



Annual Report 2006/07

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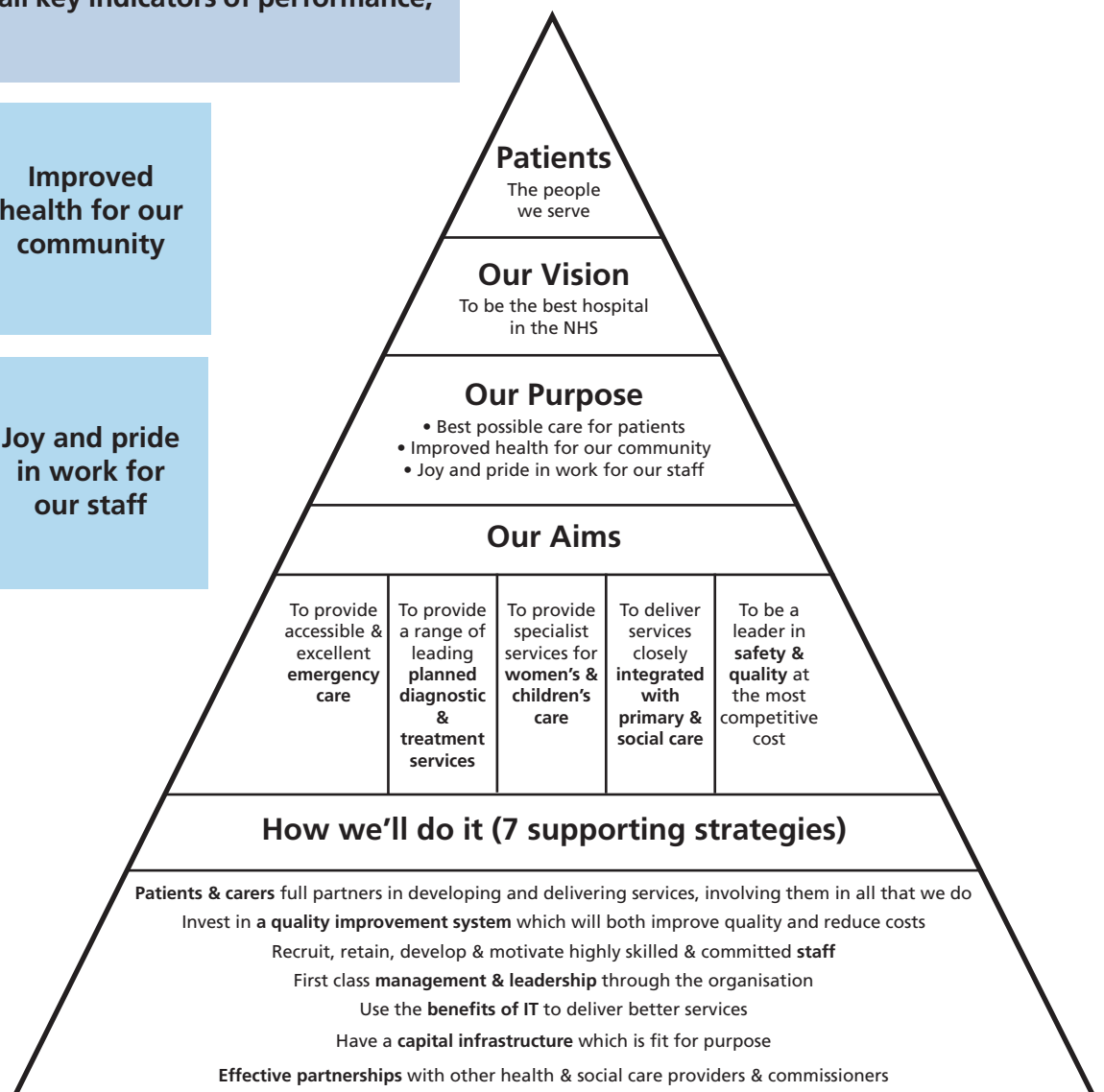
Our vision is to be the best hospital in the NHS. We believe that this means that, by 2011/12, we will achieve performance in the top 10% in the country, across the Trust, on all key indicators of performance, aiming for:

Best possible care for our patients

Improved health for our community

Value for money for the taxpayer

Joy and pride in work for our staff



# Welcome to the Trust's Annual Report for 2006/7

## Introduction

It has been a busy but exciting year at the Royal Bolton Hospital. Major achievements have been made and are a credit to the hard work of staff. We're particularly pleased with the ongoing success of our Bolton Improving Care System (BICS) which is attracting national and international recognition for its innovative work in improvements for patients and staff alike.

For the first time in many years the Trust has balanced its books without external support. It has now also cleared all of its historic debt of £8.5m. partly thanks to support from the Strategic Health Authority and Bolton Primary Care Trust. This will give us a much sounder basis for future developments.

We have made continued progress in reducing the length of time patients wait for diagnosis and treatment. This is an excellent achievement in view of the further increase in the number of patients coming to the Royal Bolton Hospital. We are aiming to bring waits down even further and during the year we began work as an early implementer of a programme aimed at making 18 weeks the maximum overall wait for patients from seeing their GP to getting definitive treatment.

Work also began to provide bowel cancer screening for people aged 60 – 69 in Bolton, Salford and Wigan. This is one of the first such schemes nationally. We have also been given the go-ahead for a new cardiac pacing service for people in these three areas and have made improvements to the hospital itself including the transformation of the last two of our old traditional "Nightingale" wards into bright, modern accommodation for patients.

We have continued to work on improving staff involvement through BICS and during the year have developed a new workforce strategy.

During the year we consulted widely on our proposals to become an NHS Foundation Trust and received strong support. Our bid is now being scrutinised by independent body Monitor.

A conurbation-wide consultation took place on reorganising maternity and children's services. We're delighted that the Royal Bolton Hospital has now been chosen as a centre of excellence, including neo-natal intensive care.



David Fillingham  
Chief Executive



Cliff Morris  
Chairman

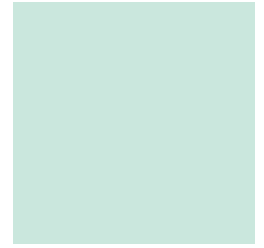


Over the last two years the Trust has been introducing “Lean” thinking to improve services for patients and increase job satisfaction for staff. It is based on the idea that all work is a process which contains many steps, many people and often, many pieces of paper! By looking carefully at what we do – and whether there is a better way of doing it --- we have been able to reduce unnecessary stages and bring many improvements.

The Trust has developed its own way of using Lean thinking that is named the Bolton Improving Care System (BICS). Its success has been attracting national and international attention.

At the heart of BICS is the belief that staff understand their own work best. We aim to give them protected time and to teach them techniques that help them identify and solve problems in their day to day work. We believe that engaging staff in this way is key to both better care for patients and more job satisfaction.

The examples below and opposite are some of the results delivered to date using the BICS approach.



# Bolton Improving



## Radiology

- Reduction in the reporting time for routine X-rays from more than five weeks to a current average of five days

Other benefits:

- Better organised workplace
- Improved monitoring of workload
- Reduced time wasted looking for films

## Blood Sciences – Pathology

- Reduction in the processing for most tests sent in by GPs from up to 24 hours to under four.

Other benefits:

- Cost of extension to the lab avoided
- Better organisation of the workplace

## The Telephone Access Centre

- An increase in the rate of calls answered promptly

Other benefits:

- Better working conditions for staff
- Fewer patients missing appointments

## Orthopaedic Trauma

- Reduced mortality after operation for fractured hip by 36%

Other benefits:

- Shorter lengths of stay
- Faster access to theatre
- Better multi-disciplinary team working
- 42% reduction in paperwork

## Laundry

- Better use of capacity, enabling the in-house service to provide a more economic service than competitors and giving the Trust a cost saving of £250,000

Other benefits:

- Improved working conditions for staff
- Improved supply of linen to the hospital and other customers



# Care System - BICS

Bolton Improving Care System

During 2006/7 365 staff participated in 52 “rapid improvement events”, helping to shape the way we provide services.

In October an organisation-wide “visioning” event, involving all key health professional and other leaders, looked at the experience of our patients and how we could improve the quality of their care. It was agreed to concentrate in the following months on four important areas:

- Stroke
- Abdominal pain
- Cataracts
- Joints surgery

Work has also been taking place in a number of other areas including; the telephone access centre, laundry, pathology, estates, hospital sterilisation and decontamination unit, around discharge planning, trauma and radiology.

Improvement work is continuous and gradually all staff will be involved in bringing benefits to the workplace and for patients.

# Case Studies -



## *Therapeutic benefits*

“The merger of Dietetics, Occupational Therapy, Physiotherapy and Podiatry into one Therapies Department brought together four separate clerical teams, each with its own way of doing things.

Using BICS, we realised that we could work much more efficiently by introducing standard systems for outpatient appointments, referrals and annual leave arrangements. Merging our stock ordering has saved time and money. And because staff now work across all four specialties, rather than being dedicated to a particular area, there is no longer a big backlog to clear when someone gets back from annual leave.

Another bonus is that patients now get dietetics appointments in two to three days, compared with up to six weeks before the BICS changes.”

*Moira Roberts, former physiotherapy manager, now with the BICS team*



## Appetite for change

“Around 6,000 patients present here each year with abdominal pain and, unless swift diagnosis and treatment are available, in some cases it can be fatal. That’s why A&E, medicine, surgery and diagnostics staff got our heads together to work out how the patient journey could run more efficiently and consistently.

We recognised that patients with abdominal pain have improved outcomes when there is ready access to senior staff and diagnostics. So we came up with some proposals and will be piloting them over the next few months.

Patients with abdominal pain can currently present either at A&E or via GP referral to the Medical Assessment Unit or Surgical Assessment Unit. The pilot will introduce a single entry point through A&E, with ready access to an ultrasound machine and a surgical registrar.

Hopefully, it will enable these patients to be diagnosed promptly and receive any treatment or surgery they need.

If the pilot works well, then we plan to make these changes on a permanent basis.”

*Dr Richard Parris, A&E Consultant*

## Testing times

“Having your blood taken isn’t many people’s idea of fun, but thanks to BICS we now need far fewer samples – a huge bonus for patients.

The Blood Sciences team used to be split across two sites and divided into three specialties – Biology, Haematology and Immunology. Each specialty needed its own samples, processing them in batches of 1,000, and the accompanying paperwork had to do the rounds between different specialties.

Now, samples are categorised by their tube colour and each sample is processed individually, with haematologists, immunologists and chemists working together to do the tests required.

The new system is working so much more efficiently that turnaround times are three to ten times faster. The number of GP samples needed has been cut by 25% and the distance travelled by a sample has been cut by 80%.

Before the BICS improvements, I had put in a bid for a £1m. extension because we were so short of capacity. But by using our space and staff more efficiently, we’ve realised we only need half the space we had and are now in an excellent position to compete with the independent sector by taking on extra work from community-based clinicians.”

*David Hamer, Blood Sciences Service Manager*





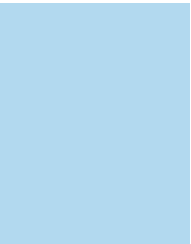
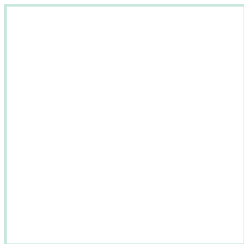
### Off to a clean start

“The hospital laundry has three sections – the main pool of hospital washing, small orders, and contract washing from hotels and other external people. That caused real problems because the facilities weren’t built to cope with three different systems. The lad who brought the pool laundry had to carry it from the garage door to a loading belt on the far side of the room and there was no dedicated space for contract work, so it was dotted all over the place. People got under each other’s feet and there never seemed to be enough space. We were quite sceptical about BICS at first, but when we got together and starting mapping out how washing travelled around the laundry we realised we could change things.

Moving a loading belt to just inside the garage door made life easier for the pool delivery lad and created a free area where all the contract work could be done.

BICS works because it’s not about managers telling staff what to do. It’s the people who actually do the job who decide how things can be improved. Management’s listening to us and that really builds morale.”

*Susan Richards, Unison rep and sewing room supervisor*

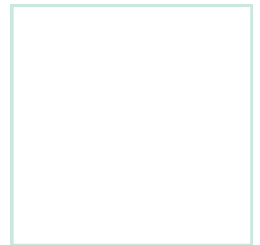


### Ideal stroke service

“We’ve been working through BICS to map what our current service is like for stroke patients and thinking about what the ideal service would be. We’ve been involving patients, carers and all disciplines of staff in this. We know that we want to aim for a special unit for all stroke patients – at the moment it is mainly for rehabilitation.

At first I was very sceptical about taking a whole week at a time away from my clinical work to do this as I thought it would be a waste. In fact it has been brilliant and we’re looking forward to seeing our plans come to fruition.”

*Suzanne Lomax, Stroke Specialist Nurse*



## Clear lines

“The Telephone Access Centre used to be all cluttered. There was a lot of walking about and although we were in teams, we were spread out in the room and there used to be a lot of shouting to each other.

As part of BICS we looked how we could make things better. We reorganised ourselves so we could sit in our teams, made things more accessible and generally improved the layout of the room and the work.

Not only have we managed to save over 20 hours a week walking about time, but it is a really good environment to work in now. People come in and say “Wow, this is brilliant.” It really is loads better.”

*Michelle Mason, Senior Booking Clerk, Telephone Access Centre.*



## Saving lives

“Orthopaedic trauma was one of the first specialties to use BICS. The big thing we wanted was to reduce mortality rates for patients with fractured neck of femur (broken hips). They tend to be very frail, elderly patients who are in poor health and then fall and break their hip. Because they have complex health issues, the mortality rate is very high but we know that the sooner we can get them stabilised and operated on, the better the outcome.

These patients used to be located across three wards. With BICS, we developed a Trauma Stabilisation Unit with all the sickest patients together so that it was easier for physician and nurses to monitor and treat them. We also reorganised surgical timetables to allow more time for trauma work and reduced duplication in our paperwork. Together, these measures have reduced mortality rates by 60% - an incredible achievement. Now we plan to bring the same improvements to elective orthopaedics, using BICS.”

*Bill Ryan, Consultant Orthopaedic Surgeon*





## Support act

"Many of the BICS improvements around the hospital have involved Estates Services to some degree or other. Sometimes, they're just minor jobs like erecting shelves or adding a noticeboard, but other times they're more complicated - like moving the conveyor belt in the laundry, for instance.

Quite often when teams or departments are planning a BICS event, they already have some idea of how they want to improve their workspace. Someone from Estates Services will go along prior to the event and help them plan a new working environment, whether they want extra plug sockets or more major modifications. If they decide to go ahead with the changes, it will be necessary for the appropriate manager to process this through the Estates Services new work system and identify funding."

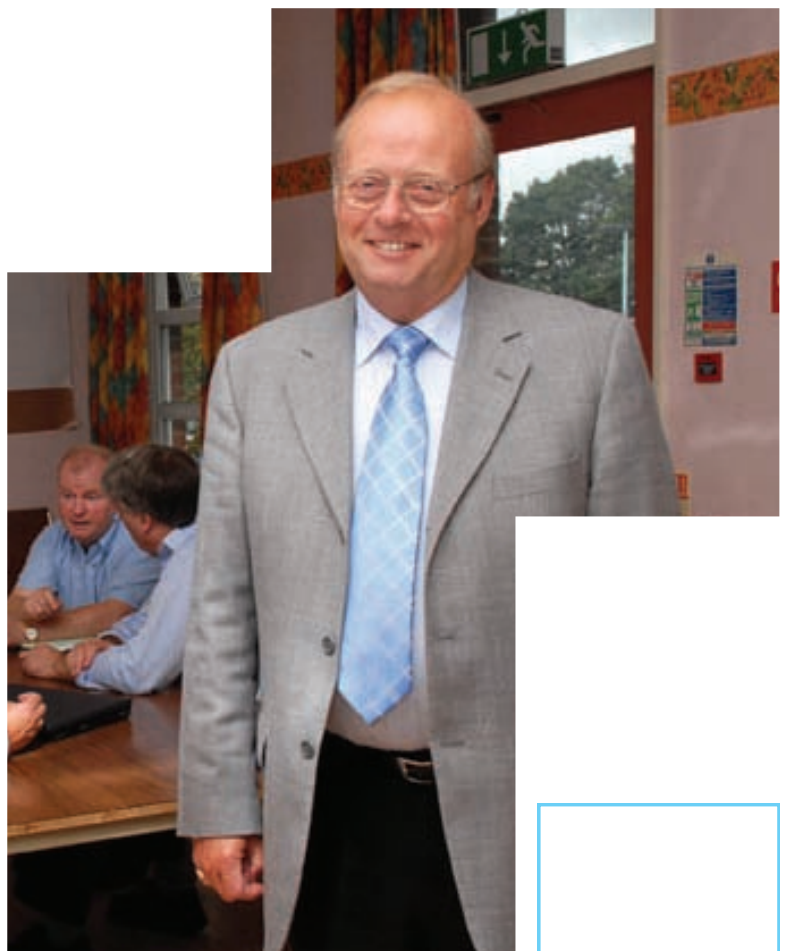
*David Hayes, Estates Services Senior Manager*

## Partner patients

There's a whole culture of change in the NHS and the Royal Bolton Hospital is leading the way. People at the hospital know that if they have a suggestion about how to improve things, it will be responded to positively. That means so much to a patient because when the staff have a positive attitude, the whole atmosphere is different.

One of the BICS events the Patient & Public Involvement Forum has been involved with has cut waiting times in orthopaedic outpatients. Patients with fractures used to be followed-up in outpatients and would then get referred for an X-ray. Now they get the X-ray referral when they're discharged. It saves consultants' time and patients' time and helps everything flow more smoothly.

*Mike Phillips, Vice Chair, Patient & Public Involvement Forum*



# How did we do on our *priorities for 2006/07*



## *Improving the Safety, Quality and Reliability of Our Services*

We introduced new measures to reduce the hospital's mortality rate including:-

- Strengthened patient observations including use of an early warning score to quickly note any deterioration in condition
- Improvements in the care of older people with hip fractures
- Introduction of two more high dependency beds, giving greater capacity to care for very sick patients
- Supported Bolton PCT's End of Life Strategy aimed at enabling more people to receive end of life care outside the hospital.

## *Improving Access*

We further reduced waiting times for planned referrals, bringing the maximum waiting time for new out-patient referrals to 11 weeks.

- For in-patient or day cases the maximum wait was 20 weeks. Many patients were seen and treated faster than that.
- In 2006/07 74.3% of first out-patient referrals were seen in eight weeks and 73.5% of in-patient and day-cases were treated in 12 weeks. Waiting times for diagnostic tests reduced significantly.
- Waiting times for routine, non-urgent endoscopy reduced to six weeks.
- Of the patients referred with a suspected cancer in 2006/07, 99.9% were seen within two weeks.
- Of those diagnosed with cancer, 99.6% started treatment within 31 days and of all patients referred under the "two week rule" who had a cancer diagnosis, 94.0% started treatment in 62 days from referral (including those patients who needed to be referred on to other hospitals for specialist diagnosis or treatment).
- The proportion of elective patients treated on a day case basis rose from 64.3% to 68.6%.
- Unfortunately the Trust was not able to achieve the 98% four hour turnaround target in A and E for 2007/8, although it has made year on year improvements against an increasingly heavy number of arrivals at the department.



## *Focusing on Our Workforce*

- 104 clinical and non-clinical leaders embarked on the Trust's "Leading for the Future" Programme, and other opportunities were extended through our team leaders' development programme.
- The former Human Resources Directorate was restructured to provide a service fit for the future and was renamed the "Workforce Directorate".
- Focus groups with staff across the Trust were held for views to be reflected in the Trust's new Workforce Strategy, which was published for consultation at the end of the year.
- Sickness absence remained the same in 2005/06 and 2006/07 - 5.51% in both years. This is higher than we would want it to be and plans in every Division and Directorate are focused on reducing this rate further.

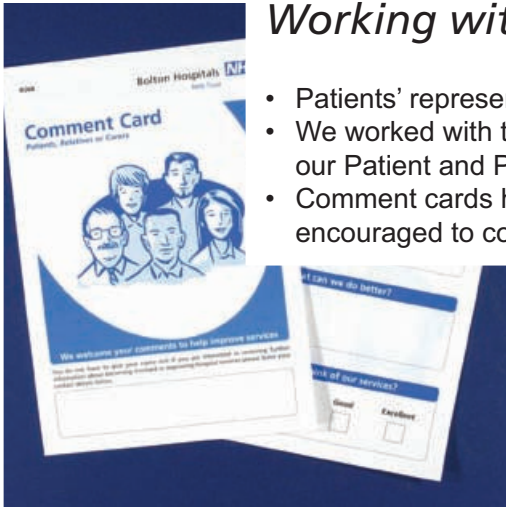
## *Establishing Healthy Finances*

- In 2006/07, for the first time in many years, the Trust balanced its books, and made a small surplus, without external support.
- It repaid most of its historic debt and delivered a cost reduction programme of £4.8m. in-year (£8.0m. recurrently).
- This has put us in a strong and stable position to deal with the more competitive environment created by NHS reforms, and it gives us a firm financial basis for our Foundation Trust application.

## *Aiming for Foundation Trust Status*

- In November, we launched a wide-ranging consultation on our proposals to become a Foundation Trust.
- Responses from public, staff and partners were very supportive.
- At the end of the year our plans were being considered by the Department of Health.

## Working with Patients and GPs



- Patients' representatives have participated in our improvement events
- We worked with the Public and Patient Involvement Forum to review and refocus our Patient and Public Involvement Strategy.
- Comment cards have now been introduced on all wards and patients are encouraged to complete these before going home.
- Our newsletter for GPs, Royal Bolton Bulletin, was launched and there have been frequent visits to local practices.
- In January we undertook a GP opinion survey.
- Feedback from the visits and the survey is helping to shape our plans and priorities, for instance in improving the timeliness of clinical correspondence.

## Planning for the Future

- Our strategy "Best Possible Care – Now and Into the Future" set out the vision for how services would change over the next five years.
- Plans for changes to Children's, Maternity, Neonatal and Obstetric services across Manchester were consulted on widely. Initially it was agreed that Bolton would become one of eight "hubs" for the provision of obstetric and children's hospital services, and one of three providers of advanced ("Level 3") neonatal services for Greater Manchester. This was confirmed in Summer 2007 following the findings of an Independent Review Panel
- Work is underway with colleagues in Wigan and Salford to introduce sector-wide multi-disciplinary team arrangements supporting new pathways of care for people requiring specialist surgery for gynaecological, gastric and urological cancers, and for patients with complex haematological cancers.



## Annual Health Check

The Trust has declared itself compliant with the 24 standards required by the Healthcare Commission for the Health Check for 2006/7 and this has been verified by the Overview and Scrutiny Committee, the Primary Care Trust and the Patient and Public Involvement Forum.

# Other Improvements & Achievements



## Improving services for patients

### Listening to Patients

We work very closely with the Patient and Public Involvement Forum and patients sit on a number of user groups helping us to develop services. During the year our Patient Advice and Liaison Service (PALS) developed a patient comment card system which has led to such improvements as creating a baby changing unit in Radiology, making drinks more readily available in outpatient waiting areas and finding areas for breastfeeding mothers.

The Trust also took part in the national inpatient survey and between September and December scores of patients gave their views on their recent stay at the Royal Bolton Hospital. This helps the Trust to build on good practice and address areas which need further improvement.



### Patient Information

A group of lay readers help us to compile information leaflets for patients. During the year 91 such leaflets were submitted to the group for review and approval.

### Cardiology Pacing

The Trust won a bid to provide complex cardiac pacing services for North West Manchester and a new pacing lab will be built at the hospital.



### Bowel Cancer Screening

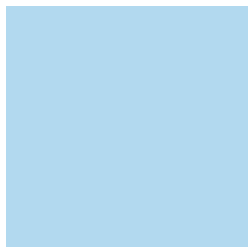
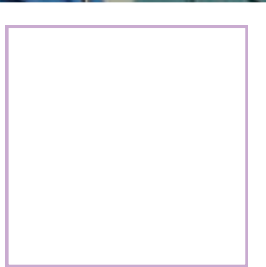
The Trust began work during the year as an early implementation centre for bowel cancer screening for people aged 60 – 69. This is being rolled out to people in Bolton, Salford and Wigan.



*Smoking Cessation*

The Royal Bolton Hospital continued its effective stop smoking services for both patients and staff.

The hospital, working in partnership with the PCT Stop Smoking Service was represented at the International Health Promoting Hospitals. Hospital Stop Smoking work was presented at a large public health event in Manchester.



*Safeguarding adults*

An awareness event was held at the hospital to highlight the need to safeguard vulnerable adults from abuse.



*Infection Control*

In common with most trusts we have been facing a big challenge regarding infection control and have strengthened our measures to reduce the risk of infection spreading. Many of our patients have infections such as MRSA before they arrive at the hospital and we have stepped up our screening programme. We have also increased cleaning and use stronger disinfectants when necessary. We have also received £300,000 to buy new bedside curtains for all wards in a material known to reduce the risk of infection. We have increased the number of alcohol gel dispensers, and appointed a nurse consultant in infection control.

We were disappointed not to achieve the targeted reduction of MRSA bacteraemia this year across the health economy, but we did see a reduction of hospital acquired infections overall against the number of patients treated.

## Awards and Achievements

- The Trust was named as one of the top 40 hospitals by independent benchmarking organisation, CHKS.
- The Trust was named as a Top 100 Employer for Nursing by the Nursing Standard following feedback from staff.
- A team led by Consultant Ophthalmic Surgeon Simon Kelly was shortlisted for the Health and Social Care Awards for work about the dangers of smoking on eyesight.
- A team from the Royal Bolton Hospital won a special award from the All Party Parliamentary Group on Maternity for its Sure Start project "Parentcraft Partnerships". The project was also recognised by the Bolton Diversity Awards.
- A project called "Pathology goes 24/7" won the Staff Engagement Award in the Greater Manchester NHS Awards 2006.
- The Trust was named as one of only 18 in the country to be "excellent" for medicines management.



## The Environment and Catering

- £1.4m. was spent to transform our last two traditional "Nightingale" wards into modern accommodation giving more privacy and dignity with single sex bays and a number of single rooms. The wards also have better security, better facilities for infection control and a new nurse call system.
- Work began during the year on a new Accident and Emergency Unit especially for children. This will include a number of observation beds.
- The Patient Environment Action Team gave the hospital an "excellent" rating for food and cleanliness.
- The Trust is working with Age Concern and the Patient and Public Involvement Forum to ensure older patients receive the care and support they need while in hospital, for example if they need help to eat their meals.
- Working with Greater Manchester Police, the BSAFE project and the Counter Fraud Security Management Service, the Trust was a national pilot for introducing fixed penalty fines for anti-social behaviour in A&E. The pilot was so successful that it was extended. The project is aimed at making A&E a safer place for patients and staff.





## Equipment

- The Trust bought new equipment including defibrillators and a blood tracking system.
- New digital screening equipment has enabled the creation of an intervention suite in radiology, It can give clearer views for clinicians and helps to diagnose and treat a range of conditions, frequently preventing the need for surgery.
- Three new ultrasound machines, costing £185,000, were received by the hospital and will enable earlier antenatal screening for conditions such as Down's Syndrome.

# Other Improvements & Achievements



- Donations and bequests enabled the Trust to buy a wide range of equipment for the hospital to help us care for patients. During the year we received £243k in donations and £202k in legacies. This money ranged from £70,000 raised to buy a scanner for the Breast Unit, to £10 enclosed in an anonymous Christmas card. Visitors have also donated loose change and foreign currency which have helped the Trust to buy foetal monitors for the maternity unit. Local businesses, charities and organisations – including Bolton Wanderers -- are regular contributors.



## Other Improvements

# & Achievements



### Information Technology

- Work is underway to introduce a Picture Archiving and Communications System (PACS) to capture, store, distribute and display medical images. This will bring a number of benefits including
  - No lost images, improved quality of images and reduced repeat images.
  - Shorter reporting and A&E times, images immediately available
  - Clinicians can consult in real time with the ability to view images simultaneously
  - Viewing of images and previous images instantaneously and remotely available any time any place
  - Elimination of time wasted in film management
  - Reports attached to image - comprehensive patient imaging record available
- Software is now fit for purpose for direct booking for first outpatient appointment from GP to hospital
- Much software has been upgraded and we have rolled out over 300 new and replacement PCs and printers
- Publication of five-year Strategy setting out plans and priorities and investment in IT
- During the year over 600 staff received training in a variety of computer skills enabling them to help the Trust reach targets such as for Choose and Book, Cancer Pathways, 18 Week Wait and to improve services for patients.
- A new IT Training suite has opened.
- ORMIS, a new theatre tracking system was introduced. This allows the capture of clinical data, the management of patients whilst in theatre and recovery suites, and the tracking of patients from wards to theatres, and back.

### Emergency Preparedness

The Trust has a Major Incident Plan that is fully compliant with the requirements of the NHS Emergency Guidance 2005. Senior staff meet regularly to ensure this is kept up to date. The Trust, in line with national guidance, also has contingency plans for dealing with a potential flu pandemic.

The year has seen strengthening of multi-agency emergency planning to ensure a co-ordinated response and mutual support across Bolton if necessary.



## Equality and Diversity

The Trust has reviewed and updated its five-year Equality & Diversity Strategy and Race Equality Scheme with a view to replacing it with a Single Equality Scheme. The Trust's strategies on these matters are placed on its web pages.

During the year staff have been encouraged to improve the quality of ethnicity data they collect so that the Trust can ensure equity of access. Training took place including on the role of link workers, the Patient Advice and Liaison Service and the Chaplaincy Department, aimed at ensuring services are culturally and linguistically sensitive. Disability awareness sessions were held specifically tailored for Estates Department staff. Equality and Diversity Sessions were also delivered for staff who do not work standard office hours.

An access audit took place and, working in partnership with Bolton Council, an Equality Impact Assessment Training was developed and delivered.

There was a rolling programme of installing induction loop systems throughout the Trust at reception areas and associated training for staff. Improvements to disabled parking were made near Minerva X-Ray.



## Improvements for Staff

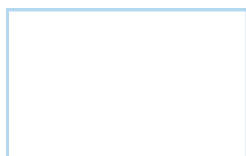
The new workforce strategy has resulted in better support for strategic decision making and the creation of an Employee Service Centre to provide proactive support to all staff.

An extensive programme of mandatory and specialised training was delivered ranging from numeracy and literacy skills to paediatric life support courses. The Trust gave training and development to almost 300 student nurses during the year and work experience to around 80 students from local schools.

The Trust has a valued occupational health and counselling service and offers services such as flu vaccination.

Managers work closely with Staff Side representatives and a joint staff and management meeting is held each month. Each division includes staff representatives when discussing proposed change.

The Trust is continually reviewing and improving its communications with staff. Staff took part in the national satisfaction survey and a Trust audit on internal communications. Improvements have been made to the intranet and team briefing process and a new staff magazine has been developed.



# Summary of

# Trust Services



Specialty	Inpatients	Day Cases	Outpatients Services	Community-Based	Comment
Orthopaedics	✓ (including children)	✓ (including children)	✓	✗	
ENT	✓ (including children)	✓ (including children)	✓		Includes adult audiology
Ophthalmology	✓ (including children)	✓ (including children)	✓	Community-based clinics - Salford	Includes retinal screening
Oral Surgery	✗	✓ (including children)	✓	✗	
Plastic Surgery	✓	✓	✓	✗	
General Surgery	✓ (including children)	✓	✓	✗	
Breast Surgery	✓	✓	✓	✗	
Vascular Surgery	✓	✓	✓	Joint community-based leg ulcer service	
Colorectal Surgery	✓	✓	✓	✗	
Upper G-I Surgery	✓	✓	✓	✗	Excludes oesophogastric cancer surgery
Urology	✓	✓	✓	Joint community-based continence service	
General Medicine	✓	✓	✓	✗	
Cardiology	✓	✓	✓	✗	Includes visiting angiography lab
Respiratory Medicine	✓	✓	✓	Includes specialist community outreach nursing service	
Gastroenterology	✓	✓	✓	✗	Community based sessions as part of colon cancer screening service for NW Manchester
Diabetology	✓	✓	✓	Includes services based at the Diabetes Centre	
Paediatric Medicine	✓	✗	✓	Includes some shared services with community paediatricians	Includes Level 3 neonatal intensive care cots
Dermatology	✗	✗	✓	✗	Visiting consultants



Specialty	Inpatients	Day Cases	Outpatients Services	Community-Based	Comment
Neurology	✗	✗	✓	✗	Visiting consultant
Neurosurgery	✗	✗	✓	✗	Visiting consultant
Cardiothoracic Surgery	✗	✗	✓	✗	Visiting consultants
Obstetrics	✓	✗	✓	Includes community midwifery	Includes short stay antenatal monitoring unit
Gynaecology	✓	✓	✓		
Radiology	Support service	Includes some radiological investigations and procedures	Support service	✗	
Pathology	Support service	Support service	Support service	Includes community-based phlebotomy	Includes population screening programmes for cervical cytology, Down's syndrome, breast screening, bowel cancer screening
Pain Management	✗	✓	✓	✗	
Anaesthetics	Support service	Support service	✓ ICU follow up, pain, pre-op assessment		
Haematology	✓	✓	✓	Some therapies delivered by Rapid Response Team in the community	Level 1 and Level 2 services for haematological cancers
Palliative Care	✓	✗	✓	✓	
Oncology	✗	✗	✓	Macmillan Nursing Team	Visiting consultants
A&E	✓ (assessment & observation)	✗	✓	✗	
Breast Screening	✗	✗	✓	Screening service provided in Bolton, Bury & Rochdale	
Critical Care	✓	✗	✓		ICU & HDU beds
CAMHS	✗	✗	✓	Includes community-based services	
Medicine for the Elderly (including Stroke)	✓	✓	✓	Includes input to intermediate care and joint Falls Service	

**Other clinical support services include:**

Pharmacy, Physiotherapy, Audiology, Dietetics, OT, Podiatry, Optometry, Psychology (via Bolton, Salford and Trafford Mental Health Trust).



# Trust Facts



## *Bolton Hospitals NHS Trust*

- was formed in 1994 and provides services mainly from the Royal Bolton Hospital (RBH) in Farnworth, South West Bolton
- has a catchment population of around 310,000 for emergencies, compared with a resident Bolton population of 262,000.
- receives most of its funding for non-emergency care from Bolton Primary Care Trust (PCT)
- receives about 25% more ambulance service arrivals than any other site in Greater Manchester
- had 677 inpatient beds, 32 day case beds and 15 endoscopy beds at the end of 06/07.
- had 3,534 staff and a turnover of £158.2m in 2006/7

## Partners

We have a wide range of partners that we work closely with in order to provide health and other services for local people. These include:

- Bolton Primary Care Trust, North West Strategic Health Authority and neighbouring trusts.
- Clinical networks across organisations
- Salford Royal Hospitals and the Bolton, Salford and Trafford Mental Health Trusts, both of which run some services from the Royal Bolton Hospital
- Independent contractors such as GPs and opticians
- Bolton Metropolitan Borough Council
- Commercial organisations such as ISS Mediclean which provides domestic and portering services
- We consider our staff and our patients to be partners also

## The Health of Local People

Our services take into account the following key public health facts

- Local people have higher levels of ill health and chronic disease than average
- Bolton's populations of younger people and the over 65s are both growing
- Minority ethnic groups in Bolton represent a significant part of the population
- There are wide variations in local health

# & Figures

## Factors which affect the Trust

The Trust works in a complex, often uncertain and frequently changing environment. It is bound by national legislation such as that on Freedom of Information, Equality and Human Rights and also by Government targets and requirements on performance. It is regularly monitored by bodies such as by the Audit Commission and the Healthcare Commission. It also has a statutory duty to balance its books and must demonstrate sound financial, corporate and clinical governance.

At the same time the Trust needs to work towards local and national initiatives such as Choice, moves to more community based services, centralisation of certain services such as specialist cancer surgery, Payment by Results and more.

The Trust Board pays close attention to these influences and also to the risks in meeting its required performance. Further information on this can be found in the Statement of Internal Control which is contained within the Trust's full accounts [www.boltonhospitals.nhs.uk](http://www.boltonhospitals.nhs.uk)



# Performance



## The Structure of the Trust

### The Board

The Trust Board comprises four Executive and five Non-Executive Directors together with the Chairman and Chief Executive. There are also two other Board-level Directors.

The Chief Executive and Executive Directors are full-time senior managers appointed by the Board and employed under standard NHS terms and conditions with six months notice. Since 1st April 2001, all appointments to non-executive posts, including Chairman, are made by the NHS Appointments Commission for a fixed term, though the term of office can be extended.

### Openness and Accountability

The Board of Bolton Hospitals NHS Trust holds monthly meetings in public at the Royal Bolton Hospital. Dates and locations are published in the Bolton News. Board papers are circulated in advance of the meetings and minutes of the meetings are available on the Trust's Internet site.

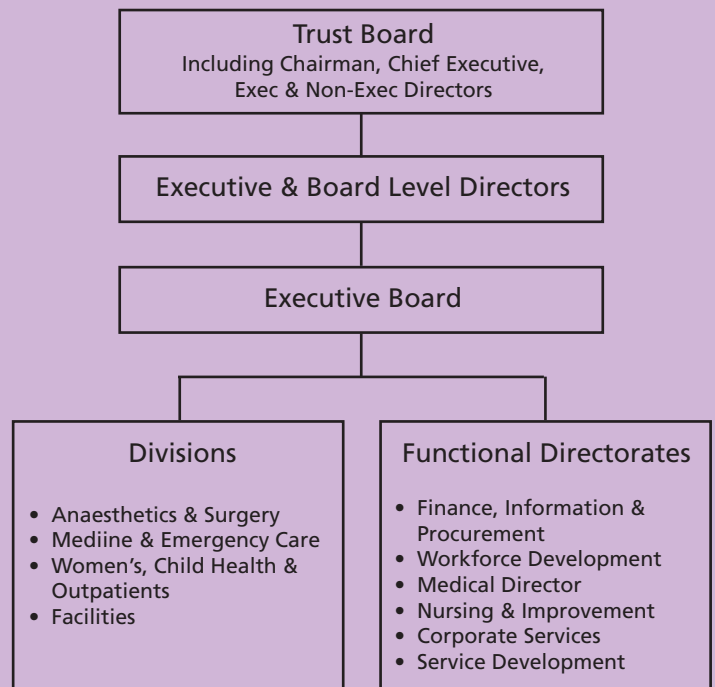
Further information about Board meetings, papers or inspection of the Register of Board Members' Interests is available at Bolton Hospitals NHS Trust, Minerva Road, Farnworth, Bolton BL4 0JR, on weekdays during office hours by telephoning 01204 390446.

### Divisions

During the year, patient services were managed through four Clinical Divisions, each dealing with a major group of specialties. In addition, Non-Clinical Patient Services were managed by a Facilities Division. Each Division is headed by a General Manager and senior team of professional staff, who have responsibility for the services delivered in these areas. Six Executive/Board-level Directors manage the Trust-wide aspects of our organisation in Corporate Services; Human Resources; Service Development; Finance, Information & Procurement; Medical Director and Nursing & Performance Improvement.

The Divisional Managers and Directors together with the Chief Executive, Chairman of the Medical Staff Committee, Staff Side Chair, Head of Governance and Patient Experience, and Head of Communications, comprise the Executive Board which oversees the day-to-day business of the Trust.

## Management Structure 2006/07



## Bolton Hospitals Trust Board

Mr Clifford Morris	Chairman F*, R*	
Mr David Fillingham	Chief Executive	F, I, R1
Mr Yaseer Ahmed	Non-Executive Director	A, F, I*, R
Mrs Maureen Barlow	Non-Executive Director (until 30 November 2006)	A, G*, R, W
Mrs Margaret Blenkinsop	Non-Executive Director	A, G*, R, W
Mr Michael Kilcoyne	Non-Executive Director	A*, C, R, W*
Mr Arthur Rawlinson	Non-Executive Director	A, C*, F, G, I, R
Dr Sunita Thomson	Non-Executive Director (from 1 March 2007)	A, R
Mrs Beverley Andrew	Director of Corporate Services	C, G
Mr Ronald E Hopkins	Medical Director	G, I, W
Mr Colin Dunn	Director of Finance	F, G, I
Mrs Lesley Doherty	Director of Nursing & Performance Improvement	W
Miss Nicola Elliott	Director of Workforce & Organisational Development	R1, W
Mrs Ann Schenk	Director of Service Development	I

- A Denotes member of Audit Committee
- C Denotes member of Charitable Fund Committee
- F Denotes member of Finance Committee
- G Denotes member of Governance Committee
- I Denotes member of Information Management and Technology Committee
- R Denotes member of Remuneration Committee
- W Denotes member of Workforce Committee
- \* Chairman of particular committee
- 1 (except in relation to discussions concerning his / her own conditions and salary)

## Sub-Committees of the Trust Board

Members in addition to those on the Trust Board

### Charitable Fund Committee

Mike Owen Deputy Director of Finance  
David L. Bissett  
Chairman of the Medical Staff Committee,  
Medical Representative  
Pauline Jones Nursing Representative  
Alison Tilley Charitable Funds Accountant  
Julie Foster Deputy Chief Financial Accountant

### Governance Committee

Mandy Leyland  
Head of Governance and Patient Experience  
Anne Wilson Clinical Effectiveness Co-ordinator  
Jean Gleave Internal Audit

### Information Management & Technology Committee

Steve Fox Head of Information  
Ken Bradshaw Head of IT  
Andrew Cogan  
Divisional General Manager, Diagnostics & Therapies

### Workforce Committee

Malcolm Brown Clinical Lead  
Hemlata Fletcher Equality & Diversity Manager  
Harry Hanley Staff Side Representative  
Sue Hunt Head of Human Resources  
Pauline Jones  
Divisional Nurse, Anaesthetics and Surgery  
Jayne Monaghan  
Modern Matron, Women's, Child Health and  
Outpatients  
Mike Owen Deputy Director of Finance  
Maria Sinfield  
Head of Clinical Practice, Nursing and Performance  
Improvement  
Catherine Walsh Radiology Manager  
Sue Whittam  
Head of Organisational Development & Learning  
Barbara Yates Head of Workforce Transformation

## Associate Medical Directors

Anaesthetics & Surgery  
 Women's, Childrens & Out-Patients  
 Medicine and Emergency Care  
 Diagnostics & Therapeutics

Dr Emma Wheatley, MB.ChB, MRCP, DA, FRCA, ATLS, ACLS, APLS  
 Dr Peter J Powell, MA, MB BChir, MRCP, FRCPCH, FRCP  
 Dr Jackie Bene, MB.ChB, MRCP, FRCP  
 Dr Brian E. Senior BSc, PhD, CMS

## Register of Directors' Interests

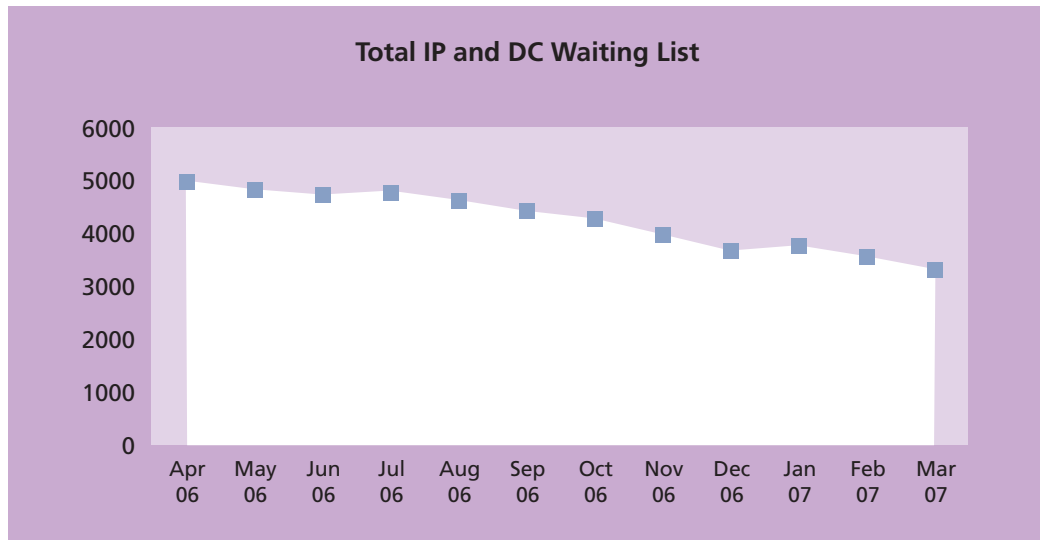
Name	Company/Organisation	Position
Mr C Morris (Chairman)	Smithills Holdings Ltd Bolton MBC	Director Leader
Mr D Fillingham (Chief Executive)	National Employment Panel NEP Ltd	Member Director
Mr C Dunn (Director of Finance)	Nothing to Declare	
Mr R E Hopkins (Medical Director)	Beaumont Hospital	Wife is Physiotherapy Manager
Mrs B Andrew (Director of Corporate Services)	Nothing to Declare	
Miss N Elliott (Director of Human Resources & Organisational Development)	Nothing to Declare	
Mrs L E Doherty (Director of Nursing & Performance Improvement)	Alder Grange Community and Technology High School	Parent Governor
Mrs A M Schenk (Director of Service Development)	Nothing to Declare	
Mr Y Ahmed (Non-Executive Director)	Bolton Council for Voluntary Services Pearl Commercial Investments Ltd Bolton Council of Mosques	Vice Chair / Director Director Managing Director
Mr A Rawlinson (Non-Executive Director)	Nothing to Declare	
Mr M Kilcoyne (Non-Executive Director)	Nothing to Declare	
Dr Sunita Thomson (Non-Executive Director)	Bolton Magistrates Bolton Lads & Girls Club Black & Asian Achievement Awards Goal Development Consultancy	Justice of the Peace Volunteer Mentor Management Committee
Mrs M Blenkinsop (Non-Executive Director)	Bolton MBC	Director of Children's Services (until Jan'07)

# Finance Director's Report

## Operational Performance

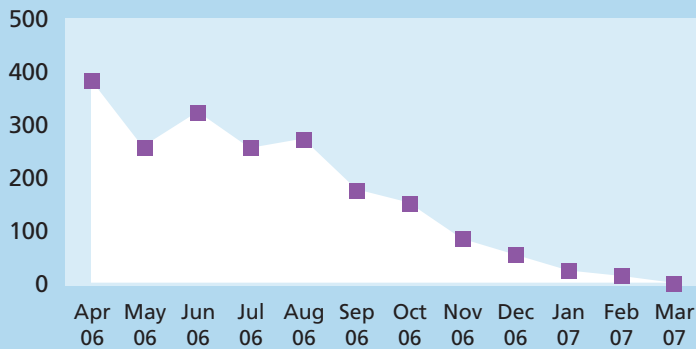
The following tables and graphs illustrate the Trust's performance against its main access targets.

### Inpatient and Day Case Waiting List



During the year, 24,057 elective inpatients and day cases were treated at the Trust, an increase of 8.1% from 2005/06. The above graph shows that during this time, even though the number of patients seen has increased, the Trust has significantly reduced the number of patients on the waiting list from 4,985 to 3,272.

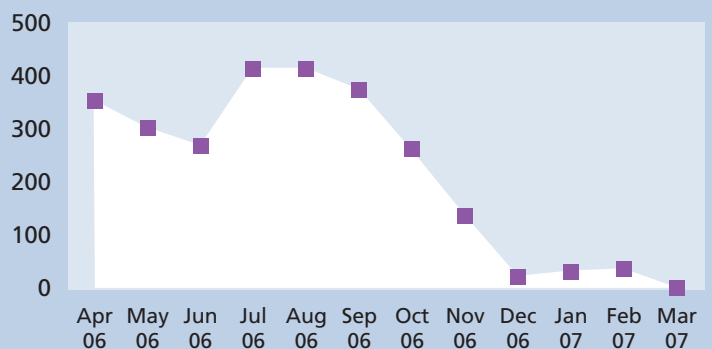
### Patients waiting over 20 weeks for admission



In addition, there has also been a significant reduction in the time patients are waiting for admission.

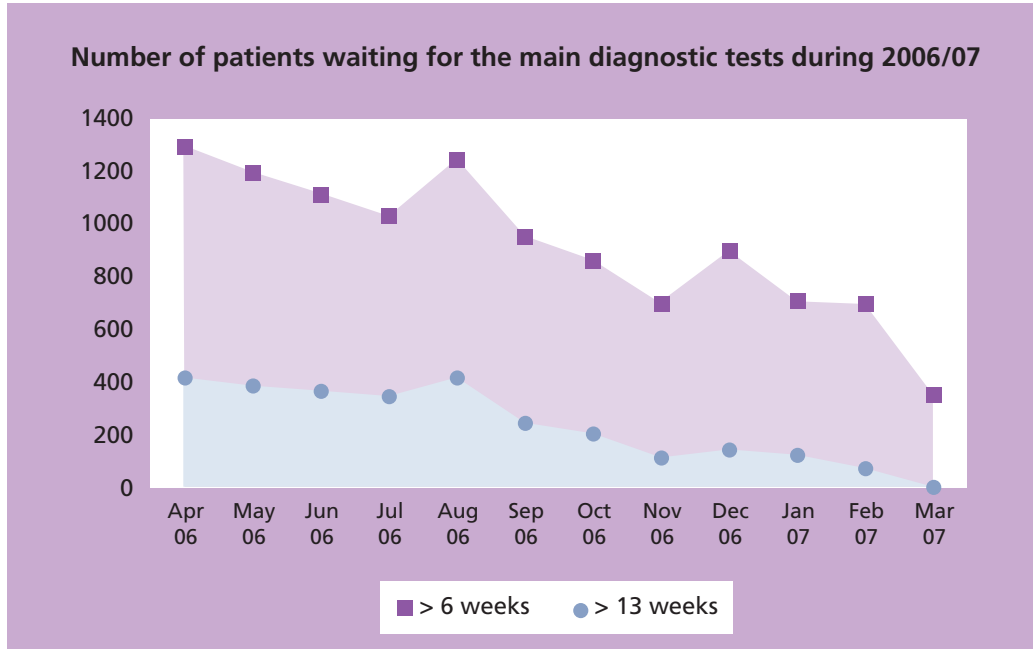
The following graphs show that by March 2007 no-one had waited more than 20 weeks for treatment or more than 11 weeks for an outpatient appointment following GP referral.

### GP Outpatient Referrals waiting over 11 weeks



## Diagnostic Waiting Times

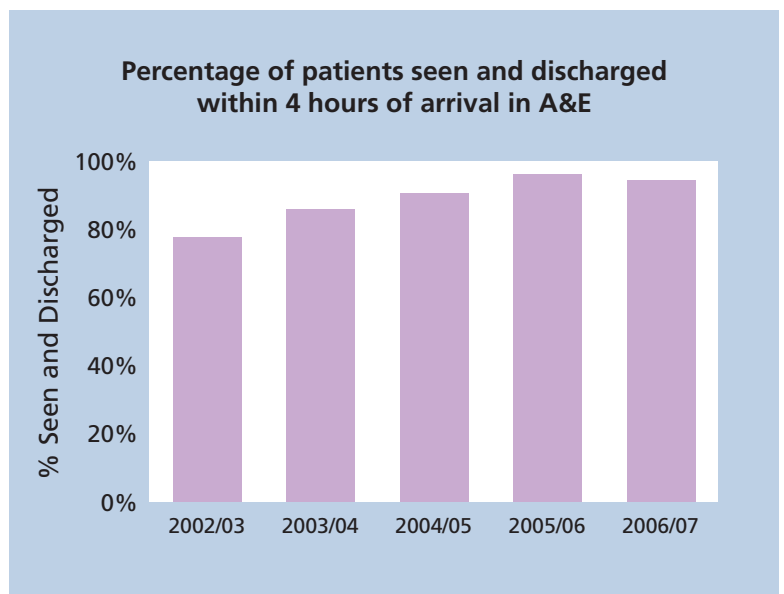
Waits for diagnostic tests have also reduced. The following graph shows that by March 2007 no-one was waiting over 13 weeks for any of the main diagnostic tests and the number of patients waiting over 6 weeks had more than halved.



The above table includes waiting times for the following diagnostics - MRI, CT, Non Obstetric Ultrasound, Barium Enema, Audiology-pure tone audiometry, Echocardiography, Urodynamics, Colonoscopy, Flexi Sigmoidoscopy, Cystoscopy and Gastroscopy.

## Accident and Emergency Performance

It is the target for all NHS trusts to admit, treat or discharge 98% of patients seen in Accident & Emergency within 4 hours. Whilst the Trust has maintained its 2005/06 performance it has yet to reach the national target. During 2006/07 96.4% of patients visiting the Accident & Emergency Department were admitted, treated or discharged within 4 hours. The number of patients seen in 2006/07 increased by 4.1% to 103,500.



## Financial Performance

In the financial year 2006/07, for the first time in five years, the Trust 'balanced its books' without external financial support. This achievement is all the more striking given that, during the year, the Trust made its final repayment of revenue brokerage (borrowing) from previous years. This largely completes the process of financial recovery which began with the financial recovery plan approved by the Strategic Health Authority at the beginning of 2004/05, and puts the Trust in a sound position moving forward.

As described earlier in this report, a number of new developments have been approved which both enhance the services provided by the hospital and support its future financial viability.

The Trust still has a number of residual financial issues from previous years which will need to be addressed. These include: an historic shortfall in liquidity, which the Trust is managing by means of a working capital loan of £4.5m. from the NHS Bank; a backlog in equipment replacement and building maintenance; and a number of areas where costs are still higher than the tariff by which the Trust is funded. Nevertheless, these issues have all been factored into the Trust's financial plans for the next five years. These confirm that so long as the Trust continues to achieve the sorts of efficiency gains that are expected of all hospital trusts (2.5% - 3%), the Trust has a healthy financial future; indeed the financial projections indicate that the Trust will be able to generate the surpluses necessary not only to address the issues referred to above but also to invest in ongoing improvements to patient care.

## Glossary of Financial Terms

Brokerage	An NHS 'loan' administered by the Strategic Health Authority
Non-recurrent income	One-off income, e.g. from the sale of an asset
Payment by Results (PbR)	A new system of funding hospitals based on the number of patients seen / treated
Recurrent balance	Living within our means, i.e. annual expenditure is equal to or less than annual income
Spells	A measure of the number of patients treated

## Summary Financial Statements

The following summary financial statements, notes to the accounts and certificates are extracts from the full audited accounts of the Trust. A copy of the full set of accounts will be available at the Annual General Meeting, or a copy can be obtained from the Trust either by contacting the office of the Director of Finance on 01204 390005, or by writing to:

Mr Colin Dunn  
Director of Finance  
Bolton Hospitals NHS Trust  
Dowling House  
Minerva Road  
Farnworth  
Bolton  
BL4 0JR

## Income and Expenditure Account

Year ended 31st March 2007

	31 March 2007 £000	31 March 2006 £000
Income from healthcare activities	142,557	145,574
Other operating income	15,644	14,930
Operating expenses	(152,558)	(151,408)
Operating Surplus	5,643	9,096
Profit (loss) on disposal of fixed assets	(34)	(46)
Surplus before interest	5,609	9,050
Interest receivable	580	346
Interest payable	(6)	0
Other finance costs - unwinding of discount	(4)	(5)
Other finance costs – change in discount rate on provisions	0	(6)
Surplus For The Financial Year	6,179	9,385
Public dividend Capital dividends payable	(6,134)	(6,107)
Retained Surplus (Deficit) For The Year	45	3,278
Capital Cost Absorption Duty	3.5%	3.5%

### Income and Expenditure

During 2005/06, the Greater Manchester Strategic Health Authority, in conjunction with the Greater Manchester Primary Care Trusts, developed a plan that significantly reduced a number of Greater Manchester Trusts' historic debts. As a result the Trust received additional non-recurrent income of £3.847m. in that year.

During 2006/07 the Trust received £158,201k in income. Of this income £142,557k relates to income received for the treatment of patients; the majority (£130,849k) is received from Primary Care Trusts (PCTs), primarily from Bolton PCT, who purchase patient care on behalf of their population and £9,784k from the Department of Health.

Other operating income of £15,644k includes £6,980k received from other NHS bodies for the provision of non-patient care services and £5,453k received for Education and Training. In addition, £1,751k was earned from income generation activities, such as car parking, catering services and photography and printing services.

Operating expenses for the year amounted to over £152,558k with the largest element of spend relating to staff costs, £109,503k.

The income and expenditure surplus of £45k also includes a payment of dividends due to the Government of £6,134k.

The Trust's auditors, the Audit Commission, have issued an unqualified opinion on the 2006/07 accounts. The total audit charge for the year was £183,242, split between audit services (£164,040) and risk based work (£19,202).

## Balance Sheet

As at 31 March 2007

	31 March 2007 £000	31 March 2006 £000
<b>Fixed Assets</b>		
Intangible assets	193	11
Tangible assets	186,143	172,925
	<u>186,336</u>	<u>172,936</u>
<b>Current Assets</b>		
Stocks and work in progress	891	873
Debtors	8,112	13,578
Investments	34	0
Cash at bank and in hand	468	447
	<u>9,505</u>	<u>14,898</u>
<b>Creditors : Amounts due within one year</b>	<u>(7,927)</u>	<u>(11,677)</u>
<b>Net Current Assets / (Liabilities)</b>	<b>1,578</b>	<b>3,221</b>
<b>Total Assets Less Current Liabilities</b>	<u>187,914</u>	<u>176,157</u>
<b>Creditors : Amounts due after more than one year</b>	<b>(3,000)</b>	<b>0</b>
<b>Provisions For Liabilities And Charges</b>	<b>(2,207)</b>	<b>(1,447)</b>
<b>Total Assets Employed</b>	<u>182,707</u>	<u>174,710</u>
<b>Financed By :</b>		
<b>Capital and Reserves</b>		
Public dividend capital	81,345	86,200
Revaluation reserve	83,106	72,187
Donation reserve	1,134	1,161
Government grant reserve	0	0
Income and expenditure reserve	17,122	15,162
	<u>182,707</u>	<u>174,710</u>

## Statement of Total Recognised Gains and Losses

As at 31 March 2007

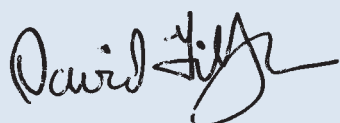
	31 March 2007 £000	31 March 2006 £000
Surplus (deficit) for the financial year before dividend payments	6,179	9,385
Fixed asset impairment losses	0	0
Unrealised surplus (deficit) on fixed asset revaluations/indexation	12,503	4,815
Increase in the donation reserve due to receipt of donated assets	130	44
Defined benefit scheme actuarial gains/(losses)	0	0
Additions/(reductions) in "other reserves"	0	0
<b>Total recognised gains and losses for the financial year</b>	<u>18,812</u>	<u>14,244</u>
Prior period adjustment	400	0
<b>Total gains and losses recognised in the financial year</b>	<u>19,212</u>	<u>14,244</u>

## Cash Flow Statement

Year ended 31 March 2007

	31 March 2007 £000	31 March 2006 £000
<b>Operating Activities</b>		
Net cash inflow from operating activities	16,043	14,685
<b>Returns on Investments and Servicing of Finance:</b>		
Interest received	569	332
Interest paid	0	0
<b>Net cash inflow/(outflow) from returns on investments and servicing of finance</b>	<b>569</b>	<b>332</b>
<b>Capital Expenditure</b>		
Payments to acquire tangible fixed assets	(6,249)	(5,412)
Receipts from sale of tangible fixed assets	153	807
Payments to acquire intangible fixed assets	(191)	(11)
<b>Net cash outflow from capital expenditure</b>	<b>(6,287)</b>	<b>(4,616)</b>
<b>Dividends Paid</b>	<b>(6,134)</b>	<b>(6,107)</b>
<b>Net cash inflow before management of Liquid resources and financing</b>	<b>4,191</b>	<b>4,294</b>
<b>Management Of Liquid Resources</b>		
Purchase of investments	0	0
Sale of investments	0	0
<b>Net cash inflow (outflow) from management of liquid resources</b>	<b>0</b>	<b>0</b>
<b>Net cash inflow (outflow) before financing</b>	<b>4,191</b>	<b>4,294</b>
<b>Financing</b>		
Public dividend capital received	0	0
Public dividend capital repaid (not previously accrued)	(4,855)	(4,270)
Public dividend capital repaid (accrued in prior period)	(3,815)	0
Loans received from DH	4,500	0
Other capital receipts	0	0
<b>Net cash inflow (outflow) from financing</b>	<b>(4,170)</b>	<b>(4,270)</b>
<b>Increase (decrease) in cash</b>	<b>21</b>	<b>24</b>

Signed on behalf of the Board



D Fillingham, Chief Executive

Date: June 2007

# Notes to the Accounts

## 1. Remuneration Report

### A) Salaries and Allowances

Name & Title	2006/07			2005/06		
	Salary (Bands of £5,000)	Other Remuneration (Bands of £5,000)	Taxable Benefit of Lease Car	Salary (Bands of £5,000)	Other Remuneration (Bands of £5,000)	Taxable Benefit of Lease Car
	£000	£000	£	£000	£000	£
<b>D Fillingham</b> Chief Executive	145-150	0	0	140-145	0	0
<b>B Andrew</b> Director of Corporate Services	90-95	0	2700	85-90	0	1900
<b>L Doherty</b> Director of Nursing & Performance Improvement	85-90	0	1600	80-85	0	1500
<b>A Schenk</b> Director of Service Development	75-80	0	0	70-75	0	0
<b>R Hopkins</b> Medical Director	35-40	115-120	1400	30-35	110-115	1400
<b>C Dunn</b> Director of Finance	85-90	0	0	80-85	0	0
<b>N Elliott</b> Director of Workforce & Organisational Development (from 1/12/05)	70-75	0	0	20-25	0	0
<b>C Morris</b> Chairman (1/11/04 to 30/10/08)	20-25	0	n/a	20-25	0	n/a
<b>M Blenkinsop *</b> Non Executive Director (1/5/05 to 30/4/09)	5-10	0	n/a	5-10	0	n/a
<b>Y Ahmed</b> Non Executive Director (1/12/03 to 30/11/07)	5-10	0	n/a	5-10	0	n/a
<b>M Barlow</b> Non Executive Director (until 30/11/06)	0-5	0	n/a	5-10	0	n/a
<b>A Rawlinson</b> Non Executive Director (1/5/05 to 30/4/09)	5-10	0	n/a	5-10	0	n/a
<b>M Kilcoyne</b> Non Executive Director (1/12/02 to 30/11/10)	5-10	0	n/a	5-10	0	n/a
<b>S Thomson</b> Non Executive Director (1/3/07 to 28/2/11)	0-5	0	n/a	-	-	-

\* A recharge was received from Bolton MBC until Oct'06

## B) Pension Benefits

<b>Name &amp; Title</b>	Real increase in pension at age 60 (Bands of £2,500) <b>£000</b>	Real increase in pension lump sum at age 60 (Bands of £2,500) <b>£000</b>	Total accrued pension at age 60 at 31 March 2007 (Bands of £5,000) <b>£000</b>	Lump sum at age 60 related to accrued pension at 31 March 2007 (Bands of £5,000) <b>£000</b>	Cash Equivalent Transfer Value at 31 March 2007 <b>£000</b>	Cash Equivalent Transfer Value at 31 March 2006 <b>£000</b>	Real increase in Cash Equivalent Transfer Value <b>£000</b>	Employers Contribution to Stakeholder Pension (To nearest £100) <b>£000</b>
<b>D Fillingham</b> Chief Executive	0-2.5	2.5-5.0	35-40	105-110	500	452	26	20,500
<b>B Andrew</b> Director of Corporate Services	0-2.5	0-2.5	30-35	100-105	496	461	16	12,700
<b>L Doherty</b> Director of Nursing & Performance Improvement	0-2.5	2.5-5.0	25-30	80-85	406	366	22	12,000
<b>N Elliott</b> Director of Workforce & Organisational Development	0-2.5	2.5-5.0	5-10	25-30	91	74	11	10,200
<b>A Schenk</b> Director of Service Development	0-2.5	0-2.5	25-30	75-80	398	367	16	10,600
<b>R Hopkins</b> Medical Director	2.5-5.0	7.5-10.0	55-60	165-170	0	0	0	21,500
<b>C Dunn</b> Director of Finance	0-2.5	0-2.5	30-35	100-105	572	530	20	12,500

### 2. Management Costs

31 March 2007

31 March 2006

Management costs

5,357

5,450

Income

158,201

160,504

Management costs as a percentage of income

3.39%

3.4%

The Secretary of State requires that Trusts ensure that the cost of individual pay rises for Board and Senior Management was limited to a maximum of 2.5% in 2006/07. The Trust's Remuneration Committee adopted this requirement to ensure compliance with this code during the year.

### 3. Better Payments Practice Code - Measure of Compliance

The Trust is expected to pay 95% of all non-NHS creditors within 30 days of goods or a valid invoice (whichever is the later) unless other payment terms have been agreed with the supplier. Unfortunately the Trust just fell short of the target and achieved 90.47%. Efforts continue to achieve the target and the Trust acknowledges the continued assistance from Bolton PCT in this respect.

#### Non-NHS Invoices

31 March 2007 31 March 2007

Number

£000

Total bills paid 2006/07

39,349

38,361

Total bills paid within target

35,601

35,737

Percentage of bills paid within target

90.47%

93.16%

#### NHS Invoices

31 March 2007 31 March 2007

Number

£000

Total bills paid 2006/07

1,860

15,378

Total bills paid within target

1,581

14,563

Percentage of bills paid within target

85.00%

94.70%

## Capital Expenditure

Year ended 31 March 2007

31 March 2007  
£000

Additional Electrical Distribution	385
Hospital Acquired Infection	300
Compliance with Fire Code	154
Upgrade of Wards C1 & C3	1,336
Medical Equipment	1,263
Children's A&O Unit	272
Audiology	425
Mental Health *	215
Ultrasound Monitoring	158
Building Improvements	486
Other Capital	1,560
<b>Total</b>	<b>6,554</b>

\* Bolton, Salford and Trafford Mental Health NHS Trust occupy parts of our buildings and we therefore receive a capital allocation to cover work to these areas.

During the year the Trust spent £6,554k on capital expenditure. The largest investment was the upgrade of wards C1 and C3 which were completed in February 2007. Also, over £1.2m was spent on medical equipment including the purchase of x-ray equipment for angiography (£525k), various ultrasound machines (£210k), anaesthetic machines (£83k) and defibrillators (£78k).

## Charitable Funds

In common with most NHS trusts, Bolton Hospitals NHS Trust also administers charitable funds, registered charity no. 1050488. The funds are held separately from NHS funds and are used to purchase medical equipment, to improve patient and staff amenities and for education and training.

During 2006/07 the public of Bolton and surrounding districts generously contributed a total of £445k in charitable donations and income. Expenditure by wards and departments totalled £424k.

## Trust Insurance

Most of the Trust's insurance needs are covered by a scheme operated by the NHS Litigation Authority with the exception of vehicle insurance which is arranged through commercial insurers.

The Trust does not purchase professional indemnity insurance although it does accept vicarious liability for the actions of staff directly involved in patient care. Professional indemnity for Trust Directors is provided via the NHS Litigation Authority Scheme.

## Remuneration

All past and present employees are covered by the provisions of the Pensions Agency. Further details can be found on Page 10, Note 1.12 of the Full Annual Accounts.

## *Internal Control and Risk Management*


The Board as a whole is responsible for ensuring that risks to the achievement of its financial, clinical and operational objectives are properly managed. To assist us in doing this, the Trust Board has established committees for Finance, Governance, Information Management and Technology, Human Resources, Audit, Remuneration, and Charitable Funds, with non-executive Directors having a key role in ensuring independent input into the Financial, Clinical and Corporate Governance of the Trust. The Trust is committed to sound policies and procedures in respect of Corporate Governance and its arrangements are independently audited each year. A clean bill of health was again received in 2006/07.

A statement by the Board of Directors on Internal Control and the Management of Risk is provided on pages vi to xii in the statements which preface the Annual Accounts for 2006/07.

Information on Board Directors' remuneration, determined by the Remuneration Committee, is provided in the Notes to the Accounts. The Remuneration Committee determines pay, conditions of service and performance review processes for the Chief Executive and Executive Directors. The Committee has ensured that the Chief Executive, Board-Level Directors and managers recurrent salary increases have not exceeded 2.5% in this year.

A full register of Directors' interests is maintained at Trust Headquarters and may be accessed by members of the public.

### *Private Finance Initiative*



The Trust awarded a seven-year contract in 1999 for a company called iSOFT to provide an Information Technology Infrastructure to:

"...improve patient care demonstrably and directly through improved support to clinical practice..."

The total value of the contract is worth in excess of £6.3m and has been funded via a Private Finance Initiative.



### *Notice of the Trust's Annual Meeting*

The Annual Meeting of the Trust will be held on 27th September 2007, in the Education Centre at the Royal Bolton Hospital.

## Directors' Statements

### **Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust**

The Secretary of State has directed that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officers' Memorandum issued by the Department of Health.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an accountable officer.

Date: June 2007



D. Fillingham, Chief Executive

### **Statement Of Directors' Responsibilities In Respect Of The Accounts**

The directors are required under the National Health Services Act 1977 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure of the trust for that period. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirement outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.


By order of the Board

Date: June 2007



Chief Executive

Date: June 2007



Director of Finance

## *Independent Auditor's Statement to the Directors of the Board of Bolton Hospitals NHS Trust*

I have examined the summary financial statements, which comprise the Income and Expenditure Account, Balance Sheet, Statement of Recognised Gains and Losses, Cashflow Statement and the related notes 1 to 3.

This report is made solely to the Board of Bolton Hospitals NHS Trust 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 auditors**

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 statements 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 statements.

### **Basis of opinion**

I conducted my work in accordance with Bulletin 1999/6 'The auditor's statement on the summary financial statements' 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 statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2007 on which I have issued an unqualified opinion.

Name: Jackie Bellard

Date: 21 June 2007

District Auditor  
Audit Commission  
2nd Floor  
Aspinall House  
Aspinall Close  
Middlebrook  
Horwich  
Bolton  
BL6 6QQ

# Corporate objectives and priorities for 2007/08

## Best Possible Care

### OBJECTIVE

1. Sustain 98% A&E target
2. In collaboration with PCT, achieve maximum 18 week elective journey time by December 2007 for
  - 90% of admitted patients
  - 95% of non-admitted patients
3. Achieve cancer waiting time guarantees
  - 2 weeks maximum referral to consultation
  - 31 days – diagnosis to treatment
  - 62 days – referral to treatment
4. Achieve a demonstrable improvement in patient satisfaction as measured by the patient survey by at least 10%
5. Improve collaborative arrangements with GPs
6. Major focus on improving patient and staff safety, including achieving NHS Litigation Authority Level 2 – to be assessed in December 2007
7. Achieve improvement in Annual 'Health Check' assessment compared with 2005/06

## Value for Money

### OBJECTIVE

8. Maintain in-year and recurrent balance
9. Deliver a surplus to support capital investment in service development and contribute to historic liquidity shortfall
10. Improve efficiency/productivity

## Improved Health

### OBJECTIVE

11. Reduce the hospital Standardised Mortality Ratio to 100 or less by the end of 2008/09
12. Reduce the incidence of MRSA bacteraemia to no more than 15 throughout 2007/08
  - Agree with PCT and achieve local target on reduction C. Difficile
13. Strengthen the hospital's role in prevention and health promotion

## Joy and Pride in Work

### OBJECTIVE

14. To reduce sickness absence to no more than 4.5% across the Trust
15. To improve leadership and management capacity and capability
16. Improved staff engagement
17. Improve workforce productivity by 4%
18. Implement plans to achieve junior doctors' 'New Deal'/'Modernising Medical Careers' and EWT 2009

## Strategy & Organisational Development

### OBJECTIVE

19. Achieve Foundation Trust status
20. Develop the BICS system using lean methodologies
21. Confirm service-specific strategies
22. Finalise the Trust's Estate and Capital Strategy
23. Establish Implementation Project for development of Obstetric/Neonatal Intensive Care Unit/ Children's Services
24. Implement plans for Transfer of Level 2 Cancer Surgery and Haematology treatments to Associate Cancer Centre
25. Implement Trust Marketing Strategy

We recognise that not everyone will find this document easy to read. We can arrange for large print, audio tape versions and for summaries or explanations in other languages.

Please call **01204 390825** if we can help.

The report and other documents are also available at **[www.boltonhospitals.nhs.uk](http://www.boltonhospitals.nhs.uk)**

We are very interested to hear your views about the annual report and ways in which we could improve it. Please write to:

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