Trust profile

The Pennine Acute Hospitals NHS Trust was established in April 2002 and manages hospitals in Bury, North Manchester, Oldham and Rochdale. Serving a population of approximately 800,000, the Trust is one of the largest in the country.

It employs a staff of 10,000 across five hospital sites: Fairfield General Hospital, Bury, North Manchester General Hospital, The Royal Oldham Hospital, Rochdale Infirmary and Birch Hill Hospital, Rochdale.

The Trust has four divisions: surgery, medicine, women and children's and diagnostic and clinical support.

It also has directorates providing support for: human resources, facilities, modernisation and performance, planning, finance, information and management technology, governance and research and development.

The Trust provides district general hospital services and a range of specialities, including the regional infectious disease unit which is based at North Manchester General Hospital. The Trust is proud of the career opportunities it provides through first class education, links with local universities, a wide range of specialisms, cultural diversity and an environment of continuous support.

Further information about the Trust can be found on the back cover.
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Chairman’s foreword

When I took up the Chairmanship of Pennine Acute Trust, it is an understatement to say that it was at a most interesting time. The organisation faced major challenges; but it also had major opportunities.

As this Annual Report indicates, the work of staff in the Trust has once again brought real benefits to hundreds of thousands of patients this year. That work is very varied – but throughout it runs a common thread, one of a shared vision of what it means to work for our hospitals, a sense of calling, dedication and wanting to make a difference. This has been the overwhelming impression I have had from my many meetings and visits with staff at all levels since I took up my post.

It is that common thread which I hope we will be able to highlight in our Values project, which aims to condense the views of staff into clearly stated values which are equally applicable to everyone who works for the Trust.

This is a major piece of work, and no easy task. I have been involved in this project since its inception and I am in no doubt of its importance. It helps us define who we are, how we develop our relationships and how, by working together, we can deliver real benefits to patients.

The Trust has always had a mission statement, and a set of values; they are included in this report because they were what we had in the year 2005-06. But, to my mind, they apply more to the organisation as a whole than to us, the individuals who staff our Trust. Our new values will reflect directly what it means to work for this Trust; how we define the standards by which we would wish to be treated, and of how we will treat others. These Values will be meaningful, short and simple.

As I write, the Values work is nearing the end of its first stage – the development of the Values themselves. This has involved the direct participation of staff from very varied roles, both clinical and non-clinical, reflecting the organisation as a whole. It has been a most interesting experience. Many colleagues expressed a healthy scepticism about this work but, on becoming directly involved, have changed their views. They are right to do so, because these values are important – they will directly affect how we develop our policies, how we implement those policies and how we work together.

The real challenge, of course, lies not in the development of the Values, but in their application. I give my own personal commitment to that process, and look forward to reporting on its progress. These Values will be the keystone for our success in meeting the healthcare needs of the 800,000 residents whom we serve.

Finally, I should like to place on record my thanks to everyone who has been involved with the Trust during the past twelve months. I would urge you to take time to read this Annual Report and to learn about the huge range of activities which we have undertaken.

John Jesky, chairman
Chief executive’s report

To many people, the year 2005-06 was one of turbulence for the Trust, with the departure of a number of senior figures, including the chief executive and the chair. These departures made national and regional headlines.

But that isn’t the full story – or even most of it. Throughout this same year, hundreds of thousands of patients continued to use our services, day-in, day-out.

Throughout this year, Trust staff saw patients a total of 1,037,951 times, a rise of more than 17,000 compared with last year.

The staff working for this Trust continued to apply exactly the same dedication and commitment to their roles which they have traditionally done.

I am pleased to say that this report highlights the results of much of that commitment. It tells you, in some detail, what the staff in each of our divisions and departments have been doing to improve services for patients.

Some of that work has been recognised by awards, both local and regional, and we mark those too.

This activity includes work done by staff in departments or sections which readers may not readily think of when hospitals are discussed. As a Trust we have many staff in roles which do not involve any contact with patients, but who provide essential support to the staff who do. Their contribution is just as important.

Throughout this year, our staff also played a full part in the two public consultations affecting the future of our services – Healthy Futures and Making It Better. Decisions on both are due by the end of the year, which will pave the way for the future development of all the Trust’s hospitals, making the most of our potential.

According to our own assessment, the Trust will hit the vast majority of its performance standards in 2005-06, which again pays tribute to the work of our staff. However, the same year saw a change in the performance system, with an end to “stars” and the introduction of a new system which covers a far greater range of categories.

At the time of writing, we are awaiting the results of our assessment by the Health Care Commission against this new system. When we have that information then I am sure that, as always, we will continue to build on what is working well and continue to address areas which need improvement.

It is what our staff have always done – and what our staff always will be doing.

Robert Chadwick, acting chief executive
Vision and Values

Mission statement

To provide the general hospital services required by the population of North East Greater Manchester (including appropriate specialist services). Services will be of high quality, effective, responsive to demand and accessible to all.

In 2005-06 the Trust will work towards its strategic aims to:

- be the provider of choice for secondary care services for the local population;
- provide enhanced secondary care services and tertiary services where appropriate;
- develop teaching provision for both undergraduate and postgraduate medical staff and other clinical staff together with research and development facilities and activity in conjunction with local universities;
- achieve the aims and targets of the NHS Plan including quicker and easier access to services, improved outcomes and quality of care and a reduction in health inequalities;
- continually improve the quality of patient care and treatment through the clinical governance process;
- recruit, develop, train and retain caring and skilled staff who will be treated with respect, given equal opportunities and be fairly rewarded;
- maintain the financial viability of the Trust by improved efficiency and effectiveness (using benchmarking and economies of scale where appropriate) and ensuring that high quality services are provided cost effectively;
- act with probity, openness and to publicly account for the Trust’s decisions and actions.

Principles and Values

The Trust has established a set of guiding principles/values that will underpin service delivery:

- high quality outcomes;
- appropriateness of setting (ie. primary, secondary, tertiary, community);
- ease of access (time and location);
- ease of use;
- consistent reliability;
- flexible to demand change;
- patient/staff safety;
- consistency with national legislation, plans, priorities and targets. Economy and efficiency.

During 2005-06 the Trust embarked on a review of its Values. This is a major exercise and involves a large cross-section of staff across the organisation and external stakeholders. It is anticipated that the values of the organisation will be updated and amended during 2006-07. Thereafter a process of implementation and monitoring around the Values will be on-going.
Organisational developments

Public consultations
In January 2006 two major public consultations started which have the potential to have a significant impact on the future delivery of services for the Trust. The two consultations are “Healthy Futures” which deals with adult services in the Pennine area and “Making It Better” which deals with women’s and children’s services across Greater Manchester and beyond.

Both consultations proposed a number of alternative options to reorganise and reconfigure services. Public consultation came to an end on 12 May 2006 and results of the consultation are being analysed with a view to the relevant primary care trusts (PCTs) making a decision, taking into account the outcome of public consultation.

The options proposed in Healthy Futures would see a significant change in health service delivery. The consultations are predicated on the plan to deliver more services in community and local settings, in particular outpatient and diagnostic services that no longer need to be delivered in hospitals. The five PCTs that make up the north east sector of Greater Manchester have ambitious plans to build community facilities that will provide the infrastructure to deliver more outpatient and diagnostic services in community settings. The Healthy Futures consultation also has significant implications for the Trust. Under all of the options Rochdale Infirmary would become a locality hospital. This would see more locally focused services being developed including intermediate care. Some services such as acute surgery and some acute medicine would no longer be delivered on the Rochdale Infirmary site. Other hospitals within the Trust would also see services reconfigured with a view to creating centres of excellence in elective and non elective care. A decision on Healthy Futures is due in September.

The Making It Better consultation covers the whole of Greater Manchester and beyond. In all of the options proposed in this consultation inpatient services for women and children including paediatrics, obstetrics and neonatal care would no longer be delivered at Fairfield General Hospital or Rochdale Infirmary but would be delivered and expanded at North Manchester General Hospital and The Royal Oldham Hospital. Neonatal care would be delivered at North Manchester General Hospital and neonatal intensive care would be delivered at The Royal Oldham Hospital.

A decision will be made by the relevant PCTs – the timeframe has been amended from September 2006 to December 2006 for this decision.

Development of chemotherapy and radiotherapy
The Trust is working in partnership with The Christie Hospital to develop radiotherapy and chemotherapy services on The Royal Oldham site. These facilities will be badged under the Christie name and for clinical purposes will be run and operated by Christie’s Trust. The Trust will provide support services including diagnostics for patients accessing these facilities.

Many patients currently have to travel to Christie Hospital to receive their care and there is a severe capacity shortage in radiotherapy in Greater Manchester. Both of these issues will be significantly alleviated by these developments.
Foundation Trust status

During 2005-06 the Trust considered the implications of becoming a Foundation Trust. Becoming a Foundation Trust would provide the Trust with new freedoms, particularly in relation to its ability to meet its financial obligations and to enter into partnership arrangements with other organisations.

The Trust is currently undertaking a diagnostic exercise to determine the timetable for becoming a Foundation Trust. The results of this will become known later in 2006-07.

In the build up to Foundation Trust status the Trust is keen to build on and enhance its relationships with local commissioners. A key development in the commissioning of services will be the implementation of practice based commissioning. This means that a substantial amount of the commissioning of services will be devolved to GP practices. We anticipate the practices will form into clusters for carrying out this function.
Partnership working

The Trust is working closely with other healthcare partners to ensure that it can maximise the opportunities for improving the quality and range of services it offers to the local population. Some key examples of partnership working are set out below.

PCTs commission services from the Trust. Their role is to determine what the most appropriate range of services are for the local population and commission or buy these services from the local trusts. The Trust has a very close relationship with the five PCTs in the north east sector of Greater Manchester and intends to develop these relationships over time.

During 2005-06 a consultation exercise was launched to review the configuration of PCTs across Greater Manchester and beyond. For the Pennine footprint, the implications of this are that North Manchester will merge with Central and South Manchester to create a City of Manchester PCT and Heywood and Middleton PCT will merge with Rochdale to create a new PCT covering that area. During this time of significant upheaval for PCTs, the Trust is determined to ensure that it maintains its good relationships in delivering healthcare to the local population.

Effective planning and management of discharging patients

There are four social services departments who have an interest in the hospitals within the Pennine area. The Trust has a good working relationship with social services departments and is currently in active dialogue with social services departments with a view to ensuring that these arrangements can continue after service reconfiguration. Service reconfiguration will see patients being treated on different hospital sites and therefore more flexible and pro-active arrangements will need to be put in place.

Overview and Scrutiny Committees

Overview and Scrutiny Committees are statutorily responsible for overseeing the work of the NHS and there are four overview and scrutiny committees with an interest in the Trust, in each of the four local authorities represented in this area. In addition, there is an overall overview and scrutiny committee with particular responsibility for the Trust comprising representatives from the above four committees.

The Trust has been in active dialogue with the overview and scrutiny committees to ensure that they are able to discharge their functions appropriately. Each committee has developed work programmes which include issues that relate to the Trust and the Trust actively supports those committees in providing information and arranging for staff to take part in discussions.
Consultation with employees

The Trust has a well established communication strategy, a significant component of which is the enhancement and improvement of communications and consultation with employees. During 2005-06 a cascade exercise was undertaken to ensure that staff within the Trust were made aware of the public consultations around service reconfiguration and had the opportunity to contribute to the on-going debate.

Initiatives undertaken to ensure that the staff were made aware of the proposals included:

- visits by the campaign bus to each hospital site when literature was distributed and staff were on hand to answer questions;
- two rounds of targeted roadshows on each of the hospital sites, dealing specifically with the reconfiguration of services;
- a cascade exercise to deliver presentations in the work place around the content and implications of the consultations and reconfiguration;
- written material provided to staff through attachments to payslips, articles in Pennine News, monthly inclusion in the Trust’s core brief and information on the intranet and internet.

Many staff did engage in the consultation process, either through the specific initiatives laid on by the Trust or through attending public meetings at other events which took place in the wider community.

The exercise undertaken to support the reconfiguration process now provides a platform for on-going dialogue with staff to ensure that they are kept up to date and abreast of both the progress around reconfiguration and wider issues across the Trust.

Consultation with local groups and organisations

In addition to the patient and public involvement activities, the Trust supported the activities of PCTs in ensuring that effective communications were delivered around reconfiguration to the wider community. Initiatives included presenting to Patient and Public Involvement Forums for PCTs, presenting to local groups and discussions and presentations to Overview and Scrutiny Committees. Overall, the response to public consultation is being collated and considered at present, however, early indications are that the engagement and consultation exercise has yielded far in excess of the expected numbers and exceeds other consultation exercises elsewhere in the country.

A decision is expected on reconfiguration from the relevant PCTs in the middle part of 2006-07. However, the reconfiguration consultation has proved contentious. Local campaigns in both Bury and Rochdale focusing on the “loss of services” in those areas has resulted in a number of petitions being prepared, public meetings and
demonstrations against the proposals. The results of the reconfiguration consultation exercise is still being collated, however, there is no doubt that there will be some opposition to the proposals contained in the consultation document. The Trust feels that strategic change is unavoidable if it is going to continue to offer safe and effective services. If change is not delivered in a managed way there is the risk that services will become clinically unsafe and will therefore have to change on the grounds of clinical governance.
Health of our population

The Trust serves a population of approximately 800,000 people. The vast majority of patients are from the Trust’s five main commissioning PCTs – Bury, Heywood and Middleton, Oldham, Rochdale and North Manchester. Whilst having several factors in common there are also individual distinctive social, economic and cultural traits as shown below.

In the tables, PCT population is based upon patients registered to GP practices within the boundaries of that PCT. Hospital catchment area reflects the fact that some patients travel to hospitals outside of the area within which they are GP registered.

The overall index of multiple deprivation 2004 (IMD) is a composite of seven separate domain indices - income; employment; health deprivation and disability; education, skills and training; barriers to housing and services; crime and disorder; and living environment. The score for domain was constructed by combining a series of different indicators chosen to represent the main issues covered by that domain. Areas with higher scores for the overall IMD and individual domains are said to be more deprived than those areas with lower scores.

The rate for each local authority is calculated in relation to the total number of incidents in the North West, consequently the rate for the North West would always be 100. Rates over 100 indicate a greater than average number of admissions while rates under 100 indicate a lower than average number of admissions (North West Public Health Observatory).

### Patient population socio-demographic trends by PCT

<table>
<thead>
<tr>
<th>Area</th>
<th>PCT Population</th>
<th>Hospital Catchment population</th>
<th>Local Authority Deprivation ranking (out of 254)</th>
<th>Index of Multiple Deprivation Score</th>
<th>Unemployment (%)</th>
<th>Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Manchester</td>
<td>133,500</td>
<td>190,000</td>
<td>2nd</td>
<td>57.54</td>
<td>9</td>
<td>14% (Black British; Asian British - Pakistani)</td>
</tr>
<tr>
<td>Oldham</td>
<td>218,100</td>
<td>220,000</td>
<td>43rd</td>
<td>30.73</td>
<td>3.7</td>
<td>14% (Asian British – Pakistani and Bangladeshi)</td>
</tr>
<tr>
<td>Rochdale (includes Heywood and Middleton)</td>
<td>206,600</td>
<td>160,000</td>
<td>25th</td>
<td>33.69</td>
<td>3.9</td>
<td>16% (Asian British – Pakistani - Bangladeshi)</td>
</tr>
<tr>
<td>Bury</td>
<td>182,000</td>
<td>180,000</td>
<td>97th</td>
<td>23.53</td>
<td>2.8</td>
<td>6% (Asian British – Pakistani)</td>
</tr>
</tbody>
</table>

**North Manchester** – North Manchester PCT (which is the main commissioner acting on behalf of the resident population) covers 10 wards of Manchester City Council.

**Oldham** – Oldham PCT (which is the main commissioner acting on behalf of the resident population) is co-terminus with the Metropolitan Borough Council.
Rochdale – Rochdale and Heywood and Middleton PCTs act as the main healthcare commissioners for the population and are co-terminus with the local authority.

Bury – Bury PCT is the main commissioner for healthcare and is co-terminus with the local authority.

### Health statistical overview – geographical area served by the Trust

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Bury</th>
<th>North Manchester</th>
<th>Oldham</th>
<th>Rochdale</th>
<th>NW</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Expectancy - male</td>
<td>75.5</td>
<td>71.8</td>
<td>73.7</td>
<td>73.8</td>
<td>74.8</td>
<td>76.1</td>
</tr>
<tr>
<td>Life Expectancy – female</td>
<td>79.9</td>
<td>77.8</td>
<td>78.6</td>
<td>78.8</td>
<td>79.5</td>
<td>80.7</td>
</tr>
<tr>
<td>People with limiting long term illness</td>
<td>19%</td>
<td>21.5%</td>
<td>20.3%</td>
<td>20.6%</td>
<td>16.4%</td>
<td>13.6%</td>
</tr>
<tr>
<td>Households with one or more person with limiting long term illness</td>
<td>35.7%</td>
<td>39.5%</td>
<td>39.2%</td>
<td>39.3%</td>
<td>38.4%</td>
<td>34.1%</td>
</tr>
<tr>
<td>Falls</td>
<td>96.25</td>
<td>135.27</td>
<td>136.13</td>
<td>80.28</td>
<td>100</td>
<td>N-a</td>
</tr>
<tr>
<td>Violence</td>
<td>118.84</td>
<td>223.13</td>
<td>323.35</td>
<td>71.6</td>
<td>100</td>
<td>N-a</td>
</tr>
<tr>
<td>Alcohol specific conditions</td>
<td>91.23</td>
<td>125.43</td>
<td>167.5</td>
<td>66.12</td>
<td>100</td>
<td>N-a</td>
</tr>
<tr>
<td>Respiratory disease</td>
<td>111.79</td>
<td>180.42</td>
<td>137.91</td>
<td>100.26</td>
<td>100</td>
<td>N-a</td>
</tr>
<tr>
<td>Lung cancer</td>
<td>127.87</td>
<td>206.52</td>
<td>145.16</td>
<td>107.52</td>
<td>100</td>
<td>N-a</td>
</tr>
</tbody>
</table>

The geographical area served by the Trust is characterised by its industrial legacy including:

- high levels of chronic disease related to poor general health, poor nutrition and inadequate housing;
- high population densities across the area have contributed to historically poor provision and access to healthcare;
- proportionately larger numbers of younger and older people;
- large and growing ethnic minority populations, whose health and access to healthcare have been poor;
- heavy reliance on public transport and low levels of personal car ownership.

Patient flows are likely to continue to be shaped by these overarching factors, with high levels of non-elective demand, particularly in medical specialties. Private sector provision in the north east sector is relatively small.
Activity

The Trust’s performance management systems are designed to continually assess performance against national standards and drive improvement ensuring that patients have timely access to services. There is a need to reform many of the Trust’s systems and processes if it is to consistently improve patient care in line with the performance targets set out in the NHS Plan.

The aim is to meet the new performance standards set out at a national level which over the coming year will assess the Trust’s performance against a wide range of issues. In addition to the timeliness of service the perception patients have of the Trust’s hospitals is influenced by many other factors. The quality of clinical care they receive, the respect and dignity with which they are treated, being offered choices in treatment and the cleanliness of our facilities are all important issues for patients.

The new assessment process that the Health Commission is undertaking covers these areas and many others. The Trust is currently awaiting the outcome of this assessment, expected in October. This will be shared with the local communities.

Over the last year the Trust has undertaken improvement work across a wide range of services including:

- improving access to emergency services;
- developing booking systems which offer patients more choice regarding their hospital appointment;
- reducing waiting times for outpatient consultations and admissions to hospitals;
- reducing the length of time that patients with a cancer diagnosis wait to receive treatment;
- reducing waiting times for inpatient and day case treatment;
- improving the knowledge of staff particularly in relation to the treatment of older people ensuring that patients are treated with respect and dignity.

Building on the successes of previous years, achievements this year include:

**Fewer waiting for elective treatments**
The Trust’s waiting list reduced by 827 (5.6 per cent) from 14,740 to 13,913 during the last year.

**No patients now wait more than six months for elective treatments**
The Trust met this national target, reducing the number of patients waiting over six months from 471 in April 2005 to none by the end of March 2006.
No patients now wait more than thirteen weeks for their first outpatient appointment

The Trust met this national target, reducing the number of patients waiting over 13 weeks from 150 in April 2005 to none by the end of March 2006.

Prompt treatment of patients attending A&E

The Trust met the national target by admitting or discharging 98.32 per cent of all patients attending A&E departments within four hours of their arrival during 2005-06.

All appointments now booked for patient convenience

By December 2005 the Trust achieved the national target of 100 per cent of patients booked with a choice of admission / appointment date.

Faster access to services for cancer patients

- 99.95 per cent of patients referred with suspected cancers were seen within two weeks.
- By the fourth quarter of 2005-06, 100 per cent of patients with a cancer diagnosis received their first treatment. This was an improvement from 94.4 per cent during the first quarter of the year.
- 93.2 per cent of cancer patients were treated within two months of referral. This was an improvement from 86.3 per cent in the first quarter of the year.
Division of medicine

This year has seen the continued development of specialist services within the division of medicine. Early in the year, the specialty of cardiology saw the installation of a state-of-the-art catheter laboratory at Rochdale Infirmary and during the year the Trust commenced an angioplasty service to complement and support the existing angiography service. Alongside this is offered an implantable defibrillator service, making Rochdale Infirmary one of the few local general hospitals in the country able to offer such complex treatments. Additionally, procedures for managing heart failure continue to attract national recognition and the heart failure services team won the Trust’s team of the year award.

Much effort this year has been around collaboration with local PCTs to help prevent admission to hospital or to achieve earlier discharge with community support. The acute respiratory assessment service has been expanded to include the residents of Rochdale and will include Heywood and Middleton residents in the near future. The Trust will also be providing the long term oxygen therapy assessment service to some PCTs.

One of the biggest collaborative changes made this year is in the way stroke services are provided. An additional specialist consultant has been appointed to The Royal Oldham Hospital, as well as a Trust-wide co-ordinator of stroke services, and stroke co-ordinators on each hospital site. Crucially there is now an extremely effective care pathway for treating people who have had a stroke.

This has been agreed with local PCTs and the pathway starts as soon as a patient attends a general practitioner’s surgery or the accident and emergency department. Early results are extremely encouraging and the staff involved are very proud of the way it is working.

Other examples of joint working with colleagues within the PCTs include:

- appointment of a specialist consultant to support intermediate care and provide a specialist falls service in the North Manchester area;
- establishment of a consultant physician and general practitioner forum to agree optimum care and treatment for patients in hospital or at home;
• collaboration arrangements between community matrons, acute medical wards and the accident and emergency department at The Royal Oldham Hospital.

A number of outpatients attending the rheumatology service are now receiving a very modern and effective drug treatment for their condition.

This treatment requires careful monitoring and a specialist appointment has been made to co-ordinate and liaise with patients.

Over recent years, and particularly this last year, the division has aimed to provide services through highly qualified nursing staff.

One example of this is in sexual health services where nurse led clinics are provided with the option of referring to a consultant if needed.

This is a busy service and aims to offer all patients an appointment to see a nurse or doctor within 48 hours of the request for an appointment. This is challenging but nurse led clinics will help to achieve this standard.

Finally, it has been yet another busy year for accident and emergency departments and emergency assessment units.

Again, the Trust has experienced record attendances and emergency admissions and yet the staff in emergency services have continued to meet their targets.
Division of surgery

The division of surgery provides a wide range of surgical services across the four hospital sites including head and neck surgery right through the remainder of the body to foot surgery. A number of visiting consultants from specialist centres across Manchester provide expert opinions for patients with complex surgical requirements, for example cardiothoracic surgeons undertake out-patient clinics on three of the hospital sites.

During 2005-06 a total of 81,144 in-patients were treated and 294,898 outpatients received clinical advice. The year saw an increase in the number of emergency surgical cases treated and the split between elective and emergency patients was 75.8 per cent to 24.2 per cent.

Staff of the division

During 2005-6 the division continued to develop team-working and an increased number of staff commenced working across the Trust sites. This pattern of cross-site working enables good practice to be shared, provides opportunity for staff development and utilises the resources of the division to maximise patient access. Additional consultants were appointed in orthopaedics, ophthalmology and colorectal surgery.

New roles were created including:

- arthroplasty practitioner - a health care professional who sees arthroplasty patients post operatively and manages their follow up care;
- oral educator - who assists patients with mouth hygiene, particularly patients who have undergone major oral surgery. The oral educator also provides specialist advice to staff across the Trust regarding mouth care.

In line with the division's commitment to improving the services for patients with cancer, a number of specialist nurses have been appointed to assist and support patients through their journey in head and neck surgery, upper gastro-intestinal surgery and hepato-biliary surgery.

Principal activities

The division focused on improving cancer services and has developed a number of rapid access services for the management of patients with suspected cancer.

The day case facilities across the Trust required investment and this was achieved in 2005-06. Remodelled day case units are now in place on each site and plans have been put in place to increase the number of day case surgery patients treated. Significant work on training and developing protocols for day surgery patients has been
undertaken and the division will continue to build on this in 2006-07.

In addition to day surgery, pre-operative assessment for patients prior to surgery was also a focus for the division. Each hospital site now has a generic pre-operative clinic. This is a vital component of an elective surgical pathway ensuring patients are fit for their surgery.

Patient involvement in service development has increased within the division, for example, the creation of a patients’ support group for amputees. Other patient views and observations of care have been taken into account to help improve the way services are delivered.

The division has commissioned external reviews of the dental laboratories within the Trust and has undergone external review of the cancer services offered. These external reviews are used to improve the quality of service provided.

A new service for the treatment of eye conditions requiring plastic surgery input has been set up with the appointment of an ocular plastic ophthalmic surgeon. Previously, patients would have had to travel to the Manchester Eye Hospital for such treatment.

One of the wards in the division was highly commended by the Health & Safety Executive for the manual handling assessments for non-clinical areas.

Significant work has been undertaken with regard to the prevention of infection, specifically MRSA, including screening patients undergoing high risk surgery. The drive to prevent infection in surgical patients is ongoing within the division. The separation of screened elective patients from emergency surgical patients assists with this.

The division is keen to offer patients choice in their date and location for surgery. The Choose and Book system of appointments and the central booking centre facilitates choice for patients.

Significant numbers of staff from the surgical division attended the Passport to Governance training programme and this has formed the foundation on which the division will build to ensure quality services are offered to all patients.
Women and children’s division

The division provides a comprehensive range of services to women and children at each of the Trust's four main sites as well as in the community. During the year almost 9,000 women and children have undergone planned treatment and another 15,000 have been admitted for emergency treatment. In addition to this, 10,000 babies have been delivered by the midwives and doctors across the division. Approximately 1,000 staff from a wide range of disciplines work to keep the service within the division running smoothly, all of whom have made a contribution during the year to develop services and improve the patient experience.

The improvement of clinical governance within the division has been a key focus to ensure continuing development in a number of areas. The child protection policy has been finalised and launched. In line with the recommendations set out in the Laming report (resulting from the inquiry into the death of Victoria Climbie), the policy sets out processes to ensure the Trust is working in a seamless manner with neighbouring organisations. A large part of this work was undertaken by Lesley Ingoe, senior nurse child protection and Wendy Grundy, senior midwife child protection, who have developed the framework for education and reporting on all issues relating to child protection.

A number of projects implemented during 2004-05 have continued to develop well and it is notable that the children's service at The Royal Oldham Hospital has become well-established and despite teething problems handled the expected increase in admissions during the winter. The three Clinical Area Teams (CATs) have all contributed to the year's work and service developments. The obstetrics CAT implemented a very successful smoking cessation programme in pregnancy which was highly commended by the Greater Manchester Strategic Health Authority excellence awards. Details of the number of patients who stopped smoking during pregnancy are now recorded on the Trust-wide Euroking maternity information system which has undergone significant development during the year. The children's CAT celebrated the award of recurrent funding to establish a number of antenatal nurse practitioner posts. Their key role will be to provide expert care to neonates and develop the quality of care in the four units within the Trust. The gynaecology CAT has appointed Julie Dale to the new post of Macmillan gynaecology cancer nurse.

The birth of five sets of twins within one week at NMGH helped contribute to the Trust's 10,000 babies born throughout the year
Julie will be working with cancer patients to support them and offer advice on treatment.

The work to prepare for the implementation of the decision in the Making it Better consultation continued throughout the year. All involved eagerly await the outcome of the public consultation, now due in December 2006.

The division has also achieved the waiting times standards for inpatients and outpatients alike. Again this has been made possible by doctors, nurses and all the support staff working hard to ensure patients receive a timely service. It is also important to note that the developments and achievements described have been achieved within the allocated budget as the division achieved all its financial targets during the year.
Division of diagnostics and clinical support

Radiology

Radiology’s main function is the support of clinical services provided in primary and secondary care. The year has again seen an increase in referrals to radiology with greater clinical reliance on the more specialised examinations such as computerised tomography (CT) and magnetic resonance (MR). This increase is challenging as the division continues to develop and modernise the service. The new MR Centre at Rochdale Infirmary opened during the year and the advanced technology of state of the art equipment is proving its worth in cancer imaging and other complex medical fields.

The new scanner provided the main back-up for North Manchester General Hospital whilst its MR scanner was replaced with the same technology as at Rochdale Infirmary. These two new scanners put the Trust in a very good position for the future provision of high quality diagnostic imaging.

During the year two breast ultrasound machines have been replaced at Fairfield General Hospital General Hospital and North Manchester General Hospital, as well as an interventional/portable ultrasound machine at North Manchester General Hospital to provide image guidance for biopsies and which can be taken onto intensive care to diagnose complications in extremely ill patients.

Two image intensifiers used in theatres to guide pain injections and for orthopaedic and trauma operations have replaced ageing equipment at North Manchester General Hospital and Fairfield General Hospital. The fluoroscopy rooms at North Manchester General Hospital that support dynamic real time examinations of the digestive system and the urinary system are also currently being replaced with the latest C-arm technology that will support this type of imaging service for the next 10 years.

One-stop vascular ultrasound clinics have been established for stroke and transient ischaemic attack patients at Fairfield General Hospital and North Manchester General Hospital.

Partial booking, where the patient is contacted to offer a choice of appointment dates has been introduced at Rochdale Infirmary with plans to extend this across the Trust during this year.

Waiting lists for MR, CT and non-obstetric ultrasound have been reduced in line with Government targets thanks to the efforts of all the radiology staff working in new ways to provide improved services.

One of the Trust’s leading lights in radiology, Dr Ali Khan, retired during the year after many years of service at North Manchester General Hospital, his specialised interventional skills being passed down to colleagues who have studied closely with him over recent years.
Meanwhile, the Trust has continued to participate in an International Fellowship Scheme to attract overseas interest from radiologists looking to develop their skills through a two-year contract in the UK.

Further appointments through this scheme were made during the year which has significantly helped support the radiology services across the Trust and has enabled some substantive appointments. Further development of advanced practice in radiography has seen the introduction of radiographer-led reporting in nuclear medicine and lower gastro-intestinal examinations and a greater reliance of radiographers supporting the breast surgical services.

Clinical professions

The audiology and neurophysiology departments are involved in the National Physiological Measurement Programme, a pilot examining practices across eight sites nationally. It is hoped that initiatives from each of the sites will be shared and exercised with a view to modernising services and improving access.

Audiology

The audiology team at North Manchester General Hospital has been asked to share its ear nose and throat ‘Tier 2’ service model with the other sites as the department demonstrates some of the shortest waiting times nationally. This involves working closely with primary care colleagues.

Neurophysiology

Neurophysiology are examining advanced roles for the senior clinical physiologists in terms of reporting normal results with a view to releasing some consultant neurophysiologist capacity and improving waiting times within the service.

Orthoptics

Following a successful equipment bid, the service now has Pelli-Robson contrast sensitivity tests for use both in the community and hospital out patients. This is a service not previously offered and orthoptic staff are currently developing their skills. This will aid the work with amblyopia (reduced vision in childhood), reading difficulties in children and some neurological defects.

Orthotics

As part of the standardisation of orthotics across the Trust, the contract for the supply of orthotic services and made to measure products was awarded to Crispin Orthotics Ltd with effect from 1 April 2006. This contract is for a period of five years and it is anticipated this will improve the cost effectiveness of the orthotic service.
Dietetics
Collaborative working of the dietitians across Pennine Acute Hospitals has led to the implementation of the national Malnutrition Universal Screening Tool (MUST) in the acute setting. A cross-site external feeding contract has been agreed and has improved cost effectiveness. In addition, there has been standardisation of a number of policies, procedures and dietary literature. Further initiatives are proposed.

Physiotherapy
A small team of physiotherapists and occupational therapists has been collaborating with the emergency admissions unit to assist with safe early discharge planning. A considerable amount of research has been undertaken within the clinical area team with £80,000 of research grants awarded for a number of projects including research into elderly and long term conditions.

Pharmacy
Following successful implementation of the Ascribe pharmacy computer system at North Manchester General Hospital and Fairfield General Hospital, work has been progressing on full integration of the system across all four sites of the Trust. Integration will allow improved communications between the departments and greater flexibility in financial report management. It will also enable patient medication histories to be viewed within all four pharmacy departments so that when patients move between sites, there is a complete record of drugs supplied.

In parallel with the above, work has also been progressing on an electronic discharge prescription pilot on Ward 6 at Fairfield General Hospital and the medical admissions unit at North Manchester General Hospital in collaboration with the information technology department and clinical staff. This will streamline the discharge process and provide improved communication links with primary care.

Following implementation of the Ascribe computer system, the pharmacy service has been working with the software supplier to look at alternative ways of utilising the system to improve the efficiency of dispensing procedures, relieve potential bottlenecks and reduce waiting times for patients.

The remote electronic dispensing project has been introduced in one of the larger outpatient clinics at North Manchester General Hospital. This involves a pharmacist clinically screening a prescription and inputting the information in the pharmacy software within the clinic setting. This produces a dispensing list within the pharmacy immediately, so that when patients arrive at the pharmacy, their prescribed drugs are ready for them to collect, thus substantially reducing their waiting times. Patients have regular contact with an experienced pharmacist in clinic and having the patient there at the point of processing can resolve any legibility or duration queries which would have otherwise involved a phone call to the doctor.
Infection Control

Infection control has maintained its high public profile nationally, with substantial media focus on, in particular, MRSA. This is reflected locally in terms of inquiries from patients due to enter our hospitals – they want to know more about infection control and how they can help reduce risks.

The Trust has signed up to the national ‘Clean Your Hands’ and ‘Saving Lives’ campaigns, illustrating that the organisation is committed to ensuring that hospital detected infections are minimised. The Trust has invested a significant sum of money for the provision of alcohol hand rub. This rub is available in all clinical areas and at patients’ bedsides.

Clean Your Hands involves partnership working between staff, patients and visitors, with all ward visitors being urged to use the rub. A substantial publicity campaign, both internal and external, supports this work. As part of the campaign, a cartoon character, Billy Bug, was developed – he had already featured in hospital radio information slots and is being used as part of a competition for local school children.

A substantial amount of money has also been invested in the introduction of an enhanced surveillance system. The Trust was one of the first in the country to invest in such a system, which allows instant reporting of alert organisms to the infection control team who then act accordingly on this information.

Throughout the year the infection control team have continued to raise the profile of infection control through the delivery of regular education sessions for Trust staff. Once again, the infection control link nurse course has been a success with a total of nine staff completing the course. The infection control team has devised an MRSA action plan, which is in the process of being implemented. In addition a nurse consultant has been appointed to lead the infection control nursing team and to work with the director of infection control. These developments are all part of the Trust’s infection control strategy to reduce the incidence of MRSA and other infections.

Anaesthetics

The anaesthetic CAT has worked very closely with colleagues in the division of surgery to increase the efficiency of operating theatres and to reduce the number of delayed or cancelled operations. During the last 12 months, rotas complying with the European Working Time regulations have been introduced at Fairfield General Hospital and North Manchester General Hospital. The Royal Oldham Hospital already had a compliant rota. At The Royal Oldham Hospital, monitoring systems for theatres and anaesthetists rooms are being installed at cost of £1 million.

During the last 12 months the CAT has purchased six new anaesthetic machines for North Manchester General Hospital to add to the six purchased last year. This will significantly improve the quality of the anaesthetic experience at the Trust’s busiest site.
The CAT has also purchased two new transport ventilators that will allow any critically ill patients to be moved around Trust sites more safely.

Highly developed pre-assessment units, for patients who are to undergo surgery, are now available to improve quality and team efficiency.

Pathology
This year saw the continued delivery of the Trust’s scheme to modernise pathology services by building a central laboratory at The Royal Oldham Hospital and satellite essential service laboratories (ESLs). This multi-million pound project places the Trust at the forefront of modernisation of pathology services at a national level, and has attracted much interest from across the country.

Pathology services support around 70 per cent of diagnoses in the NHS, and the programme will enable the Trust to meet the demands of the future.

Routine samples from both hospitals and general practitioners from across the area will be analysed at the central lab, while urgent blood requests will be dealt with by each hospital’s ESL. In addition, the central lab will provide the urgent service for The Royal Oldham Hospital. The completion of the ESL at Fairfield General Hospital enabled staff to transfer from the old Bury General Hospital site, and the ESL at North Manchester General Hospital has also now been completed. Other changes within the pathology service include some revision of services in order to take advantage of recent advances in technology. This will ensure the rapid turnaround of test results using the most accurate and sensitive techniques available.

Critical care
The critical care service has continued to involve and include hospital staff from all areas of the Trust in the critical care decision-making process by means of the critical care steering group, and significant improvements have been seen in admission and discharge arrangements. Approval has been given for the recruitment of data collection clerks which should enable the collection of information to support the newly introduced critical care minimum data set, that has replaced augmented care data and will drive payment by results. Several new pieces of equipment have been purchased to improve the care offered to patients such as the three new non invasive ventilators at The Royal Oldham Hospital and at North Manchester General Hospital, a new monitoring system and distilled water plant, to support renal dialysis on the intensive therapy unit.

The outreach service at The Royal Oldham Hospital has now been integrated onto medical assessment, providing a more integrated service, and an early warning scoring system has been introduced at Fairfield General Hospital on wards 6 and 7. Many network work streams have been supported such as the ventilator care bundle and
prescribing audits. A great deal of work has been undertaken to look at capacity and patient flow on the high dependency units (HDUs). Advanced practitioners have developed their roles to support the HDUs within the Trust.

The service also plans to undertake a thorough review of HDU’s in the very near future. Practice-based educators (PBEs) are now delivering a critical care competency programme for new and established staff within critical care and are supporting the delivery of the Greater Manchester Acute Illness Management course on all sites for multi professional teams. The PBEs have also delivered level 0 and level 1 competency programmes for ward staff working in acute care areas to support the comprehensive critical care agenda. Much work has gone on around the development and delivery of Trust tracheostomy training programmes including a tracheostomy care bundle and this has reduced clinical risk and adverse incidents. The service has also developed a policy to support the admission and discharge of domiciliary ventilated patients.

Pain services

The waiting times for patients with chronic pain continue to be reduced at all sites. No new GP referral waits more than 11 weeks to be seen, and all patients who need procedures are able to access theatre in less than five months. The service continues to introduce additional clinics and theatre lists to increase capacity and enable even greater access to the pain service and therefore improve the quality of care provided to patients. Examples include the nurse led acupuncture and laser clinics at The Royal Oldham Hospital.

The Choose and Book electronic booking service is now fully functional at all sites and the number of patients booking through this route increases month on month. A new pain service newsletter has been very well received and is now available via the Trust intranet. The pain management group has introduced several new sets of Trust-wide guidelines which include topics such as patient controlled analgesia, single shot intrathecal opioids and the administration of equinox/entonox for acute pain control.
Nursing

In continuing its commitment to supporting professional development, the Trust held a best practice conference ‘Ever Increasing Circle – Developing Practice, Enhancing Care’ in May 2006. Nurses from across the Trust prepared formal and poster presentations on a number of initiatives which are taking place. The day provided the opportunity for staff to network, learn and share best practice.

The development of the Essence of Care benchmarks has continued. The Trust participated in the Greater Manchester Essence of Care benchmarks as well as undertaking work locally. In sustaining the work undertaken last year on the nutritional benchmark, training has commenced in all acute wards to support the implementation of the malnutrition universal screening tool (MUST), which is an assessment tool used to identify adult patients who are underweight and at risk of malnutrition as well as those who are obese.

Work has also been undertaken with a variety of healthcare professionals to develop standards on the privacy and dignity benchmarks and the personal and oral hygiene benchmark. In support of Essence of Care, as well as maintaining standards within the ward environment, a ward audit group has been established. As a result of this group, a number of audits have been developed with the first two audits; documentation and fluid balance, taking place in May. Within the audits are elements that capture the patient experience and it is planned to utilise this feedback to enhance patient care. In further enhancing patient care, work has also taken place on the development of a number of integrated care pathways such as stroke and MRSA pathways, with further work planned for the development of pathways for diabetic and orthopaedic patients.

Legislative changes to expand nurse prescribing, introduce pharmacist independent prescribing and supplementary prescribing for certain allied health professionals will enable patients to have timely access to their medicines. Within the Trust there are three nurse independent prescribers, five independent/supplementary prescribers and three pharmacy supplementary prescribers, with an additional four nurses currently undertaking the course. In addition, a focus group facilitated by the non medical prescribing lead, is held on a monthly basis to support both qualified and trainee practitioners. The group is developing a prescribing policy and is planning to develop a continual professional development programme.

In support of the continued development of nursing as a profession, the Trust also published its first Nursing and Midwifery Plan this year, which sets out objectives in relation to integrated care, workforce planning and patient and public involvement through to 2008.

The Trust continues to work towards reducing nursing agency expenditure. This has resulted in a review of the nurse bank and changes being made to current systems to further improve the provision of temporary staffing within the Trust.
Emergency preparedness

The NHS continually reviews and updates emergency planning systems, learning lessons from what went before and building on that for the future. The year 2005-06 saw the 10th anniversary of the Manchester bomb – and sadly it also saw the current state of planning elsewhere tested to the full with the London bombings in July 2005.

The Trust has an emergency planning committee which meets monthly. Chaired by Mr Philip Randall, an A&E consultant from North Manchester General Hospital, its members include representatives from all divisions across the Trust.

Each hospital in the Trust originally had its own emergency plan, which was tested as appropriate. In line with Department of Health guidance and The Civil Contingencies Act, a Trust-wide plan is being developed. This has been launched at Fairfield General, and work will commence at North Manchester General Hospital, then The Royal Oldham Hospital, then Rochdale Infirmary.

Exercises to test major incident plans have been arranged for Fairfield General Hospital in October 2006 and for North Manchester General Hospital in January 2007.

The last year has also seen a Trust-wide major incident staff call-out system being developed and agreed.

All four hospitals are developing flu plans, based on the framework developed at a multi agency exercise held in October 2005.

Monthly chemical incident awareness training days are in place for all A&E staff. Additional equipment has been provided to each A&E and core trainers have been identified and trained at all our hospitals.

The emergency planning manager works closely with the Health Protection Agency and NHS North West in all aspects of emergency planning.

Recognising the importance of a joined up response between different agencies, the Trust is also represented on all four local resilience groups and the Greater Manchester acute trust emergency planning meetings.
Facilities

The facilities directorate is responsible for the construction, operation and maintenance of all hospital buildings within the Trust. It provides a range of “hotel services” including cleaning, portering, catering, security and linen services employing over 1,000 staff in-house and approximately 500 staff working for contractors providing services to the Trust.

In 2005-06 patient environment action teams (PEAT) have again successfully ensured that the Trust has met or exceeded national standards to improve the physical environment for patients, visitors and staff. The PEATs have demonstrated increasing patient satisfaction with services throughout the past year.

Facilities continue to standardise services across sites to ensure all patients and visitors receive a consistent and high quality service. Recently the directorate has invested in a single domestic services contract, meeting national cleaning standards, which has improved standards of cleanliness. Investment has also occurred in the provision of linen services through the expansion of the modern laundry facility at The Royal Oldham Hospital. This facility serves several NHS trusts within Greater Manchester.

There have been several projects in 2005-06 to improve the patient environment including upgrading outpatient facilities at The Royal Oldham Hospital and Rochdale Infirmary involving the purchase of a large amount of furniture and equipment. The staff restaurant at Fairfield General Hospital has been upgraded including a complete replacement of the main servery.

Facilities staff continue to manage the reconfiguration of Birch Hill Hospital working closely with Rochdale PCT and Pennine Care NHS Trust. This will lead to the relocation of all acute services from the Birch Hill site.

There has again been a significant capital investment programme in 2005-06 to modernise facilities including:

- A new Magnetic Resonance Imaging scanner has been built at Rochdale Infirmary. The scanner is located in a new extension adjacent to the existing X-ray department at a cost of £1.7 million.
Construction of a new central pathology building commenced at the The Royal Oldham Hospital in August 2005. The new facility, providing modern pathology laboratories is due for completion in March 2007. In addition Essential Services Laboratories (ESL) have been created at both North Manchester General and Fairfield General Hospitals at a cost of £2.3m. These ESLs will support the new central facility at Oldham.

A new nursery has been completed at Fairfield General Hospital at a cost of more than £450,000 replacing the previous temporary facility.

The renal unit has been relocated from Birch Hill Hospital to Rochdale Infirmary at a cost of £500,000, providing excellent facilities for renal patients.
Human resources

The human resources department of the Trust is diverse in nature and provides a range of services straddling the whole Trust, including employee relations (which includes advice on employment legislation, policy development and statutory requirements for acts such as the Disability Discrimination Act, the Human Rights Act and the Race Relations Act), occupational health, recruitment, workforce planning, training and development and general operational support.

The department has both a strategic dimension and an operational management role which re-inforces the commitment of the Trust Board to people management and the philosophy that high standards of patient care are dependent upon a committed and motivated workforce.

The last year has been particularly challenging for the department, in the domain of pay modernisation. A new consultant contract, including pay structure designed to benefit both doctors and patients, was concluded. The exercise had been demanding and not without difficulties. A measurement of success pertaining to implementation of the consultant contract, as identified by the Department of Health, was the number of doctors accepting the new contract. By 31 March 2006, the figure achieved by the Trust was 89 per cent and although ideally the Trust would like all consultants to be on the new contract, this rate of conversion to the new contract was considered very acceptable. The key measure of success for the Trust is that there should be tangible evidence of the new consultant contract making a difference in improving both the quality and volume of healthcare. Further work will be undertaken during the year, particularly through annual job planning reviews, to ensure realisation of the benefits associated with this initiative.

On a much larger scale, a new pay system of all non-medical staff, known as Agenda for Change, was agreed with effect from 1 October 2004 for the whole NHS. Work associated with implementation continued to March 2006, when 100 per cent of those eligible had been assimilated into the new pay system. This work, undertaken in partnership between management and staff side (trade union) representatives, continues, in respect of reviewing and implementing the new terms and conditions of service.

The Agenda for Change initiative has also been a catalyst for other positive improvements, including developing partnership working with trade unions and rolling out appraisal and development plans across the whole organisation, including non-clinical staff. The Agenda for Change agreement is a national initiative requiring local implementation also based on key principles of partnership working. The implementation is complex and time consuming, however, a significant amount of
work has been and continues to be undertaken in this area based on progressive management/staff side working and has extended to the whole employee relations agenda.

Inevitably, in a large complex and multi-site organisation, where change is a constant feature, there are tensions about both the pace and direction of change. Management remain committed to further improvement in employee relations but are also focused on delivering a testing agenda. As a result of the Alberti/Durose report work has begun to develop an organisational development plan and specifically to identify a set of values to help establish and promote common ways of working and behaviour across the Trust.

There has been a significant improvement during the year in the number of staff receiving formal and structured feedback through appraisal and, as an outcome, agreeing personal development plans. The Knowledge and Skills Framework, which is a key feature of Agenda for Change, should advance progress in this critical area and support change management initiatives. In particular, there will be increased opportunities for role modernisation and diversification and this should lead to increased job satisfaction and motivation.

Each year the Trust carries out an annual staff attitude survey and the results for the last year were recently published. Compared to 2004, the Trust significantly improved on 13 questions around work life balance, equality and diversity training, positive feedback for the organisation, intention to leave, job satisfaction, job quality, career progression and work related stress. While the Trust was pleased with these areas of improvement, work is being undertaken to both ensure that this improvement is sustained and consolidate the improvement into other areas.

During the year, the Trust was awarded Practice Plus level of the Improving Working Lives Standard. This was awarded following two periods of validation by a number of externally appointed validators and covered a variety of areas including HR strategy and management, flexible working and staff involvement and communications. This accreditation demonstrates the level of work being undertaken in all of the areas covered.

The Trust is absolutely committed to providing learning and development to all staff and the education, training and development department continues to provide high standards for continuing professional development, mandatory training and lifelong learning. The Trust has close working relationships with multiple universities, colleges and schools. A number of new initiatives are progressing, including the cadet scheme,
trainee assistant practitioners and advanced practitioners. The training and development department has also been heavily involved in supporting the implementation of the new pay system and the associated Knowledge and Skills Framework.

Non-medical recruitment has been centralised on a single site and all vacant posts are now linked to a computerised recruitment package. Additionally, the Trust is now linked with the national NHS jobs web based internet recruitment service, which allows for completion and submission of application forms on line and which is considered an essential development, given that the Trust makes approximately 1,000 non-medical appointments per year. It is now planned to extend this facility to include medical posts.

Although, sadly, national funding for the recruitment and retention function ceased at the end of March 2006, considerable progress had been made in promoting NHS careers and development of recruitment initiatives. This work will be absorbed within the main recruitment function on an interim basis, pending a review of this particular aspect of the Trust’s work.

The communities served by the Trust are very diverse and in particular there is a significant black and minority ethnic population. The Trust, through the equality and diversity committee, continues to work with local communities and health and social care partners to improve the quality of service and employment for minority and disadvantaged groups. During the year, substantial efforts, including invaluable contributions from external community leaders and representatives, have been invested in preparing the Trust’s second race equality scheme. Under the 2002 Race Relations Amendment Act, public bodies were required to have amended race equality schemes in place by May 2005. The new scheme is underpinned by a comprehensive action plan which outlines the Trust’s commitment to promote race equality from an employment and service delivery perspective over the next three years. Mandatory training on implementation of the scheme continues to be delivered to senior managers of the Trust. A key objective last year associated with improving services for black and ethnic minority patients was to improve interpreting services available across the Trust. This has resulted in a fundamental review, culminating in the centralisation of the service and offering a more efficient consistent and accessible language support service to patients. In addition to working with community groups and leaders, the Trust is also engaged in partnership working with Job Centre Plus with a view to promoting both training and employment opportunities for all under represented and disadvantaged groups in our communities. Work is also underway to offer support to applicants and staff with disabilities and the Trust has again been accredited by Job Centre Plus for use of the Two Ticks Disability Logo.

The Trust employs approximately 409 junior doctors in training for whom compliance with the European Working Time Directive was a requirement by 1 April 2004. Similarly, compliance is required with New Deal, both initiatives being related to working time and mandatory rest. As at March 2006, New Deal compliance was 100%, the European working time directive compliance being 99%. Additional doctors are being recruited to achieve this improved position and funds have been allocated to achieve 100% compliance as soon as possible. Shortages of doctors in certain specialties has made absolute compliance difficult, despite additional investment being made available.
From August 2005 all students graduating from medical schools in the UK are required to complete a two year Foundation Training Programme; this will provide a bridge between undergraduate medical training and specialist and general practice training. The programme will prepare doctors for full GMC registration and develop personal, professional and clinical skills within a range of specialties which will help trainees make appropriate career choices.

In order to develop suitable foundation programmes within the health economy for the North East of Greater Manchester, four foundation board directors were appointed in August 2005. Each director has a site responsibility for the delivery and development of foundation training, whilst developing opportunities for the delivery of medical education across NHS organisations. A Strategic Foundation Board, with representatives from the Trust, PCTs, Deanery and Mental Health Trusts has been established in order to coordinate the implementation of this initiative.

There are currently 78 foundation year one doctors working in acute and mental health settings. In August 2006 they will enter their second year which, for most will involve a placement in a community setting. Foundation training will be followed by structured and streamlined specialty training which will take the trainee to their certificate of completion of training, allowing for flexibility to meet service and personal development needs.

The department has improved its workforce information system and is now able to provide more reliable data to support local management in various areas, including workforce planning and absence management. A workforce scorecard to inform the Board on progress toward HR key performance indicators has also been developed. The development of improved workforce information systems will also facilitate improvements in integrating service, financial and workforce planning processes. However, planning work is now being undertaken to prepare for the introduction of the new employee staff record system in 2007. This is a considerable piece of work, which will integrate the current workforce, payroll and recruitment systems and will considerably enhance the quality of workforce information.

Finally, workforce planning has taken on an enhanced focus during the year to support the two public consultations – Healthy Futures and Making it Better. This is of particular importance in ensuring that the Trust has a workforce which is flexible, representative of the community it serves and is fit for purpose.
Staff awards

The Trust has run a series of awards for nursing and midwifery staff since its formation, but under the Improving Working Lives programme these were expanded to cover all staff plus a new team award in 2005-06.

In addition, ‘Employee of the Month’ awards were introduced for each division and department, in line with their IWL designations. A staff innovation scheme was also introduced.

The level of interest in these awards was very encouraging, and the Trust is committed to continuing them in future years, building on this success. Financial support for these Trust schemes is provided through endowment funding.

Team of the Year

This award drew 15 nominations, and was won by the Trust’s heart failure services team, who received £1,000 for their service.

The team, which works in partnership with community NHS services in the area, is made up of six specialist nurses and a specialist physiotherapist, and consists of: Anne Dormer, lead nurse heart failure; David Biggs, heart failure/ICD specialist nurse; Joanne Smith, British Heart Foundation heart failure specialist nurse; and Rachel Hardy, cardiac liaison physiotherapist (all based at The Royal Oldham Hospital); along with Janet Mills, British Heart Foundation heart failure specialist nurse from North Manchester General Hospital; Toni Weldon, British Heart Foundation heart failure specialist nurse from Rochdale Infirmary, and Jane Boardman: British Heart Foundation heart failure specialist nurse from Fairfield General Hospital.

The team describe their role as “optimising life expectancy and the quality of life for heart failure patients by delivering a responsive, patient-centred service”. The team help patients after they have been discharged from hospital, coordinating their care by using a combination of telephone, home-based and clinic follow-up.

The judges noted that previously patients could typically wait up to 12 weeks for a routine follow-up appointment after discharge from hospital, and between six weeks and eight weeks for an urgent follow-up appointment with a cardiologist.

The team has now helped reduce these waiting times to between one week and four weeks and have also:

- improved access to a named healthcare professional;
- helped empower patients to self-manage symptoms through information and lifestyle advice;
- ensured patients are referred to other healthcare professionals or agencies where needed.
Employee of the Year

Oldham physiotherapist Jane Bryan was named Employee of the Year for her work in helping to implement the new NHS pay system, called Agenda For Change, across the Trust.

Jane, who subsequently took up the role of adult and child care co-ordinator for the Trust, said that her award also “recognised all the hard work of everyone who has been involved with implementing Agenda for Change over the last 21 months; both Trade Union and the Trust’s management.”

Nurse of the Year

Sister Sue Howard, of The Royal Oldham Hospital, won Nurse of the Year, for her work in helping establish a discharge lounge for patients. The discharge lounge at The Royal Oldham Hospital is a nurse-led unit that has 14 ‘step-down’ beds and the facility to look after patients who need nursing support in a bed. There is also a lounge area where people needing transport home or medication from the hospital pharmacy can wait. Sue described the project as hard work but very rewarding” and said that it reflected the “commitment, loyalty and friendly attitude” of the discharge lounge team.

Midwife of the Year

Midwife of the Year was won jointly by the 28-strong North Manchester General Hospital community midwives team, for their work in promoting smoking cessation with pregnant women. The 28-strong team undertook training in smoking cessation skills and their work has resulted in decreases of up to 12 per cent year-on-year among their clients – this compares with normal smoking cessation rates of around 1 per cent. The midwives also saw their work marked at regional level, being highly commended in the ‘promoting health’ category of the Greater Manchester NHS Awards 2006.
Staff award for innovation

This award, for “bright ideas” was won by Wayne Hobson, of the health information desk of The Royal Oldham Hospital. Wayne suggested that hospital wheelchairs be fitted with the coin-operated locks normally found on supermarket trolleys to deter theft. Wayne developed his idea after watching people searching without success for wheelchairs. His simple solution is set to bring benefits to patients, staff and visitors alike, saving everyone time. The Trust is now in the process of implementing this scheme across all its hospitals.

Additional awards

In addition to the Trust’s own main awards, several other awards schemes are run aimed at Trust or local NHS staff.

Steven Bebb winner of the Catherine Barrett young achievers award receives his trophy from non-executive director Tim Pickstone. Also present are runners-up Jenny Lomax and Rubina Begum with mother of Catherine, Liz Barrett between them

Catherine Barrett Young Achievers Award

This award marks the memory of a young Rochdale health care assistant worker who died in a car crash before she could finish her course and go on to become a fully qualified nurse. It celebrates the success of young NHS staff from the Pennine area and is open to anyone aged between 16 and 21 who works for the Trust or local PCTs. This year’s award was won by Steven Bebb from Walsden near Littleborough, a first year cadet, for his work while on the ophthalmic ward at Birch Hill Hospital. There were also two runners up for the award, Jenny Lomax, a healthcare support worker from Bury, and Rubina Begum, a multi-professional cadet from Rochdale.

Audrey E Moody Award

This award marks the memory and impact of Audrey Moody, a former senior nurse who worked at the Delaunays Hospital between 1959 and 1978. She was widely recognised as setting a positive example for others in the care of older people who were sick or disabled. Funded by her family, the award is held annually, to recognise excellence in caring for elderly patients at North Manchester General Hospital.

Eileen Davies, a ward sister on D6, who has been a nurse for more than 35 years won the award this year, with the judges noting her caring attitude and commitment.

Eileen Davis receives her award from Jackie Donlan, Audrey’s daughter
Governance

Governance is a system of ensuring the quality of an organisation's work, highlighting areas where improvements are needed and making sure that action is taken. As such it supports all the activities of the Trust staff and is of central importance in ensuring that the Trust continues to strive to continuously raise standards and minimise risks, both clinical and non-clinical.

The governance structure within the Trust is now well established. Each clinical division has established its own governance committee and structure for the work that will take place over the coming year. This will ensure that the process becomes embedded within the CATs and down to ward and departmental level.

Governance is everyone’s responsibility and it is only by empowering staff in this way that the results will be delivered.

Always striving to improve, a review of the governance structure at corporate level has taken place. A new governance and risk sub-committee of the Trust Board has been established and focuses on the assurance framework, the corporate risk register and the delivery of the new core and developmental standards within Standards for Better Health. A new governance performance board has also been established and is responsible for managing the performance of the four clinical divisions and also ensuring that lessons are learned across the organisation.

Clinical Governance

The Trust’s clinical governance development plan has been changed to ensure that it encompasses all the core and developmental standards contained within Standards for Better Health. The prompts recommended by the Healthcare Commission were utilised to ensure that the necessary actions were identified within the development plan. Much work has taken place this year with each division to collect evidence to demonstrate the Trust’s compliance with the Standards.

A key piece of work during 2005-06 has been the development of a patient safety action plan. This followed a review by the Greater Manchester Strategic Health Authority of the Trust’s incident reporting systems. A patient safety steering group has now been established with various sub groups focussing on lessons learned, the introduction of web based incident reporting and the implementation of the various national initiatives developed by the National Patient Safety Agency.

The Trust aims to ensure that wherever clinical care is given to a patient it should be the best possible care according to knowledge and resources. One of the ways in which the divisions strive to ensure this is through clinical audit activity. Clinical audit measures ‘actual practice’ against what is known to be ‘best practice’. Any shortfalls in practice are then targeted for improvement, through training and education, pathway/protocol setting or other developments.

A number of other key pieces of work have taken place under the remit of the clinical audit departments:

- the Trust’s first Clinical Audit Annual Report was published;
• the Trust has continued to participate in national audits, including the national stroke audit and the national incontinence audit;
• a new clinical audit training programme has commenced which is open to all staff;
• each division has been required to develop a clinical audit forward programme for the year, based on national and local requirements;
• a ward based nursing audit calendar has been rolled out across all divisions;
• service level agreements have been agreed with local primary care trusts to provide audit support. This will also support the development of cross-organisational audits.

Clinical audit prize afternoons were hosted by the divisions of surgery and women and children’s. These afternoons were intended to share good practice, generate discussion and encourage the development of high quality multidisciplinary audit across the Trust.

All of the audits submitted this year were of a high standard and a credit to the members of staff who developed and participated in them. The clinical audit prize events saw the attendance of over 200 healthcare professionals from across the Trust plus Trust Board members.

Clinical audit prize
Winner of best oral presentation for the division of surgery: Blood transfusion - elective arthroplasty presented by Dr A Shah, clinical research fellow, on behalf of the orthopaedic department at Fairfield General Hospital.

Winner of best oral presentation for the women and children’s division: Obstetric record keeping presented by Viv Dickinson, clinical governance facilitator, on behalf of the obstetric CAT.

Patient review exercises
Last year saw the Trust involved in two major review exercises, each involving more than 1,000 patients. One related to scans for patients at North Manchester General Hospital with breast problems, the other related to patients at Fairfield General Hospital who had echo-cardiograms. Many staff, both clinical and administrative, worked hard to ensure that the reviews were carried out in as timely a manner as possible. The key aim in both was to ensure that the Trust had the confidence that all patients involved had been offered appropriate treatment.

An initial report was published on the North Manchester General Hospital review, which also involved Trafford General Hospital. Independent external work continues to understand why the Trust’s patients had a better outcome than Trafford patients.

Regarding the echo-cardiogram review, at the time of writing all patients requiring recall for further examination have been offered this, and the preliminary conclusion is that no ‘major harm’ has been caused. However, this view is subject to an independent external review of the exercise which is yet to be concluded.
Patient information

Over the past 12 months the Trust’s patient information review group has developed over 200 patient information leaflets. Information kiosks have been introduced at each of the Trust’s hospitals where patients, visitors and staff can print off information on a variety of topics including health information, details about health support groups, National Institute for Clinical Excellence information and more.

The public are now able to access patient information via the Trust internet, which also links the information from the kiosks.

Members of the group have attended conferences and training relating to the ‘Plain English Campaign’ to enhance the development of clear and concise patient information.

Clinical Negligence Scheme for Trusts

In March 2005 the Trust underwent an external review relating to the Clinical Negligence Scheme for Trusts (CNST). This scheme examines the organisation’s incident reporting policy, consent policy, health records procedures and processes, discharge planning, blood transfusion and infection control policies, along with other policies.

The Trust was aiming for an improved pass mark at Level 1. In March 2003 the Trust achieved a pass mark of 75 per cent and this assessment saw a considerable improvement with an achievement of a 95 per cent pass mark.

At the same time the Trust was also assessed against the CNST maternity standards, which had been used as a benchmark two years previously. The Trust secured a significant improvement with again a pass mark of 95 per cent.

The Trust is keen to demonstrate further progress against the standards, however this is on hold due to a new set of standards being piloted nationally.

Assurance framework and statement of internal control

In 2005-06 the Trust has continued to develop its assurance framework in order to inform the annual statement of internal control. Considerable effort has been made by each of the four clinical divisions to ensure that high-level risks have been identified for inclusion in the assurance framework. This piece of work will continue into the next year and will also be supported by the development of divisional risk registers. The statement of internal control is referred to on page 63.
Health and safety

During the last year, the Health and Safety Executive (HSE) have carried out numerous inspections of Trust practices and premises. These have raised a number of issues, particularly in relation to risk assessment processes. The Trust will take action over the course of the next few months to address these concerns. Further inspections by the HSE are anticipated.

Internally, a system of safety inspections has been introduced for wards and departments involving a self-completion questionnaire. This was aimed at confirming basic safety features of the physical workplace and resulted in various issues being raised. Work on policies and procedures continues and new files of existing documentation have been purchased for distribution to all wards and departments, a measure that should ensure greater awareness of the Trust's arrangements for health and safety.

Health and safety advisors continue to support a range of safety initiatives and provide advice across the organisation, including input to the planning processes for emergencies and pandemic flu and to nursing procedures by advising on falls risk assessments for inpatients.

Training is provided to all staff both as part of the Trust's mandatory training programme and on a ward and departmental basis when requested.

Freedom of Information

In 2004-05 the Trust undertook work to ensure that it was ready to comply with the requirements of the Freedom of Information Act, which became live in January 2005. The model publication scheme was prepared and audit of information undertaken and the Freedom of Information strategy and operational procedure produced.

The Trust continues to deal with enquiries under the Act - averaging seven per month - in a timely and open manner.

Freedom of Information queries can be made by:

- posting them to the Governance Director, Pennine Acute Hospitals NHS Trust, Westhulme, Oldham, OL1 2PN;
- faxing to the Governance Director on 0161 627 8801;
- or emailing foi.trust@pat.nhs.uk
Research and development

The research and development department (R&D) develops, supports and fosters research and development within the Trust.

The R&D office runs an active training programme that includes understanding research and evidence based medicine, research methodology and structured courses for statistical training. Each personal computer in the Trust can have access to the statistical programme StatsDirect. Another licence allows Trust research-active staff to use Endnote software to manage their bibliography and references online at their desktops. Electronic and paper copies of a comprehensive research handbook are available through the Intranet and from the R&D office.

Since the formation of the Trust there has been a continual rise in new commercial and non-commercial projects registered within the Trust. Currently the Trust has 220 ongoing registered projects, with 144 of these recorded on the National Research Register (NRR). The North Manchester site has the most projects followed by Oldham, Rochdale and Bury. There are 23 cross-site projects, and the R&D department is keen to encourage such a collaborative approach. The projects span a whole range of clinical disciplines and topics, but currently the Trust's particular strengths lie in cancer, infectious diseases, musculoskeletal and diabetes research.

A dedicated multidisciplinary clinical trials unit (CTU) based at North Manchester General Hospital carries out a wide variety of phase II, III and IV studies. In addition, there is an infectious diseases research unit and many consultants carry out clinical trials individually at other sites. For example, there are three active diabetes research teams within the Trust. The Trust has been successful in obtaining part funding for a pharmacy technician, and this will greatly help the existing two research nurses and a research assistant who conduct cancer-related trials for Greater Manchester and Cheshire Cancer Research Network. A major development was that the Trust was an integral part of successful bids for a Diabetes Local Research Network and a Stroke Local Research Network. As both the research networks settle into place we expect to bring more research nurses and funds into the Trust to carry out research in these areas.

The Trust has an active programme of engaging and interacting with a variety of external organisations that facilitate research. The Trust is part of the Greater Manchester Research Alliance (GMRA), which co-ordinates R&D across the NHS and universities in the region and whose aim it is to bring together world-class research and direct patient benefit coupled with a reduction in bureaucracy for the researcher.
Professor Sir Robert Boyd, GMRA director of R&D, made a fact finding visit to the R&D department and acknowledged the Trust’s presence in the Manchester research community.

The Trust is a member of the University of Manchester Institute of Health Sciences (IHS). The director of R&D, Dr Deepak Bhatnagar, sits on the board of the IHS and is also on the steering committee of the Greater Manchester and Cheshire Cancer Research Network and the Diabetes and Obesity Network. Dr Jane Pearson, the R&D manager, also has a number of opportunities to represent the Trust at external bodies in her capacity as member of North West Multi Centre Research Ethics Committee (MREC), GMRA Research Governance Sub Committee, GMRA Committee for the Research Passport Scheme and as a member on Oldham Primary Care Trust R&D Committee. Dr Keith Wiener deputises for the R&D director as and when needed, but as lead for intellectual property he liaises with TrusTech to maximise the potential for any new ideas and inventions that Trust staff want developing further. R&D staff actively participate in horizon scanning with pharmaceutical companies and research contract organisations in order to bring more research into the Trust. Other research active people within the Trust contribute further to the Trust’s prestige through their own links with the University of Manchester, Liverpool University, University of Central Lancashire, Salford University, Manchester Metropolitan University and other NHS Trusts.

A total of £552,507 was received from the R&D levy. The R&D department has funded projects worth nearly £100,000 in the last year out of the levy, primarily to pump-prime research and support capacity building within the Trust.

With the publication of ‘Best Research for Best Health’, a new national R&D strategy has been put in place. This strategy provides the Trust with many opportunities to expand research, but there will also be pressures to minimise loss of levy funding. The R&D department is working to ensure that the Trust enhances its research profile through actively increasing the number of clinical trials and encouraging researchers to apply for project and programme grants on their own or in collaborative ventures in order to increase the Trust’s research infrastructure funding.

There is still a lot more work to be done to raise the research agenda amongst clinical leads and managers within divisions and CATs and among Trust staff. There will be a need to provide a forum for research nurses as their numbers increase with the rise in clinical trial activity. The CTU at North Manchester General Hospital needs to be strengthened to enable more research and a case made for a second CTU site elsewhere in the Trust. More cross-site research needs to be encouraged. Financial systems need to be prepared to take on the challenges arising from new funding arrangements under Best Research for Best Health. As collaborative ventures increase there will be a need for better electronic visibility through the intranet and the internet.

The Trust will need to re-orientate its R&D strategy as the area’s clinical services reconfiguration progresses. Good quality research will take the Trust forward towards its aim for preparing for Foundation Trust status. Similarly joint NHS and academic appointments will take it nearer to teaching trust status.
Information management and technology

The Trust’s information management and technology (IM&T) services support over 10,000 staff deployed across approximately 4,500 desk tops. A wide range of applications are used to support the delivery of clinical care as well as corporate solutions for finance, payroll and human resources.

In 2005-06 the technical infrastructure for Choose and Book was successfully delivered within the organisation that allowed GPs to book outpatient appointments directly into the Patient Administration System (PAS). The delivery of this infrastructure has enabled the Trust to become the number one hospital trust in the country in respect of the number of electronic referrals received.

IM&T has deployed new or extended existing solutions in:

- maternity;
- genito-urinary medicine;
- infection control;
- diabetes;
- catering.

Significant progress has been made with the implementation of systems for pathology and accident and emergency, the former being a key enabler in supporting the Trust’s pathology reconfiguration programme.

There has been significant planning and preparation for the replacement of the Trust’s PAS that is scheduled for April 2007. This replacement is managed under the National Programme for IT (NPfIT) and is seen as the foundation for the delivery of integrated clinical computing in the Trust.

In 2006-07, in addition to implementing the new PAS, there is a need to plan for the delivery of a single Radiology Information Systems (RIS) and Picture Archiving and Communication Solution (PACS) under NPfIT. This implementation, planned to start in May 2007, will allow the electronic communication of x-rays across the Trust and to other NHS organisations.
Complaints

Although the Trust is seeing an increasing number of patients the number of complaints is steadily reducing as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Complaints received</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002-03</td>
<td>892</td>
</tr>
<tr>
<td>2003-04</td>
<td>845</td>
</tr>
<tr>
<td>2004-05</td>
<td>719</td>
</tr>
<tr>
<td>2005-06</td>
<td>667</td>
</tr>
</tbody>
</table>

The reduced figures are thought to be due to the increasing confidence of staff through training to resolve complaints at ward or departmental level and a greater public awareness of the PALS service.

Of the 667 formal complaints received last year 62 per cent were responded to within the target of 20 working days. The national target is to respond to complaints within 20 working days 75 per cent of the time. The top five reasons for the delay in responding to complaints over 20 working days are:

- awaiting staff response;
- additional comments required;
- awaiting approval;
- complex cases;
- awaiting meeting.

The majority of complaints relate to staff attitudes and patient and family/carer perceptions of poor nursing and medical care. These are further compounded by poor communication and lack of explanation and advice.

Complaints received 2005/06

- Staff attitude (13%)
- All aspects of Clinical Treatment (50%)
- Outpatient Appointments/Delays/Cancellations (12%)
- Inpatient Appointments/Delays/Cancellations (1.5%)
- Communication/Information to patients (7%)
- Other (2%)
- Hotel Services (inc Food), Facilities (3%)
- Patients Privacy and Dignity (1.5%)
- Patients Property and Expenses (1%)
- Admission/Discharge/Transfer (8%)
- Personal Records (1%)
Following an audit of the practices and procedures of the Trust complaints process, a number of recommendations were made in relation to monitoring actions and lessons learned. An actions and lessons learned proforma has now been introduced and is sent with each complaint for the clinical nurse manager and/or the service manager to complete. This system will be used to ensure that necessary action is taken within the given timescales, therefore improving services.

A complaints training programme has been developed and can be accessed by the Trust’s training bulletin. In addition, tailored complaints training can be delivered in wards and departments.

Complaints are reviewed and discussed at ward meetings, clinical meetings and divisional governance meetings to ensure that lessons are learned and disseminated through the service.

The total number of complaints this year that have been escalated to the Healthcare Commission is 33. No complaints have been escalated to the Parliamentary Health Service Ombudsman. Of the 33 reviews requested two complaints were not upheld, six are awaiting notification of request and 25 are pending a decision.
Patient and public involvement

The Trust is committed to further developing the involvement of patients and staff along with residents, community and health groups. Patient and public involvement (PPI) within the Trust is varied and, the Trust is improving its reflection of the diversity of the communities it serves through its equality and diversity agenda.

PPI activity

In April 2005, the Trust appointed a patient and public involvement manager, Saeed Anwar, who also has responsibility for the Trust’s patient advice and liaison service (PALS) and the complaints service. This has further increased PPI activity in the Trust in partnership with Trust staff and local primary care trust PPI leads. The PPI manager also supports the Healthy Futures’ Patients’ Council and is a member of the Carer’s Steering Group in Oldham, Greater Manchester Strategic Health Authority PPI Leads Network and the Healthy Futures PPI/ Communication leads network.

The Trust also has service users/carers on various forums representing the views of the people in terms of service/policy development. Examples include the Pennine Heart Failure Network Steering Group, Cancer Patient User Partnership Groups, the Amputee Support Group and Breathe Easy Groups.

Training on patient and public involvement has been developed and delivered to over 100 Trust staff. This training was facilitated by two senior nurse managers.

The Trust held a Patient and Public Involvement week in November 2005. The event was aimed at raising awareness of PPI amongst staff. In the region of 500 staff attended and had the opportunity to find out more about how the Trust was working with patients to improve services.

The week comprised a drop in session at each hospital site, exhibitions, displays and presentations from staff, health groups, patient groups and voluntary organisations. Approximately, 40 organisations and groups were represented. Among the groups represented were the Patient User Partnership, which offers support to patients with cancer in Oldham, the Stroke Association from North Manchester and the newly formed Amputee Support Group.

Attendees also heard about how Trust staff are working with older patients to help with the implementation of the National Service Framework for Older People which sets standards for services in that area.

Patients and public have also been involved in the Trust’s race equality scheme monitoring group and the equality and diversity committee. The groups are involved in developing the Trust’s race equality scheme under the duties of the Race Relations Amendment Act 2000.

It is planned that future developments in patient and public involvement include a

Saeed Anwar is pictured with Trust staff who helped out during the PPI Awareness Week
centralised list of all PPI activity in the Trust and training and awareness raising events such as a PPI exhibition at the Trust’s annual general meeting.

**Patient and Public Involvement in Health Forum**

The Pennine Acute Patient and Public Involvement in Health Forum also provides vital feedback to the Trust. The Forum is an independent group of local patients and carers, who represent the views of patients and the public on health issues.

Part of the Patient and Public Involvement Forum (PPIF) work is to visit wards and departments and identify areas where the Trust can improve in service delivery to patients. To this end, the forum monitors and identifies those areas, which are a cause of concern to both patients and the public. It takes these issues forward, investigates and reports to the Trust. It can, if needed, report matters to any of the other authorities including NHS North West and the Healthcare Commission if considered appropriate.

Examples of their visits include wards at North Manchester General Hospital. Feedback from these visits was given to the Trust with recommendations. Forum members also visited The Royal Oldham Hospital and inspected both the laundry and catering facilities. In respect of the catering facilities the forum members found them satisfactory. With regard to the laundry facilities, one recommendation was made and the Trust dealt with this accordingly. Forum members also participate in the Trust’s Patient Environment Action Team (PEAT) inspections on a regular basis and all their findings are recorded.

The forum has been involved in the roll-out of the telephone system and the smoke free environment policy.

**Patient and public involvement divisional activity**

All four divisions within the Trust have developed PPI plans in an effort to map PPI activity within the Trust. These will be monitored and reviewed through the Trust PPI strategy group. These PPI plans include:

- division of medicine;
- division of surgery;
- division of diagnostics and clinical support;
- women and children’s division;
- lung cancer support group at North Manchester General Hospital;
- patient surveys, for example palliative care and patient satisfaction;
- user involvement on stroke council at North Manchester General Hospital;
- user support group for patients with positive HIV status;
- patient diaries;
- patient information review group;
- PEAT programme;
• suggestion boxes;
• satisfaction questionnaire;
• obstetrics user groups on each site;
• involvement with community self help groups;
• bug watch visits;
• hand hygiene road shows;
• patient interviews in Making It Better consultation;
• patient stories;
• patient/carer satisfaction questionnaire;
• visitors’ book for comments in relatives’ room;
• relatives’ interviews;
• blood transfusion awareness exhibition for members of the public.

Patient Advice and Liaison Service (PALS)

The patient advice and liaison service received approximately 2,610 enquiries from patients, relatives and carers during the last year. From this number of PALS issues received, 184 were referred to the complaints department.

The service also received requests for advice and information from members of staff, PCT staff, GP practices and the general public. The service provides information, guides people through the complexities of the NHS and helps find speedy solutions to problems and concerns and also provides the public with a forum for making suggestions to improve services.

PALS is distinct from the complaints service. Utilising PALS does not prevent the public from making a formal complaint, however, as PALS is usually the first port of call dealing with concerns and resolving issues quickly, it has helped reduce the number of formal complaints.
**Patient surveys**

The Trust is committed to understanding what patients think about the care and treatment they receive. This type of information is a crucial part of helping to improve the quality of care delivered and also ensures that the services the Trust provides meet the needs of patients and the public. One way in achieving patient and public involvement is by asking patients who have recently used Trust services to tell us about their experiences.

Developing an understanding of the experiences of different patient groups is important so that healthcare providers can identify where to target efforts to improve patient care in the future. Appropriate interpretation of patient feedback enables the Trust to develop effective systems of reporting. The use of information gained from patient experiences will also help improve and plan the way care is delivered and ensure that quality improvement programmes are properly developed.

Surveys are an important mechanism for making the NHS more patient-focused and provide a measurable way of achieving and assessing improvement in services.

Over the past year the Trust has participated in one national survey, nine regional / supra district audit surveys (some ongoing) and undertaken 27 Trust / site based surveys. The results of these surveys have prompted comprehensive recommendations and the development of appropriate action plans with realistic timeframes for improvement.

The following action plans have been developed following participation in the national adult inpatient survey.

The overall findings highlighted that most Trust services fell into the intermediate/ lower performing categories. Some concerns were expressed around communication with patients, noise levels, car parking, attitude, cleanliness and staffing.

- The results of the survey have been disseminated to all divisional directors and all CAT Leads. Implemented in December 2005.
- Each division is / has developed specific action plans and are working towards implementation. This is part of the continuing improvement programme.
- Improved communication systems have been implemented linking with the patient information review group regarding clear, concise, generic patient information leaflets. This is part of the continuing improvement programme.
- Patients have access to information regarding procedures and medical conditions through the internet. This is part of the continuing improvement programme.
- Patients have access to information kiosks across the Trust. Implemented May 2006.
Regional surveys

Cancer surveys – referral to diagnoses
In total the Trust has implemented eight surveys.

Overall the surveys have identified that the Trust is meeting the 2 week rule (referral to appointment) and patients are happy with the time they are waiting to be seen, wait for tests and time they wait to receive the results of tests.

The majority of patients are also happy with the amount of information they are given and feel that they are informed and involved appropriately. The majority of patients also feel that they are encouraged to ask questions and the responses are clear and are explained in ways they can understand. Overall the results of all eight surveys are very positive.

• The results of the surveys are fed back to cancer services who disseminate the information appropriately. This is part of the continuing improvement programme.
• The results are discussed at multi-disciplinary team meetings. This is part of the continuing improvement programme.
• Work is to be undertaken to review and develop the surveys further to incorporate the whole of the pathway from referral to outcomes. This is part of the continuing improvement programme.

Multiple Sclerosis patient / carer survey
This survey is in its pilot stage and the results will be available later in the year.

Trust / site based surveys
These surveys are undertaken in specific areas to assess patient experiences and the results are used to develop services and improve areas of concern.
Volunteering

More than 400 volunteers offer their services to each of the Trust's hospitals, recruited through a wide variety of routes. Many offer their services after either being a patient or having relatives or friends treated. Others come through more formal routes via organisations including church groups, League of Friends and the WRVS.

The generous spirit of volunteers provides additional support for patients, carers and staff. Whilst the time given by each volunteer varies, ranging from a few hours, to days or weeks each month, that time is highly valued. Volunteers carry out a range of roles, including spending time with patients, library services, transport, chaplaincy and many other activities.

The Trust thanks all its volunteers and this year will again be hosting two special events to celebrate and express appreciation to the volunteers. More than 300 attended last year's social occasions and positive feedback was received from volunteers across the Trust who enjoyed meeting each other and sharing ideas.

If you want to find out more about volunteering opportunities in the Trust's hospitals then please call 0161 627 8561.

Hospital radio

Three hospital radio stations, all run on a voluntary basis, broadcast to patients in the Trust. Northern Air covers North Manchester General Hospital and Radio Cavell covers The Royal Oldham Hospital. Birch Radio covers Rochdale Infirmary and is shortly to begin broadcasting to Fairfield General Hospital, in conjunction with Bury Lions volunteers.

The Trust recognises the role of these services, which are run independently, as a key part of the hospital team. The work of these volunteers keeps patients entertained and helps them ward off boredom, which is widely recognised as supporting recovery. The efforts of hospital radio teams are very much appreciated, and also provide a
strong link to the communities which the Trust’s hospitals serve, for example with involvement in local carnivals, community events and community broadcasting.

This year saw all three stations broadcasting the ‘Billy Bug’ information slots in support of the Trust’s work on promoting infection control – see the diagnostics and clinical support division’s chapter for more information.

Northern Air marked their 45th anniversary in August 2005, making them one of the oldest hospital radio stations in the country. A garden party was held in the grounds of North Manchester General Hospital to mark the occasion. In addition, one of their volunteers, Linzi Nuttall, received the bronze award in the Best Newcomer of the Year category of the National Hospital Radio Awards 2006. Presenter Dave Bee also took a highly commended award in the Male Presenter of the Year, and the station had a commendation in the Best Station Trailer category.

Radio Cavell took the top position in the Best Special Event Broadcast category of the National Hospital Radio Awards, for their work on the General Elections results programme for 2005, which was broadcast live from both the studios and the town’s counting centre.

Ahead of the forthcoming sell-off of the Birch Hill Hospital site, the Trust has provided more than £40,000 capital and endowment funding to support the relocation of Birch Radio, Rochdale’s hospital radio service. This will see the station move to Fairfield General Hospital. Birch Radio and Bury Lions volunteers, who have broadcast at Fairfield for many years, will be combining to provide a service to both Rochdale Infirmary and Fairfield General Hospital. Hospital radio volunteers from each of the sites and some recently recruited volunteers have been involved in planning this development, offering technical advice and expertise in selecting equipment that will give good service and value for money. Birch Radio also continue to work hard in seeking charitable funds to bridge any gaps in resources to provide the best equipment possible.

More information about the radio stations, including contact details, how to volunteer and how to request dedications for patients is available by visiting their websites:

www.radiocavell1350.org.uk
www.northernair.org.uk
www.birchradio.co.uk
Hospital chaplaincy

Over the past 12 months the Trust-wide chaplaincy team have grown closer through establishing stronger links between the four main sites. This has taken place via more regular meetings, co-operative cross-site working and the sharing of resources. The team has benefited from a number of training and development occasions that have increased the department’s sense of identity and have had a knock on effect for both patients and carers and staff.

Chaplaincy has worked alongside other areas of hospital life such as Improving Working Lives to promote the service to staff as well as other users. Chaplaincy has contributed to other working groups looking at assessment, privacy and dignity and the work of volunteers. More invitations have been taken up to talk to differing staff and community groups about the role of chaplaincy and the broader area of spiritual care. They continue to welcome all invitations as they seek to work more closely with all other professions.

In the past year the chaplaincy has appointed a lead chaplain at Rochdale Infirmary, Rev Bernice Woodhead, who is enjoying the challenge of her new role and is working well to increase the profile of chaplaincy at Rochdale. As a department there has been an increase in numbers of volunteers, several student placements and the appointment of voluntary chaplains from other faiths. Chaplains continue to make consistent contributions to making sure that religious and spiritual needs are being met and to raise awareness of those needs and how they can be addressed.

Buddhist nun Tubchen Kelsang is the Trust’s first Buddhist chaplain and works as a volunteer at The Royal Oldham Hospital
Arts projects

When Pennine Acute Trust was formed LIME Arts were already very active in a range of projects at North Manchester General Hospital.

This was not art therapy but ‘art for art’s sake’. All of those involved in schemes were quite clear that they brought a wide range of benefits. These included closer working relationships, raising morale, breaking down barriers between patients and staff – and the feeling of achievement in contributing to a successful project.

To help spread those benefits, LIME discussed with the Trust the possibility of running arts schemes throughout all its hospital sites. Support was agreed through the endowment fund and now, one year on, the results of the efforts of staff (both past and present), patients, local residents, schools and community groups can be seen across the Trust.

The projects are very diverse – from school children’s artwork, to portraits of staff, to history projects using performance art and multi-media. They have taken place across all sites within the Trust.

The projects have received excellent coverage in both the Trust staff magazine and local media, spreading the message that art brings benefit to all. But more importantly, they have been successes in their own right – creating some first class art works for and about the hospitals.

The Trust’s annual arts report gives more details about these projects – to obtain a copy, or for further information, contact Rob Vale, the Trust’s LIME Arts manager, on 0161 256 4389 or rob@limeart.org

Staff from the day surgery unit at Oldham helped develop artwork for the department’s walls - and ceilings
Communications

In line with its communications strategy, the Trust held its first communications audit in 2005. Internally, this included the distribution of questionnaires, articles in the staff newsletter, ‘Pennine News’ and website information, with 150 responses received. Externally it included qualitative interviews with key stakeholders. An action plan was developed on the basis of this audit.

In relation to the Trust’s corporate communications systems, the over-all feel was that “one size doesn’t fit all”. A control question was included, relating to awareness of the public consultations. As the chart below indicates, although some systems were more successful than others, all were used by some staff. This supported the audit feedback on the individual systems - even those highlighted as ‘least useful’ by a large number of staff had a number of responses rating them as ‘most useful’.

The view of the communications team is that all systems have demonstrated their worth to individual members of staff. Key in-year developments, which were contained in the action plan, are indicated below.

In addition to the normal work undertaken by the communications team this year, they supported a full staff engagement programme for the Healthy Futures and Making It Better consultations (PCTs led the public/patient engagement work).

This internal work was aimed at ensuring that as many staff as possible were aware of the consultations, and how they could respond to them.

Methods used included:

- bespoke deliveries of the consultation documents to wards and departments;
- presentations at ward and department level, including night events for late shifts;
- open staff meetings;
- monthly inclusion in the core brief;
- monthly inclusion in Pennine News;
- regular items in the weekly bulletin;
- payslip attachments, and
- posters.

Much of this work provided useful pointers as to the future development of communications activities.
Internal communications

Team briefing
This was highly rated in the audit, although many respondents said that they had briefings less frequently. The majority of staff responding identified team briefings as a two-way communication opportunity, both with their line manager and with the Trust more generally, as they indicated that managers were able to get answers to questions which could not be replied to immediately. Managers were also making material available to those who could not attend. As part of the action plan, there was a relaunch of the team briefing process, which included a requirement for managers to confirm that the core brief had been included in their team briefings.

Weekly operational bulletin
Design work has taken place on the bulletin in-year, aimed at making it easier for users to review. The number of items being submitted for the bulletin is steadily increasing, indicating a greater level of usage. The transfer of some social items from email bulletin boards to the Monday bulletin has been positively received by staff, and informal feedback indicates a high response rate to specific items.

A key aim of the introduction of the weekly operational bulletin was to reduce the number of all-user emails. It has now replaced ‘all user’ emails – as the Trust has 4,000 email accounts this represents a total of more than 6.4 million emails saved. The result is fewer all-user emails being circulated, which may account for more interest in those circulated.

Medical Director/Director of Nursing bulletin
This bulletin was introduced this year, and is circulated monthly with an intended readership of clinical staff including medical staff, nursing staff and allied health professionals. Feedback received to date has been constructive and positive, and submissions have been received from a wide range of staff.

Pennine News
With production of Pennine News having previously been increased to 4,600 copies, and the magazine being made more generally available through distribution points, it was pleasing for the communications team to see that the newsletter rated highly with staff. Improvements this year included the magazine going full colour – a move which has brought a positive response based on on-going reader feedback – and the introduction of a ‘noticeboard’ section, which has quickly become very popular.

The number of audit respondees who found it “very useful” was less than those who found it “fairly useful” – this is likely to reflect the general nature of the magazine. With the aim of being generally readable by most staff, the magazine itself can never really go into the detail which individuals would perhaps like to see. Instead, it aims to signpost where that detailed info can be found. The communications team is certainly seeing an increase in the range of submissions, compared with the historic position.
Emails
The change in management responsibility for all-user emails from IM&T to communications freed up time for IM&T to develop more targeted email distribution lists.

Posters
Posters were rated lowly in the audit, but the communications team feels that this could relate more to how they are used rather than the principle of their use. For example, the smoke free countdown posters have received positive comments from several staff, and the Clean Your Hands campaign incorporates posters which change on a quarterly basis, helping keep fresh a standard message for ward staff who will see those posters each day. ‘Key information’ noticeboards have been established in high-profile locations through the Trust’s hospitals, with a commitment to regularly updating posters to ensure relevancy.

Website
A user survey was held this year, with development plans based on responses. The website is due to move to a content management system, which will give greater ownership of the issue to project team/staff members themselves. In turn this should help make webpages more relevant.

Staff roadshows
The timing of staff roadshows changed this year, based on responses from staff and staffside representatives. Now held to co-incide with shift changeovers, they have attracted larger turnouts, although this may in part have been due to the subject matter, particularly in relation to the consultations on the future of the Trust’s services.

Board walkabouts
Board walkabouts previously took place after Board meetings, which, if they ran late, could lead to last-minute cancellations. The meetings now take place at fixed times, with briefings circulated in advance. Feedback from the visits is forwarded for action as appropriate.

External communications

Key brief
This monthly bulletin was introduced following the adoption of the communications strategy and mirrors broadly the content of the core brief. An initial exercise was undertaken inviting stakeholders/stakeholder groups to subscribe to the bulletin. Some opted for this through electronic distribution, some through paper distribution. Recipients include overview and scrutiny committee representatives, MPs, local authority contacts and community/ health groups. Stakeholders are self-identified - anyone can subscribe to it, irrespective of their role or interest in the hospitals.

GP bulletin
The GP bulletin is a monthly, email-based bulletin which covers operational issues of interest to GPs. It is circulated by PCTs on the Trust’s behalf.
Subscriptions
To subscribe to the key brief or press notices, please send your details, including details of the organisation which you represent, if applicable, to Fin McNicol.

Annual report
For the first time, this annual report has been predominantly produced for on-line or electronic use. This is in response to feedback from a canvass of recipients of the annual report, including the Trust’s Patient and Public Involvement Forum. Hard copies, plus different format copies, are available on request – for details see page 74.
Finance Report

Financial overview
The following summary financial statements set out the performance of The Pennine Acute Hospitals NHS Trust for the financial year 2005-06.

In overview, the Trust has met all its financial duties:

- breakeven at the year-end;
- keep within our borrowing limit;
- stay within our capital resource limit;
- make a 3.5% return on our assets.

The Trust achieved breakeven in 2005-06 having received non-recurrent support of £10.35m (with the approval of the Greater Manchester Strategic Health Authority). The Trust is set a target for borrowing during the year for capital expenditure (fixed assets) and kept within the limit specified by the Department of Health. Depending on the limit set by the Department, NHS Trusts either borrow further Public Dividend Capital (PDC) from the Treasury or repay PDC. The Trust repaid £3m PDC in accordance with the limit set. At the end of the year total PDC outstanding was £240m.

Looking forward to 2006/07, the Trust has an underlying recurrent deficit of £28.3m which, after taking account of payment by results transitional relief net of repayable brokerage, the Trust is forecasting a deficit of £21.3m for 2006/07.

The recurrent deficit has arisen as follows:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (£m)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underlying deficit</td>
<td>9.1</td>
</tr>
<tr>
<td>Cost pressures in excess of national tariff</td>
<td>10.9</td>
</tr>
<tr>
<td>Local cost pressures</td>
<td>2.8</td>
</tr>
<tr>
<td>Introduction of payment by results</td>
<td>5.5</td>
</tr>
<tr>
<td>Total recurrent deficit</td>
<td>28.3</td>
</tr>
</tbody>
</table>

The Trust is currently formulating a recovery plan to achieve recurrent balance by the end of 2006/07.

Although the formulation of this plan is well advanced, the detailed impact in 2006/07 is as yet unknown. Every effort will be made to maximise the savings in year, but given the size of the deficit it is unlikely that the Trust will achieve break even in 2006/07 without some external support.

Income and expenditure

Operating Income

Operating income in 2005-06 amounted to £446,095,000, of which, income from activities was £401,208,000 with other operating income of £44,887,000.
Operating Expenditure

Operating expenses amounted to £431,975,000 and the largest element of this is the pay bill for our staff of £295,483,000. In 2005-06 the Trust employed 9,048 whole time equivalent staff.

Breakeven

The Trust achieved a small surplus of £56,000

Capital expenditure

In 2005-06 the Trust spent £21,684,000 on buildings, equipment and information technology, the main items being:

<table>
<thead>
<tr>
<th>Description</th>
<th>£000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical and scientific equipment</td>
<td>3,930</td>
</tr>
<tr>
<td>Catheter laboratories – Rochdale and Mobile</td>
<td>1,288</td>
</tr>
<tr>
<td>MRI scanner and enabling works - Rochdale</td>
<td>1,431</td>
</tr>
<tr>
<td>Information technology</td>
<td>4,128</td>
</tr>
<tr>
<td>Pathology essential services laboratories</td>
<td>1,597</td>
</tr>
<tr>
<td>Central pathology laboratory - Oldham</td>
<td>3,485</td>
</tr>
<tr>
<td>Rationalisation of laundry - Oldham</td>
<td>904</td>
</tr>
<tr>
<td>Creche – Bury</td>
<td>472</td>
</tr>
<tr>
<td>Advanced booking centres</td>
<td>1,030</td>
</tr>
</tbody>
</table>

Future capital investment will continue to be directed towards medical equipment, streamlining services delivered by the Trust, and improving the information technology infrastructure.

Management and administration costs

The management costs for 2005-06 were £15,342,000 which equates to 3.6% of total income.

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 the Secretary of State, in England and Wales. As a consequence it is not possible for the NHS Trust to identify its share of the underlying scheme assets and liabilities. Therefore the scheme is accounted for as a defined contribution scheme and the cost of the scheme is equal to the contributions payable to the scheme for the accounting period.

Register of declared interests

A register of declared interests is maintained by the Trust and is available for inspection on application to Mr R Chadwick, acting chief executive. There are no company directorships held by directors of the Trust with companies who are likely to, or are seeking to, conduct business directly with the Trust.
External auditors

The Trust’s Auditors are KPMG. The cost of work performed by the auditor in respect of the 2005-06 reporting period was £298,000 relating to audit services and the requirements of the Audit Commission’s Code of Practice, ie the statutory audit and services carried out in relation to the statutory audit eg reports to the Department of Health.

Statement on internal financial control

The Trust Board is accountable for internal control. As Accountable Officer, the chief executive of the Board has responsibility for maintaining a sound system of internal control that supports the achievement of the organisation’s policies, aims and objectives. The chief executive also has responsibility for safeguarding the public funds and the organisation’s assets for which he is personally responsible, as set out in the Accountable Officer Memorandum.

As a large acute Trust with a number of constituent stakeholder organisations, various arrangements and agreements are in place through which the Trust’s performance is monitored. These are set out in the full Statement of Internal Control along with an explanation of the purpose of the system of internal control, information on the capacity to handle risk, the risk and control framework and review of effectiveness.

The full statement is available on the Trust’s website www.pat.nhs.uk. Alternatively, more information is available from the governance director at Trust Headquarters (address on back cover).

Summary of financial statements

A summary of the Trust’s Annual Accounts for 2005-06 is set out on pages 64 to 69. A full set of accounts is available on request from my office. In addition it should be noted that to comply with legislation governing charities, a separate set of Annual Accounts is maintained for funds held on trust. A full set of these accounts is also available on request from my office.

Barry Livesey,
Acting director of finance and IM&T
The Pennine Acute Hospitals NHS Trust
Headquarters, Westhulme Avenue, Chadderton Way
Oldham    OL1 2PN
Independent Auditors’ Report to the Directors of The Pennine Acute Hospitals NHS Trust on the Summary Financial Statements

We have examined the summary financial statements set out on pages 65 to 68 and the part of the Remuneration Report to be audited (details of senior manager’s remuneration and pensions) set out on pages 69 to 70.

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

Respective responsibilities of directors and auditors

The directors are responsible for preparing the Annual Report. Our responsibility is to report to you our opinion on the consistency of the summary financial statements with the statutory financial statements and whether the part of the Remuneration Report to be audited (details of senior manager’s remuneration and pensions) has been properly prepared in accordance with the accounting policies directed by the Secretary of State as being relevant to the National Health Service in England. We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statements.

Basis of opinion

We conducted our work in accordance with Bulletin 1999/6 ‘The auditor’s statement on the summary financial statements’ issued by the Auditing Practices Board for use in the United Kingdom.

Opinion

In our opinion: the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2006 on which we have issued an unqualified opinion; and the part of the Remuneration Report to be audited has been properly prepared in accordance with the accounting policies directed by the Secretary of State as being relevant to the National Health Service in England.

Date: 7th September 2006

KPMG LLP
St James Square, Manchester, M2 6DS, United Kingdom
## Income and Expenditure Account for the Year Ended 31 March 2006

<table>
<thead>
<tr>
<th></th>
<th>2005-06</th>
<th>2004-05</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income from activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuing operations</td>
<td>401,208</td>
<td>378,797</td>
</tr>
<tr>
<td>Other operating income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuing operations</td>
<td>44,887</td>
<td>43,907</td>
</tr>
<tr>
<td><strong>Operating expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuing operations</td>
<td>(431,975)</td>
<td>(410,807)</td>
</tr>
<tr>
<td><strong>Operating Surplus (Deficit)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuing operations</td>
<td>14,120</td>
<td>11,897</td>
</tr>
<tr>
<td>Cost of fundamental reorganisation/restructuring</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Profit/(loss) on disposal of fixed assets</td>
<td>(104)</td>
<td>(64)</td>
</tr>
<tr>
<td><strong>Surplus (Deficit) before Interest</strong></td>
<td>14,016</td>
<td>11,833</td>
</tr>
<tr>
<td>Interest receivable</td>
<td>778</td>
<td>931</td>
</tr>
<tr>
<td>Interest payable</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other finance costs – unwinding of discount</td>
<td>(204)</td>
<td>(292)</td>
</tr>
<tr>
<td>Other finance costs – change in discount rate on provisions</td>
<td>(1,094)</td>
<td>0</td>
</tr>
<tr>
<td><strong>Surplus (Deficit) for the Financial Year</strong></td>
<td>13,496</td>
<td>12,472</td>
</tr>
<tr>
<td>Public Dividend Capital dividends payable</td>
<td>(13,440)</td>
<td>(11,074)</td>
</tr>
<tr>
<td><strong>Retained Surplus (Deficit) for the Year</strong></td>
<td>56</td>
<td>1,398</td>
</tr>
<tr>
<td>Financial support included in retained surplus for the year-Internally generated</td>
<td>10,350</td>
<td>3,500</td>
</tr>
<tr>
<td><strong>Retained (Deficit) for the Year excluding financial support</strong></td>
<td>(10,294)</td>
<td>(2,102)</td>
</tr>
</tbody>
</table>
### Balance Sheet as at 31 March 2005

<table>
<thead>
<tr>
<th></th>
<th>31 March 2006</th>
<th>31 March 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fixed Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intangible assets</td>
<td>1,734</td>
<td>1,882</td>
</tr>
<tr>
<td>Tangible assets</td>
<td>432,398</td>
<td>417,841</td>
</tr>
<tr>
<td>Investments</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>434,132</td>
<td>419,723</td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stocks and work in progress</td>
<td>7,807</td>
<td>7,475</td>
</tr>
<tr>
<td>Debtors</td>
<td>18,114</td>
<td>22,761</td>
</tr>
<tr>
<td>Investments</td>
<td>236</td>
<td>0</td>
</tr>
<tr>
<td>Cash at bank and in hand</td>
<td>1,357</td>
<td>1,180</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>27,514</td>
<td>31,416</td>
</tr>
<tr>
<td><strong>Creditors:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amounts falling due within one year</td>
<td>(31,944)</td>
<td>(29,564)</td>
</tr>
<tr>
<td><strong>Net Current Assets (Liabilities)</strong></td>
<td>(4,430)</td>
<td>1,852</td>
</tr>
<tr>
<td><strong>Total Assets Less Current Liabilities</strong></td>
<td>429,702</td>
<td>421,575</td>
</tr>
<tr>
<td><strong>Creditors:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amounts falling due after more than one year</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Provisions for Liabilities and Charges</strong></td>
<td>(12,108)</td>
<td>(13,034)</td>
</tr>
<tr>
<td><strong>Total Assets Employed</strong></td>
<td>417,594</td>
<td>408,541</td>
</tr>
</tbody>
</table>

**Financed by:**

**Taxpayers Equity**

Public dividend capital | 240,089 | 243,168 |
Revaluation reserve    | 168,114 | 157,668 |
Donated Asset reserve  | 7,271   | 5,433   |
Government grant reserve| 236    | 472     |
Other reserves         | 0       | 0       |
Income and expenditure reserves | 1,884 | 1,800 |
**Total Taxpayers Equity** | 417,594 | 408,541 |
**Statement of Total Recognised Gains and Losses for the Year Ended 31 March 2006**

<table>
<thead>
<tr>
<th></th>
<th>2005-06</th>
<th>2004-05</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>£000</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surplus (deficit) for the financial year before dividend payments</td>
<td>13,496</td>
<td>12,472</td>
</tr>
<tr>
<td>Fixed asset impairment losses</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unrealised surplus (deficit) on fixed asset revaluations/indexation</td>
<td>10,661</td>
<td>99,805</td>
</tr>
<tr>
<td>Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets</td>
<td>2,137</td>
<td>729</td>
</tr>
<tr>
<td>Additions (reductions) in ‘other reserves’</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total recognised gains and losses for the financial year</strong></td>
<td>26,294</td>
<td>113,006</td>
</tr>
<tr>
<td><strong>Prior period adjustment</strong></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total gains and losses recognised in the financial year</strong></td>
<td>26,294</td>
<td>113,006</td>
</tr>
</tbody>
</table>
## Cash Flow Statement for the Year Ended 31 March 2006

<table>
<thead>
<tr>
<th>Activity</th>
<th>2005-06 (£000)</th>
<th>2004-05 (£000)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net cash inflow (outflow) from operating activities</td>
<td>37,721</td>
<td>32,137</td>
</tr>
<tr>
<td><strong>Returns on Investments and servicing of Finance:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest received</td>
<td>764</td>
<td>950</td>
</tr>
<tr>
<td>Interest paid</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Interest element of finance leases</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Net cash inflow (outflow) from returns on investments and servicing of finance</td>
<td>764</td>
<td>950</td>
</tr>
<tr>
<td><strong>Capital Expenditure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Payments) to acquire tangible fixed assets</td>
<td>(20,377)</td>
<td>(13,502)</td>
</tr>
<tr>
<td>Receipts from sale of tangible fixed assets</td>
<td>42</td>
<td>0</td>
</tr>
<tr>
<td>(Payments) to acquire intangible assets</td>
<td>0</td>
<td>(908)</td>
</tr>
<tr>
<td>(Payments to acquire)/receipts from sale of fixed asset investments</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Net cash inflow (outflow) from capital expenditure</td>
<td>(20,335)</td>
<td>(14,410)</td>
</tr>
<tr>
<td><strong>Dividends Paid</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net cash inflow/(outflow) before management of liquid resources and financing</td>
<td>4,710</td>
<td>7,603</td>
</tr>
<tr>
<td><strong>Management of Liquid Resources</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purchase of investments</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sale of investments</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Net cash inflow (outflow) from management of liquid resources</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Net cash inflow (outflow) before financing</td>
<td>4,710</td>
<td>7,603</td>
</tr>
<tr>
<td><strong>Financing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public dividend capital received</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Public dividend capital repaid (not previously accrued)</td>
<td>(3,835)</td>
<td>(5,658)</td>
</tr>
<tr>
<td>Public dividend capital repaid (accrued in prior period)</td>
<td>(2,794)</td>
<td>(1,983)</td>
</tr>
<tr>
<td>Loans received</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Loans repaid</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other capital receipts</td>
<td>2,096</td>
<td>130</td>
</tr>
<tr>
<td>Capital element of finance lease rental payments</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cash transferred from/to other NHS bodies</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Net cash inflow (outflow) from financing</td>
<td>(4,533)</td>
<td>(7,511)</td>
</tr>
<tr>
<td>Increase (decrease) in cash</td>
<td>177</td>
<td>92</td>
</tr>
</tbody>
</table>
Salary of senior managers

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Salary Bands of £5,000</th>
<th>Other remuneration Bands of £5,000</th>
<th>Benefits in kind Rounded to nearest £100</th>
</tr>
</thead>
<tbody>
<tr>
<td>C Appleby</td>
<td>Chief Executive</td>
<td>150 - 155</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>R Chadwick</td>
<td>Director of Finance and IM&amp;T</td>
<td>110 - 115</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>R Glew</td>
<td>Medical Director (to 31.07.05)</td>
<td>45 - 50</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>R Jameson</td>
<td>Medical Director (from 1.08.05)</td>
<td>100 - 105</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>M. Carroll</td>
<td>Director of Nursing</td>
<td>95 - 100</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>R Tyndall</td>
<td>Director of Human Resources (to 31.01.06)</td>
<td>85 - 90</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>J Wilkes</td>
<td>Director of Facilities</td>
<td>95 - 100</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>K James</td>
<td>Director of Modernisation &amp; Performance</td>
<td>95 - 100</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>S Price</td>
<td>Chairman (to 09.02.06)</td>
<td>20 - 25</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>J Jesky</td>
<td>Chairman (from 10.02.06)</td>
<td>0 - 5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>J Battye</td>
<td>Non Executive Director</td>
<td>5 - 10</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>R Boaden</td>
<td>Non Executive Director</td>
<td>0 - 5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>C Brooks</td>
<td>Non Executive Director</td>
<td>5 - 10</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>T Pickstone</td>
<td>Non Executive Director</td>
<td>5 - 10</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>R Shamim</td>
<td>Non Executive Director</td>
<td>5 - 10</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A Unwin</td>
<td>Non Executive Director</td>
<td>5 - 10</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Prof A Rogers</td>
<td>Non Executive Director</td>
<td>5 - 10</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

R Tyndall left the Trust and a compromise agreement was reached. In accordance with DoH guidelines the details are not included above. Consent has been withheld to disclose any further details.

R Glew left the Trust on 31 July 2005 for a secondment to the SHA. The Trust continued to be responsible for the salary costs for the remainder of the financial year.
### Pension entitlements of senior managers

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Real increase in pension at age 60</th>
<th>Real increase lump sum at age 60</th>
<th>Total accrued pension at age 60 and as at 31.03.06</th>
<th>Lump sum at age 60 related to accrued pension as at 31.03.06</th>
<th>Cash equivalent transfer value as at 31.03.06</th>
<th>Real increase in cash equivalent transfer value</th>
<th>Employers Contribution to Stakeholder Pension</th>
</tr>
</thead>
<tbody>
<tr>
<td>C Appleby</td>
<td>Chief Executive</td>
<td>0 - 2.5</td>
<td>0 - 2.5</td>
<td>55 - 60</td>
<td>170 - 175</td>
<td>889</td>
<td>28</td>
<td>0</td>
</tr>
<tr>
<td>R Chadwick</td>
<td>Director of Finance and IM&amp;T</td>
<td>0 - 2.5</td>
<td>5 - 7.5</td>
<td>35 - 40</td>
<td>115 - 120</td>
<td>580</td>
<td>26</td>
<td>0</td>
</tr>
<tr>
<td>R Glew (to 31.07.05)</td>
<td>Medical Director</td>
<td>2 - 5.5</td>
<td>5 - 7.5</td>
<td>60 - 65</td>
<td>170 - 175</td>
<td>1,110</td>
<td>56</td>
<td>0</td>
</tr>
<tr>
<td>R Jameson (from 01.08.05)</td>
<td>Medical Director</td>
<td>5 - 7.5</td>
<td>20 - 22.5</td>
<td>45 - 50</td>
<td>140 - 145</td>
<td>746</td>
<td>84</td>
<td>0</td>
</tr>
<tr>
<td>M. Carroll</td>
<td>Director of Nursing</td>
<td>2 - 5.5</td>
<td>7.5 - 10</td>
<td>40 - 45</td>
<td>125 - 130</td>
<td>687</td>
<td>45</td>
<td>0</td>
</tr>
<tr>
<td>R Tyndall (to 31.01.06)</td>
<td>Director of Human Resources</td>
<td>0 - 2.5</td>
<td>0 - 2.5</td>
<td>35 - 40</td>
<td>115 - 120</td>
<td>547</td>
<td>24</td>
<td>0</td>
</tr>
<tr>
<td>J Wilkes</td>
<td>Director of Facilities</td>
<td>0 - 2.5</td>
<td>2 - 5.5</td>
<td>20 - 25</td>
<td>65 - 70</td>
<td>329</td>
<td>30</td>
<td>0</td>
</tr>
<tr>
<td>K James</td>
<td>Director of Modernisation &amp; Performance</td>
<td>0 - 2.5</td>
<td>2 - 5.5</td>
<td>25 - 30</td>
<td>75 - 80</td>
<td>342</td>
<td>20</td>
<td>0</td>
</tr>
</tbody>
</table>

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the 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 the disclosure applies. The CETV figures, and from 2004-05 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.

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

The Trust operates a registered charity called The Pennine Acute Hospitals Charity and other related charities (Charity Commission registration no 1050197).

People and organisations make donations to the Trust’s charity funds for many different reasons. Sometimes it is to mark gratitude for treatment, sometimes it is to support the service generally and sometimes it is to help remember a family member who worked for the Trust.

These donations range from donations of a few pounds up to six figure sums, but they are all equally welcome – and they are all put to good use. Last year the charity spent £1,910,000.00 during the year, mainly on patients’ or staff welfare and amenities.

The Trust Board is the corporate trustee of the charity which covers all of our hospitals – Fairfield General, Birch Hill, Rochdale Infirmary, North Manchester General and The Royal Oldham for any charitable purpose relating to the NHS.

The charity received income of £715,000 in the year 2005-06 comprising:

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donations</td>
<td>£330,000</td>
</tr>
<tr>
<td>Legacies</td>
<td>£171,000</td>
</tr>
<tr>
<td>Investment Income</td>
<td>£214,000</td>
</tr>
</tbody>
</table>

Significant donations/legacies received were as follows:

Legacies from the estates of:

<table>
<thead>
<tr>
<th>Estate</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clarissa Taylor</td>
<td>£40,000</td>
</tr>
<tr>
<td>Alice Kershaw</td>
<td>£28,133</td>
</tr>
<tr>
<td>Albert Byram</td>
<td>£25,787</td>
</tr>
<tr>
<td>Martha Madden</td>
<td>£24,850</td>
</tr>
<tr>
<td>James Pickering</td>
<td>£24,175</td>
</tr>
<tr>
<td>Elsie Hallwood</td>
<td>£10,000</td>
</tr>
<tr>
<td>Margaret Moran</td>
<td>£6,904</td>
</tr>
</tbody>
</table>

Donations:

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>AstraZeneca</td>
<td>£20,000</td>
</tr>
<tr>
<td>Rochdale Heartbeat</td>
<td>£16,400</td>
</tr>
<tr>
<td>Nova Nordisk</td>
<td>£10,000</td>
</tr>
<tr>
<td>Aventis Pharm Ltd</td>
<td>£7,000</td>
</tr>
<tr>
<td>Saddleworth Ladies</td>
<td>£6,500</td>
</tr>
<tr>
<td>Oldham Advertiser</td>
<td>£5,800</td>
</tr>
</tbody>
</table>
Expenditure:
£1,634,000 was spent on patients’ amenities, £161,000 on staff education and welfare and £87,000 on research. Within expenditure, £76,000 was spent on support costs.

Patients’ amenities
The majority of expenditure has been on medical equipment. £998,000 has been spent on medical equipment from the general fund for a range of wards and departments across all hospitals. In addition, the general fund supports the LIME hospital arts project each year costing £30,900. Other designated funds account for £636,000 of which the majority is medical equipment.

Staff education & welfare
The majority of staff education and welfare expenditure is on courses and conferences across a range of designated funds. £12,000 was spent during the year on the staff suggestion and employee of the month awards.

Research
Research funded by the R L Gardner fund accounts for £40,000 of research expenditure with £20,000 funded by the Endocrine fund and £10,000 by the Diabetes fund.

The trustee of the Pennine Acute Hospitals Charity would like to express sincere thanks for all the generous donations received over the last year and the charitable work undertaken by all individuals and organisations. Charitable donations contribute greatly to enhancing the services that we are able to provide across the Trust.

A full copy of the charity’s annual report and accounts is on the Trust’s website: www.pat.nhs.uk

Donations to The Pennine Acute Hospitals Charity and other related charities can be received at any of the hospitals’ cashiers’ office, or more information is available from Susan Holt, deputy endowment accountant, on tel: 0161 921 4986.
Trust Board members - at 1 September 2006

Mr John Jesky
Chairman

Mr Robert Chadwick
Acting Chief Executive

Dr Ruth Jameson
Medical Director

Ms Karen James
Director of Modernisation and Performance

Mr Tom Wilders
Director of Strategic Planning

Mr Barry Livesey
Acting Director of Finance

Mr John Wilkes
Director of Facilities

Mrs Marion Carroll
Director of Nursing

Councillor Tim Pickstone
Non-executive Director

Mr John Battye
Non-executive Director

Professor Anne Rogers
Non-executive Director

Mrs Razia Shamim
Non-executive Director

Mrs Anne Unwin
Non-executive Director

Associate directors: Mrs Jean Frankell; Mrs Jean Procter; Mrs Meg Langton

Other members during 2005 - 06 to date indicated: Steven Price, chairman (9 February 2006); Chris Appleby, chief executive (12 May 2006); Dr Roger Glew, medical director (31 July 2005); Roy Tyndall, director of human resources (31 January 2006); Dr Ruth Boaden, non-executive director (20 December 2005); Peter Conway, associate director (9 February 2006)
Copies of this report, including different formats, are available from:
The Pennine Acute Hospitals NHS Trust
Communications Department
E block
Trust Headquarters
Westhulme Avenue
Oldham
OL1 2PN
Telephone: 0161 627 8707

It is also available online at www.pat.nhs.uk

This report includes technical terms. NHS Direct’s medical encyclopaedia explains them - www.nhsdirect.nhs.uk - or you can contact the communications team.

Finding out more – and your comments

The Trust actively welcomes comments and suggestions on ways in which to develop its communications systems, both internal and external – including this annual report. Any suggestions should be made to Fin McNicol, head of communications, by:

Writing to: Fin McNicol, Head of Communications, Pennine Acute Trust, E Block, Headquarters, Westhulme Avenue, Oldham, OL1 2PN
Phoning: 0161 627 8707/8737 Emailing: fin.mcnicol@pat.nhs.uk

Thanks to the Bury Times, Oldham Chronicle and Rochdale Observer for pictures supplied

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