



**Annual  
Report &  
Summary  
Accounts  
2007/08**

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This annual report has been written with the help of the PCT's staff. We hope that you find it informative and interesting to read. If you would like to make any comments about the publication, or feel that we could improve it in any way next year, please contact:

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# TRUST PROFILE

Trafford Primary Care Trust (PCT) commissions all healthcare services for more than 220,000 residents across Trafford. We continually work to improve and develop local health services, address health inequalities, and ensure that everyone has equal access to high quality healthcare when and where it is needed.

As well as providing high quality community-based health services, the PCT also works with local GPs, pharmacists, dentists, opticians, hospital trusts and the Council to provide additional services that will improve the health and wellbeing of local people.

## Across Trafford there are:

47

General  
Medical  
Practices



56

Pharmacies



27

Optician  
Practices



31

Dental  
Practices



## Trust vision

Trafford PCT will address health inequalities in the local area, and aim to ensure that it provides a constant development in health services, to improve the health and wellbeing of Trafford people.

It will help local residents make informed choices, and ensure they receive effective health services, that contribute to them leading happy, healthy lives.

# FOREWORD

Welcome to the annual report, which also incorporates the operating and financial review for Trafford Primary Care Trust (PCT), for the period April 1, 2007 to March 31, 2008.

Overall, it has been a successful year in which many significant improvements were made. The NHS is quality checked through various different national review processes and this annual report will provide an overview of how the PCT and health services in Trafford fared against these frameworks – financial as well as clinical. We hope you enjoy reading it.

The Healthcare Commission annual health check assessment rated the organisation as 'fair' for its quality of services and 'fair' for its use of resources, very much in keeping with the national picture for PCTs. To have retained a fair rating during a year of extensive organisational change has been recognised as a significant achievement for the PCT.

Our performance against existing and new national targets continues to improve. Key areas of development include child and adolescent mental health services and cancer treatment times. Additional achievements worthy of mention are the effectiveness of our smoking

cessation programmes at the four week point and the personalised services that we are now providing to high intensity users with long term conditions.

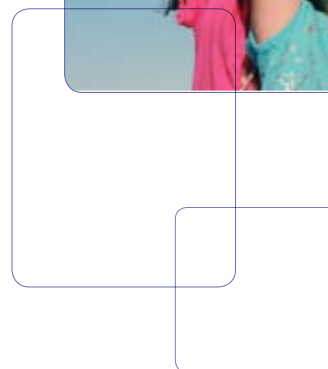
This year's report highlights a selection of our most recent accomplishments, activities and changes to services – including our healthy schools programme, more innovative screening services for sexual health, refurbishing of practices, support for our workforce and our approach to partnership working.

Traditionally, PCTs have carried out two important jobs: commissioning healthcare services for their local populations, and providing some of these services themselves. The NHS Operating Framework for 2007/08 set out a clear requirement for PCTs, Trafford included, to separate service provider and commissioner functions.

As well as delivering safe and good quality services for local people, we have focused this year on turning the PCT into a commissioning organisation – with a focus on securing rather than providing services; challenging the organisation to look beyond an 'internal' provider for primary care services – so a wider range of providers are

encouraged into the market; and creating the freedom and autonomy within our provider unit in order for it to compete successfully in the new marketplace. This is why the Board has agreed "arms length" status of the Provider Unit.

We now need to develop our capacity and capability to become a high performing organisation.



In line with **'Our health, our care, our say'** we will commence our plans to bring some of the most profound benefits ever seen for patients and local communities: more care will be carried out in convenient community settings and patients will have choice and a real say over how their care and local services are delivered.

As a consequence we will be reshaping the way we think about healthcare during the coming year, to help us to better:

- provide the sort of care you'd normally only get in hospital, in community settings and closer to where you live;
- transform the way we talk and listen to patients and the public; and
- make sure that everything we do results in better health and better care experiences for patients – and isn't just about meeting targets and ticking boxes.

During 2008-09 we have set clear priorities for ourselves, as you'd expect. But we are already now looking at our plans for the next three years.

Our longer-term strategy, which we will publish later this year, will set out how we'll explore some of the newest technologies

and radically change the way people think about healthcare in Trafford.

Overall, we are entering into a new and exciting era for transforming health and healthcare in Trafford and we look forward to involving local people in developing our plans as well as keeping the local population updated on our progress.

Finally, we would like to take this opportunity to thank all those people that work for or with the PCT for their continuing commitment and dedication to improving health for local people.



*Sheena Cumiskey*  
Chief Executive



*Leslie Robinson*  
Chair



*Liz O'Brien*  
PEC Chair  
(Professional Executive Committee)

# IMPROVING HEALTH & WELLBEING



## All aboard smoking 'Quit It' bus



HELP has been at hand for Trafford residents who want to stop smoking with the Manchester 'Quit It' bus touring the area.

The mobile service, staffed by specialist NHS stop smoking advisors, provides practical advice about how to quit smoking for good.

People visiting the bus gain a thought provoking insight into how the habit can damage their health by finding out how they could look in 10 years time if they continue to smoke, discovering the age of their lungs, and having their carbon monoxide levels tested.

The service is free of charge

and proven to more than double a person's chance of giving up smoking. The local stop smoking lead for Trafford PCT Erika Kinniburgh said: "An estimated 22% of adults in Trafford smoke and research shows that over two thirds of them would like to stop. We know how hard it is to stop smoking, but by using the support provided by Trafford PCT people can significantly increase their chance of success."

- Anyone from Trafford interested in finding out more information about stopping smoking can call 0161 212 4050 or text 'Quit' followed by your name and postcode to 81066.

## Healthy and happy schools

OLYMPIC medallist Steve Parry hosted the region's annual 'Healthy Schools' awards this year.

More than 33 of Trafford's schools took part in the ceremony at Sale Waterside Arts Centre in November. All winners were invited to do a two minute presentation about healthy eating at their school.

The awards are aimed at recognising the effort that individual schools have made towards improving the health of their whole school community. They focus on ensuring that schools have adequate personal, social and health education. Healthy eating and physical activity are areas that the schools taking part must demonstrate addressing throughout the school day, along with emotional health and wellbeing.

Speaking after the event swimmer Steve Parry said: "The awards are a fantastic achievement for these local schools. Children and teachers alike recognise the real importance of living healthy lives and doing regular exercise. I am looking forward to seeing them competing in future national sporting events!"



## Leading the Northwest for encouraging reading



HEALTH visitors at Trafford PCT have played a crucial role in making a local book reading scheme one of the most successful in the country.

'Bookstart' is a national programme that sees children born in the UK given a free pack of books at various stages of their development – eight months, two years and four years. They come in a bag or box and include guidance books for parents to help them further develop their child's interest in reading. The service is delivered as part of a partnership between Bookstart, Trafford Council and the PCT.

The first two packs are distributed to children by health visitors during developmental checks. Following a high profile relaunch of the service, there has been a 24% increase of new borrowers within the last year and Trafford has one of the highest distribution rates in the UK.

The idea behind the scheme is to improve literacy rates and encourage the sharing of books with parents. It ensures that children from deprived areas get the same benefits as those in more affluent parts of Trafford. The books are also available in different languages to ensure that the scheme meets the needs of the region's diverse population.

## Expanding speech and language support services

TRAFFORD PCT is working with Trafford General Hospital and Trafford Council to provide exciting new services for patients.

The Speech and Language Therapy Service helps children and adults with communication and swallowing difficulties. Speech, language and communication needs are common in childhood and can continue into their adult life, whilst adults can develop problems as a result of an illness.

The service has arranged for intervention and advice to be given to children in schools rather than at clinics as part of a major redesign of its community services. Adult patients can also now receive a specialist videofluoroscopy assessment of their swallowing thanks to a practitioner led clinic being set up with the radiography department at Trafford General Hospital.

Karen Davies Professional Manager for Speech and Language Therapy at Trafford PCT said: "The service at Trafford General Hospital allows for a much

more direct service as patients receive immediate results of their assessment from the Speech and Language Therapist. They are also able to access advice and support for their swallowing difficulties at the same time."

As well as the new services, there are plans to arrange for instant advice and signposting to locally available supportive programmes to be provided at 'walk in' clinics at Trafford's Children's Centres, as part of the under five service. This aims to remove the need for patients to go on a waiting list, as well as to provide them with more say as to choice of time and venue.

The coming year looks set to be an exciting yet challenging one for Trafford PCT. Children's therapists will be relocating to the Council's new Children and Young People Service (CYPS) in a fully integrated children's service. It presents an exciting opportunity for the service to increase its joint practice and develop its role in a new organisation.



## Raising awareness about sexual health

AN innovative approach has been adopted in Trafford to raise awareness about sexual health and increase screening among young people for Chlamydia.

Teenagers approaching their 19th birthday have been directly targeted by mail, receiving a letter about the national Chlamydia screening programme and inviting them for a quick and simple test to see if they have the sexually transmitted infection.

It affects as many as 1 in 10 young people, being most prevalent among 19 year olds in the Greater Manchester region. Many do not know they have the infection, but if left untreated it can cause damage and affect fertility. Treatment involves a course of antibiotics, provided free of charge.

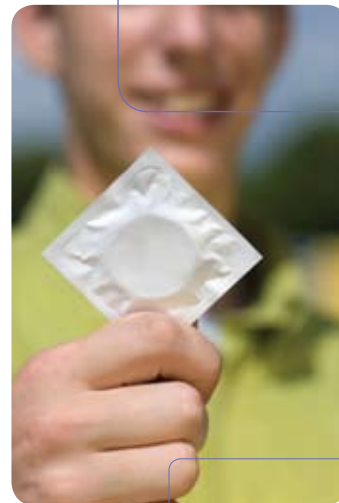
The 'RU clear?' campaign is a joint initiative between Trafford Primary Care Trust and Trafford Council. Fifteen pharmacies have also taken part, with discreet postal screening kits, for testing privately at home and returning by mail for analysis.

Trafford Consultant in Public Health Dr Lisa Davies said: "This is a fantastic programme to educate young people about Chlamydia and encourage them to get regularly tested for the infection.

"We are keen to stress to parents that we are sending these letters to all 19 year olds - it does not mean that we think their daughter or son is sexually active or has Chlamydia.

"It is a blanket campaign to ensure all young people have equal access to the same information and advice about their health."

This is a fantastic programme to educate young people about Chlamydia and encourage them to get regularly tested for the infection.



- For more information about Chlamydia screening people can contact **0845 330 6363** or visit **[www.RUclear.co.uk](http://www.RUclear.co.uk)**

# INVESTING IN SERVICES

## Upgrading our GP practices

TWO of the Trust's busy GP surgeries have been transformed as part of a major investment in facilities.

Bridgewater surgery in Altrincham and Woodsend clinic in Urmston have been completely modernised and improved within the last year.

The previous Bridgewater surgery was a non Disability and Discrimination Act (DDA) compliant Victorian-style property based on Barrington Road with poor access and in need of significant upgrading. Trafford PCT has supported the move to premises in a former business unit with plenty of parking.

The project involved renovating the interior of the building, which was office accommodation, to make it a fully functional and high quality GP surgery.

The new internal layout adheres to the best possible standards for infection control. A comfortable waiting area has good lighting and chairs in a variety of heights, sizes and styles to meet everyone's needs. Feedback from patients and staff has been positive.

Woodsend GP surgery is based in a health centre built in the early 1990s. This upgrade has seen work undertaken to introduce a new single reception area for welcoming both GP patients and those attending the community health services based in the same building. Previously different reception desks were in place for different services. Refurbishment

has also seen carpet stripped out and new flooring laid, together with improvements to the toilet and kitchen facilities.

Energy efficiency has been at the forefront of the PCT's mind throughout the last year regarding its building programme.

The out-of-hours GP practice in Chapel Road has had its extremely high ceilings lowered and new windows fitted to make the building more energy efficient. Other activity to reduce the carbon footprint of Trust premises includes a programme of changes to heating systems, insulation and double glazing.



# INVESTING IN SERVICES

## £250,000 to tackle obesity

MORE than £250,000 has been awarded to the region to tackle obesity in Partington.

National lottery funding from the 'wellbeing' programme has been secured for a five year project that is a joint initiative between Trafford PCT, Trafford Council and Trafford Community Leisure Trust.

The aim of the programme is to tackle obesity with a combination of healthy eating programmes and physical activity initiatives.

Developments will include the appointment of a new physical activity coordinator and a community food project coordinator within the region.



## Enhancing our information management systems

SIGNIFICANT improvements have been made to the Trust's information management systems. Nearly £290,000 has been invested in GP 'Systems of Choice'.

This will provide a framework for developing the functionality of GP clinical systems to ensure they continue to meet the requirements set by 'Connecting for Health' as part of the roll out of national applications. The computer hardware in Trafford's GP practices is now of a sufficient technical standard to be able to handle national applications.

PCTs are benefiting from savings due to the national negotiations of contracts with key systems suppliers as part of the Connecting for Health programme.



# INVESTING IN STAFF

## Achieving excellence

THE prestigious 'Queen's Nurse' title has been awarded to one of Trafford PCT's community nurses.

Carol Singleton received the accolade at an award ceremony in London in recognition of her outstanding contribution to district nursing and the people of Trafford. Only 19 awards have been issued across the country.

The Queen's Nurse award is for those who demonstrate a high level of commitment to patient centred values and have made a special contribution to the care of patients through innovation and best practice.

It is the first year that any nurses in the UK have received the award since 1967 after a decision was taken to reintroduce the accolade. The award was presented to Carol by England's Chief Nursing Officer Chris Beasley.

Speaking after the event Carol said: "I am honoured and excited. This is a dream come true as I have always wanted to be a Queen's nurse. I want to encourage other colleagues to take on new challenges and shout about the unique contributions that community nursing teams provide for patients and their families."

Chief Executive of Trafford PCT Sheena Cumiskey said: "I am delighted that we have such a committed Queen's Nurse as part of our team. Carol is a much valued asset to Trafford PCT and local residents alike."

I want to encourage other colleagues to take on new challenges



## Equality & diversity

The Trust recognises the benefit of having a work environment where everybody feels valued, respected and able to fully contribute to both decision making and the delivery of high quality patient care.

The PCT aims to have a workforce that understands and supports the diversity of fellow and potential colleagues and patients. The PCT has its own Equality and Diversity Group and also holds a regular Disability Discrimination Awareness Group, with representatives from staff groups and disabled users.

## Finance Team heads 'Towards Excellence'

TRAFFORD PCT's finance team has been accredited with a national award aimed at raising professional standards and improving financial management within the NHS. The department has recently been assessed against a tough set of criteria as part of the North West Finance Skills Development Network 'Towards Excellence' programme.

The team demonstrated a number of areas of good practice and was shown to deliver a high quality financial management service to the PCT. Achievement of accreditation at Level 1 is the first step for the department in a rolling programme and there are plans to progress to Level 2 next year.



## A fit and healthy workforce

AN active approach has been adopted by Trafford PCT to keep staff fit and healthy.

A dedicated 'Health and Wellbeing' programme is contributing towards managing stress in the workplace and reducing sickness and absence levels.

The initiative promotes physical activity, good mental health and a balanced diet. Staff are given the opportunity to access sessions at lunch time or after work that will improve their wellbeing.

Activities that have been specially organised by staff for staff over the last year include dance classes, urban walks with trained leaders, weight loss programmes and football games.

The PCT has also been working with Sport Trafford and local authority Social Services to promote more unusual sports such as cheerleading, British Military Fitness regimes, pitch and putt and cyber coaching.

Health and Wellbeing Lead Debbie Byrom said: "Physical activity not only contributes to the health of our staff – but also to the health of the business. Initiatives like this help us to boost morale, increase our productivity, improve absenteeism figures and retain our staff. We look forward to building on the success of this programme in the year ahead."

## Employee Assistance Programme now in place

TRAFFORD PCT has introduced a 24-hour counselling and support service for all employees and their families.

Employee Assistance Programmes (EAPs) are internationally recognised as good practice for helping organisations with reducing sickness levels, encouraging return to work after long absences and helping to cope with stressful events both in and out of the workplace. Manchester-based Positive People Company has been appointed to independently run the new service, which is free and confidential to all staff.

Face to face or telephone counselling, general citizens advice, financial advice, legal advice, debt information and child or

elder care information are just some of the services offered by the programme.

Associate Director of Human Resources Claire Scrafton said: "Stress in the workplace is no more an issue for this organisation than in any other organisation. However, we recognise that problems outside of work can have a high impact on our actions while in work.

"Our employees are our most important asset and we want to look after their wellbeing both in the workplace and at home. This programme offers help, information and support on a range of important issues that affect us all at some point in our lives."

# WORKING IN PARTNERSHIP

## Consulting and engaging

IT has been a busy year for engaging and involving local people and partners in Trust activities. This work has fallen into three distinct categories - formal consultation, involvement to influence changes to local services and general engagement across a variety of issues.

- **Formal consultations** have focused on improving breast care services in the region and improving access to sexual health services through fairness in primary care. In addition the PCT has also taken part in the national and regional consultation on the future of the NHS 'Our NHS, Our Future'. Techniques have included public meetings, producing formal documents and online information.

- **Involvement in service change engagement** has seen the Trust embark on an ambitious project to determine thoughts and preferences on primary care access and in particular GP extended hours. More than 1,000 telephone based questionnaires have been completed and a range of focus groups organised to elicit views about the future from local people.

- **General engagement activity** has been our most successful area of work in 2007/08. This has seen the PCT organising or taking part in community health improvement events, healthy lifestyle awareness sessions, 'retired and inspired' information workshops, cook and eat courses, public meetings aimed at developing services for cancer, medicines management promotion and the development of an over 50s 'youth club'.

Director of Corporate Affairs Mike Barker said: "We want to support patients and communities so that they are involved in developing initiatives and solutions that lead to health improvements. In the coming year we want to increase our engagement activity and look forward to working with even more local people and partners to ensure that views are listened to and acted on here at the Trust."



## Local Involvement Networks (LINKs)

TRAFFORD PCT has played a key role in supporting establishment of the new Local Involvement Networks (LINKs).

These are new networks of local individuals, groups and organisations whose remit will cover all publicly funded health and social care services. From 1 April 2008 as part of Local Government and Public Involvement in Health Act 2007, LINKs replace the previous Patients' Forums.

Their activities will include:

- Promoting, and supporting, the involvement of people in the commissioning, provision and scrutiny of local care services.
- Enabling people to monitor, and review, the commissioning and provision of local care services.
- Obtaining the views of people about their needs for, and their experiences of, local care services.
- Making the views of local people known and reporting and making recommendation about how local care services might be improved, to persons responsible for commissioning, providing, managing or scrutinising local care services.

# WORKING IN PARTNERSHIP

## Celebrating two years of 50+

RESIDENTS from across Trafford that are aged 50 and over have been celebrating their achievements with the region's '50+ Voice Network'.

The network consists of a group of people aged 50 and over and includes carers, local community groups and organisations that represent the views and experiences of older people in Trafford. Jointly funded by Trafford PCT and Trafford Council, the group enables more people of this age group to get involved with reviewing and shaping local services.

Within the last year the network has reviewed residential and home care services as lay assessors, sat on planning groups for new initiatives around information services and housing and taken part

in surveys and studies about the use of parks and cultural services. The group has also led the creation of a new club to promote health and wellbeing – called the 'Over 50s Youth Club' with taster sessions in salsa dancing, new age kurling, golf, health walks and tai chi.

The 50+ Involvement Officer Gill Fairclough said: "Trafford has a fantastic resource in the people aged 50 plus that live and work in the area. This network has done some really positive work within the last year. It is great to see the network continuing to grow and ensuring that the ideas and experiences of people in this age group are put to good use."



- For more information about how to get involved with the 50+ Voice Network contact Gill Fairclough on **0161 973 5741** or visit [www.vcattrafford.org](http://www.vcattrafford.org)



## Developing palliative care services

A NEW strategy has been launched in Trafford to ensure individuals who are terminally ill and their carers receive the best possible care and support.

'Everybody's Responsibility' is a five year strategy for improving supportive and palliative care services for adults in the region. It has been developed by healthcare professionals from Trafford and Salford Primary Care Trusts, together with social care colleagues, voluntary sector partners and service users.

The strategy is aimed at ensuring patients and carers can play an active role in expressing preferences about end of life care and be assured their wishes can be met.

Any residents, patients or carers that would like further information about this strategy should contact the Local Implementation Officer for palliative care Karen Richardson on 0161 212 4250.

# OUR PERFORMANCE

The following were our Corporate Objectives for 2007/08...

Objective

1

Improve our performance by more effective compliance with Standards for Better Health to achieve

a rating of at least 'good' in the Development Standards for Public Health and to meet all significant targets including progress towards the 18-week treatment target.

**Our progress:** Trafford PCT has continued to use the NHS Better Care, Better Value indicators and Quality Outcome Framework data to monitor and make improvements in intelligent commissioning of services to deliver better health outcomes.

Objective

2

Become fully fit-for-purpose as an excellent commissioner by

implementing the Commissioning Capability Development Plan.

**Our progress:** The first phase of the plan has been fully implemented. This has ensured the team is fully fit for purpose. We are now undergoing a review to understand capacity to ensure we are able to deliver World Class Commissioning.

Objective

3

Produce a 3 year commissioning strategy for all services

which incorporates the PCT's priorities for all services.

**Our progress:** The commissioning framework has been developed and implemented with priorities set.

Objective

4

Reduce health inequalities through a programme of five key interventions:

- effective clinical intervention;
- lifestyle choice;
- improving access to health and social care services;
- improving health protection; and
- developing health enhancing programmes.

**Our progress:**

- Developed clinical engagement and sampled GP practices on the primary prevention programme and early identification of vascular disease risk in 40-74 year olds.
- 1283 smokers in Trafford gave up smoking, opportunistic Chlamydia screening was rolled out across the borough and 948

young people were screened and tested, and we launched the GO3 physical activity initiative to promote opportunities in recreation and leisure.

- Improved access to health and social care services through the increased use of direct payments to clients.
- Improved health protection of the population by ensuring a high uptake of childhood immunisation such as MMR (over 90% coverage) and the strengthening of local resilience for emergency preparedness in scenarios such as climate events (floods, heat waves) and pandemic flu.
- Delivery of health enhancing programmes such as Expert Patient Programme (EPP) where 40 people with a long term condition attended a free six week course to better self manage their symptoms.

Objective

5

Ensure that the PCT at least breaks even at

the end of 2007-8 and delivers value for money.

**Our progress:**

Delivery of a surplus of £1.1 million as required meeting the control total set by the NHS North West, remaining within the notified cash limits and maintaining capital expenditure within the capital resource limit.

## Annual health check

THE Healthcare Commission rated Trafford PCT as 'fair' for its quality of services and 'fair' for its use of resources in this year's annual health check assessment.

The results are in keeping with the majority of PCTs up and down the country, with 62% being rated as 'fair' nationally.

To have retained a fair rating during a year of extensive organisational change has been recognised as a significant achievement for the Trust.

The assessment highlights achievements in a number of key areas including access to primary care professionals within 24 hours, GP referrals for suspected cancer meeting two week

waiting times and reduced waiting times for admission to hospital for an operation.

Areas the Healthcare Commission highlighted for improvement last year have been addressed by the PCT. In particular consultation work has been carried out to understand how sexual health services can be enhanced and a new comprehensive child and adult mental health service is now in place across Trafford.

The Trust will continue to use the assessment as an essential tool for identifying and bringing about further improvements to local health services.



## Patient feedback

The Parliamentary and Health Service Ombudsman has circulated 'Principles for Remedy' to all public bodies including Primary Care Trusts. The Ombudsman wants organisations to be fair and take responsibility, to acknowledge and apologise for mistakes if they happen, to make amends and use the opportunity to improve services. The principles also confirm the approach to making recommendations for remedy if appropriate.

### Good practice with regard to remedies means:

1. Getting it right
2. Being customer focused
3. Being open and accountable
4. Acting fairly and proportionately
5. Putting things right
6. Seeking continuous improvement

Trafford PCT welcomes comments, suggestions, constructive criticism and complaints relating to the services it provides, or commissions, on behalf of the residents of Trafford. These are seen as important elements in enhancing the quality of the services it provides.

During 2007/2008 the PCT received 110 written complaints relating to its areas of responsibility.

- 19 of these related to concerns about services provided by NHS Trusts.
- 38 of these were in respect of services provided by the PCT.
- 27 related to commissioning issues.
- 4 related to services provided by medical or dental "out-of-hours" services commissioned by the PCT

- 4 related to administrative matters.
- 18 related to the responsibilities of the PCT for family health services.

The PCT endeavours to learn from complaints. All complaints were fully investigated and action taken to resolve the issues raised.

## What our patients and carers say

Letters of thanks and appreciation are gladly received at the PCT. Here is a snapshot of the kind words received over the last twelve months...

**We wanted to write to express our thanks to you and the district nurses... who worked for the evening service and helped us to care for our Dad during his final months at home.**

**Thank you so much for your dedication and support with our mum. Thanks to your fantastic nursing, mum was able to stay at home in her bed until the end. You made a very difficult time for our family more bearable.**

**There is a total atmosphere of professionalism which offers security for the patient.**

**Thank you for the swift and very efficient services I received.**

**The care went beyond any I could have expected.**

**I can't begin to tell you how much your help and care meant to us at a very difficult time.**

## Meeting national targets

The PCT's overall performance is assessed on an annual basis by the Healthcare Commission through the Annual Health Check process. The Annual Health Check assesses two areas of performance, namely quality of service and the use of resources.

The Quality of Services Annual Health Check has three elements:

- Core Standards
- Existing National Targets
- New National Targets

The PCT's delivery of Existing National Targets improved in 2007/08 against the previous year.

### 2007/08 Performance Existing National Targets Scorecard

INDICATORS	2006/07	2007/08	CHANGE
Diabetic retinopathy screening	A	F	▼
Inpatients waiting longer than 26 weeks	A	A	—
Outpatients waiting longer than 13 weeks	A	A	—
All cancers: two month GP urgent referral to treatment	U	A	▲
Category A calls meeting eight minute target	U	A	▲
Category A calls meeting 19 minute target	A	A	—
Category B calls meeting 19 minute target	U	U	—
Delayed transfers of care	A	A	—
Thrombolysis - 60 minute call to needle time	U	U	—
All cancers: one month diagnosis to treatment	A	A	—
PCT facilities in place to support choice	F	F	—
PCT booking	F	F	—
Access to a GP	A	A	—
Access to a primary care professional	A	A	—
Commissioning a comprehensive child and adolescent mental health service	F	A	▲
Commissioning of crisis resolution services	F	U	▲
Practice based registers - patients called for review (Diabetes)	A	A	—
All cancers: two week wait	A	A	—
Total time in A&E: four hours or less	A	A	—
Revascularisation: three month wait	A	A	—

#### KEY

- A Achieved
- U Underachieved
- F Failed

The PCT's delivery of New National Targets also improved during 2007/08.

## 2007/08 Performance New National Targets Scorecard

INDICATORS	2006/07	2007/08	CHANGE
Infection control	A	A	
Community equipment delivery	F	A	▲
Older people's mental health needs and services	A	U	▼
Drug misusers in treatment	F	U	
Drug misusers sustained in treatment	A	A	
Smoking during pregnancy	A	A	
Breastfeeding initiation rates	A	A	
Data quality on ethnic group	U	U	
Smoking status of the population	F	F	
Four week smoking quitters	U	A	▲
Teenage conception rates	F	F	
Access to genito-urinary medicine clinics within 48 hours	U	U	
Access to reproductive health services	U	U	
Experience of patients	S	S	
Care programme approach seven day follow up	A	A	
Commissioning of early intervention in psychosis services	A	A	
Cancer mortality rate	U	U	
Implementation of NICE improving outcomes guidance	A	A	
Breast cancer screening	A	A	
Blood pressure	U	U	
Cholesterol levels	U	U	
Practice based registers (CVD)	F	F	
Cardiovascular disease mortality	A	A	
GP recording of body mass index	F	F	
Waiting times for diagnostic tests	A	A	
Outpatient waiting times milestone	A	A	
Inpatient waiting times milestone	A	A	
Data collection for referral to treatment waiting times	U	U	
Emergency bed days	A	A	
Community matrons and additional case managers	A	A	
Very high intensity users	F	A	▲

### KEY

- A Achieved
- S Satisfactory
- U Underachieved
- F Failed

## Summary of performance achievements:

Although significant improvement was seen in the organisation's performance in the last quarter of 2007/08 the PCT failed in 4 key areas (7 indicators). As the PCT draws up its strategy and plans to deliver the benefits of the NHS Plan for Trafford residents over the next 3-year planning cycle (2008 – 2011) it is essential that previous under-performance is recovered.

Outlined below is a summary of the remedial action plans to recover the 2007/08 year-end under-performance position.

INDICATOR	ACTION
<p><b>Diabetic Retinopathy</b> (100% of diabetics on a population-based register offered screening)</p>	<ul style="list-style-type: none"> <li>i) Full systems review</li> <li>ii) GP practice engagement programme</li> <li>iii) Partial implementation (38 practices)</li> <li>iv) Target achieved (9 remaining practices)</li> </ul>
<p><b>Choose &amp; Book (C&amp;B)</b> a) PCT facilities in place to support choice – assessed through patient survey &amp; b) PCT booking target 75%</p>	<ul style="list-style-type: none"> <li>i) Secure external specialist advice</li> <li>ii) Re-negotiate the C&amp;B local enhanced service with GPs</li> <li>iii) Establish Referral Booking Management Service Choose &amp; Book support function</li> <li>iv) Recruit Patient Choice System Coordinator to support patients &amp; practices</li> <li>v) Target achieved               <ul style="list-style-type: none"> <li>a) 90%</li> </ul> </li> </ul>
<p><b>Teenage Conception Rates</b></p>	<p>The baseline year for this target (1998) was unusually low. The PCT's performance is better than both the North West and National averages. On-going improvement plans are in place and it is recommended that no further remedial action be required.</p>
<p><b>Practice Based registers</b> a) CVD b) GP recording of body mass index c) Smoking status</p>	<ul style="list-style-type: none"> <li>i) Establish a systematic data collection regime</li> <li>ii) Provide support and guidance to practices where required</li> <li>iii) Targets achieved</li> </ul>

## 18 weeks

The 18-week referral to treatment pathway is about improving patients' experience of the NHS - ensuring all patients receive high quality elective care without any unnecessary delay.

The NHS has achieved the March 2008 milestone nationally and Trafford PCT has achieved this at a regional level. This is fantastic news and means that 90% of non-admitted patients and 85% of admitted patients, where it was clinically appropriate and the patient wanted it, were treated within 18 weeks from being referred by their GP in March.

As the host commissioner the Trust has been working closely with Trafford General Hospital – and the figures are reflective of improvements. Changes have also been made to information processes to help make reaching the target possible. Going forward we will be liaising closely with Manchester PCT to ensure that South Manchester Acute Foundation Trust can help us continue to meet the trajectory to ensure the December 2008 target is met for achieving a 95% target for non-admitted patients and 90% for admitted patients.

## Looking forward to 2008/09



How we'll transform health in Trafford - six priorities for the coming year:

**5 Enable service providers in the PCT to be increasingly independent:** This is in line with the Government plans to separate the commissioner (service 'buying') and service provider roles within all PCTs. We'll make sure our providers have the financial and other support they need to be as independent and responsive as possible.

**1 Significantly improve our performance:**

We don't expect people to just accept we are doing our job well in the PCT; we want to be able to prove it by achieving increasingly better results in our national ratings.

**2 Emphasise 'quality' in everything we do:**

Quality services are those that result in the best health and the best experience for patients, their carers and families. We won't leave this to chance – we will make sure that everyone who provides healthcare services in Trafford understands what quality means and what standards we expect.

**3 Getting ready for radical new ways of delivering care:**

We know that better use of technology and information can have a hugely positive impact on people's health – especially because it helps us spot poor health earlier and take action to make things better for individuals and communities.

**4 Help GP practices take on an even greater role in securing the services local people need:**

It is very important that primary care clinicians – the doctors and nurses who have the most regular contact with patients – have a strong voice in what services we invest in for people in Trafford. We'll be taking action to ensure GPs and practice teams have the support they need to do this.

**6 Be even more ambitious in how we listen to and involve patients and the public; clinicians and our partners:**

We want to ensure that the population in Trafford is not only well informed about local health services, but that people are genuinely encouraged to be involved in their own care, and in longer term healthcare planning for the community.

# GOVERNANCE

Trafford PCT has followed strict governance procedures and protocols over the past year to ensure it operates in a commercially sound way – enabling them to manage risks and uncertainties which might otherwise have a negative impact on the Trusts’ strategies and development.

Mechanisms employed by the PCT to assist in maintaining a sound system of governance include both internal processes and external scrutiny:

- The Integrated Governance Committee
- The Audit Committee
- The Assurance Framework
- Risk Management
- Clinical Governance
- Planning for an Emergency
- The Annual Health Check
- The NHS Litigation Authority Assessment
- Statement of Internal Control

## 1 The Business Cycle & Internal Control

The PCT continued with established practices for agreeing and pursuing their objectives with the following sequence of actions for the Business Cycle:

The Board reviewed and reaffirmed its corporate objectives;

- A business plan to further these objectives was agreed for the financial year;
- An Assurance Framework was agreed to provide the Board with supporting evidence about the feasibility of making progress with specific objectives;
- The Board reviewed progress with the business plan and Assurance Framework.

## 2 Integrated Governance Committee

The PCT’s main committee dealing with both corporate and clinical governance is the Integrated Governance Committee, which is chaired by a Non-Executive Director, and includes all Executive Directors, two additional Non-Executive Directors and patient and public representatives.

The Committee meets on a bi-monthly basis.

The Committee undertakes the detailed work on behalf of the Board on issues dealing with governance and risks facing the organisation, and monitors progress with the Assurance Framework and the Annual Health Check.



### **3** The Audit Committee

The Audit Committee is appointed by the Board from amongst the Non-Executive Directors of the PCT and is chaired by a Non-Executive Director. The Committee consists of not less than three members, one of whom must also be a member of the Integrated Governance Committee in order to ensure an integrated approach to risk management.

The role of the Committee is to review the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the whole of the organisation's activities (both clinical and non-clinical).

### **4** Risk Management

Trafford PCT's Risk Management Strategy includes details of the Trust policy for managing principle risks which involves the Corporate Risk Register.

A further responsibility of the Integrated Governance Committee is to monitor the Corporate Risk Register. Regular reports on the Risk Register are presented to the Integrated Governance Committee with particularly

significant risks then being reported to the Board. The Risk Register includes all types of risk facing the organisation, such as strategic, commercial, operational and financial.

### **5** Clinical Governance

The PCT developed a Clinical Governance Development Plan to support meeting the requirements of the Annual Health Check.

This plan has been monitored by the PCT's Clinical Governance Group and the PCT's Integrated Governance Committee.

In addition, the PCT has a number of key groups where membership includes, Patient & Public representatives, Clinicians and PCT management.

The Groups include:

- Complaints & Incidents
- Clinical Audit & Effectiveness
- Clinical Standards
- Performance Panel

A Clinical Governance Annual Report outlining the full details of the PCTs Clinical Governance activity for 2007/2008 is available by contacting 0161 873 9524.

### **6** The Assurance Framework

The PCT has sound arrangements in place to ensure that corporate objectives are met.

Regular progress reports on the Assurance Framework have been presented to the Integrated Governance Committee and the PCT Board.

### **7** The Statement of Internal Control

The PCT has sound systems in place to ensure that there is tight internal control of their businesses. There are close links between the Assurance Framework and the Statement of Internal Control (SIC) which forms a key component of the Annual Accounts. The Assurance Framework provides evidence supporting claims made in the SIC.

## 8 Planning for an Emergency

The PCT recognises the importance of being prepared for an emergency, for example, a major incident, a pandemic outbreak etc.

There is a Business Continuity Plan in place for the PCT, which is broken down into individual departmental roles, responsibilities and requirements, should an emergency unfold, to ensure that the services we provide continue to function.

The PCT also has a Major Incident Plan and a Pandemic Influenza Plan in place, both of which were tested recently.

## 9 Remuneration Committee

The function of the Remuneration Committee is to make recommendations and advise the Board about an appropriate remuneration framework and terms of service for the Chief Executive and other Executive Directors. In addition, the scope of responsibility includes terms and conditions where locally determined for staff employed on Agenda for Change terms and conditions of employment. The Committee is also

required to consider other matters as referred by the Board.

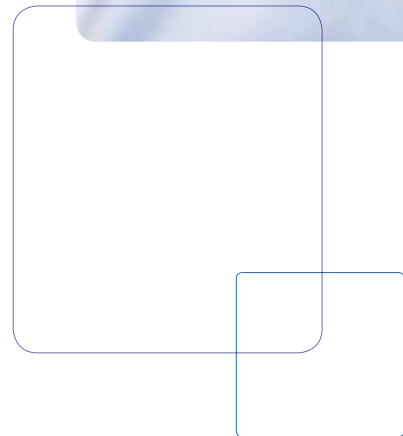
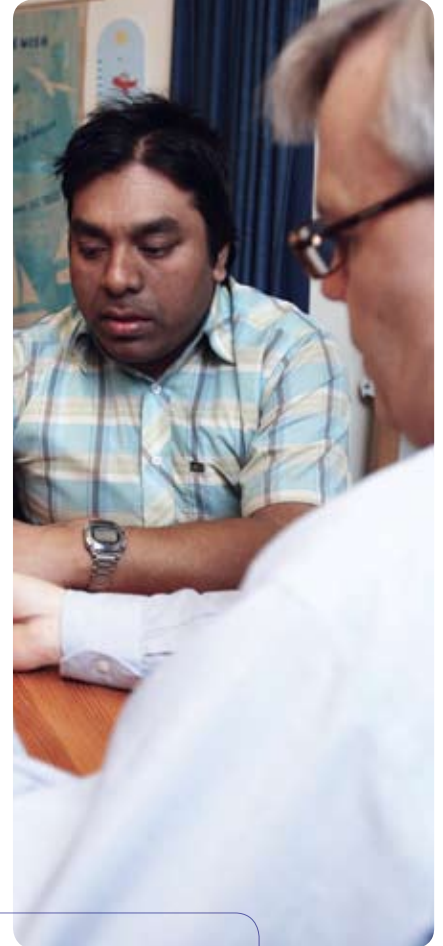
Four meetings of the Remuneration Committee took place during 2007/08.

The Committee approved a pay award for Directors on the very senior manager pay scheme of 1.3% in line with the national pay award.

## 10 External audit services

External audit services are provided to the PCT by the Audit Commission. During 2007/08 the PCT spent £197,000 on the provision of statutory audit and other ad-hoc audit services.

The address for the Audit Commission is District Auditor, Aspinall House, Aspinall Close, Middlebrook, Bolton, BL6 6QQ.



# Summary Financial Statements 2007/08



## Director of Finance's Report

It is very pleasing to report that for 2007/08 the summary financial statements show that the main financial duties of the PCTs have been met, namely:

- the delivery of a surplus of £1.1 million as required to meet the control total set by the Strategic Health Authority;
- remaining within the notified cash limits
- maintaining capital expenditure within the capital resource limit

Also, on page 34, there are statements relating to the PCT's Management Costs and compliance with the Better Payment Practice Code.

The Annual Accounts and summary financial statements have been audited and an unqualified report has been received from the External Auditors.



**Marjorie Lloyd**  
**Director of Finance**

The following statements included in the report are in summary format. A full copy of the Annual Accounts 2007/08, including the Statement of Internal Control for Trafford PCT is available on the Trust website **[www.trafford.nhs.uk](http://www.trafford.nhs.uk)** or from the Finance Department of the Primary Care Trust on **0161 873 9695**.



# Independent Auditor's Report to the Directors of the Board of Trafford Primary Care Trust (PCT)

I have examined the summary financial statements which comprise the Operating Cost Statement, Statement of Recognised Gains and Losses, Balance Sheet, Cash Flow Statement, Financial Performance Targets, Related Party Transaction disclosures and Salary and Pension disclosures as set out on pages 30 to 39.

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 36 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission.

## Respective responsibilities of directors and auditor

The Directors are responsible for preparing the Annual Report.

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

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

## Basis of opinion

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

## Opinion

In my opinion the summary financial statement is consistent with the statutory financial statements of the Primary Care Trust for the year ended 31 March 2008. I have not considered the effects of any events between the date on which I signed my report on the statutory financial statements, 20 June 2008 and the date of this statement.

**Mick Waite**  
District Auditor  
Audit Commission  
Aspinall House  
Aspinall Close  
Middlebrook  
Horwich  
Bolton  
BL6 6QQ  
September 2008

## Register of Interests 2007/08

### NON EXECUTIVE DIRECTORS

Name	Declared interest	PEC	Board	Audit	Provider	Integrated Governance	Remuneration Committee
Leslie Robinson (June 2000)	Chair, Greater Manchester Probation Board		●				●
Timothy John Barlow (Oct 2006)	Finance Director, Thomas Cook Airlines Ltd		●	●		●	
Dr Malcolm Clarke (Feb 2005)	Director, Headway Consultancy Services Ltd Trustee, Manchester Crossroads		●	●	●		
Paul Connellan (Feb 2005)	Managing Director, Aviat Consulting Ltd Deputy Chair of Governors, Wentworth High School, Salford		●			●	
Barbara Rimmer (Oct 2006)	Executive Director, Leek United Building Society Ltd		●	●			●
Priscilla Nkwenti (May 2001)	Chief Executive Officer, Black Health Agency Board Member, Association of Chief Executives Of Voluntary Organisations		●				
Akilah Akinola (Oct 2006)	Chief Executive, Outreach Community and Residential services		●	●	●	●	
Bob Galley (Oct 2006)			●				●

## SENIOR MANAGEMENT TEAM

Name	Declared interest	PEC	Board	Audit	Provider	Integrated Governance	Remuneration Committee
Sheena Cumiskey, Chief Executive (Dec 2006)	Director, LIFTCo	●	●			●	●
Dr Robert Queenborough, Director of Clinical Leadership (June 2003)	Owner Queenborough Consultancy Associate Advisor, KPMG	●	●			●	
Abdul Razzaq, Director of Public Health (Apr 2003)	Trustee, Jannat Aziz Eye Hospital Trust	●	●			●	
Claire Scrafton, Associate Director of HR (Oct 2005)	Secretary of Fundraising, Dean Oaks Primary School		●		●	●	●
Mike Barker, Director of Corporate Affairs & Partnerships (Apr 2008)	Governor, Prescott Community Primary School	●				●	
Martin Connor, Director of Strategic Commissioning & Performance (Feb 2008)	Director, New Model Health Ltd Governor, Loreto High School, Manchester	●	●			●	
Marjorie Lloyd, Director of Finance (Feb 2005)		●	●	●		●	
Mark Brandreth, Director of Provider Services (Feb 2008)			●		●	●	
Liz O'Brien (Sep 1982)		●	●			●	

## Operating Cost Statement for year ended 31 March 2008

	2007/08	2006/07
	£000	£000
<b>Commissioning</b>		
Gross Operating Costs	<b>283,634</b>	259,055
Less: Miscellaneous Income	<b>(2,757)</b>	(2,786)
Commissioning Net Operating Costs	<b>280,877</b>	256,269
<b>Provider</b>		
Gross Operating Costs	<b>22,861</b>	24,627
Less: miscellaneous income	<b>(3,038)</b>	(3,869)
Provider Net Operating Costs	<b>19,823</b>	20,758
<b>Net Operating Costs before interest</b>	<b>300,700</b>	277,027
Interest Received or Receivable	<b>0</b>	0
Interest Paid or Payable	<b>0</b>	0
<b>Net Operating cost for the Financial Year</b>	<b>300,700</b>	277,027

## Statement of Recognised Gains and Losses for year ended 31 March 2008

	2007/08	2006/07
	£000	£000
Fixed asset impairment losses	<b>0</b>	0
Unrealised surplus / (deficit) on fixed asset revaluations/indexation	<b>750</b>	680
Increase in the donated asset reserve and government grant reserve due to receipt of donated and government granted assets	<b>0</b>	0
Additions / (Reductions) in the General Fund due to the transfer of assets from/(to) NHS bodies and the Department of Health	<b>0</b>	0
Additions / (Reductions) in "other reserves"	<b>0</b>	0
<b>Recognised gains and losses for the financial year</b>	<b>750</b>	680
Prior period adjustment - other	<b>0</b>	0
<b>Gains and losses recognised in the financial year</b>	<b>750</b>	680

## Balance Sheet as at 31 March 2008

2007/08

2006/07

£000

£000

### FIXED ASSETS

Intangible assets	0	0
Tangible assets	12,820	11,930
Investments	88	88
	<u>12,908</u>	<u>12,018</u>

### CURRENT ASSETS

Stocks and work in progress	49	40
Debtors	3,546	2,811
Investments (other e.g ETS)	0	0
Cash at bank and in hand	17	9
<b>TOTAL CURRENT ASSETS</b>	<b>3,612</b>	<b>2,860</b>

CREDITORS : Amounts falling due within one year	<b>(16,389)</b>	<b>(17,530)</b>
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<b>NET CURRENT ASSETS / (LIABILITIES)</b>	<b>(12,777)</b>	<b>(14,670)</b>
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<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>131</b>	<b>(2,652)</b>
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Creditors: Amounts falling due after more than one year	0	0
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Provisions for liabilities and charges	<b>(2,100)</b>	<b>(1,461)</b>
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<b>TOTAL ASSETS EMPLOYED</b>	<b>(1,969)</b>	<b>(4,113)</b>
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### FINANCED BY:

#### TAXPAYERS EQUITY

General Fund	<b>(7,637)</b>	(9,352)
Revaluation reserve	<b>5,668</b>	5,239
Donated asset reserve	0	0
Government grant reserve	0	0
Other reserves	0	0
<b>TOTAL TAXPAYERS EQUITY</b>	<b>(1,969)</b>	<b>(4,113)</b>

Cash Flow Statement for period ended  
31 March 2008

2007/08 2006/07

£000 £000

**OPERATING ACTIVITIES**

**Net cash outflow from operating activities** (301,725) (280,471)

**SERVICING OF FINANCE AND RETURNS ON INVESTMENT:**

Interest paid 0 0

Interest received 0 0

Interest element of finance leases 0 0

**Net cash inflow/(outflow) from servicing of finance and returns on investment** 0 0

**CAPITAL EXPENDITURE**

Payments to acquire intangible assets 0 0

Receipts from sale of intangible assets 0 0

Payments to acquire tangible fixed assets (869) (661)

Receipts from sale of tangible fixed assets 400 0

Payments to acquire fixed asset investments 0 0

Receipts from sale of fixed asset investments 0 0

**Net cash inflow/(outflow) from capital expenditure** (469) (661)

**Net cash inflow/(outflow) before financing and management of liquid resources** (302,194) (281,132)

**MANAGEMENT OF LIQUID RESOURCES**

(Purchase) of other current asset investments 0 0

Sale of other current asset investments 0 0

**Net cash inflow/(outflow) from management of liquid resources** 0 0

**Net cash inflow/(outflow) before financing** (302,194) (281,132)

**FINANCING**

Net Parliamentary Funding 302,202 281,114

Other capital receipts surrendered 0 0

Capital grants received 0 0

Capital element of finance lease rental payments 0 0

Cash transfers (to)/from other NHS bodies 0 0

**Net cash inflow/(outflow) from financing** 302,202 281,114

**Increase/(decrease) in cash** 8 (18)

Financial Performance Targets	2007/08	2006/07
<b>Revenue Resource Limit</b>		
The PCT's performance for 2007/08 is as follows:	£000	£000
Total net operating cost for the financial year	300,700	277,027
Less: Non-discretionary Expenditure	1,898	1,769
<b>Operating Costs less non-discretionary expenditure</b>	<b>298,802</b>	<b>275,258</b>
Final Revenue Resource Limit for year	299,856	275,275
<b>Under/(over) spend against Revenue Resource Limit</b>	<b>1,054</b>	<b>17</b>
Financial support included in under/(over) spend against RRL:		
- NHS Bank	0	0
- Internally Generated	0	0

Capital Resource Limit	2007/08	2006/07
The PCT is required to keep within its Capital Resource Limit	£000	£000
Gross Capital Expenditure	1,140	661
Add: Loss in respect of disposals of donated assets	0	0
less: Net book value of assets disposed of	(350)	0
less: Capital grants	0	0
less: Donations	0	0
<b>Charge Against the Capital Resource Limit</b>	<b>790</b>	<b>661</b>
<b>Capital Resource Limit</b>	<b>834</b>	<b>718</b>
<b>(Over) / Under spend against Capital Resource Limit</b>	<b>44</b>	<b>57</b>

The PCT disposed of the former Partington HC in the year which had a net book value of £350k.

Provider full cost recovery duty	2007/08	2006/07
The PCT is required to recover full costs in relation to its provider functions.		
The performance for 2007/08 is as follows:	£000	£000
Provider gross operating cost	22,861	24,627
less: Miscellaneous income relating to provider functions	(3,038)	(3,869)
<b>Net Operating Cost</b>	<b>19,823</b>	<b>20,758</b>
less: Costs met from PCT's own allocation	(19,827)	(20,762)
<b>Under / (over) recovery of costs</b>	<b>(4)</b>	<b>(4)</b>

Management costs	2007/08	2006/07
	£000	£000
Management costs (£000s)	5,436	5,107
Weighted population (Number)	210,242	210,242
Management cost per head of weighted population (£)	25.86	24.29

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

## Better Payment Practice Code

Better Payment Practice Code - measure of compliance	2007/08	2007/08	2006/07	2006/07
	Number	£000	Number	£000
<b>Non-NHS Creditors</b>				
Total bills paid in the year	14,051	42,653	14,925	40,699
Total bills paid within target	13,841	42,542	14,559	39,824
Percentage of bills paid within target	98.51%	99.74%	97.55%	97.85%
<b>NHS Creditors</b>				
Total bills paid in the year	1,585	193,849	2,075	179,436
Total bills paid within target	1,537	193,166	1,754	176,743
Percentage of bills paid within target	96.97%	99.65%	84.53%	98.50%

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

## The Late Payment of Commercial Debts (Interest) Act 1998

There were no claims arising under the Late Payments of Commercial Debts (Interest) Act 1998 in either 2007/08 or 2006/07.

## 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 Professional 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 Professional Executive Committee are as follows overleaf:

## Transactions with Related Parties in 2007/08

Practice	Net 2007/08 £000	Payments to Related Party £000	Receipts from Related Party £000	Amounts owed to Related Party £000	Amounts due from Related Party £000	Net 2006/07 £000
Dr Howard and Partners	1,326	1,210	-5	121	0	1,202
Dr Prodhan and Partners	709	677	-7	39	0	512
Dr Seely and Partners	0	0	0	0	0	110
Dr Guest and Partners	622	612	0	10	0	658
Dr Sutton and Partners	474	437	0	37	0	440
Dr Kelman and Partners	0	0	0	0	0	384
Dr Marchi and Partners	533	493	0	40	0	540

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.

The material transactions are listed below:

	Net 2007/08 £000	Payments to Related Party £000	Receipts from Related Party £000	Amounts owed to Related Party £000	Amounts due from Related Party £000	Net 2006/07 £000
Trafford Healthcare NHS Trust	63,435	65,108	-965	388	-1096	57,120
University Hospital of South Manchester NHS Foundation Trust	40,675	40,404	0	271	0	36,609
Greater Manchester West Mental Health Foundation Trust, formerly Bolton, Salford and Trafford Mental Health NHS Trust	13,603	13,296	0	307	0	15,060
Central Manchester and Manchester Children's University Hospital Trust	16,567	15,584	-47	1,030	0	17,529
Bury PCT (Cardiac Services and NWAS )	10,778	10,749	0	39	-10	8,627
Salford Royal NHS Foundation Trust	6,261	5,911	-1	351	0	8,253
Manchester PCT and Christie Hospitals	6,494	6,939	-474	143	-114	5,826
Salford PCT	626	624	-190	198	-6	748
Western Cheshire PCT	14,395	14,448	0	0	-53	4,370
Stockport PCT	1,603	1,496	0	107	0	1,416
Trafford Metropolitan Borough Council	9,304	9,486	-139	357	-400	6,766

The major items of expenditure with Trafford MBC in 2007/08 are Learning Disabilities £6.3m, Funded Nursing Care £1.9m and Drug Action Team £1.3m.

## Pension Benefits Disclosures

Name and Title	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 31/3/08	Lump sum at age 60 years related to accrued pension at 31/3/08	Cash equivalent transfer value 31/3/08	Cash equivalent transfer value 31/3/07	Real increase 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
Sheena Cumiskey - Chief Executive	0 - 2.5	2.5 - 5.0	35 - 40	115 - 120	520	475	23	0
Abdul Razzaq - Director of Public Health	0 - 2.5	2.5 - 5.0	10 - 15	40 - 45	149	129	11	0
Robert Queenborough - Director of Clinical Quality	5.0 - 7.5	15.0 - 17.5	35 - 40	110 - 115	560	493	39	0
Maïjorie Lloyd - Director of Finance	0 - 2.5	0 - 2.5	35 - 40	115 - 120	672	643	9	0
Cheryl Nolan - Chief Operating Officer (To 31st Aug 2007)	(0 - 2.5)	(0 - 2.5)	25 - 30	85 - 90	440	420	3	0
Mark Brandreth - Director of Provider Services (from 1st February 2008)	0 - 2.5	0 - 2.5	15 - 20	45 - 50	162	124	4	0
Martin Connor - Director of Strategic Commissioning and Performance (from 4th February 2008)	7.5 - 10.0	27.5 - 30.0	5 - 10	25 - 30	106	0	75	0
Elizabeth O'Brien - PEC Member	2.5 - 5.0	12.5 - 15.0	10 - 15	40 - 45	232	150	54	0
Diane Robson - Nurse PEC Member	0 - 2.5	2.5 - 5.0	5 - 10	25 - 30	151	129	13	0
Philip Carroll - Nurse PEC Member (to 30th Sept 2007)	(0 - 2.5)	(0 - 2.5)	5 - 10	15 - 20	84	83	-1	0
Heather Henry - Nurse PEC Member (to 30th Sept 2007)	(0 - 2.5)	(0 - 2.5)	5 - 10	20 - 25	93	101	-4	0
Jennifer Sigley - AHP PEC Member	0 - 2.5	2.5 - 5.0	15 - 20	45 - 50	240	214	14	0
Michelle Slater - Dental PEC Member	0 - 2.5	0 - 2.5	20 - 25	60 - 65	351	349	-5	0

## Pension Benefits Disclosures - Notes

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

Martin Connor is a new entrant to the NHS Pension scheme and therefore had no Cash Equivalent Transfer Value (CETV) at 31st March 2007.

A CETV is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme.

A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit

accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

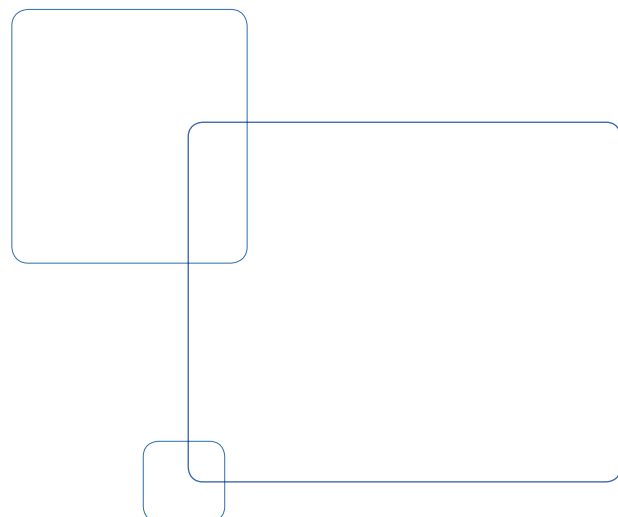
The real increase in CETV reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market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

## Pension Costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales.

As a consequence, it is not possible for the PCT to identify its share of the underlying scheme liabilities. Employers pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill health. The full amount of the liability for the additional costs is charged to the income and expenditure account at the time the PCT commits itself to the retirement, regardless of the method of payment.



## Salaries and Allowances of Senior Managers

Name	Title	2007/08		2006/07	
		Salary (bands of £5,000) £000	Other Remuneration (bands of £5,000) £000	Salary (bands of £5,000) £000	Other Remuneration (bands of £5,000) £000
<b>BOARD</b>					
Mr Leslie Robinson	Chair	30-35		25-30	
Mrs Akilah Akinola	Non Executive Board Member	5-10		0-5	
Mr Tim Barlow	Non Executive Board Member	5-10		0-5	
Mr Bob Galley	Non Executive Board Member	5-10		0-5	
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	Non Executive Board Member	5-10		10-15	
Miss Barbara Rimmer	Non Executive Board Member	5-10		0-5	
Mrs Sheena Cumiskey	Chief Executive - from Dec 2006	135-140		45-50	
Mr Joe McGuigan	Acting Director of Finance - Oct/Nov 2006	0		10-15	
Mrs Marjorie Lloyd	Director of Finance	100-105		85-90	
Mrs Marjorie Lloyd	Acting Chief Executive - Oct/Nov 2006	0		15-20	
Mr Abdul Razzaq	Director of Public Health	80-85		75-80	
Dr Robert Queenborough	Executive Director Clinical Quality	90-95		90-95	
Ms Cheryl Nolan	Chief Operating Officer - to end Aug 2007	30-35	75-80	80-85	
Mr Mark Brandreth	Director of Provider Services - from Feb 2008	10-15		0	
Dr Martin Connor	Director of Strategic Commissioning and Performance - from Feb 2008	15-20		0	
<b>FORMER BOARD MEMBERS TRAFFORD NORTH PCT / TRAFFORD SOUTH PCT</b>					
Ms Doris Angel	Non Executive Board Member	0		0-5	
Mr G Aitken	Non Executive Board Member	0		0-5	
Mr M Rasul	Non Executive Board Member	0		0-5	
Ms S Booker	Non Executive Board Member	0		0-5	
Dr Timothy Riley	Chief Executive - to end Sept 2006	0		55-60	
Dr Peter Mitchell	Non Executive Board Member	0		0-5	
Councillor Judith Lloyd	Non Executive Board Member	0		0-5	
Mr Martin King	Non Executive Board Member	0		0-5	
Mr Tanvir Butt	Non Executive Board Member	0		0-5	

Name	Title	2007/08		2006/07	
		Salary (bands of £5,000) £000	Other Remuneration (bands of £5,000) £000	Salary (bands of £5,000) £000	Other Remuneration (bands of £5,000) £000
<b>PEC</b>					
Dr Nigel Guest	Joint Chair of PEC - to end Sept 2007	10-15		15-20	
Ms Elizabeth O'Brien	Chair of PEC - from Oct 2007	25-30	25-30	20-25	30-35
Dr Rachel Howard	GP Member	5-10		5-10	
Dr Clive Marchi	GP Member	5-10		5-10	
Dr Masud Prodhan	GP Member	5-10		10-15	
Dr Kath Sutton	GP Member	5-10		10-15	
Mr Phillip Carroll	Nurse Member - to end Sept 2007	0-5	20-25	5-10	35-40
Mrs Heather Henry	Nurse Member - from Oct 2006 to Sept 2007	0-5	25-30	0-5	30-35
Ms Diane Robson	Nurse Member	5-10	40-45	5-10	35-40
Mr Brian Wilkins	Pharmacy Member	5-10		5-10	
Ms Jennifer Sigley	Allied Health Professional - from Oct 2006	5-10	40-45	0-5	20-25
Ms Anne Higgins	Social Services Member	0		0	
Ms Michelle Slater	Dental Member - from Jan 2007	5-10	60-65	0-5	15-20

#### FORMER PEC MEMBERS TRAFFORD NORTH PCT / TRAFFORD SOUTH PCT

Dr C Kelman	PEC Member	0		0-5	
Mrs D McNicholl	Nurse Member	0		5-10	
Mrs H Thomas	Nurse Member	0		0-5	15-20
Mrs N Molloy	Nurse Member	0		0-5	10-15
Mr A Tronconi	Allied Health Professional	0		0-5	20-25
Dr R Patel	Pharmaceutical Member	0		0-5	
Mr M Barratt	Dental Member	0		0-5	
Dr M Seely	PEC Member	0		0-5	
Ms Corrys Dodd	Allied Health Professional	0		0-5	
Ms Krystina Rabin	Co-opted PEC Member	0		0-5	
Ms M Wilson	Dental Member	0		0-5	15-20
Mr D Hanley	Social Services PEC Member	0		0	

#### 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.

# Glossary of financial terms

**Accruals:** A concept used in accounting. In addition to payments and receipts of cash, adjustment is made for outstanding payments (creditors), debts to be collected (debtors) and stocks (items bought and paid for but not yet used). Using this concept means that the accounts show all the income and expenditure for the financial year.

**Balance Sheet:** The balance sheet sets out the assets and liabilities of the PCT at the end of the financial year. Assets and liabilities can be classified as short term (within a year) or long term (greater than a year).

**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 Flow Statement:** 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 Balance Sheet at the beginning of the year, the Operating Cost Statement for the year and the Balance Sheet at the end of the year.

**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 PCT's. These are distinct from the costs of the PCT's services it provides directly.

**Creditors:** Financial amounts owed by the PCT for goods and services received, for which payment is outstanding at the year end.

**Debtors:** Financial amounts that are due to the PCT that have not yet been received at the year end.

**General Fund:** This is the accumulated balance of previous years' surpluses and deficits reported through the Operating Cost Statement.

**Non-Discretionary Expenditure:** This is expenditure on eyesight tests incurred by the PCT on behalf of the Department of Health which has no cash limit and is not chargeable against the PCT's Revenue Resource Limit.

**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.

**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.

**Provision for Liabilities and Charges:** 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.

**Revaluation Reserve:** The Revaluation Reserve records changes in the value of the PCT's fixed 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 Recognised Gains and Losses:** The PCT reports that certain gains or losses can be accounted for directly to the balance sheet without going through the operating cost statement. Included here is the increase in value of the PCT's fixed assets due to gains in valuations.

**Tangible Assets:** Assets of lasting value to the PCT such as land, buildings and major items of equipment.

The full Annual Report and Summary of Financial Statements 2007/08 can be found on the Trafford Primary Care Trust web site [www.trafford.nhs.uk](http://www.trafford.nhs.uk)



If you require a hard copy of these documents, please contact the Trust's Communications Department on **0161 873 9576**.

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Minicom: 0161 873 9600

To ensure this annual report is available and accessible to all interested persons, the document can be made available in a variety of formats to meet individual's needs, for example large print, and different languages.

閣下如希望這傳單得到翻譯，請致電 0161 746 2019 聯絡塞福特病者諮詢及連絡服務

للحصول على ترجمة لهذه النشرة نرجو الاتصال بخدمات مرضى ترافورد على الرقم : 01617462019

در صورت تمایل به دریافت ترجمه این جزوه لطفاً با بخش اطلاع رسانی بیماران و خدمات ارتباطی ترافورد به شماره تلفن 0161 746 2019 تماس بگیرید.

Ta ulotka może być przetłumaczona na język polski na żądanie. Prosimy zwracać się w tej sprawie telefonicznie do: The Trafford Patient Advice and Liaison Service pod numerem 0161 746 2019

اگر آپ کو اس ایف اے کی ٹرانسلیشن (ترجمانی) کی ضرورت ہے تو ٹریفورڈ میں واقع مرینوں کی صحت اور مدد کی سروس سے رابطہ قائم کریں 0161 746 2019

If you require this leaflet in another format please contact the Trafford Patient Advice and Liaison Service on 0161 746 2019.



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