,339
Current liabilities		
Trade and other payables	(23,059)	(17,637)
Other liabilities	0	0
Provisions	(137)	(139)
Borrowings	(77)	(73)
Other financial liabilities	0	0
Total current liabilities	(23,273)	(17,849)
Non-current assets plus/less net current assets/liabilities	(5,756)	(1,510)
Non-current liabilities		
Trade and other payables	0	0
Provisions	(135)	(249)
Borrowings	(3,779)	(3,856)
Other financial liabilities	0	0
Other liabilities	0	0
Total non-current liabilities	(3,914)	(4,105)
Total Assets Employed:	(9,670)	(5,615)
Financed By: Taxpayers' Equity		
General fund	(12,230)	(7,990)
Revaluation reserve	2,560	2,375
Donated asset reserve	0	0
Government grant reserve	0	0
Other reserves	0	0
Total Taxpayers' Equity:	(9,670)	(5,615)

Statement of changes in taxpayers' equity

For year ended 31st March 2011

	General Fund £000	Revaluation Reserve £000	Total Reserves £000
Changes in taxpayers' equity for 2010-11			
Balance at 1 April 2010	(7,990)	2,375	(5,615)
Net operating cost for the year	(378,964)	0	(378,964)
Net gain on revaluation of property, plant, equipment	0	315	315
Net gain on revaluation of intangible assets	0	0	0
Net gain on revaluation of financial assets	0	0	0
Receipt of donated or government granted assets	0	0	0
Movements in other reserves	0	0	0
Impairments and reversals	0	0	0
Release of reserves to SoCNE	0	0	0
Non-cash charges – cost of capital	0	0	0
Transfers between reserves - impairments	130	(130)	0
Property Plant and Equipment de-recognition	(315)	0	(315)
Net actuarial gain/(loss) on pension	0	0	0
Total recognised income and expense for 2010-11	(379,149)	185	(378,964)
Net Parliamentary funding	374,909	0	374,909
Balance at 31 March 2011	(12,230)	2,560	(9,670)

Statement of cash flows for the year ended 31st March 2011

	2010/11 £000	2009/10 £000
Cashflow from operating activities		
Net operating cost before interest	(378,745)	(353,818)
Other cash flow adjustments	1,127	513
Movements in Working Capital	4,427	(812)
Provisions utilised	(124)	(386)
Interest paid	(219)	(223)
Net cash outflow from operating activities	(373,534)	(354,726)
Cash flows from investing activities		
Payments to purchase property, plant and equipment	(1,124)	(702)
Payments to purchase intangible assets	0	0
Proceeds of disposal of assets held for sale	0	136
Purchase of financial investments (LIFT)	0	0
Sale of financial investments (LIFT)	0	0
Loans made in respect of LIFT	0	0
Loans repaid in respect of LIFT	0	0
Payments for other financial assets	0	0
Proceeds from disposal of other financial assets	0	0
Interest received	0	0
Rental Income	0	0
Net cash inflow/(outflow) from investing activities	(1,124)	(566)
Net cash inflow/(outflow) before financing	(374,658)	(355,292)
Cash flows from financing activities		
Net Parliamentary Funding	374,909	355,593
Other capital receipts surrendered	0	0
Capital grants received	0	0
Capital element of payments in respect of finance leases, on-SoFP LIFT	(292)	(293)
Cash transfers (to)/from other NHS bodies	0	0
Net cash inflow/(outflow) from financing	374,617	355,300
Net increase/(decrease) in cash and cash equivalents	(41)	8
Cash (and) cash equivalents at the beginning of the financial year	80	72
Effect of exchange rate changes on the balance of cash held in foreign currencies	0	0
Cash (and) cash equivalents at the end of the financial year	39	80

Financial performance targets

	2010/11 £000	2009/10 £000
Revenue Resource Limit		
The PCT's performance for the year ended 31 March 2011 is as follows:		
Total Net Operating Cost for the Financial Year	378,964	354,025
Non-Discretionary Expenditure ¹	-	2,355
Net Operating Cost less Non Discretionary Expenditure	378,964	351,670
Revenue Resource Limit	380,464	352,204
Under/(Over)spend Against Revenue Resource Limit (RRL)	1,500	534

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

	2010/11 £000	2009/10 £000
Capital Resource Limit		
The PCT is required to keep within its Capital Resource Limit.		
Total Gross Capital Expenditure	1,181	1,016
Loss in Respect of Disposals of Donated Assets	0	0
less: Net Book Value of Non-Current Assets Disposed of to NHS Bodies	0	0
less: Net Book Value of Non-Current Assets Disposed of to non-NHS Bodies	0	(120)
less: Net Book Value of Financial Instruments (Investments) Disposed Of to NHS bodies	0	0
less: Net Book Value of Financial Instruments (Investments) Disposed Of to Non-NHS bodies	0	0
less: Capital Grants Received	0	0
less: Donations	0	0
Charge Against the Capital Resource Limit (CRL)	1,181	896
Capital Resource Limit (CRL)	1,187	898
(Over)/Underspend Against CRL	6	2

	2010/11 £000	2009/10 £000
Provider full cost recovery duty		
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	21,444	21,198
Provider Operating Revenue	(3,074)	(3,089)
Net Provider Operating Costs	18,370	18,109
Costs Met Within PCTs Own Allocation	(18,891)	(18,253)
Under/(Over) Recovery of Costs	(521)	(144)

Exit packages for staff leaving in 2010-11

	2010/11			2009/10		
	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£20,000		12	12	6	1	7
£20,001 - £40,000		1	1	1		1
£40,001 - £100,000		1	1			0
£100,001- £150,000						0
£150,001- £200,000						0
>£200,000						0
Total no. of exit packages by type	0	14	14	7	1	8
Total cost (£000s)	0	206	206	74	8	82

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Scheme. Exit costs in this note are accounted for in full in the year of departure. Where the PCT has agreed early retirements, the additional costs are met by the PCT and not by the NHS pensions scheme. Ill-health retirement costs are met by the NHS pensions scheme and are not included in the table.

Departures during 2010/11 were under the NHS Mutually Agreed Resignation Scheme (MARS).

Management costs

Management Costs	2010-11	2009-10
Management costs (£000s)	6,506	7,468
Weighted population (number in units)	206,123	205,036
Management Cost per weighted head of population (£ per head)	31.56	36.42
Commissioning Management Costs		
Management costs (£000s)	4,651	5,351
Weighted population (number in units)	206,123	205,036
Management Cost per weighted head of population (£ per head)	22.56	26.10
Provider Management Costs		
Management costs (£000s)	1,855	2,117
Weighted population (number in units)	206,123	205,036
Management Cost per weighted head of population (£ per head)	9.00	10.33
Revenue	(21,965)	(21,342)

Management costs in the year have reduced from £7.468m to £6.506m. This reduction is in line with savings targets set by the SHA for the PCT for the year 2010/11. The main reasons for the reduction are staff leavers during the year and the take-up of the Mutually Agreed Resignation Scheme (MARS).

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	17,291	54,885	19,966	55,833
Total non-NHS Trade Invoices Paid Within Target	17,058	52,605	19,704	53,784
Percentage of Non-NHS Trade Invoices Paid Within Target	98.65%	95.85%	98.69%	96.33%
NHS Payables				
Total NHS Trade Invoices Paid in the Year	2,198	238,542	2,085	227,301
Total NHS Trade Invoices Paid Within Target	2,128	235,826	2,042	226,026
Percentage of NHS Trade Invoices Paid Within Target	96.82%	98.86%	97.94%	99.44%

The PCT has signed up to the Better Payment Practice Code which gives a commitment to all suppliers to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later. Further details of the Code can be found on the PCT website at <http://www.traffordpct.nhs.uk/your-pct/publications/default.aspx>

Related party transactions

Trafford Primary Care Trust is a body corporate established by order of the Secretary of State for Health.

During the year none of the Board Members or members of the key management staff or parties related to them has undertaken any material transactions with the Primary Care Trust. However, a number of local General Practitioners are members of the Clinical Executive Committee. The Primary Care Trust purchases some of its general medical services from their practices. The value of transactions with the Practices where a GP is a member of the Clinical Executive Committee are as follows :

Transactions with Related Parties in 2010/11

	Net 2010/11	Payments to related party	Receipts from related party	Amounts owed to related party	Amounts due from related party	Net 2009/10
	£000	£000	£000	£000	£000	£000
Practice						
Dr Prodhan and Partners	734	689	0	45	0	684
Dr Jenkins and Partners	512	488	0	24	0	523
Dr Guest and Partners	645	619	0	26	0	662
Dr Sutton and Partners	2,121	2,012	0	111	(2)	1,909
Dr Gill and Partners	324	298	0	26	0	331
Dr Marchi and Partners	753	709	0	44	0	532
Dr Wilkins	6	6	0	0	0	21

The Department of Health is regarded as a related party. During the year the Primary Care Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. In addition, the PCT has had a number of material transactions with Trafford MBC.

Below are the relevant organisations :

Trafford Healthcare NHS Trust	74,287	74,600	(1,602)	1,866	(577)	70,258
University Hospital of South Manchester NHS Foundation Trust	56,296	54,922	0	1,374		52,047
Greater Manchester West Mental Health Foundation Trust	15,656	15,560	0	100	(4)	15,213
Central Manchester and Manchester Children's Univ. Hosp. Found.Trust	23,607	24,046	(42)		(397)	21,140
Bury PCT (Cardiac Services and NWAS in 2009/10)	1,627	1,527	(5)	106	(1)	13,379
Salford Royal NHS Foundation Trust	6,389	5,887		502		5,731
Manchester PCT and Christie Hospitals	9,877	10,553	(825)	198	(49)	10,011
Western Cheshire PCT	17,796	17,359	(337)	774		18,477
Stockport PCT	8,087	8,094			(7)	821
Blackpool PCT	4,483	4,483				0
Trafford Metropolitan Borough Council	9,460	9,465	(71)	366	(300)	8,720

Pension benefits disclosure for annual report 2010/11

	Real increase in pension at age 60 years	Real increase in lump sum at age 60 years	Total accrued pension at age 60 years at 31/03/2011	Lump sum at age 60 years related to accrued pension 31/03/2011	Cash equivalent transfer value 31/03/2011	Cash equivalent transfer value 31/03/2010	Real increase /(decrease) in cash equivalent transfer value	Employers contribution to stakeholder pension
	£000 (Bands of £2,500)	£000 (Bands of £2,500)	£000 (Bands of £5,000)	£000 (Bands of £5,000)	£000	£000	£000	£000
Name and Title								
Graham Wallis Interim chief executive	0	0	0	0	£0	£0	£0	£0
Abdul Razzaq Director of public health	£0 - £2.5	£2.5 - £5.0	£15 - £20	£50 - £55	£211	£240	-£20	£0
Brenda Purnell CEC member	£0 - £2.5	£2.5 - £5.0	£10 - £15	£35 - £40	£253	£266	-£9	£0
Claire Heneghan Chief nurse	£0 - £2.5	£2.5 - £5.0	£15 - £20	£45 - £50	£285	£286	-£1	£0
Claire Scrafton Associate director of HR - left 08/09/10	£0 - £2.5	£0 - £2.5	£5 - £10	£15 - £20	£81	£78	£1	£0
Jan Hornby Interim associate director of workforce and OD - from 01/10/10	£0 - £2.5	N/A	£0 - £5	N/A	£21	£22	-£1	£0
Elizabeth O'Brien CEC chair	£0 - £2.5	£2.5 - £5.0	£20 - £25	£60 - £65	N/A	£441	N/A	£0
George Kissen Medical director	£0 - £2.5	£5.0 - £7.5	£50 - £55	£150 - £155	£1,086	£1,110	-£17	£0
Gina Lawrence Director of commissioning	0	0	0	0	£0	£0	£0	£0
Janet Collins CEC member	£0 - £2.5	£2.5 - £5.0	£10 - £15	£35 - £40	£250	£263	-£9	£0
Mark Brandreth Director of provider services	£0 - £2.5	£2.5 - £5.0	£15 - £20	£50 - £55	£195	£224	-£20	£0
Mike Barker Director of corporate affairs, partnerships and compliance	£0 - £2.5	£2.5 - £5.0	£0 - £5	£10 - £15	£49	£50	-£1	£0
Tim Barlow Director of finance, contracting and performance	£0 - £2.5	N/A	£0 - £5	N/A	£37	£24	£9	£0

Salaries and allowances of senior managers

Name	Title	2010/11		2009/10	
		Salary (bands of £5000)	Other Remuneration (bands of £5000)	Salary (bands of £5000)	Other Remuneration (bands of £5000)
Board					
Mr Leslie Robinson	Chair - to 19 August 2009	0		10 - 15	
Mr Terry Atherton	Chair - from 20 August 2009	30 - 35		20 - 25	
Dr Malcolm Clarke	Non executive board member	5 - 10		5 - 10	
Mr Paul Connellan	Non executive board member	5 - 10		5 - 10	
Dr Priscilla Nkwenti	Vice chair	5 - 10		5 - 10	
Miss Barbara Rimmer	Non executive board member	10 - 15		10 - 15	
Mr Bob Galley	Non executive board member	5 - 10		5 - 10	
Mr Graham Aitken	Non executive board member	5 - 10		5 - 10	
Mrs Akilah Akinola	Non executive board member	5 - 10		5 - 10	
Mrs Sheena Cumiskey	Chief executive - to 21 February 2010	0		130 - 135	
Mr Graham Wallis	Interim chief executive - from 1 February 2010	185 - 190		15 - 20	
Claire Heneghan	Chief nurse	65 - 70		25 - 30	
Dr George Kissen	Medical director	55 - 60		25 - 30	
Dr Martin Connor	Director of strategic commissioning and performance to 31 July 2009	0		30 - 35	
Mr Abdul Razzaq	Director of public health	85 - 90		85 - 90	
Mr Mark Brandreth	Director of provider services	90 - 95		90 - 95	
Mr Mike Barker	Director of corporate affairs, partnerships and compliance	75 - 80		75 - 80	
Mr Tim Barlow	Director of finance, contracting and performance	110 - 115		105 - 110	
Mrs Claire Scrafton	Associate director of human resources - to 8 September 2010	30 - 35		70 - 75	
Mrs Jan Hornby	Interim associate director of workforce and OD - from 1 October 2010	30 - 35		0	
Mrs Gina Lawrence	Director of commissioning	80 - 85		75 - 80	

Name	Title	2010/11		2009/10	
		Salary (bands of £5000)	Other Remuneration (bands of £5000)	Salary (bands of £5000)	Other Remuneration (bands of £5000)
Clinical Executive Committee					
Ms Elizabeth O'Brien	Chair of CEC	40 - 45	20 - 25	40 - 45	20 - 25
Dr Nigel Guest	PBC south cluster lead	5 - 10		5 - 10	
Dr Steven Jenkins	GP member	5 - 10		5 - 10	
Dr Ann Harrison	GP member - from 1 Aug 2010	5 - 10		0	
Dr Lovereet Gill	GP member - to December 2009	0		5 - 10	
Dr Clive Marchi	GP member	5 - 10		5 - 10	
Dr Masud Proadhan	PBC north cluster lead	5 - 10		5 - 10	10 - 15
Dr Kath Sutton	GP member	5 - 10		5 - 10	
Ms Diane Robson	Nurse member	0		5 - 10	40 - 45
Mr Brian Wilkins	Pharmacy member	5 - 10		5 - 10	
Ms Jennifer Sigley	Allied health professional	0		5 - 10	45 - 50
Mrs Andrea Glasspell	Social services member	0		0	0
Ms Jan Walker	Social services member - deputy	0		0	0
Ms Michelle Slater	Dental member - to 31 October 2009	0		0 - 5	40 - 45
Ms Janet Collins	CEC nurse - from March 2010	5 - 10	40 - 45	0	0
Ms Brenda Purnell	Lead allied health professional - from March 2010	5 - 10	40 - 45	0	0
Independent Committee Members					
Mr John Lafon	ICM	5 - 10		5 - 10	
Mr Andrew Rink	ICM	5 - 10		5 - 10	

Notes

None of the senior managers have received any benefits in kind.

Senior manager remuneration is not subject to performance conditions.

The Audit Commission under the terms of the audit has audited the above figures showing the senior managers remuneration.

Explanation of financial terms

Accruals basis

Under the accruals concept, expenses are recognised when incurred, not when the cash is actually paid out, and income is recognised when it is earned, not when the cash is actually received. Using this concept means that the accounts show all the income and expenditure for the financial year.

Audit opinion

The auditor's opinion on whether the primary care trust's (PCT) accounts show a true and fair view of its financial affairs. If the auditors are satisfied with the accounts, they will issue an unqualified audit opinion. Auditors of the PCT's accounts also issue a separate regularity opinion on whether the PCT has spent the funds allocated to it in accordance with its statutory powers.

Capital resource limit

An expenditure limit the PCT receives from the Department of Health to meet its capital expenditure on fixed assets, major refurbishments and other large items of equipment. It has a statutory duty to maintain capital expenditure, less the value of any assets disposed of, within this limit.

Cash and cash equivalents

Cash includes cash in hand (petty cash) and cash at the bank. Cash equivalents are other deposits that can be readily converted to cash. For example, short term investments.

Commissioning costs

Costs incurred by the PCT in buying-in goods and services from outside the PCT, for example, under contracts with other hospitals or PCTs. These are distinct from the costs of the PCT's services it provides directly.

General fund

This is the accumulated balance of previous years' surpluses and deficits reported through the operating cost statement.

Impairment

Falls in the value of fixed assets arising from downward re-valuation or other permanent losses such as physical damage or loss of service potential are recognised in the accounts as impairments.

International financial reporting standards (IFRS)

The accounting standards that the NHS has adopted from April 2009, as opposed to UK generally accepted accounting practice (UKGAAP).

Inventories

Stock, such as clinical supplies.

Local improvement finance trust (LIFT)

A form of public-private partnership, similar to PFI (private finance initiative), that uses the private sector to help fund new primary care premises.

A LIFT company is created that includes representatives from the local health economy. The PCT usually leases the assets over a 25-year period. LIFT assets and associated liabilities are generally included on the Statement of Financial Position by PCT's, whereas previously under UK GAAP they were not included on the PCT's Balance Sheet.

Non-current assets (formerly tangible fixed assets)

Assets of lasting value such as land, buildings and major items of equipment that the PCT expects to hold for longer than one year.

Non-discretionary expenditure

This is demand-led expenditure incurred on behalf of the Department of Health made by the PCT which was previously not chargeable against the PCT's revenue resource limit, for example, eyesight tests. This type of expenditure is no longer treated as non-discretionary and is now included as a charge along with the PCT's other mainstream activities.

Payables (also known as creditors)

Financial amounts owed by the PCT for goods and services received, for which payment is outstanding at the year end. These amounts are included within the PCT's operating costs for the year. This is a liability on the statement of financial position.

Primary statements

The four main statements that make up the accounts: the statement of comprehensive net expenditure; statement of financial position; statement of change in taxpayers equity; and statement of cash flows.

Provider costs

Costs of services provided directly by the PCT, for example, district nursing and health visiting services. The PCT must ensure it fairly allocates any shared costs between its commissioning and provider functions and has a statutory duty to ensure that it recovers all its costs in relation to its provider functions.

Provisions

A sum set aside by the PCT in anticipation of future costs, the timing and amount of which is uncertain, for example, the ongoing pension costs for staff who have taken early retirement. This is a liability on the statement of financial position.

Receivables (also known as debtors)

Financial amounts that are due to the PCT that have not yet been received at the year end. These amounts are included within the PCT's miscellaneous income for the year. This is an asset on the statement of financial position.

Revaluation reserve

The revaluation reserve records changes in the value of the PCT's land and buildings assets, for example, when assets increase in value through revaluation or other inflationary increases.

Revenue resource limit

An expenditure limit the PCT receives for the year from the Department of Health to meet its day-to-day operating expenses, such as services bought from local hospitals, GP prescribing costs and staff salaries. The PCT has a statutory duty to contain expenditure within its revenue resource limit. A PCT is "within financial balance" if it keeps expenditure within this limit.

Statement of cash flows

The name of the cash flow statement under IFRS. A statement summarising the inflows and outflows of cash (as opposed to expenditure) arising from transactions between the PCT and third parties for revenue and capital purposes. It provides a link between the statement of financial position at the beginning of the year, the operating cost statement for the year and the statement of financial position at the end of the year.

Statement of financial position (formerly balance sheet)

A year end statement prepared by all public and private sector organisations, which shows the assets and liabilities controlled by the organisation and how these have been funded. Assets and liabilities can be classified as short term (within a year) or long term (greater than a year).

Statement of changes in taxpayer's equity

One of the four main statements that make up the accounts. It shows the changes in reserves in the period.

Statement of comprehensive net expenditure (SOCNE) (formerly operating cost statement)

This shows an analysis of the PCT's operating costs for the year on items such as the cost of patient treatment services bought under contract from local hospitals (commissioning) and the cost of services provided directly by the PCT (provider). In company accounts this is known as the profit and loss account.

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