



Annual Report & Summary
Financial Statements 2008/09

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This annual report has been written with the help of PCT staff. We hope you find it informative and interesting to read. If you would like to make any additional 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 in 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.

Community, health visiting and district nursing teams in our Provider Services all offer high quality community-based health services, while working with local GPs, pharmacists, dentists, opticians, hospital trusts and the local authority to provide additional health 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 mission

Providing
professionally-
led, publicly
accountable,
individually
responsive
health and care
services
in Trafford.

> Foreword

Welcome to the annual report, which also incorporates the operating and financial review for Trafford PCT, for the period April 1, 2008 to March 31, 2009.

Overall, it has been a successful year in which many significant improvements were made. Lord Darzi's 'Next Stage Review' has provided the context with which the NHS is reconsidering its mission. Subsequently the publication of the NHS North West's Healthier Horizons document in May 2008 represented an important milestone in regional thinking about the future NHS.

We have worked with local people and stakeholders to establish our Commissioning Strategic Plan (CSP) for the five years 2008/13. This identifies and sets out clear priorities for the PCT in tackling health inequalities, mental health, cancer, cardio vascular disease (CVD), chronic obstructive pulmonary disease (COPD) as well as increasing life expectancy. The thread of this CSP now runs throughout the core business of the organisation.

We've undergone extensive external assessment this year as part of the Department of Health's World Class Commissioning (WCC) process. An independent panel has

praised the PCT for our focus and clear vision. This feedback is valuable and helps us to further identify and track our service commissioning processes. It also adds a further layer of intelligence to help us develop our commissioning systems across the board and become a genuinely world class commissioning organisation

In addition to this the Care Quality 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.

Our performance against existing and new national targets continues to improve. This year's report highlights a selection of our most recent accomplishments, activities and changes to services – including details of new health schemes that are changing lifestyles in Trafford, investment in NHS dentists, and award-winning health and wellbeing services.

We hope you enjoy reading through our achievements and will continue to support us in our efforts to transform healthcare services in Trafford in the year ahead.

Sheena Cumiskey
Leslie Robinson
Liz O'Brien



Sheena Cumiskey
Chief Executive



Leslie Robinson
Chair



Liz O'Brien
PEC Chair

(Professional Executive Committee)

> Improving health and wellbeing

Celebrating 10 years of keeping hips and hearts healthy!



SOME of Trafford's healthiest hips and hearts gathered at a mass exercise class to celebrate 10 years of a successful local health initiative.

The 'Healthy Hips & Hearts' programme began in 1998. The PCT-led initiative is aimed at helping older people to maintain and improve their balance, reduce falls and prevent hip fractures. Today a total of 28 classes of specially

adapted exercise are operated by more than 30 volunteers throughout Trafford. An estimated 300 people aged 50 plus benefit from using the service every week.

The one hour exercise classes are devised by an experienced physiotherapist and concentrate on stretching and joint movement. Volunteers are then given training and support to deliver these classes within their

own communities. The initiative has gone from strength to strength – growing in popularity from word of mouth, rehabilitation referrals from local hospitals and promotion at a community level.

Kelly Godwin coordinates the service for Trafford PCT. She explained: "As people get older it is only natural to start feeling a few aches and pains, but everyone always feels better after a little bit of exercise. These classes really can help with easing arthritis and getting people moving.

"Lots of people are always saying how much they've enjoyed attending classes and forming new friendships, so we are thrilled to have been able to keep the initiative going for 10 years – it is a real achievement."

Be SMART in the sunshine say Trafford youngsters

BUDDING artists have helped the PCT in developing colourful ways of warning fellow youngsters and their parents to stay safe in the sunshine.

More than 150 children took part in a creative poster competition organised by Trafford Healthy Schools and the Trafford Macmillan Care Centre. Those schools taking part in this year's competition included Victoria Park Junior School in Stretford, Moss Park Junior School in Stretford, Cherry Manor Primary School in Sale, Bollin Primary School in Altrincham and English Martyrs RC Primary School in Urmston.

The event was aimed at developing understanding among Trafford children and their parents about how to protect themselves in the sun. Links between exposure of skin to sunlight and the risk of developing cancer are medically proven. The winning posters displayed the best use of colour, creativity and sun-smart awareness messages.

> Improving health and wellbeing

Over 65s give thumbs up to flu jabs

FIGURES show that Trafford residents are among the healthiest and best in the country at taking steps to avoid getting flu.

The region is the third highest performing in the country for the percentage of over 65s that had a flu jab this winter. A total of 78.9% of older people in the local community went to see their GP for the jab, the highest uptake anywhere in the North West. The national target is 70%.

The vaccination is offered to all people over 65, as they have been identified as most at risk from developing potential fatal complications such as bronchitis and pneumonia if they catch the flu.

Immunisation coordinator at Trafford Provider Services Kate Murdock said: "Immunisation is one of the most effective health care interventions, and flu vaccines are highly effective in preventing illness and reducing hospital admissions and deaths from flu. A good uptake rate also prevents transmission of flu throughout the community, making for a healthier local population."

Each October Trafford Provider Services embarks on a targeted campaign, contacting every 65 year old in the area asking that they get in touch with their local GP surgery for a vaccination. Many of the practice nurses run dedicated flu jab clinics to ensure that they get as many patients through the doors as efficiently as possible.

Trafford Provider Services says that over the next 12 months it will be concentrating its efforts on increasing the number of people vaccinated in at risk groups under the age of 65. This will include individuals with asthma, diabetes, chronic obstructive pulmonary disease (COPD) and coronary heart disease.



Raising awareness about sexual health

Trafford residents now have access to daily contraception and sexual health clinics thanks to a new NHS service. Based at the Mitford Street Clinic in Stretford (near Stretford Mall), the service provides easy access to advice, treatment, screening, testing and counselling on a wide range of sexual health issues including contraception, pregnancy and sexually transmitted infections.

The new service is provided by Palatine Contraception and Sexual Health Services, Manchester Community Health, part of NHS Manchester. It runs alongside the existing service at the Mitford Street Clinic and offers the following services all available on a drop-in basis:

- All methods of contraception.
- Emergency contraception.
- Free condoms.
- Pregnancy tests.
- Abortion information.
- Cervical smears.
- RUCLEAR Chlamydia screening programme (www.ruclear.co.uk).
- Testing for sexually transmitted infections, including HIV.
- Treatment for uncomplicated sexually transmitted infections.
- Dedicated 'FRESH' services for young people aged under 25 (www.Fresh4manchester.com).
- Reproductive health advice and referrals.



Making fruit and vegetables a more popular choice

Trafford PCT is working in partnership with The Irwell Valley Housing Association to launch a fruit and vegetable co-operative, which involves local growers working together to sell their produce at a reasonable price.

The scheme hopes to improve access to healthy foods for the local community by helping people reduce the saturated fat in their diet, making it easier for them to make healthier choices at affordable prices.

The Partington community was chosen because the PCT, working with the housing association, believes the scheme can make a significant impact – and according to the locals, it has so far been a success.

Sue Anderson, local resident and community centre user said: “I prefer to buy food from the co-operative because I know that it is fresh and we’re supporting the community. It’s an added bonus that the produce is both local and cheap.”

Marie Wilson, Health Improvement Officer at Trafford PCT said: “This scheme is a great opportunity for the local community. It helps ensure that people get the 5-a-day fruit and vegetable intake needed, and financially it is cheap to buy as the produce is being sold at cost price. It is also of major benefit to the area as currently there are no shops in the vicinity.”

This scheme is a great opportunity for the local community.

> Investing in services

Boost for mental health services

Mental health services in Trafford have been given a boost following a successful bid for an additional 20 new psychological therapists as services are expanded to better meet local need.

Trafford PCT, with partners Greater Manchester West NHS Foundation Trust and self help services, will now be recruiting 12 high intensity psychological therapists and eight low intensity psychological therapists through the national Improving Access to Psychological Therapies (IAPT) programme.

The low intensity services are designed to meet common mental health needs where 6-8 sessions of help are appropriate, while the high intensity services focus on more complex mental health needs which may need up to 20 sessions of help.

Part of the development of mental health services across Trafford will include providing additional support with JobCentrePlus to support patients with common mental health difficulties to remain in work and those who are currently out of work back into employment.

Sandy Bering, Strategic Lead Commissioner for Trafford PCT, said: "This is great news for our mental health services plan in Trafford and will help us to equip ourselves to develop more services that local people want and need than we have been able to provide to date.

"This should also continue helping us quickly reduce the current long waits that some patients have previously had to endure before they have been able to see a therapist and start their treatment and so allows us to fast-track some of our planned work in this area."

Enhancing our information management systems

SIGNIFICANT improvements have been made to the PCT's information management systems.

- Within the last year the organisation has delivered **Trafford COIN** – the new jointly funded £1.5m network infrastructure which is currently being delivered by Virgin Media, Connecting For Health and Trafford PCT / Acute is at the latter stages of delivery.
- **Manchester Core** (Currently underway with Greater Manchester TIG, CFH). A new core connection to N3 for each trust connecting Trafford's new COIN to N3. The bandwidth of this new connection is 100 Mbps.
- **Security** – Trafford PCT is now fully protected with regards to mobile data security as Safeboot encryption and Sanctuary Device control have been deployed.
- **Infrastructure improvements**, with upgrades to computer and printing equipment throughout the organisation.





Two new dental practices for Trafford residents

Trafford PCT has improved access to NHS dentistry in the borough with the appointment of two new NHS dental practices that are now treating patients.

The practices, one in the north of Trafford and one in the south, have capacity for up to 6,000 new NHS patients each.

Priority has been given to the waiting list held at Trafford PCT, but it is expected that out of the remaining spaces approximately 8,000 will be open to new NHS patients.

Martin Connor, Director of Commissioning said: "The appointment of these two practices marks a turning point for access to NHS dentists in Trafford. It is our aim that every Trafford resident will be able to access an NHS dentist."

Access to these dentists is exclusively for Trafford residents. Places will not be offered to anyone who does not live within the borough.

Three additional practices will be opened within the next financial year.

*It is our aim
that every
Trafford
resident will be
able to access
an NHS dentist.*

> Investing in our staff

New award ceremony recognises local health heroes

A NEW award ceremony to recognise and celebrate the achievements of Trafford's health heroes took place this year.

The event was organised and hosted by Trafford PCT's Provider Services to thank its GPs, district nurses, allied healthcare professionals and office-based staff for their contributions towards improving local community health services for patients.

More than 100 healthcare workers were presented with a certificate of achievement at the event in Trafford Centre's Odeon Cinema, after being nominated by colleagues for making a difference in the work place.

The Speech and Language Therapy team also received a prestigious Team of the Year trophy, in recognition of their innovation in developing community 'walk-in' assessment sessions in Trafford, in partnership with local children's centres.

A panel consisting of patients, staff and Trust Board representatives selected the winning team from a short-list of six finalists. Nominees were judged for their creativity and innovation, as well as how they have improved access and their commitment to discover and

understand what is best for patients. Runner-up prizes for Team of the Year were awarded to Hale Clinic's Health Visiting Team and the Continence Team, who are based at the Delamere Centre in Trafford.

Mark Brandreth, Director of Provider Services at Trafford PCT said: "If we are going to continue to improve health services for local people, it is vital that we make Trafford a great place to work. This event provides an opportunity to celebrate services and give deserving recognition to colleagues for the excellent work they do in providing high standards of care for people who live in Trafford."

Gail Mann from the winning Speech and Language Therapy team added: "This is the first time the PCT has held this ceremony, so it makes it all the more exciting to have won this award. We have made significant changes to children's speech and language therapy services in Trafford over the last year by replacing a traditional referral system and its associated waiting times, with a walk-in service in a community setting. It means a lot to get such positive feedback for everything that we have worked towards and achieved as a team."



Award winning in leading health and wellbeing

Health and Wellbeing Advisor from the HR team Debbie Byrom scooped the 'Placing Ladders' award for leadership in delivering a successful staff health and wellbeing programme at Trafford PCT.

Kriss Akabusi, 1990 Olympic Gold Medal Winner, hosted the award ceremony at the Imperial War Museum on behalf of the North West Leadership Academy who developed the regional awards.

Associate Director of HR Claire Scrafton said: "We are very proud of Debbie's achievements, which are now being used as a model in other trusts."

Debbie and her wellbeing team developed a comprehensive programme for NHS staff in Trafford, which included activities to help keep NHS workers fit and healthy, with a programme of dance lessons, yoga, pilates, cheerleading, swimming, football, skiing sessions, British Military Fitness, free gym sessions, rounder's and walks with trained walk leaders. Some of these activities have either been subsidised or are free to staff due to local funding grants and sponsorship.



Staff survey results

Significant improvements were shown in the results from this year's staff survey – particularly in relation to high levels of staff morale and increased numbers of staff receiving appraisals and personal development plans.

Out of 110 questions in the 2008 survey, the PCT performed significantly better in 41 questions. Some of the areas highlighted as improved include:

- Flexible working.
- Trust commitment to work / home life balance.
- Immediate support for staff in a crisis.
- Health and wellbeing.
- Clear planned goals and work objectives.
- Being involved in changes that affect work.
- Fewer reports of staff considering leaving the PCT.
- Being recognised for good work.
- Support from immediate line manager.
- Satisfaction with the amount of responsibility given.
- Communication between senior managers and staff.
- Encouraging staff to report errors.
- Fewer staff reported unwell due to work-related stress.
- Taking effective action in cases of bullying / harassment.

Action plans have been put in place to address areas for improvement including support for training to improve chances of promotion, communication across different parts of the PCT, and helping staff to meet conflicting demands of roles.

Survey highlights

Out of 110 questions in the 2008 survey, the PCT performed significantly better in 41 questions.

> Investing in our staff

Employee Assistance Programme proves a hit in its first year

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

In its first full year of operation it has provided the PCT staff with advice on reducing sickness levels, encouraging return to work after long absences and helping them to cope with stressful events both in and out of the workplace. Positive People Company has been appointed to independently run the service, which is free and confidential to all staff.

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 HR 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 Employee Assistance Programme offers help, information and support on a range of important issues that affect us all at some point in our lives."

Equality and diversity

Trafford PCT has established its commitment to, and recognises that, implementing equality of opportunity and actively valuing diversity are critical features of modern public health sector organisations.

This year saw the PCT publish its new Equality and Diversity Strategy to

ensure that Trafford PCT continues to improve and build on this commitment by making equality and diversity central to the PCT's way of working, from policy through to practice. This strategy sets out:

- How the PCT will work towards providing a strategic framework.

- Clear definitions which describe accurately what equality and diversity means.

- The PCT's role, vision and values, by stating clearly how it works as an organisation with its partners and stakeholders and what it intends to achieve.

> Working in partnership

Consulting and engagement

Engagement activity

This year has seen the PCT strengthen its engagement and involvement activities. Stronger relationships have been forged with local communities, Trafford Local Involvement Network and patients. We have also developed closer working with our partners including regular meetings with MPs and the Overview and Scrutiny Committee. We also recognise that the PCT needs to ensure that staff understand the future direction of the organisation and therefore the PCT engaged with staff in the development of its 5 year plan.

Formal consultation

In celebration of 60 years of the NHS, a variety of engagement activities were undertaken with public, patients and staff to help develop the new NHS Constitution. This will ensure that everyone understands their rights and responsibilities regarding health services.

Involvement in service change and future needs

The PCT recognises that when planning service change, we need to have meaningful conversations with those it could affect or may impact on.

For example, a citizens jury was established to deliberate the potential provision of a standalone Midwife Led Unit (MLU) at Trafford General Hospital. The jury were a representative group of the local population to hear a range of evidence from 'expert witnesses', then debate and examine further in depth. They then provided a summary of recommendations for the PCT to consider.

Further examples include running discussion events in Sale Moor, Old Trafford, Partington, Stretford and Altrincham, where participants heard about the PCT's plans and had a say on priorities for the next year to help shape the health service in Trafford.

Focus groups have also been undertaken with specific groups, from young people to users of mental health services, carers, the unemployed and those receiving disability living allowance.

One of our larger engagement activities was a Clinical Congress where over 100 people came together (including clinicians, staff, GPs and the public) to discuss how health services in Trafford could become more joined up.

Other areas of engagement include:

- A disability access survey which was available at all health centres, GP practices and dentists.
- A telephone survey regarding dental services.
- Focus groups with smokers to find out motivations and barriers to giving up smoking.

> Working in partnership

Patients feedback to national survey on Trafford GPs

The 2008 GP patient satisfaction survey results provided the PCT with important feedback this year. Trafford GPs fared better than the national average in many aspects of the survey:

85% of local people were able to get an appointment with their GP within 48 hours.

88% were able to book an appointment more than 2 days ahead.

91% were able to book an appointment with a specific GP.

91% were satisfied with getting through to their doctor's surgery by telephone.

83% were satisfied with opening hours.

57% were offered choice of hospital by their GP when being referred to a specialist compared to 52% nationally.

Sheena Cumiskey, Chief Executive of Trafford Primary Care Trust said: "I'm extremely pleased with these results, which reflect the commitment of Trafford PCT and GPs to improve local healthcare services. Feedback from surveys like this play an important role in helping us to understand what we are doing well and where there is room for further improvement."



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 covers all publicly funded health and social care services. From 1 April 2008, as part of the Local Government and Public Involvement in Health Act 2007, LINKs replaced the previous Patients' Forums.

Their activities 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 recommendations about how local care services might be improved, to those responsible for commissioning, providing, managing or scrutinising local care services.

> PCT performance

PCT 'has a clear vision'

Trafford PCT has been praised for its 'clear vision' and focus on results in an assessment by the Department of Health's World Class Commissioning (WCC) panel.

The panel assessed various elements of the Trust's commissioning processes – as part of its first programme of assessment of PCTs across the UK – and concluded that the organisation has developed 'many strengths and skills.'

The WCC process is a new ground-breaking approach that gathers best practice from around the UK and other systems worldwide to help PCTs in the way they commission services. It looks at how PCTs assess local health needs, identify the services required and buy those services from potential providers.

The assessment highlighted how Trafford is progressing through a 'new and challenging chapter' as it moves towards becoming a world class commissioning organisation.

The overall report highlighted a number of key areas:

- **A clear vision and set of priorities** - although some of them are long term and may take time to come to fruition.
- **Public engagement** - the PCT is astute in recognising that inequalities do not follow a typical pattern in the borough and it needs to develop a personalised approach for patients.
- **Integrated care** - 'impressive' in its approach which would also benefit from careful monitoring of progress.
- **Management** – the PCT should develop further technical skills in commissioning to help with its market challenges.

In its summary, the WCC panel said the PCT 'has a clear outcomes story' and rationale in its strategic plan with a measurable target of 122 fewer preventable deaths annually by concentrating on the major causes of deaths in the borough; heart disease, cancer, respiratory disease and mental health.

> PCT performance

Annual health check

Health services in Trafford have been rated as 'fair' by the NHS watchdog, the Care Quality Commission, in its most comprehensive assessment yet of how the NHS in England is doing.

Trafford PCT was assessed for the quality of health services as well as its ability to manage its finances in the 2008 annual health check. Both areas scored 'fair' for the period between 1 April 2007 and 31 March 2008. The PCT scored well in those services it directly provides, such as focusing services on patients' needs, and delivering effective public health programmes.

Those services that are commissioned by the PCT also scored well against 13 of the 20 national targets, which includes meeting the four hour waiting target in A&E, ensuring reduced outpatient waiting times and emergency ambulance responses for immediately life threatening conditions.

Overall, the results also signal some areas where improvements need to be made. Specifically, in Trafford these focus primarily on meeting the new and developing national targets.

The areas requiring further attention by Trafford PCT include: reducing waiting times for tests; improving mental health services; improving access to GP appointments for local people; and further reducing deaths from cancer.



'Principles for Remedy'

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**



Comments and complaints

At Trafford PCT we welcome comments and suggestions about the services we provide, or commission. People who contact the PCT because they want to make a complaint are given information about the Patient Advice and Liaison Service, the complaints procedure and the Independent Complaints Advocacy Service.

We view complaints as 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.

During 2008/2009, the PCT received 109 written complaints relating to its areas of responsibility:

- 11** of these related to concerns about services provided by NHS Trusts
- 21** of these were in respect of services provided by the PCT
- 21** related to commissioning issues
- 2** related to services provided by medical or dental 'out-of-hours' services commissioned by the PCT
- 51** related to services provided by family health services practitioners (GPs, dentists, pharmacists and opticians)
- 3** related to the responsibilities of the PCT for family health services

> PCT performance

Meeting national targets

The PCT's overall performance is assessed on an annual basis by the Care Quality 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

Below is a forecast of the PCT's predicted performance, to be confirmed by the Care Quality Commission later this year.

	2008/09	2007/08	CHANGE
INDICATORS			
Diabetic retinopathy screening	A	F	▲
Inpatients waiting longer than 26 weeks	A	A	—
Outpatients waiting longer than 13 weeks	U	A	▼
All cancers: two month GP urgent referral to treatment	TBC	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	TBC	A	—
All cancers: one month diagnosis to treatment	A	A	—
PCT facilities in place to support choice	TBC	F	—
PCT booking	TBC	F	—
Access to a GP	TBC	A	—
Access to a primary care professional	TBC	A	—
Commissioning a comprehensive child and adolescent mental health service	A	A	—
Commissioning of crisis resolution services	A	U	▲
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 TBC To be confirmed

2008/09 Performance National Targets Scorecard (continued)

2008/09
2007/08
CHANGE

INDICATORS

Infection control	A	A	—
Drug misusers sustained in treatment	TBC	A	—
Smoking during pregnancy	A	A	—
Breastfeeding initiation rates	A	A	—
Data quality on ethnic group	U	U	—
Four week smoking quitters	U	A	▼
Teenage conception rates	F	F	—
Access to genito-urinary medicine clinics within 48 hours	A	U	▲
Experience of patients	TBC	A	—
Commissioning of early intervention in psychosis services	A	A	—
Cancer mortality rate	U	U	—
Breast cancer screening	A	A	—
Blood pressure	F	U	▼
Practice based registers (CVD)	A	F	▲
Cardiovascular disease mortality	A	A	—
Waiting times for diagnostic tests	F	A	▼
Outpatient waiting times milestone	U	A	▼
Inpatient waiting times milestone	A	A	—

KEY: A Achieved U Underachieved F Failed TBC To be confirmed

> PCT performance

Summary of performance

18 Weeks

Indicator Name	Year End Position	Achieve Threshold
18-week referral to treatment times - Direct access audiology pathways who waited 18 weeks or less	99%	95%
18-week referral to treatment times - Non admitted patients who waited 18 weeks or less	96.1%	95%
18-week referral to treatment times - Admitted patients who waited 18 weeks or less	90.4%	90%

Hospital Acquired Infections

Indicator Name	Year End Position	Achieve Threshold
Incidence of Clostridium difficile	248	307
Pre-48hr MRSA Bacteraemia attributed to Trafford PCT	5	N/A
Pre-48hr MRSA Bacteraemia attributed to Trafford General Hospital	8	N/A
MRSA Bacteraemia attributed to Wythenshawe	26	N/A

Childhood Obesity

Indicator Name	Year End Position	Achieve Threshold
Childhood obesity rate - Percentage of Year R children recorded as obese	10.7%	10.7%
Childhood obesity rate - Percentage of Year 6 children recorded as obese	15.8%	16.4%

Cancer Waiting Times

Indicator Name	Year End Position	Achieve Threshold
All cancers: 1-month diagnosis to treatment - Extended Target - Chemotherapy + Surgery	100%	100%
All cancers: 2-month GP urgent referral to treatment - Extended Target (Screening Service)	100%	100%
All cancers: 2-month GP urgent referral to treatment - Extended Target (Upgraded Priority)	95.8%	100%

> PCT performance

How did we do meeting last year's objectives?

Last year, Trafford PCT set itself six strategic objectives, which were interpreted into a series of departmental objectives and team or individual tasks. When reviewed at six months progress, 70% was identified as complete and at nine months this figure stood at 100%.

Key achievements against these objectives are summarised below:

We said we would

Significantly improve our performance:

Achieving all existing national targets and exceeding targets in a number of key areas.

We said we would

Emphasise 'quality' in everything we do:

Embedding new quality, governance, and risk assessment processes within the organisation.

We said we would

Get ready for radical new ways of delivering care:

Gaining support to progress plans on working with providers to identify what an integrated care organisation could look like for Trafford.

We said we would

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

Supporting the development of our Practice Based Commissioning groups and hosting Trafford's first ever Clinical Congress, with representation from every GP practice in the borough.

We said we would

Enable service providers in the PCT to be increasingly independent:

Overseeing an effective separation, with Trafford Provider Services now operating at 'arms length' with its own governance arrangements.

We said we would

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

Developing our communications and engagement infrastructure.

Looking forward to 2009/10

A new Operation Plan for 2009/10 has been developed by Trafford PCT based on the priorities of the five year Commissioning Strategic Plan, along with the requirements of the national NHS Operating Framework for 2009/10.

The strategic priorities for the year ahead are to:

1
OBJECTIVE

Protect and improve the health of Trafford citizens and reduce health inequalities.

2
OBJECTIVE

Ensure that quality is enshrined in all our activities.

3
OBJECTIVE

Ensure that our services are value for money.

4
OBJECTIVE

Commission services that meet the needs of local citizens.

5
OBJECTIVE

Ensure that we systematically involve staff, patients and the public in decisions about their health and healthcare.

6
OBJECTIVE

Ensure the organisation is well run and fully fit for purpose.

> Governance

Trafford PCT has followed strict governance procedures and protocols over the past year to ensure it operates in a commercially sound way – enabling us to manage risks and uncertainties which might otherwise have a negative impact on the Trust's 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.](#)
- [Business Committee.](#)
- [IM&T 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 \(SIC\).](#)
- [Remuneration Committee.](#)

1. The Business Cycle and Internal Control

The PCT continued with established practices for agreeing and pursuing its 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 & Public Involvement 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. Business Committee

The Business Committee is chaired by a Non-Executive Director and includes Professional

Executive Committee (PEC) representatives. The role of the committee is to ensure clear accountability and governance in the provision of services through Practice Based Commissioning (PBC) and duties include the review and approval of annual business plans for PBC clusters and PBC business cases.

5. Information Management and Technology (IM&T) Committee

The IM&T Committee oversees the governance of the IM&T strategy and associated policies and procedures, and ensures management of all IM&T related issues on behalf of the board. The IM&T Committee, which is chaired by a Non-Executive Director, includes GP and pharmacy representatives in addition to the Executive Director members.

6. The Assurance Framework

The PCT has sound arrangements in place to ensure that objectives are met. The draft of the Assurance Framework was presented to the Integrated Governance Committee prior to approval by the Board in December 2008.

7. 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.

8. Clinical governance

The PCT has a number of key groups where membership includes patient and public representatives, clinicians and PCT management to review issues around clinical governance.

The groups include:

- Complaints and incidents.
- Clinical audit and effectiveness.
- Clinical standards.
- Performance panel.

A Clinical Governance

Annual Report outlining the full details of the PCT's clinical governance activity for 2008/09 is available by contacting 0161 873 9524.

9. 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. Using the description of significant internal control issues detailed within the document 'Guidance on Completing the Statement of Internal Control' no issues have been identified for disclosure.

> Governance

10. 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 which was tested recently, and it has recently revised its Pandemic Influenza Plan.

11. 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.

Seven meetings of the Remuneration Committee took place during 2008/09.

The Committee approved a pay award for Directors on the very senior manager pay scheme of 2.2% in line with the national pay award.

12. External audit services

External audit services are provided to the PCT by the Audit Commission. During 2008/09 the PCT spent £196,000 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.

13. Preparedness for International Financial Reporting Standards

The PCT will be required to prepare its financial statements to comply with International Financial Reporting Standards (IFRS) from 2009/10. The PCT has a project plan in place to manage the conversion process and is confident of meeting the new requirements and reporting deadlines.

The PCT's external auditors have reviewed the arrangements for the conversion process and is satisfied that the PCT is adequately prepared for reporting under IFRS.

14 . Data on sickness absence

The PCT's sickness absence rate has seen considerable improvement on 2007/08 falling from 5.4% to 4.68% for the year 2008/09. Several factors have influenced this decrease including a revised absence management policy and approach together with increasing management capability to control sickness absence in a more proactive manner.

> Transforming Provider Services

Huge steps have been taken to ensure that the **Provider Services** unit of the PCT now operates at 'arms length' from its counterparts in Commissioning. The key achievements for Provider Services throughout the last year are summarised overleaf.



> Transforming Provider Services

For Patients

1. Involving patients in the design and delivery of services:

- The Speech and Language Therapy team improved access to their service after consultation with children and parents by co-locating with other children and family services.
- Following consultation with families in Hale, the Health Visiting team changed the clinic rota to better suit the needs of the community.
- Following suggestions from patients an emailing facility has been developed for repeat prescribing at the Crescent and Ali practices.

2. Access to services has improved:

- District Nursing have centralised ear care services, introducing clinics at Chapel Road Clinic, Partington Health Clinic and Meadway Health Centre.
- Sure Start Dieticians have rolled out services across Trafford from Partington Health Centre to target childhood obesity.

3. Improved integration of services:

- Improved relationships with primary care, secondary care and social care colleagues.
- Contributed fully to the design of integrated care services in Trafford.
- Recognised as a 'first order partner' in the design of future provision.
- The Dental Health department have completed treatment on patients with severely challenging behaviour and embraced multi agency working.
- Clients of the substance misuse team reported benefits of addressing long standing dental problems after being treated by the dental team. One patient in particular found voluntary employment within days of receiving treatment.
- Successfully awarded and launched COPD service within Trafford integrating the work of Active Case Managers and District Nurses.
- Improved patient throughput at NTCCC resulting in increased bed occupancy to full capacity.
- The Macmillan Care Centre has an improved range of therapeutic activities offered to clients (e.g. fatigue management, managing breathlessness group and singing therapy). The information centre has been

relocated and refurbished making it more accessible to the visitors and an increased number of outreach sessions from the Cancer Information Centre. There is now a dedicated Occupational Therapy Service attached to the centre and a heightened awareness of cancer risks among parents, following active involvement with the children in Healthy Schools Project.

- Supported the launch of the Children and Young Peoples Service.



For Staff

We feel it is important that the commitment and dedication of our employees is recognised if we are to retain and recruit the best staff.

4. Making better use of resources:

- Completed 'Building for the Future' consultation and senior management restructure.
- Worked towards 'autonomy' from April 2009 by managing 'arms length' arrangement during 2008/9.
- The estates department have completed a number of building projects that include the refurbishment of Bodmin Health Centre, new part roof at Timperley Health Centre and Seymour Grove Health Centre, a new boiler at Timperley Health Centre and replacement windows at Cornhill clinic.
- Emergency lighting has been upgraded at all sites.
- New waste contract in place, which offers the opportunity for more recycling.
- The One Stop Resource Centre has saved £605,420 this year by refurbishing equipment, amounting to 76% of the equipment being recycled. They have developed a unique on-line ordering and tracking system for their service users speeding up the whole cycle from request to delivery, and have set up satellite stores within the acute setting to enhance early discharge.

- Quarterly Staff Open Forum, giving staff the opportunity to voice their opinions.
- Recruitment of clerical staff to work flexibly across reception duties and support the District Nursing team leaders.
- A staff member from the Podiatry department presented a poster on complex foot wound management at the Wounds UK Poster Presentation.
- Individual Health Heroes were recognised for their commitment and hard work at an official awards ceremony and presented with a certificate.
- We held a Team of the Year Awards event for the first time. Each of the 6 finalists received a certificate with the winner receiving a trophy.

- Identified increased uptake of Health Bank in a number of services.

Education and training examples include:

- Trainee Assistant Practitioner (TAP's).
- Release Leadership Programme for band 7/8a.
- 'Verification of Death' Training re-introduced with some district nurses carrying out this duty already.
- Access to training in the District Nurses service has improved.
- Individual services reporting staff members gaining professional qualifications (podiatry, dental).
- 264 staff received conflict resolution training.

Better Performance

During 2008/09 waiting times have reduced and our activity has increased.

- Physiotherapy waiting times have reduced from 18 weeks to 8 weeks.
- The Ali, Crescent and Bridgwater Practices have achieved over 70% immunisations for the first time.
- The Crescent and Ali Practices are 100% compliance with infection control.
- Overall utilisation of Lorenzo in all our services giving an improvement of data quality.



Summary Financial Statements 2008/09

Director of Finance's Report


It is very pleasing to report that for 2008/09 the summary financial statements show that the main financial duties of the PCT have been met, namely:

- the delivery of a surplus of £133,000 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 40, there are statements relating to the PCT's Management Costs and compliance with the Better Payment Practice Code.

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

Tim Barlow
Director of Finance

The following statements included in the report are in summary format. A full copy of the Annual Accounts 2008/09, including the Statement of Internal Control for Trafford PCT is available on the Trust website www.traffordpct.nhs.uk  or from the PCT's finance department on **0161 873 9695**. 

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

I have examined the summary financial statement 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 set out on pages 36 to 45.

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 49 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 2009. I have not considered the effects of any events between the date on which I signed my report on the statutory financial statements, 11 June 2009, and the date of this statement.

Mick Waite,
District Auditor
Audit Commission
2nd Floor
Aspinall House, Aspinall
Close
Middlebrook
Bolton, BL6 6QQ

July 2009

Register of Interests 2008/09

NON EXECUTIVE DIRECTORS		Remuneration	IM&T	Business	PEC	Board	Audit	Provider	Integrated Governance
Name	Declared interest								
Leslie Robinson (Oct 2006)	Chair, Cheshire Probation Board	●				●			
Timothy John Barlow (Oct 2006 - Nov 2008)	Finance Director, Thomas Cook Airlines Ltd		●			●	●		●
Dr Malcolm Clarke (Oct 2006)	Director, Headway Consultancy Services Ltd Trustee, Manchester Crossroads					●	●	●	
Paul Connellan (Oct 2006)	Managing Director, Aviat Consulting Ltd Deputy Chair of Governors, Wentworth High School, Salford					●			●
Barbara Rimmer (Oct 2006)	Executive Director, Leek United Building Society Ltd (up to June 2008) Finance Director, Silverbeck Rymer Solicitors	●				●	●		
Priscilla Nkwenti (Oct 2006)	Chief Executive Officer, Black Health Agency			●		●			
Akilah Akinola (Oct 2006)	Chief Executive, Outreach Community and Residential services					●	●	●	●
Bob Galley (Oct 2006)		●	●	●		●			

SENIOR MANAGEMENT TEAM

Name	Declared interest	IM&T	Business	PEC	Board	Audit	Provider	Integrated Governance
Sheena Cumiskey, Chief Executive (Dec 2006)	Director, LIFTCo		●	●	●			●
Dr Robert Queenborough, Director of Clinical Leadership (Oct 2006 - Mar 2009)	Owner Queenborough Consultancy Associate Advisor, KPMG	●	●	●	●			●
Abdul Razzaq, Director of Public Health (Oct 2006)	Trustee, Jannat Aziz Eye Hospital Trust			●	●			●
Claire Scrafton, Associate Director of HR (Oct 2006)	Secretary of Fundraising, Dean Oaks Primary School Director, Ventor Ltd	●			●			●
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 (Oct 2006 - Mar 2009)		●	●	●	●	●		●
Mark Brandreth, Director of Provider Services (Feb 2008)		●			●		●	●
Liz O'Brien (Oct 2007)		●	●	●	●			●

Operating Cost Statement for year ended 31 March 2009

	2008/09	2007/08
	£000	£000
Commissioning		
Gross Operating Costs	306,479	283,634
Less: Miscellaneous Income	(3,191)	(2,757)
Commissioning Net Operating Costs	<u>303,288</u>	<u>280,877</u>
Provider		
Gross Operating Costs	24,626	22,861
Less: Miscellaneous income	(3,042)	(3,038)
Provider Net Operating Costs	<u>21,584</u>	<u>19,823</u>
Net Operating Costs before interest	324,872	300,700
Interest Received or Receivable	0	0
Interest Paid or Payable	0	0
Net Operating cost for the Financial Year	<u>324,872</u>	<u>300,700</u>

Statement of Recognised Gains and Losses for year ended 31 March 2009

	2008/09	2007/08
	£000	£000
Fixed asset impairment losses	0	0
Unrealised surplus / (deficit) on fixed asset revaluations/indexation	(3,441)	750
Increase in the donated asset reserve and government grant reserve due to receipt of donated and government granted assets	0	0
Additions / (Reductions) in the General Fund due to the transfer of assets from/(to) NHS bodies and the Department of Health	0	0
Additions / (Reductions) in "other reserves"	<u>0</u>	<u>0</u>
Recognised gains and losses for the financial year	(3,441)	750
Prior period adjustment - other	0	0
Gains and losses recognised in the financial year	<u>(3,441)</u>	<u>750</u>

Balance Sheet as at 31 March 2009

2008/09 2007/08

£000 £000

FIXED ASSETS

Intangible assets	0	0
Tangible assets	9,697	12,820
Investments	0	88
Financial assets	147	0
	9,844	12,908

CURRENT ASSETS

Stocks and work in progress	43	49
Debtors	2,633	3,546
Other financial assets	0	0
Cash at bank and in hand	72	17

TOTAL CURRENT ASSETS

2,748 3,612

CREDITORS : Amounts falling due within one year	(17,513)	(16,389)
Other financial liabilities falling due within one year	0	0

NET CURRENT ASSETS / (LIABILITIES)

(14,765) (12,777)

TOTAL ASSETS LESS CURRENT LIABILITIES

(4,921) 131

Creditors: Amounts falling due after more than one year	0	0
Other financial liabilities falling due after more than one year	0	0
Provisions for liabilities and charges	(774)	(2,100)

TOTAL ASSETS EMPLOYED

(5,695) (1,969)

FINANCED BY:

TAXPAYERS EQUITY

General Fund	(8,161)	(7,637)
Revaluation reserve	2,466	5,668
Donated asset reserve	0	0
Government grant reserve	0	0
Other reserves	0	0

TOTAL TAXPAYERS EQUITY

(5,695) (1,969)

Cash Flow Statement for period ended
31 March 2009

2008/09 2007/08

£000 £000

OPERATING ACTIVITIES

Net cash outflow from operating activities (323,569) (301,725)

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 (1,040) (869)

Receipts from sale of tangible fixed assets 0 400

Payments to acquire fixed asset investments 0 0

Receipts from sale of fixed asset investments 0 0

Payments to acquire financial instruments 0 0

Receipts from sale of financial instruments 0 0

Net cash inflow/(outflow) from capital expenditure (1,040) (469)

Net cash inflow/(outflow) before financing and management of liquid resources (324,609) (302,194)

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 (324,609) (302,194)

FINANCING

Net Parliamentary Funding 324,664 302,202

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 324,664 302,202

Increase/(decrease) in cash 55 8

Financial Performance Targets	2008/09	2007/08
Revenue Resource Limit		
The PCT's performance for 2008/09 is as follows:	£000	£000
<hr/>		
Total net operating cost for the financial year	324,872	300,700
Less: Non-discretionary Expenditure	(2,048)	(1,898)
Operating Costs less non-discretionary expenditure	322,824	298,802
Final Revenue Resource Limit for year	322,957	299,856
Under/(over) spend against Revenue Resource Limit	133	1,054

Capital Resource Limit	2008/09	2007/08
The PCT is required to keep within its Capital Resource Limit	£000	£000
<hr/>		
Gross Capital Expenditure	808	1,140
Add: Loss in respect of disposals of donated assets	0	0
less: Net book value of assets disposed of	0	(350)
less: Capital grants	0	0
less: Donations	0	0
Charge Against the Capital Resource Limit	808	790
Capital Resource Limit	813	834
(Over) / Under spend against Capital Resource Limit	5	44

Provider full cost recovery duty	2008/09	2007/08
The PCT is required to recover full costs in relation to its provider functions. The performance for 2008/09 is as follows:	£000	£000
<hr/>		
Provider gross operating cost	24,626	22,861
less: Miscellaneous income relating to provider functions	(3,042)	(3,038)
Net Operating Cost	21,584	19,823
less: Costs met from PCT's own allocation	(21,597)	(19,827)
Under / (over) recovery of costs	(13)	(4)

Management costs	2008/09	2007/08
	£000	£000
Management costs (£000s)	5,727	5,436
Weighted population (Number)	204,998	210,242
Management cost per head of weighted population (£)	27.94	25.86

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	2008/09	2008/09	2007/08	2007/08
	Number	£000	Number	£000
Non-NHS Creditors				
Total bills paid in the year	19,784	52,670	14,051	42,653
Total bills paid within target	19,172	50,423	13,841	42,542
Percentage of bills paid within target	96.91%	95.73%	98.51%	99.74%
NHS Creditors				
Total bills paid in the year	1,513	207,267	1,585	193,849
Total bills paid within target	1,404	204,161	1,537	193,166
Percentage of bills paid within target	92.80%	98.50%	96.97%	99.65%

The Better Payment Practice Code requires the PCT to aim to pay 95% of all valid invoices (in volume terms) 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 successful claims arising under the Late Payment of Commercial Debts (Interest) Act 1998 in either 2008/09 or 2007/08.

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 2008/09

Practice	Net 2008/09 £000	Payments to Related Party £000	Receipts from Related Party £000	Amounts owed to Related Party £000	Amounts due from Related Party £000	Net 2007/08 £000
Dr Howard and Partners	1,337	1,269	-	68	-	1,326
Dr Prodhan and Partners	729	703	-	26	-	709
Dr Jenkins and Partners	551	538	-	13	-	-
Dr Guest and Partners	674	663	-	26	(15)	622
Dr Sutton and Partners	415	415	-	-	-	474
Dr Gill and Partners	353	336	-	17	-	-
Dr Marchi and Partners	541	518	-	23	-	533

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 2008/09 £000	Payments to Related Party £000	Receipts from Related Party £000	Amounts owed to Related Party £000	Amounts due from Related Party £000	Net 2007/08 £000
Trafford Healthcare NHS Trust	68,344	70,465	(2092)	2	(31)	63,435
University Hospital of South Manchester NHS Foundation Trust	43,493	42,865	-	666	(38)	40,675
Greater Manchester West Mental Health Foundation Trust	13,815	13,619	(26)	415	(193)	13,603
Central Manchester and Manchester Children's University Hospital Foundation Trust	18,061	16,497	(11)	1,629	(54)	16,567
Bury PCT (Cardiac Services and NWAS)	11,685	11,525	-	160	-	10,778
Salford Royal NHS Foundation Trust	6,926	6,432	(6)	502	(2)	6,261
Manchester PCT and Christie Hospitals	7,303	7,731	(527)	232	(133)	6,494
Salford PCT	1,010	857	-	153	-	626
Western Cheshire PCT	16,511	16,511	-	-	-	14,395
Stockport PCT	1,579	1,374	(5)	210	-	1,603
Trafford Metropolitan Borough Council	8,368	8,260	(6)	420	(306)	9,304

The major items of expenditure with Trafford MBC in 2008/09 are Learning Disabilities £6.8m 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 31/3/2009	Lump sum at age 60 years related to accrued pension 31/3/2009	Cash equivalent transfer value 31/3/2009	Cash equivalent transfer value 31/3/2008	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	40 - 45	120 - 125	687	520	107	0
Abdul Razzaq - Director of Public Health	0 - 2.5	2.5 - 5.0	15 - 20	45 - 50	211	149	41	0
Robert Queenborough - Director of Clinical Leadership	(0 - 2.5)	(0 - 2.5)	35 - 40	110 - 115	794	560	149	0
Marjorie Lloyd - Director of Finance	0 - 2.5	2.5 - 5.0	40 - 45	125 - 130	929	672	168	0
Mark Brandreth - Director of Provider Services	(0 - 2.5)	(0 - 2.5)	15 - 20	45 - 50	197	162	21	0
Martin Connor - Director of Strategic Commissioning and Performance	0 - 2.5	0 - 2.5	10 - 15	30 - 35	152	106	30	0
Mike Barker - Director of Corporate Affairs and Partnerships (from 15/04/08)	0 - 2.5	2.5 - 5.0	0 - 5	5 - 10	34	17	11	0
Claire Scrafton - Associate Director of HR	0 - 2.5	0 - 2.5	0 - 5	10 - 15	55	35	13	0
Liz O'Brien - PEC Member	(0 - 2.5)	(5.0 - 7.5)	10 - 15	35 - 40	251	231	10	0
Diane Robson - Nurse PEC Member	0 - 2.5	2.5 - 5.0	10 - 15	30 - 35	215	151	42	0
Jennifer Sigley - AHP PEC Member	0 - 2.5	2.5 - 5.0	15 - 20	50 - 55	347	240	71	0
Michelle Slater - Dental PEC Member	0 - 2.5	5.0 - 7.5	20 - 25	70 - 75	541	351	127	0

Pension Benefits Disclosures - Notes

The Audit Commission under the terms of the audit has audited the figures (shown on page 42) showing the senior managers' pension entitlement.

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	2008/09		2007/08	
		Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)
BOARD					
Mr Leslie Robinson	Chair	30-35	–	30-35	–
Mrs Akilah Akinola	Non Executive Board Member	5-10	–	5-10	–
Mr Tim Barlow	Non Executive Board Member (to 30 November 2008)	5-10	–	5-10	–
Mr Bob Galley	Non Executive Board Member	5-10	–	5-10	–
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	–	5-10	–
Miss Barbara Rimmer	Non Executive Board Member	20-25	–	5-10	–
Mrs Sheena Cumiskey	Chief Executive	145-150	–	135-140	–
Mrs Marjorie Lloyd	Director of Finance	105-110	–	100-105	–
Mr Abdul Razzaq	Director of Public Health	85-90	–	80-85	–
Dr Robert Queenborough	Executive Director Clinical Leadership (to 20 March 2009)	75-80	–	90-95	–
Ms Cheryl Nolan	Chief Operating Officer (to end August 2007)	–	–	30-35	75-80
Mr Mark Brandreth	Director of Provider Services	85-90	–	10-15	–
Dr Martin Connor	Director of Strategic Commissioning and Performance	90-95	–	15-20	–
Mr Mike Barker	Director of Corporate Affairs and Partnerships (from 14 April 2008)	65-70	–	–	–
Mrs Claire Scrafton	Associate Director of Human Resources	70-75	–	70-75	–
Mrs Gina Lawrence	Associate Director of Commissioning	70-75	–	75-80	–

Name	Title	2008/09		2007/08	
		Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)
PEC					
Ms Liz O'Brien	Chair of PEC	40-45	20-25	25-30	25-30
Dr Nigel Guest	PBC South Cluster Lead	5-10	–	10-15	–
Dr Rachel Howard	GP Member (to 31 March 2008)	–	–	5-10	–
Dr Steven Jenkins	GP Member (from 1 September 2008)	0-5	–	–	–
Dr Lovereet Gill	GP Member (from 1 September 2008)	–	–	–	–
Dr Clive Marchi	GP Member	5-10	–	5-10	–
Dr Masud Prodhan	PBC North Cluster Lead	5-10	15-20	5-10	–
Dr Kath Sutton	GP Member	5-10	–	5-10	–
Mr Phillip Carroll	Nurse Member (to 30 September 2007)	–	–	0-5	20-25
Mrs Heather Henry	Nurse Member (to 30 September 2007)	–	–	0-5	25-30
Ms Diane Robson	Nurse Member	5-10	40-45	5-10	40-45
Mr Brian Wilkins	Pharmacy Member	5-10	–	5-10	–
Ms Jennifer Sigley	Allied Health Professional	5-10	45-50	5-10	40-45
Ms Linda Harper	Social Services Member (From 1 July 2008)	–	–	–	–
Ms Jan Walker	Social Services Member - Deputy	–	–	–	–
Ms Michelle Slater	Dental Member	5-10	65-70	5-10	60-65

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 or decrease in value through revaluation or other inflationary changes.

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 are the changes in value of the PCT's fixed assets due to gains or losses 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 2008/09 can be found on the Trafford Primary Care Trust web site www.traffordpct.nhs.uk



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

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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聯絡服務

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

در صورت تمایل به در اختیار داشتن 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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