



Department
of Health



Middlesbrough Primary Care Trust

2012-13 Annual Report and Accounts

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Middlesbrough Primary Care Trust

2012-13 Annual Report

Middlesbrough Financial Review 2012-13

www.tees.nhs.uk



June 2013

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MIDDLESBROUGH PCT

ANNUAL REPORT 2012/13 FINANCE REVIEW

OVERVIEW

This section considers overall financial performance in 2012/13 and provides further information in relation to the expenditure and efficiency programme undertaken by the Primary Care Trust (PCT) across the various healthcare services and programmes commissioned on behalf of PCT residents.

The financial statements are contained within this report and are prepared in accordance with the PCT Manual for Accounts as agreed with HM Treasury, based on International Financial Reporting Standards (IFRS) where applicable to the NHS.

Financial Performance

Middlesbrough PCT delivered all statutory and administrative duties in 2012/13. Key results are as follows:

- Revenue surplus of £600k against a revenue resource limit of £304.8m
- Capital surplus of £0.2m, against a capital resource limit of £1.3m
- Cash balances held to a minimum and within agreed Parliamentary Funding limits
- Excellent performance against the Better Payments Practice Code

Management of the revenue position was successfully achieved against the target PCT surplus of £600k agreed with the Strategic Health Authority at the start of the financial year. This is consistent with year end forecasts provided to the PCT Board throughout 2012/13 and reflects the robustness of financial management and reporting within the PCT.

Efficiency Programme

In addition to the statutory and administrative duties listed above, the PCT also identified an efficiency programme for 2012/13 under which savings of c£12.9m have been identified across a range of initiatives including acute care, mental health and learning disabilities and primary care prescribing as identified below:

Programme

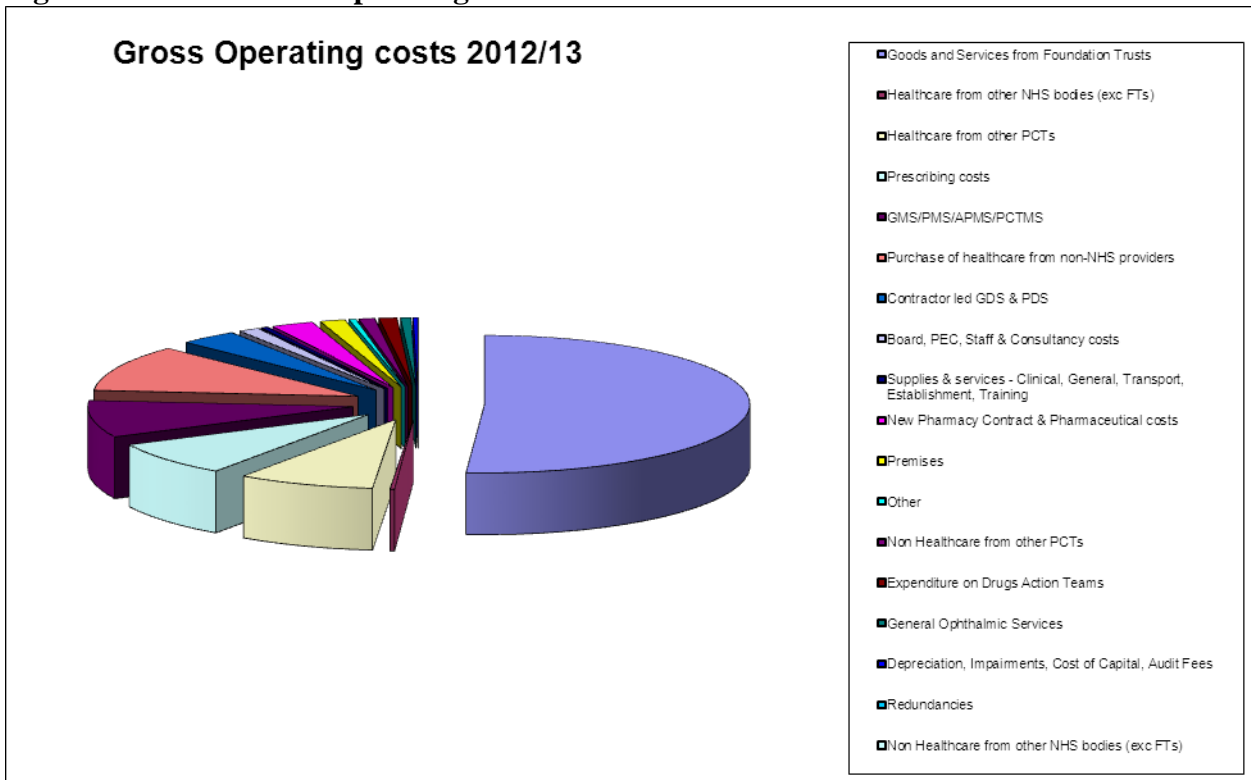
Urgent acute care	£2.0m
Planned acute care	£0.5m
Primary care prescribing	£1.4m
Support Services	£0.7m
Other	£8.3m

Expenditure 2012/13

Gross operating costs in 2012/13 totalled £325.4m and are analysed in Figure 1 and Figure 2 (alongside previous year comparators) below.

Expenditure, net of trading income and interest receivable was £304.2m, which when compared to the revenue resource limit of £304.8 generated a surplus of £600k, in line with the control total set by the Strategic Health Authority.

Figure 1 2012/13 Gross Operating costs

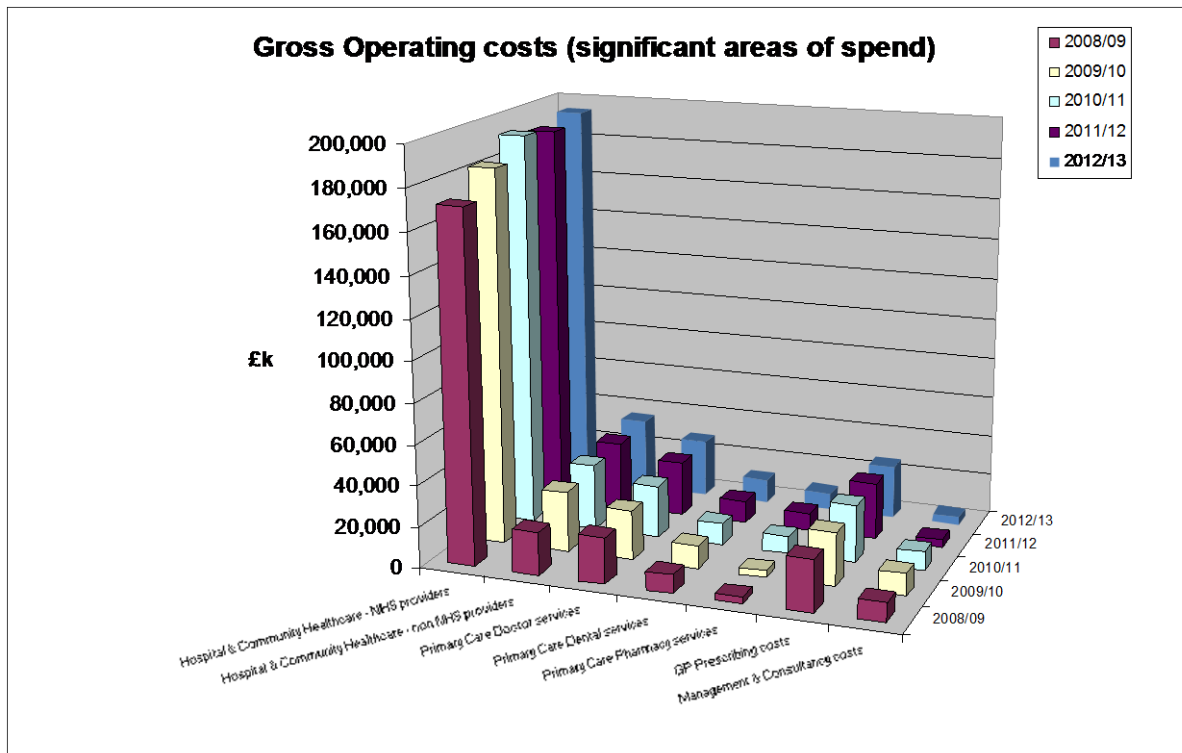


The most significant areas of expenditure fall broadly under three categories:

- Hospital and Community Health services
- Primary Care Health services
- Management and staff costs

The key areas of spend under these headings are highlighted in the chart below at Figure 2 below.

Figure 2 Significant Gross Operating expenditure, by year



Hospital and Community Healthcare

This is clearly the most significant area of PCT expenditure and includes health prevention activity (e.g. smoking cessation programmes) all hospital related activity (e.g. diagnostic and treatment services), community services (e.g. district nursing, health visitors) and long term packages of care (e.g. elderly, mentally ill and learning disability clients). Table 1 below identifies the significant spend across these services.

The significant items contributing to the 2012/13 movements are:

- Additional long term packages of care for the elderly, mentally ill and clients with learning disabilities
- Rising costs of drug therapies, particularly relating to cancer and Rheumatology treatments
- Non-recurrent investment to secure long term savings through Quality, Innovation Productivity and Prevention (QIPP)
- Reduction in elective spend as a result of reduced GP and consultant to consultant referrals following pathway reviews by CCGs
- Increased spend on emergency admission as a result of winter pressures
- Increased costs of continuing healthcare following a number of claims in relation to potential underfunding of NHS packages. Estimated potential costs £1,265k.

Table 1

Purchase of Hospital & Community Healthcare	2012/13	2011/12	2010/11
	£000	£000	£000
Learning Difficulties	13,137	12,245	13,172
Mental Illness	31,810	30,571	29,170
Maternity	8,075	7,918	8,887
General and Acute	126,001	122,167	119,839
Accident and Emergency	10,545	10,179	9,221
Community Health Services	25,640	24,310	27,211
Other Contractual	8,637	8,397	7,686
Total Secondary Healthcare Purchased	223,845	215,787	215,186

Primary Care and GP Prescribing

Table 2 below identifies PCT expenditure on primary care services and GP prescribing on behalf of Middlesbrough residents. This includes family doctors, dentists, pharmacists, opticians and primary care drug costs.

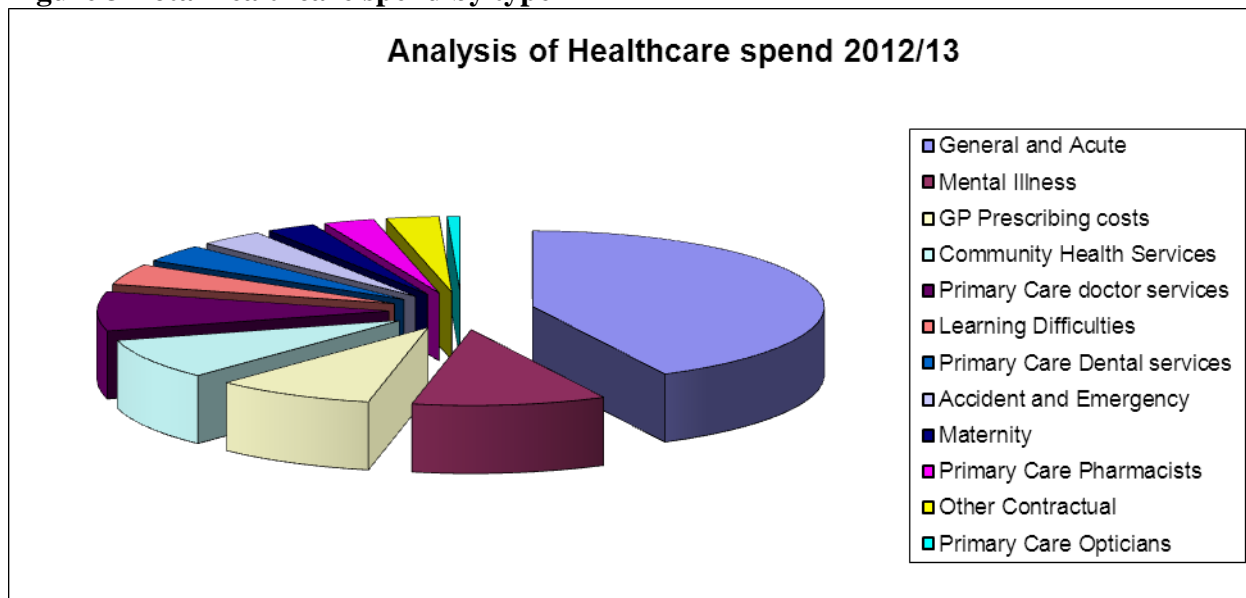
The significant items contributing to the 2012/13 movements are:

- Increased access to primary care doctors through expansion of walk in centre activity
- Changes nationally in Category M Drug prices and savings achieved through QIPP schemes
- Non Recurrent investment in dental sedation services

Table 2

Purchase of Primary Health Care	2012/13	2011/12	2010/11
	£000	£000	£000
Primary Care Doctor services	24,791	24,234	25,034
GP Prescribing costs	26,157	28,001	27,949
Primary Care Dental services	11,110	10,631	10,598
Primary Care Opticians	2,085	2,017	2,021
Primary Care Pharmacists	8,298	8,883	8,445
Total Primary Healthcare purchased	72,441	73,766	74,047

Figure 3 Total healthcare spend by type



Management and staff costs

These costs relate predominantly to the costs of the NHS Tees Management arrangements.

The four statutory commissioning organisations on Tees operate under the umbrella of a single management team, with staff in 2012/13 employed through Stockton on Tees Teaching PCT.

In 2012/13 PCTs are required to analyse and report revenue income and expenditure by 'admin and programme' in terms of running costs. The broad definition of running costs includes any cost incurred that is not a direct payment for the provision of healthcare related services. 2012/13 Running costs for Tees PCTs (incl Public Health), are reported at £6.7m.

DISEASE PROGRAMMES

PCTs and providers are required to analyse spend according to disease programme to show how resources are expended across categories of care based upon the International Classification of Disease. By focusing on medical conditions, the objective is to forge increasingly closer links between NHS expenditure and resulting patient care and outcomes. Ultimately, this allows PCTs to measure and benchmark their performance relative to similar organisations in terms of health outcomes for a given level of spend on a certain disease category.

Due to the timing of data collection, 2011/12 data is the most recent available.

Figure 4 Spend by disease programme.

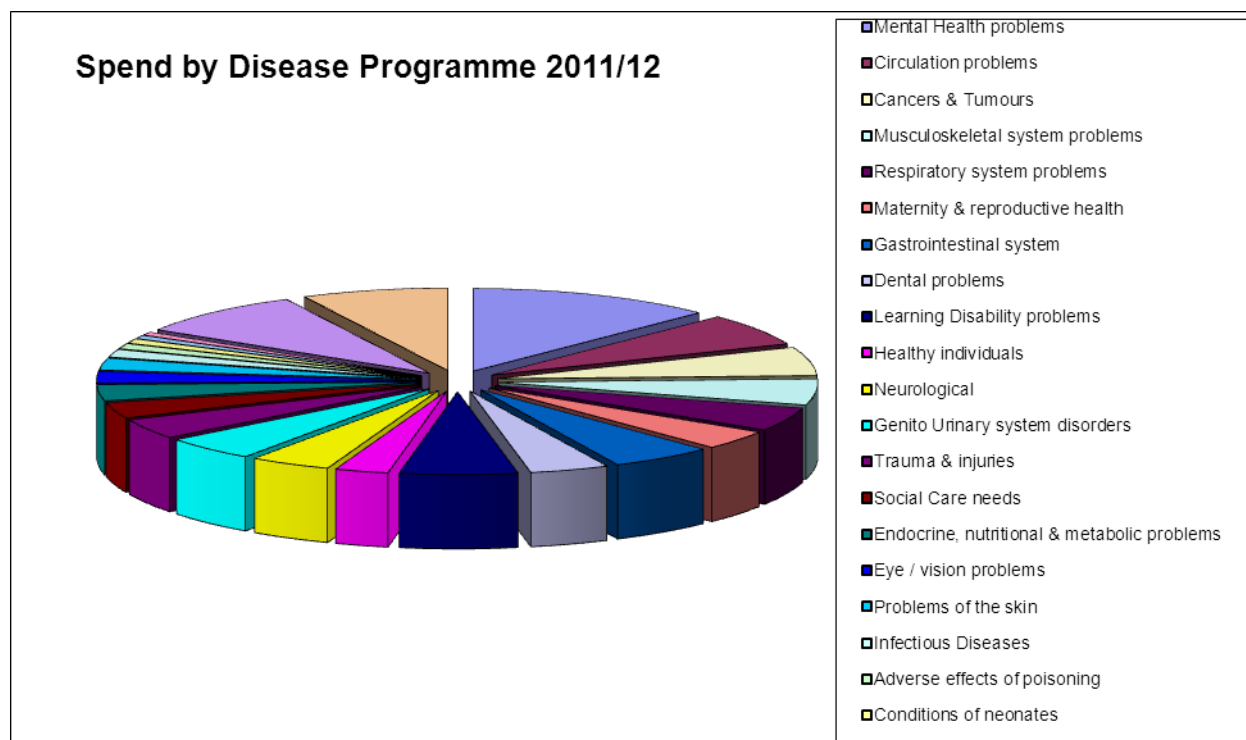


Table 3

Programme Budget	2011-12 £000's	2010-11 £000's	2009-10 £000's	2008-09 £000's
Mental Health problems	40,415	37,621	31,984	33,807
Circulation problems	20,386	20,368	20,378	20,982
Cancers & Tumours	17,985	16,801	14,813	17,805
Musculoskeletal system problems	16,253	15,274	11,257	12,974
Respiratory system problems	14,970	15,697	13,751	14,566
Maternity & reproductive health	12,010	11,417	10,035	11,295
Gastrointestinal system	16,815	16,449	17,470	16,594
Dental problems	12,893	12,238	12,957	11,093
Learning Disability problems	19,220	15,751	14,802	17,402
Healthy individuals	8,718	13,735	9,449	8,064
Neurological	13,243	13,386	13,081	12,992
Genito Urinary system disorders	15,264	13,628	11,889	12,870
Trauma & injuries	12,627	10,541	10,010	9,615
Social Care needs	9,921	6,898	11,479	8,315
Endocrine, nutritional & metabolic problems	10,008	10,558	8,780	8,984
Eye / vision problems	7,202	6,901	5,557	5,559
Problems of the skin	7,440	8,695	6,250	6,916
Infectious Diseases	4,899	4,318	4,162	5,253
Adverse effects of poisoning	3,376	2,505	2,219	2,428
Conditions of neonates	2,854	2,781	2,402	5,968
Blood Disorders	2,145	1,908	3,048	3,139
Hearing Problems	2,077	1,863	1,421	2,364
General medical services/Personal medical services	28,411	24,624	24,250	23,020
Miscellaneous	23,921	20,432	23,293	5,345
Gross Operating Cost	323,053	304,389	284,737	277,350

CAPITAL

The PCT met its capital resource limit with a number of developments in year in relation to estate maintenance and IT infrastructure.

PLANNING FOR FUTURE YEARS

The financial outlook for the Tees Health Economy is significantly more challenging than in recent years. In the context of continuously rising patient expectation and demand and an ambitious national reform programme, NHS organisations are increasingly reliant on efficiency savings as a means of generating resource to fund future growth and investment.

The Health and Social Care Act 2012 has introduced substantial changes to the Commissioning landscape, with responsibility for PCT commissioning transferring to a number of new organisations including Clinical Commissioning Groups, NHS England, Public Health England and Local Authorities. Throughout 2012/13, Clinical Commissioning Groups in Tees, have had devolved responsibility for the majority of PCT commissioned services from April 2013.

The PCT had a strong culture of good quality financial planning, management and control. This underpins ambitious plans for the future and provides a firm foundation on which the new commissioning organisations can continue to maintain an excellent track record in financial performance.

Audit Committee

1. Over the past 12 years PCT on Teesside have worked together with their local NHS partners, Local Authorities, community/voluntary partners and the public to commission and deliver on an increasing number of statutory duties whilst continually striving to improve the health of local people and improve access to a wide range of quality health and social care services. 2013/13 has been a significant year for the PCT and indeed the Audit Committee and we have had an important role on overseeing the transition to the new arrangements while ensuring 'business as usual' with regards to the delivery of our statutory duties in our final year and our commitment to local people.
2. During 2012/13 membership of the Audit Committee(s) has been as follows:
 - Peter Race, Audit Chair
 - Peter Hadfield, Non-Executive Director
 - Clare Hunter, Non-Executive Director
3. The Audit Committee has met the objectives set out in the terms of reference below:
 - Establishment and maintenance of a system of governance, risk management and control across all of the PCTs activities, ensuring that this supports achievement of the PCTs objectives
 - a) Review of Annual Governance Statement for 2012/13
 - b) Policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements
 - c) Policies and procedures for all work related to fraud and corruption
 - Ensuring that there is an effective Internal Audit function
 - Review and consideration of the work and findings of External Audit
 - Review the findings of other significant assurance functions - internal and external, and the work of other committees
 - Review and approve, on behalf of the Board, the Financial Statements and the Annual Report
 - Report to the Board.
4. The minutes of the Committee are reported to the Board, and as such become a matter of public record.
5. The Accountable Officer attended the Audit Committee meeting in March 2013. Also in attendance at meetings are Audit North (Internal Audit), Mazars (External Auditor for NHS Hartlepool and NHS Stockton on Tees), and Deloitte (External Auditor for NHS Middlesbrough and NHS Redcar and Cleveland), the Director of Finance (or representative) and the Director of Corporate Development in her role as Company Secretary. The Internal and External Auditors and Committee members meet in private before each meeting in accordance with guidance in the Audit Committee handbook.

6. Audit North also provides the Local Counter Fraud Service (LCFS) which produces a separate plan and reports on activity.
7. Clinical Commissioning Group representatives including CCG Audit Committee Lay Members have been invited to attend committee meetings in preparation for authorisation and transition to the new arrangements for 2013/14.
8. I am pleased to report that the Audit Committees have enjoyed open and honest interchange with the Management Team of the PCTs and excellent working relationships exist between the members of the committee and the Management Team. This has been particularly important during the period of enormous change and transition to the new NHS arrangements, and the pressures and challenges such change generates.

I must therefore thank my colleagues on the Audit Committee for their willing support and expertise and also the Senior Managers and their teams within the PCT for their hard work and commitment, patience, and openness to challenge during a time of significant change.

Peter Race
Audit Committee Chair
NHS Tees

Explanation for the Accounts

PCTs publish statutory accounts with the annual report. This note is primarily designed to assist readers of the accounts with an explanation of their purpose, content and some of the accounting terms used: it also aims to be helpful in understanding the PCT accounts.

The purpose of the Accounts is to satisfy the PCT statutory duty to prepare and complete an annual report, which must be published with the full audited accounts in line with International Financial Reporting Standards (IFRS).

The accounts must comply with all relevant IFRS Standards and Companies Act disclosure requirements as deemed appropriate by the Government following advice provided by the Financial Reporting Advisory Board (FRAB).

The Annual Accounts are made up of:

- Statement of responsibilities
- The external auditors' report
- Annual Governance Statement
- The four primary statements consist of:
 - The Statement of Comprehensive Net Expenditure
 - The Statement of Financial Position
 - The Statement of Changes in Taxpayers Equity
 - The Statement of Cash Flows
- Notes to the Accounts

These are supported by and cross referenced to a series of notes to the accounts, the first being a note on accounting policies which details the basis on which the accounts have been prepared.

The Statement of Comprehensive Net Expenditure shows the gross amounts spent on the separate commissioner and provider functions.

These are then reduced by income, to show the net cost incurred in the financial year that is charged against the Government's revenue allocations. Both income and expenditure are cross referenced to explanatory notes in the accounts which provide a more detailed analysis.

The Statement of Financial Position shows the assets and liabilities at the beginning and the end of the accounting period, valued in accordance with the accounting policies, and how these have been financed (Taxpayers' equity and other reserves).

The Statement of Changes in Taxpayers Equity shows movements in the general funds and other reserves financing net assets and liabilities.

The Statement of Cash Flows reconciles the change in cash and working capital held during the period in relation to its operating and investing activities, and the available funding.

Accounting Terms Jargon Buster

Non Current Assets - these are items that the PCT owns or leases that have an economic life greater than one year including Equipment, Land and Buildings. Tangible assets are items of a physical nature such as buildings. Intangible assets are non-physical items e.g. software licences.

Receivables - Relates to a person/organisation that owes the PCT money, including estimates of pre-paid costs. This is shown as an asset on the Statement of Financial Position.

Payable - Relates to a person/organisation to whom the PCT owes money, including estimates of costs incurred but not yet billed. This is shown as a liability on the Statement of Financial Position.

Provisions - These are amounts set aside as reasonable estimates in anticipation of likely future costs, the exact amounts which are not yet known. These are also liabilities on the Statement of Financial Position.

General Fund - this records the difference between costs and cash allocations in the year, and the movement in its assets between the start and the end of the year: the negative balance at the end of the year shows the Taxpayers' obligation in respect of meeting PCT net liabilities.

Revaluation reserve - the PCT reviews the value of its fixed assets each year, and any changes in value are adjusted in the revaluation reserve, as increases in value is not represented by cash.

Revenue Resource Limit - This is the limit, set by the Department of Health, up to which the PCT is allowed to spend in the year on commissioning and providing services and other revenue items. These relate to the general day to day costs of business, i.e. staff wages, consumables, premises costs, and payments to other NHS/non NHS organisations for healthcare services.

Capital Resource Limit - This is the limit, as set by the Department of Health, up to which the PCT is allowed to spend in the year on the acquisition of tangible and intangible assets.

Cost of Capital Charge - this is the amount that the PCT is charged according to NHS standard methods for the financing and use of the net assets funded by the taxpayer.

Gross Costs and Net Costs - Gross costs are the total costs paid in a period, without taking into account any income that has been received to offset those costs. Net costs take account of income charged by the PCT to other organisations or individuals for goods and services provided.

2012-13 Annual Accounts of Middlesbrough Primary Care Trust

**STATEMENT OF THE RESPONSIBILITIES OF THE SIGNING OFFICER
OF THE PRIMARY CARE TRUST**

The Department of Health's Accounting Officer designates the Signing Officer of the accounts of PCTs in England, an officer of the Department of Health, to discharge the following responsibilities for the Department, to ensure that for the year ended 31 March 2013:

- there were effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- value for money was achieved from the resources available to the primary care trust;
- the expenditure and income of the primary care trust had been applied to the purposes intended by Parliament and conform to the authorities which govern them;
- effective and sound financial management systems were in place; and
- annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the net operating cost, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the above responsibilities, as designated Signing Officer and through experience in my role as Accountable Officer until 31 March 2013.

Signed..........Designated Signing Officer

Name: CAMERON WARD

Date.....7.6.13.....

2012-13 Annual Accounts of Middlesbrough Primary Care Trust

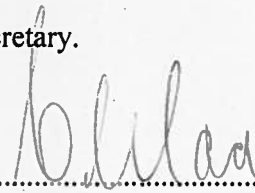
STATEMENT OF RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS

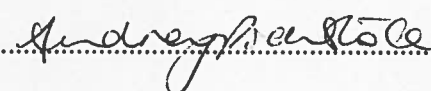
Primary Care Trusts as NHS bodies are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the primary care trust and the net operating cost, recognised gains and losses and cash flows for the year. From 1 April 2013 responsibility for finalising the accounts falls to the Secretary of State. Formal accountability lies with the Department of Health's Accounting Officer, and her letter of 28 March 2013 designated the Signing Officer and Finance Signing Officer, to discharge the following responsibilities for the Department in preparing the accounts:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- make judgements and estimates which are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.
- ensure that the PCT kept proper accounting records which disclosed with reasonable accuracy at any time the financial position of the primary care trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State.
- have taken reasonable steps for the prevention and detection of fraud and other irregularities.

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

By order of the Permanent Secretary.

7.6.13 Date..........Signing Officer

07-06-2013 Date..........Finance Signing Officer

2012-13 Annual Accounts of Middlesbrough Primary Care Trust

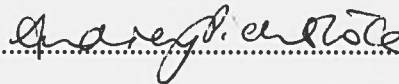
Year ended 31 March 2013

**SUMMARISATION SCHEDULES (PCTs) FOR MIDDLESBROUGH
PRIMARY CARE TRUST**

Summarisation schedules numbered PCT01 to PCT98G plus Freetext are attached.

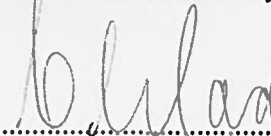
Finance Signing Officer's Certificate

I certify that the attached summarisation schedules have been compiled from and are in accordance with the financial records maintained by the primary care trust and with the accounting standards and policies for the NHS approved by the Secretary of State.

07-06-13 Date  Finance Signing Officer

Signing Officer's Certificate

I acknowledge the attached summarisation schedules, which have been prepared and certified by the Finance signing officer, as the summarisation schedules which the primary care trust is required to submit to the Secretary of State

7.6.13 Date  Signing Officer

INDEPENDENT AUDITORS' REPORT TO THE ACCOUNTABLE OFFICER FOR MIDDLESBROUGH PCT

We have audited the financial statements of Middlesbrough PCT for the year ended 31 March 2013 under the Audit Commission Act 1998. The financial statements comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by the Secretary of State with the consent of the Treasury as relevant to the National Health Service in England.

We have also audited the information in the Remuneration Report that is subject to audit, being:

- the table of salaries and allowances of senior managers and related narrative notes.
- the table of pension benefits of senior managers and related narrative notes.
- the table of pay multiples and related narrative notes.

This report is made solely to the Accountable Officer for Middlesbrough PCT in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2010. Our audit work has been undertaken so that we might state to the PCT 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 the PCT, as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of the Signing Officer and Finance Signing Officer, and auditors

As explained more fully in the Statement of Responsibilities in respect of the accounts, the Signing Officer and Finance Signing Officer are responsible for overseeing the preparation of the financial statements and for being satisfied that they give a true and fair view. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards also require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the Trust's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Trust; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements. If we become aware of any

apparent material misstatements or inconsistencies we consider the implications for our report.

In addition, we are required to obtain evidence sufficient to give reasonable assurance that the expenditure and income reported in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

Opinion on regularity

In our opinion, in all material respects the expenditure and income have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the financial position of Middlesbrough PCT as at 31 March 2013 and of its net operating costs for the year then ended; and
- have been prepared properly in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as relevant to the National Health Service in England.

Opinion on other matters

In our opinion:

- the part of the Remuneration Report subject to audit has been prepared properly in accordance with the requirements directed by the Secretary of State with the consent of the Treasury as relevant to the National Health Service in England; and
- the information given in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we report by exception

We report to you if:

- in our opinion the governance statement does not reflect compliance with the Department of Health's Guidance;
- we refer the matter to the Secretary of State under section 19 of the Audit Commission Act 1998 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency; or
- we issue a report in the public interest under section 8 of the Audit Commission Act 1998

We have nothing to report in these respects.

Conclusion on the PCT's arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required under Section 5 of the Audit Commission Act 1998 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The Code of Audit Practice issued by the Audit Commission requires us to report any matters that prevent us being satisfied that the audited body has put in place such arrangements.

We have undertaken our audit in accordance with the Code of Audit Practice, having regard to the guidance issued by the Audit Commission in November 2012. We have considered the results of the following:

- our review of the Governance Statement;
- the work of other relevant regulatory bodies or inspectorates, to the extent that the results of this work impact on our responsibilities at the Trust; and
- our locally determined risk-based work

As a result, we have concluded that there are no matters to report.

Certificate

We certify that we have completed the audit of the accounts of Middlesbrough PCT in accordance with the requirements of the Audit Commission Act 1998 and the Code of Audit Practice issued by the Audit Commission.

David Wilkinson FCA, CF
on behalf of Deloitte LLP
One Trinity Gardens,
Broad Chare,
Newcastle-upon-Tyne,
NE1 2HF

7 June 2013

Governance Statement

Scope of responsibility

As Accountable Officer for Middlesbrough PCT I am responsible, along with our Board Members and the Corporate Management Team for ensuring the organisation meets its statutory duties; that we develop and maintain effective relationships with patients, local partner organisations and the wider local community; and, ensure along with our staff that we carry out these functions in a way which ensures the proper stewardship of public money and assets. I am accountable to the Secretary of State and to Parliament for the performance of Middlesbrough PCT's functions and meeting our statutory financial duties as set out in the Accountable Officer Memorandum. This year we also had a significant responsibility to support and oversee the seamless transition to the new commissioning arrangements to deliver an effective and diligent handover to our successor organisations.

I have been supported in my duties during 2012/13 by the substantive Chief Executive who was in post until 30 November 2012 and who up until this time led the on-going review of assurance gained from our system of internal control.

A sound system of internal control within our governance framework enables us to achieve our objectives and is key to the realisation of our vision that the people of Teesside lead longer, healthier lives. The quality of our system of internal control is also fundamental to the successful delivery of my responsibilities as Accountable Officer. This system ensures we identify matters that pose a risk and may jeopardise our vision and it supports us to develop effective strategies to manage these risks. Importantly, through this system the Board receives information on how well these strategies are working and how well risk is being managed so we can take action where needed. These systems are particularly important and have been relied upon to support the significant transition agenda to transfer commissioning responsibilities to new organisations such as local Clinical Commissioning Groups and NHS England.

Whilst ultimately accountable, I cannot ensure the effective discharge of my duties without the support and work of Middlesbrough PCT's staff. To ensure they are skilled and supported to each make their individual contribution to good governance, there are systems in place which ensure their training and ongoing development needs are assessed and met.

The governance framework of the organisation

Our system of internal control comprises a number of different mechanisms which are in place throughout the year and gives the Board ongoing assurances regarding the effective management of risk.

Overall, it is my view that the Board has performed well this year throughout significant and on-going change and Board meetings have been well attended by all members. All meetings had at least 12 of the 15 members present; with over half of the members missing only one meeting and some did not miss any at all.

During the year, Middlesbrough PCT has focussed on ensuring the continued delivery of its statutory duties whilst driving the transformation of commissioning, supporting clinical commissioning colleagues whose Chief Officers and Chairs were co-opted members of the PCT Board. Board discussions have included information governance, equality and diversity, and GP revalidation. In addition, the Board has retained a focus on quality, particularly ensuring quality throughout transition, safeguarding, complaints, winter surge and the on-going development of primary care services.

The Board has reviewed its effectiveness and considers it compliant in terms of the Board's conduct against the Corporate Governance Code. The results of Board members' assessment of compliance with the code indicated that the Board is compliant however members recognised two areas that have posed a challenge. In 2012/13 the PCT has focused on supporting the development of CCG Governing Bodies, rather than its own development which has been recognised by the Board. In addition, members acknowledged the challenges posed by the pace of the transition agenda ensuring the delivery of PCT duties alongside the development of successor organisations. As part of the rigorous corporate handover process, the organisation has reviewed the arrangements in place for the discharge of statutory functions, checking for any irregularities. No irregularities were identified by the Company Secretary and a schedule of statutory duties was presented to receiver organisations as part of face to face handovers.

The Board has implemented systems to enable Board members, where appropriate, to utilise conference calling to make more effective use of Board time. In addition, the Board has participated in development sessions relating to equality, diversity and human rights.

During this transitional year as we move towards the commencement of clinical commissioning groups the Board has maintained its commitment to quality and effectiveness, closely monitoring its performance particularly in line with the Integrated Strategic Operating Plan and the NHS Operating Framework. Middlesbrough PCT has continued to demonstrate improved rates of access to both inpatient and outpatient care as demonstrated through achievement against the national referral to treatment standards. Performance against the national suite of cancer waiting times standards has also been maintained.

A key area of challenge throughout 2012/13 has been the pressures experienced around the provision and access to urgent care services, this has impacted on performance against the national quality requirements relating to Accident and Emergency 4 Hour Wait times along with the ambulance trust target to respond to 75% of Category A Calls within 8 minutes however both indicators have been maintained above national standard levels.

In responding to these challenges Middlesbrough PCT has worked extensively with all agencies that contribute to the urgent care system including; the emerging NHS South Tees Clinical Commissioning Group and member practices, South Tees Hospitals NHS Foundation Trust, both Middlesbrough and Redcar & Cleveland Local Authorities and the North East Ambulance Service in order to develop and implement robust action plans to ensure that patients have been able to access the most appropriate service for their needs.

In terms of delivery against the Integrated Strategic Operating Plan and the requirements of the 2012/13 Operating Framework, 2012/13 has been a largely

successful year for Middlesbrough PCT as we have continued to build on the successes of previous years in delivering against both our statutory obligations and local plans.

Our system of internal control includes a scheme of delegation which articulates the responsibilities of individuals and committees within our governance infrastructure. These committees, namely the Audit Committee, the Governance Committee and the Patient Safety, Quality & Safeguarding Committee each have a vital role in contributing to the establishment of an effective governance infrastructure and for both identifying and interpreting information relating to risks to the fulfilment of our objectives and vision; the safety of patient care; high quality commissioning; our role as an employer and significantly for 2012/13 maintaining control over the transition programme. They also ensure our policies work to protect patients as well as safeguard our staff; and protect our physical and information assets taking into account current legislation and best practice including the prevention and detection of fraud.

The Audit Committee has regularly reviewed the Board Assurance Framework which captures our strategic risks and the processes used to inform and maintain it. They have paid particular attention to the outcomes of Internal Audit reports and the risk and implementation of recommendations as a result, for example the financial processes in place regarding CHC payments. The Committee has also worked on behalf of the Board to seek robust assurance regarding the governance of the North East Primary Care Services Agency (NEPCSA) which has delegated responsibility from Redcar and Cleveland PCT to undertake primary care contract management on its behalf. These services include primary care contracting and commissioning services; contractor payment services; service planning and performance; and management of professional performance matters. Assurance on these services, particularly regarding their governance and risk management is provided through Internal Auditors appointed by NHS South of Tyne and Wear as the host organisation for the regional service. On the basis of work carried out in accordance with NHS South of Tyne and Wear's 2012/13 Internal Audit Plan, significant assurance was awarded overall for the NEPCSA functions. The Committee has also actively sought robust, on-going assurance regarding the outcomes of internal audit and progress made to implement recommendations.

The Governance Committee has ensured Middlesbrough PCT is compliant with statutory duties and the associated risks of non-compliance in areas such as complaints management, fire safety and mandatory training. In addition, the Committee has maintained oversight of the transition work programme receiving regular updates on progress and the effective management of risk, challenging and supporting the delivery of the extensive programme as required.

These Committees have been well attended and they report on their work to the Board through regular presentation of minutes and reports by the Chairmen.

In 2012/13 the Patient Safety, Quality & Safeguarding (PSQS) Committee, continued its work in maintaining and monitoring the Quality Assurance Framework, through the establishment of Local Quality Requirements in contracts for all commissioned services; this included acute and primary care services and care homes. The Local Quality Requirements translate into a dashboard to illustrate the level and quality of service being delivered to the patients on Tees. The PSQS Committee was pivotal in

assessing and managing the risk to quality and patient safety during times of organisational change through transition.

The Committee experienced challenges with representation from clinicians given their commitments and the pace of change during the transition particularly with regards to the development of clinical commissioning groups. However, the Committee continued to fulfil its responsibilities and throughout the year and has received information in relation to serious incidents and given assurance that robust action plans have been implemented and lessons learned shared and embedded in organisations. The PSQS has also ensured that statutory duties in relation to safeguarding adults and children have been fulfilled. All information relation to the CQRG's has been submitted to the PSQS committee including CQUIN details.

Regular updates in relation to the Quality Handover document has also been received and its development overseen by the PSQS Committee.

The Board and its committees have also supported CCGs in the development of their governance arrangements co-opting CCG clinicians to the Board and its Committees; and ensuring the necessary arrangements for governance were understood and effective. Crucially they have supported a seamless handover of duties and responsibilities in advance of but significantly in readiness for 1 April 2013. Key staff have supported and advised the CCG Governing Body and its committees through 2012/13 as they operated in shadow form.

Transition

A dedicated team including records managers was established in 2012/13 to ensure a safe and effective handover to successor organisations. The team utilised an internationally recognised project management framework to deliver the strategic and operational tasks required working in collaboration with staff, partners and legal advisors. A responsible Director to lead the transition programme was identified and a Project Oversight Group was established chaired by the Accountable Officer. Whilst nationally the Legacy Document was superseded by the Quality Handover Document, we recognise the value of a legacy document and the transition team have maintained this work to support handover and successor organisations. A transition risk register was created and progress with delivery of the programme and the assessment and management of risk was reviewed regularly by the Governance Committee with additional scrutiny from the Audit Committee.

Throughout 2012/13 where and when appropriate risks have been transferred to successor organisations. CCGs increasingly led commissioning activity as the year progressed and the associated risks followed the business and were included with the Governing Body Assurance Framework and their operational risk register. A process was agreed and approved by the Governance Committee to identify and ensure the effective redistribution of risk to the CCGs or the transition risk register supported by a clear audit trail. Our staff has supported CCGs with the development of their risk framework and their strategic and operational risk registers which include risks migrated from the PCT. A number of risks remained with the PCT until final closedown and these typically related to risk of bribery and fraud, resources pressures within the ICT service and potential risks relating to the effectiveness of the PCT's handover to successors.

With regards to the financial closedown, audit and sign off of accounts and in relation to the Chief Financial Controller's letter to PCTs (gateway ref. 18561) a local delivery team was established to finalise this important aspect of PCT business. This enabled

the organisation to retain staff knowledge, skills and expertise. In addition, Non-Executive Directors committed to remain with the PCT to support and govern this process; this was achieved via the final meeting of the PCT Audit Committee.

Risk assessment

The organisation has an agreed risk framework in place with a robust process for the assessment of risk. Throughout 2012-13 we have closely monitored our strategic and operational risk in addition to transition risk. This can be evidenced through our Board Assurance Framework and Corporate Risk Register. The risk register is accessible to all staff enabling them to record and assess risks and seek support on their effective management. Each risk within the organisation is assigned to a lead Director who is responsible for ensuring appropriate controls and actions are in place and that the risk is effectively managed, escalating to the Board where appropriate in line with our policy. Strategic risk is identified by the Board and captured through the Board Assurance Framework. These risks are owned and managed by the Board and they approve all changes within the framework.

The risk register has remained healthy throughout the year, with some long-standing strategic and operational risks which have been closely managed and monitored by the Board and their Committees, as well as shorter term risks which have been effectively managed to a close. Newly identified risks for 2012/13 centred around Continuing Health Care, CCG authorisation, closedown and transition to the new NHS architecture. Risks included unsigned CHC contracts with providers at closedown and the impact of restitution claims; loss of staff to support core business; and a risk that CCGs failed to secure the engagement of their members.

Our Information Governance (IG) Framework assessed through IG Toolkit has been updated. There has been a consistently good level of performance with regards to meeting our statutory responsibilities in relation to freedom of information enquiries and subject access requests. With regards to transition, there has been senior level commitment to supporting a comprehensive handover and leaving a clear legacy with regards to excellent records management. Risks have been proactively identified and managed to support this work.

The trust has experienced a small number of incidents of lapses in data security; however, none of these were considered to be serious in nature nor judged to be notifiable to the Information Commissioner in line with the Information Commissioner's Office guidance on data security breach management.

The risk and control framework

There a number of ways in which we work to prevent risks occurring where possible. We have an established corporate policy set which informs our knowledge and guides our actions and behaviours. These policies ensure we conduct our business appropriately, comply with legal requirements and protect our patients and staff from avoidable harm. Policies included are a Risk Assessment Policy, a suite of Health & Safety policies and procedures and an Incident Investigation and Management Policy.

Our staff also participate in mandatory training to support them to acquire the essential knowledge and skills to fulfil their roles. Throughout 2012/13 Directors have been held to account for the mandatory training compliance rates within the directorates. Mandatory training requirements include Fire Safety, Equality & Diversity and Counter Fraud.

Directors are assigned to each of our operational and strategic risks in line with their portfolio and are responsible for ensuring their effective assessment and management. They are held to account by the Board and its sub-committees, namely the Audit Committee, the Governance Committee and the Patient Safety, Quality & Safeguarding Committee. There is evidence of the Governance Committee challenging the assessment of risk and controls and actions in place to manage risks, acting in accordance with their terms of reference to provide assurance to the Board.

Review of the effectiveness of risk management and internal control

The Governance Committee has been instrumental in ensuring the effective management of risk through the Corporate Risk Register. However, the PCT has also gained independent assurance on risk management and internal control from external, independent sources.

In 2012/13 our risk management systems were audited by Internal Auditors; in this audit we were awarded a significant level of assurance for our risk management systems and processes for the third consecutive year.

The Corporate Management Team also make a significant contribution to the overall effectiveness of the system of internal control and to enable ongoing review by the Audit Committee throughout the financial year, each Director provides a quarterly assurance statement which describes any significant issues and confirms the work undertaken each quarter to manage risk and comply with duties. This process has been considered good practice and has enabled the Audit Committee, and myself as Accountable Officer to gain on-going assurance regarding compliance with statutory duties and risk. The level of risk relating to Continuing Health Care has been appropriately flagged using this process and brought to the attention of the Audit Committee. The Committee and indeed the Board were well sighted on this matter through effective risk management processes and although the risk remains high, and is transferred to successor CCGs this is not considered to warrant a significant lapse in control.

Through ongoing risk management in 2012/13 eight strategic risks were identified, assessed and included within the Board Assurance Framework. With regards to operational risks, our risk profile and activity has remained consistent throughout the year with a number of longstanding risks captured on the risk register along with the regular opening and closing of risks which have been managed and reduced swiftly. However this year has seen the transfer of risk to our successor organisations in line with the aspects of business they have been leading.

Significant Issues

As Accountable Officer, I have responsibility for reviewing the effectiveness of governance arrangements and the system of internal control. My review is informed in a number of ways and the Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on controls reviewed as part of Internal Audit's work.

It is his overall opinion that significant assurance can be given.

Executive managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with regular, in-year assurance via a letter of representation confirming there are no

significant issues affecting my ability to sign this Annual Governance Statement. The Assurance Framework itself provides me with evidence that the effectiveness of controls designed to manage risks to the organisation achieving its principal objectives, have been reviewed. My review is also informed by internal and external audit reports which provide assurance regarding the organisation's controls and management of risk.

However, during 2011/12 Middlesbrough PCT has continued to face significant challenges with regards to continuing health care and particularly with regards to urgent care however these do not warrant a significant lapse in control. We have ensured our successor organisations have been made aware of our targeted work to manage these matters.

Conclusion

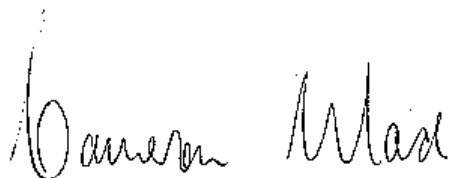
I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Audit Committee and plans to address weaknesses and ensure continuous improvements of the system are in place. Any outstanding internal audit areas have been notified to the receiver organisations.

My review confirms that Middlesbrough PCT has a generally sound system of governance and internal control that supports the achievement of its policies, aims and objectives. I am satisfied that the arrangements described above provide assurance that risks and matters pertaining to governance can be readily identified, managed and escalated to the relevant committees and subsequently the Board for remedial action.

Accountable Officer : Mr Cameron Ward

Organisation: Middlesbrough PCT

Signature

A handwritten signature in black ink that reads "Cameron Ward". The signature is written in a cursive style with a large initial 'C'.

Date 7th June 2013

Data entered below will be used throughout the workbook:

Entity name:	Middlesbrough PCT
This year	2012-13
Last year	2011-12
This year ended	31 March 2013
Last year ended	31 March 2012
This year commencing:	1 April 2012
Last year commencing:	1 April 2011

Manual for Accounts 2012-13

**Statement of Comprehensive Net Expenditure for year ended
31 March 2013**

	NOTE	2012-13 £000	2011-12 £000
Administration Costs and Programme Expenditure			
Gross employee benefits	7.1	3,833	3,578
Other costs	5.1	321,566	319,475
Income	4	(21,346)	(23,113)
Net operating costs before interest		304,053	299,940
Investment income	9	0	0
Other (gains)/losses	10	0	0
Finance costs	11	141	141
Net operating costs for the financial year		304,194	300,081
Transfers by absorption - (gains)		0	
Transfers by absorption - losses		0	
Net (gain)/loss on transfers by absorption		0	
Net operating costs for the financial year including absorption transfers		304,194	300,081
Of which:			
Administration Costs			
Gross employee benefits	7.1	2,632	2,957
Other costs	5.1	4,828	3,754
Income	4	(894)	(737)
Net administration costs before interest		6,566	5,974
Investment income	9	0	0
Other (gains)/losses	10	0	0
Finance costs	11	0	0
Net administration costs for the financial year		6,566	5,974
Programme Expenditure			
Gross employee benefits	7.1	1,201	621
Other costs	5.1	316,738	315,721
Income	4	(20,452)	(22,376)
Net programme expenditure before interest		297,487	293,966
Investment income	9	0	0
Other (gains)/losses	10	0	0
Finance costs	11	141	141
Net programme expenditure for the financial year		297,628	294,107
Other Comprehensive Net Expenditure			
Impairments and reversals put to the Revaluation Reserve		665	12
Net (gain) on revaluation of property, plant & equipment		(129)	(569)
Total comprehensive net expenditure for the year*		304,730	299,524

*This is the sum of the rows above plus net operating costs for the financial year after absorption accounting adjustments.

The notes on pages 32 to 57 form part of this account.

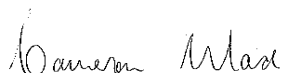
**Statement of Financial Position at
31 March 2013**

		31 March 2013	31 March 2012
	NOTE	£000	£000
Non-current assets:			
Property, plant and equipment	12	7,593	7,838
Intangible assets	13	0	0
Investment property	15	0	0
Other financial assets	21	1	1
Trade and other receivables	19	0	0
Total non-current assets		7,594	7,839
Current assets:			
Inventories	18	0	0
Trade and other receivables	19	3,764	6,443
Other financial assets	36.1	0	0
Other current assets	22	0	0
Cash and cash equivalents	23	71	20
Total current assets		3,835	6,463
Non-current assets held for sale	24	2,400	2,400
Total current assets		6,235	8,863
Total assets		13,829	16,702
Current liabilities			
Trade and other payables	25	(15,125)	(14,681)
Other liabilities	26,28	0	0
Provisions	32	(510)	(143)
Borrowings	27	(1)	(1)
Other financial liabilities	36.2	0	0
Total current liabilities		(15,636)	(14,825)
Non-current assets plus/less net current assets/liabilities		(1,807)	1,877
Non-current liabilities			
Trade and other payables	25	0	0
Other Liabilities	26,28	0	0
Provisions	32	(843)	(83)
Borrowings	27	(1,549)	(1,549)
Other financial liabilities	36.2	0	0
Total non-current liabilities		(2,392)	(1,632)
Total assets employed:		(4,199)	245
Financed by taxpayers' equity:			
General fund		(8,755)	(4,847)
Revaluation reserve		4,556	5,092
Other reserves		0	0
Total taxpayers' equity:		(4,199)	245

The notes on pages 32 to 57 form part of this account.

The financial statements on pages 28 to 31 were approved by the Audit Committee on behalf of the Board on 31st May 2013 and signed on its behalf by

Chief Executive:



Date: 7 June 2013

**Statement of Changes In Taxpayers Equity for the year ended
31 March 2013**

	General fund	Revaluation reserve	Total reserves
	£000	£000	£000
Balance at 1 April 2012	(4,847)	5,092	245
Changes in taxpayers' equity for 2012-13			
Net operating cost for the year	(304,194)	0	(304,194)
Net gain on revaluation of property, plant, equipment	0	129	129
Impairments and reversals	0	(665)	(665)
Total recognised income and expense for 2012-13	(304,194)	(536)	(304,730)
Net Parliamentary funding	300,286		300,286
Balance at 31 March 2013	(8,755)	4,556	(4,199)
Balance at 1 April 2011	(2,842)	4535	1,693
Changes in taxpayers' equity for 2011-12			
Net operating cost for the year	(300,081)	0	(300,081)
Net Gain / (loss) on Revaluation of Property, Plant and Equipment	0	569	569
Impairments and reversals	0	(12)	(12)
Total recognised income and expense for 2011-12	(300,081)	557	(299,524)
Net Parliamentary funding	298,076		298,076
Balance at 31 March 2012	(4,847)	5,092	245

**Statement of cash flows for the year ended
31 March 2013**

	2012-13	2011-12
	£000	£000
Cash Flows from Operating Activities		
Net Operating Cost Before Interest	(304,053)	(299,940)
Depreciation and Amortisation	692	496
Impairments and Reversals	78	887
Interest Paid	(141)	(140)
Decrease in Trade and Other Receivables	2,679	673
Increase/(Decrease) in Trade and Other Payables	(39)	694
(Increase)/Decrease in Other Current Liabilities	0	(536)
Provisions Utilised	(51)	(18)
Increase/(Decrease) in Provisions	1,178	(50)
Net Cash Inflow/(outflow) from Operating Activities	(299,657)	(297,934)
Cash flows from investing activities		
(Payments) for Property, Plant and Equipment	(578)	(166)
Net Cash Inflow/(outflow) from Investing Activities	(578)	(166)
Net cash inflow/(outflow) before financing	(300,235)	(298,100)
Cash flows from financing activities		
Net Parliamentary Funding	300,286	298,076
Net Cash Inflow/(outflow) from Financing Activities	300,286	298,076
Net increase/(decrease) in cash and cash equivalents	51	(24)
Cash and Cash Equivalents (and bank overdraft) at beginning of the period	20	44
Cash and Cash Equivalents (and bank overdraft) at period end	71	20

1. Accounting policies

The Secretary of State for Health has directed that the financial statements of PCTs shall meet the accounting requirements of the PCT Manual for Accounts, which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the 2012-13 PCTs Manual for Accounts issued by the Department of Health. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the PCT Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the PCT for the purpose of giving a true and fair view has been selected. The particular policies adopted by the PCT are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

The PCT is within the Government Resource Accounting Boundary and therefore has only consolidated interests in other entities where the other entity is also within the resource accounting boundary and the PCT exercises in-year budgetary control over the other entity.

In accordance with the directed accounting policy from the Secretary of State, the PCT does not consolidate the NHS charitable funds for which it is the corporate trustee.

1.1 Accounting Conventions

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Transforming Community Services (TCS) transactions

Under the TCS initiative, services historically provided by PCTs have transferred to other providers - notably NHS Trusts and NHS Foundation Trusts. Such transfers fall to be accounted for by use of absorption accounting in line with the Treasury FRoM. The FRoM does not require retrospective adoption, so prior year transactions (which have been accounted for under merger accounting) have not been restated. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the SOCNE, and is disclosed separately from operating costs.

Acquisitions and Discontinued Operations

Activities are considered to be 'acquired' only if they are acquired from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one NHS body to another.

Critical accounting judgements and key sources of estimation uncertainty

In the application of the PCT's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors, that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

Critical judgements in applying accounting policies

The following are the critical judgements, apart from those involving estimations (see below) that management has made in the process of applying the entity's accounting policies and that have the most significant effect on the amounts recognised in the financial statements. These include asset valuations, see note 12, accounting for the Continuing healthcare provision, see note 32, and accounting for the Continuing healthcare contingent liability, see note 33.

Critical accounting judgements - Going Concern

As a consequence of the Health and Social Care Act 2012, the functions, assets and liabilities of Middlesbrough PCT will be transferred on 31st March 2013 to a number of new or existing public / private sector entities significantly, NHS Property Services, Community Health Partnerships, Clinical Commissioning Groups, NHS England and the Local Authorities. Where reconfigurations of this nature take place within the public sector, Government accounting requires that the activities concerned are to be considered as continuing operations, and so the closing entity prepares accounts on a 'going concern' basis.

Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the Statement of Financial Position date, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

1. Accounting policies (continued)

1.2 Revenue and Funding

The main source of funding for the Primary Care Trust is allocations (Parliamentary Funding) from the Department of Health within an approved cash limit, which is credited to the General Fund of the Primary Care Trust. Parliamentary funding is recognised in the financial period in which the cash is received.

Miscellaneous revenue is income which relates directly to the operating activities of the Primary Care Trust. It principally comprises fees and charges for services provided on a full cost basis to external customers, as well as public repayment work. It includes both income appropriated-in-aid of the Vote and income to the Consolidated Fund which HM Treasury has agreed should be treated as operating income.

Revenue in respect of services provided is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable.

Where revenue has been received for a specific activity to be delivered in the following financial year, that income will be deferred.

1.3 Care Trust Designation

Middlesbrough PCT is not a Care Trust.

1.4 Pooled budgets

The PCT is party to a pooled budget arrangement in relation to the loan of community equipment. The pool is hosted by Middlesbrough Borough Council. As a commissioner of healthcare services, the Primary Care Trust makes contributions to the pool which are then used to purchase healthcare services. Annual contributions to the Pool are £47k.

The Middlesbrough Drug Action Team budget (DAT), although managed by a multi agency partnership does not operate as a pooled budget under s75 of the Health Act 2006. The DAT is funded through the National Treatment Agency funding, which the PCT receives directly from the DH.

1.5 Taxation

The PCT is not liable to pay corporation tax. Expenditure is shown net of recoverable VAT. Irrecoverable VAT is charged to the most appropriate expenditure heading or capitalised if it relates to an asset.

1.6 Administration and Programme Costs

Treasury has set performance targets in respect of non-frontline expenditure (administration expenditure).

From 2011-12, PCTs therefore analyse and report revenue income and expenditure by "admin and programme"

For PCTs, the Department has defined "admin and programme" in terms of running costs.

The broad definition of running costs includes any cost incurred that is not a direct payment for the provision of healthcare or healthcare related services.

Expense incurred under NHS transition redundancy programmes is however classed as "programme" under Treasury budgetary control arrangements and so is recorded as such in the financial statements.

1.7 Property, Plant & Equipment

Recognition

Property, Plant and Equipment is capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the PCT;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000; or
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

Valuation

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. All assets are measured subsequently at fair value.

Land and buildings used for the PCT's services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use;
- Specialised buildings – depreciated replacement cost.

1. Accounting policies (continued)

Until 31 March 2008, the depreciated replacement cost of specialised buildings has been estimated for an exact replacement of the asset in its present location. HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued.

The PCT commissioned a revaluation of all its owned and finance leased buildings from the Valuation Office Agency as at 31st March 2013 on this basis, and the effects of this revaluation is reflected the Statement of Financial Position as in-year revaluations or impairments. The overall effects of these valuations are that Land values have remained static and Building values have fallen by £609k.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

Until 31 March 2008, fixtures and equipment were carried at replacement cost, as assessed by indexation and depreciation of historic cost. From 1 April 2008 indexation has ceased. The carrying value of existing assets at that date will be written off over their remaining useful lives and new fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive net expenditure in the Statement of Comprehensive Net Expenditure.

Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

1.8 Intangible Assets

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the PCT's business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the PCT; where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use;
- the intention to complete the intangible asset and use it;
- the ability to sell or use the intangible asset;
- how the intangible asset will generate probable future economic benefits or service potential;
- the availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it;
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Measurement

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), indexed for relevant price increases, as a proxy for fair value. Internally-developed software is held at amortized historic cost to reflect the opposing effects of increases in development costs and technological advances.

1.9 Depreciation, amortisation and impairments

Freehold land, properties under construction and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the PCT expects to obtain economic benefits or service potential from the asset. This is specific to the PCT and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over their estimated useful lives.

1. Accounting policies (continued)

At each reporting period end, the PCT checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

Impairments are analysed between Departmental Expenditure Limits (DEL) and Annually Managed Expenditure (AME) from 2011-12. This is necessary to comply with Treasury's budgeting guidance. DEL limits are set in the Spending Review and Departments may not exceed the limits that they have been set.

AME budgets are set by the Treasury and may be reviewed with departments in the run-up to the Budget. Departments need to monitor AME closely and inform Treasury if they expect AME spending to rise above forecast. Whilst Treasury accepts that in some areas of AME inherent volatility may mean departments do not have the ability to manage the spending within budgets in that financial year, any expected increases in AME require Treasury approval.

1.10 Donated assets

Following the accounting policy change outlined in the Treasury FREM for 2011-12, a donated asset reserve is no longer maintained. Donated non-current assets are capitalised at their fair value on receipt, with a matching credit to Income. They are valued, depreciated and impaired as described above for purchased assets. Gains and losses on revaluations, impairments and sales are as described above for purchased assets. Deferred income is recognised only where conditions attached to the donation preclude immediate recognition of the gain.

1.11 Government grants

Following the accounting policy change outlined in the Treasury FREM for 2011-12, a government grant reserve is no longer maintained. The value of assets received by means of a government grant are credited directly to income. Deferred income is recognised only where conditions attached to the grant preclude immediate recognition of the gain.

1.12 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale within one year from the date of classification. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the Statement of Comprehensive Net Expenditure. On disposal, the balance for the asset in the revaluation reserve is transferred to retained earnings.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead, it is retained as an operational asset and its economic life is adjusted. The asset is de-recognised when it is scrapped or demolished.

1.13 Inventories

Inventories are not valued within these accounts due to the immaterial stock values.

1.14 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the PCT's cash management.

1. Accounting policies (continued)

1.15 Losses and Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

Losses and special payments are charged to the relevant functional headings including losses which would have been made good through insurance cover had PCTs not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

1.16 Clinical Negligence Costs

From 1 April 2000, the NHS Litigation Authority (NHSLA) took over the full financial responsibility for all Existing Liabilities Scheme (ELS) cases unsettled at that date and from 1 April 2002 all Clinical Negligence Scheme for Trusts (CNST) cases. Provisions for these are included in the accounts of the NHSLA. Although the NHSLA is administratively responsible for all cases from 1 April 2000, the legal liability remains with the PCTs.

The NHSLA operates a risk pooling scheme under which the PCT pays an annual contribution to the NHSLA which in return settles all clinical negligence claims. The contribution is charged to expenditure in the year that it is due. The total value of clinical negligence provisions carried by the NHSLA on behalf of the PCT is disclosed at Note 32.

1.17 Employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees.

Retirement benefit 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. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the PCT commits itself to the retirement, regardless of the method of payment.

1.18 Research and Development

Research and development expenditure is charged against income in the year in which it is incurred, except insofar as development expenditure relates to a clearly defined project and the benefits of it can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the Statement of Comprehensive Net Expenditure on a systematic basis over the period expected to benefit from the project. It should be revalued on the basis of current cost. The amortisation is calculated on the same basis as depreciation, on a quarterly basis.

1.19 Other expenses

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable.

1.20 Grant making

Under section 256 of the National Health Service Act 2006, the PCT has the power to make grants to local authorities, voluntary bodies and registered social landlords to finance capital or revenue schemes. A liability in respect of these grants is recognised when the PCT has a present legal or constructive obligation which occurs when all of the conditions attached to the payment have been met.

1.21 EU Emissions Trading Scheme

EU Emission Trading Scheme allowances are accounted for as government grant funded intangible assets if they are not expected to be realised within twelve months, and otherwise as other current assets. They are valued at open market value. As the NHS body makes emissions, a provision is recognised with an offsetting transfer from deferred income. The provision is settled on surrender of the allowances. The asset, provision and deferred income are valued at fair value at the end of the reporting period.

1. Accounting policies (continued)

1.22 Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the PCT, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

1.23 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The PCT as lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in calculating the PCT's net operating cost.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

The PCT as lessor

Amounts due from lessees under finance leases are recorded as receivables at the amount of the PCT's net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the PCT's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

1.24 Foreign exchange

Transactions which are denominated in a foreign currency are translated into sterling at the exchange rate ruling on the date of each transaction, except where rates do not fluctuate significantly, in which case an average rate for a period is used. Resulting exchange gains and losses are taken to the Statement of Comprehensive Net Expenditure.

1.25 Provisions

Provisions are recognised when the PCT has a present legal or constructive obligation as a result of a past event, it is probable that the PCT will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate of 2.2% (2.8% in respect of early staff departures) in real terms.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the PCT has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the PCT has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

1.26 Financial Instruments

Financial assets

Financial assets are recognised when the PCT becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are initially recognised at fair value.

Financial assets are classified into the following categories: financial assets 'at fair value through profit and loss'; 'held to maturity investments'; 'available for sale' financial assets, and 'loans and receivables'. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

Financial assets at fair value through profit and loss

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the Statement of Comprehensive Net Expenditure. The net gain or loss incorporates any interest earned on the financial asset.

1. Accounting policies (continued)

Held to maturity investments

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Available for sale financial assets

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to the Statement of Comprehensive Net Expenditure on de-recognition.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the initial fair value of the financial asset.

At the Statement of Financial Position date, the PCT assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Net Expenditure and the carrying amount of the asset is reduced directly, or through a provision for impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through the Statement of Comprehensive Net Expenditure to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

Financial liabilities

Financial liabilities are recognised on the Statement of Financial Position when the PCT becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are derecognised when the liability has been discharged, that is, the liability has been paid or has expired.

Financial liabilities are initially recognised at fair value.

Financial liabilities are classified as either financial liabilities 'at fair value through profit and loss' or other financial liabilities.

Financial liabilities at fair value through profit and loss

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the Statement of Comprehensive Net Expenditure. The net gain or loss incorporates any interest earned on the financial asset.

Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.27 Private Finance Initiative (PFI) and NHS LIFT transactions

The PCT has no PFI/LIFT schemes.

1.28 Accounting Standards that have been issued but have not yet been adopted

The Treasury FReM does not require the following Standards and Interpretations to be applied in 2012-13. The application of the Standards as revised would not have a material impact on the accounts for 2012-13, were they applied in that year:

- IAS 27 Separate Financial Statements - subject to consultation;
- IAS 28 Investments in Associates and Joint Ventures - subject to consultation;
- IFRS 9 Financial Instruments - subject to consultation;
- IFRS 10 Consolidated Financial Statements - subject to consultation;
- IFRS 12 Disclosure of Interests in Other Entities - subject to consultation;
- IFRS 13 Fair Value Measurement - subject to consultation.

2 Operating segments

Middlesbrough PCT acts only as a Commissioning PCT, without a separate provider of services to the public, and all activity is reported to the Board under a 'single segment' accordingly.

3. Financial Performance Targets

3.1 Revenue Resource Limit

The PCTs' performance for the year ended 2012-13 is as follows:

	2012-13 £000	2011-12 £000
Total Net Operating Cost for the Financial Year	304,194	300,081
Net operating cost plus (gain)/loss on transfers by absorption	304,194	0
Adjusted for prior period adjustments in respect of errors	0	0
Revenue Resource Limit	<u>304,794</u>	<u>300,681</u>
Under/(over)spend against Revenue Resource Limit (RRL)	<u>600</u>	<u>600</u>

As at 31st March 2013, Middlesbrough PCT has £2.2m resource lodged with NHS England.

3.2 Capital Resource Limit

The PCT is required to keep within its Capital Resource Limit.

	2012-13 £000	2011-12 £000
Capital Resource Limit	1,280	175
Charge to Capital Resource Limit	<u>1,061</u>	<u>173</u>
(Over)/underspend against CRL	<u>219</u>	<u>2</u>

3.3 Under/(Over)spend against cash limit

	2012-13 £000	2011-12 £000
Total Charge to Cash Limit	300,286	298,076
Cash Limit	<u>302,236</u>	<u>298,076</u>
Under/(over)spend against Cash Limit	<u>1,950</u>	<u>0</u>

3.4 Reconciliation of Cash Drawings to Parliamentary Funding (current year)

	2012-13 £000
Total cash received from DH (gross)	257,952
Less: Trade income from DH	0
Less/(plus): movement in DH working balances	<u>0</u>
Sub total: net advances	<u>257,952</u>
(Less): transfers (to)/from other resource account bodies	0
Plus: cost of Dentistry Schemes (central charge to cash limits)	9,354
Plus: drugs reimbursement (central charge to cash limits)	<u>32,980</u>
Parliamentary funding credited to General Fund	<u>300,286</u>

4 Miscellaneous Revenue

	2012-13 Total £000	2012-13 Admin £000	2012-13 Programme £000	2011-12 Total £000
Dental Charge income from Contractor-Led GDS & PDS	1,702	0	1,702	1,655
Prescription Charge income	1,661	0	1,661	1,684
Strategic Health Authorities	55	10	45	4
NHS Foundation Trusts	1,387	0	1,387	1,348
Primary Care Trusts - Other	430	0	430	706
Primary Care Trusts - Lead Commissioning	12,835	790	12,045	14,479
Local Authorities	204	0	204	297
Education, Training and Research	1,304	0	1,304	1,324
Other Non-NHS Patient Care Services	641	92	549	574
Rental revenue from operating leases	1,110	0	1,110	1,042
Other revenue	17	2	15	0
Total miscellaneous revenue	21,346	894	20,452	23,113

5. Operating Costs

5.1 Analysis of operating costs:

	2012-13 Total £000	2012-13 Admin £000	2012-13 Programme £000	2011-12 Total £000
Goods and Services from Other PCTs				
Healthcare	27,044	0	27,044	21,321
Non-Healthcare	3,155	2,371	784	1,689
Total	30,199	2,371	27,828	23,010
Goods and Services from Other NHS Bodies other than FTs				
Goods and services from NHS Trusts	692	0	692	3,763
Goods and services (other, excl Trusts, FT and PCT)	181	68	113	221
Total	873	68	805	3,984
Goods and Services from Foundation Trusts	166,349	450	165,899	164,712
Purchase of Healthcare from Non-NHS bodies	35,386	0	35,386	33,498
Expenditure on Drugs Action Teams	3,525	0	3,525	3,615
Contractor Led GDS & PDS (excluding employee benefits)	11,525	0	11,525	11,043
Chair, Non-executive Directors & PEC remuneration	27	27	0	58
Consultancy Services	246	246	0	15
Prescribing Costs	26,157	0	26,157	28,001
G/PMS, APMS and PCTMS (excluding employee benefits)	28,178	0	28,178	27,232
New Pharmacy Contract	8,298	0	8,298	8,883
General Ophthalmic Services	2,085	0	2,085	2,017
Supplies and Services - Clinical	155	0	155	297
Supplies and Services - General	434	22	412	471
Establishment	817	343	474	531
Transport	5	1	4	0
Premises	4,979	419	4,560	4,930
Impairments & Reversals of Property, plant and equipment	78	0	78	287
Impairments and Reversals of non-current assets held for sale	0	0	0	600
Depreciation	692	49	643	495
Amortisation	0	0	0	1
Audit Fees	74	74	0	123
Other Auditors Remuneration	22	22	0	22
Clinical Negligence Costs	50	50	0	55
Education and Training	78	23	55	40
Other	1,334	663	671	5,555
Total Operating costs charged to Statement of Comprehensive Net Expenditure	321,566	4,828	316,738	319,475
Employee Benefits (excluding capitalised costs)				
PCT Officer Board Members	107	107	0	88
Other Employee Benefits	3,726	2,525	1,201	3,490
Total Employee Benefits charged to SOCNE	3,833	2,632	1,201	3,578
Total Operating Costs	325,399	7,460	317,939	323,053
	Total	Commissioning Public Health Services		
PCT Running Costs 2012-13				
Running costs (£000)	6,646	6,216	430	
Weighted population (number in units)*	170,896	170,896	170,896	
Running costs per head of population (£ per head)	38.89	36.37	2.52	
PCT Running Costs 2011-12				
Running costs (£000)	6,654	6,158	496	
Weighted population (number in units)*	170,896	170,896	170,896	
Running costs per head of population (£ per head)	38.94	36.03	2.90	

* Weighted population figures are not available for 2012-13 as the weighted capitation formula for PCT allocations was not updated for 2012-13. This was because it was decided to give all PCTs the same percentage growth in their allocations in this transitional year rather than differential growth based on a weighted capitation formula.

Therefore, 2011-12 weighted populations have been used when calculating the Running Costs per head of population in 2012-13.

5.2 Analysis of operating expenditure by expenditure classification	2012-13	2011-12
	£000	£000
Purchase of Primary Health Care		
GMS / PMS/ APMS / PCTMS	24,791	24,234
Prescribing costs	26,157	28,001
Contractor led GDS & PDS	11,110	10,631
General Ophthalmic Services	2,085	2,017
New Pharmacy Contract	8,298	8,883
Total Primary Healthcare purchased	<u>72,441</u>	<u>73,766</u>
Purchase of Secondary Healthcare		
Learning Difficulties	13,137	12,245
Mental Illness	31,810	30,571
Maternity	8,075	7,918
General and Acute	126,001	122,167
Accident and emergency	10,545	10,179
Community Health Services	25,640	24,310
Other Contractual	8,637	8,397
Total Secondary Healthcare Purchased	<u>223,845</u>	<u>215,787</u>
Total Healthcare Purchased by PCT	<u>296,286</u>	<u>289,553</u>
Healthcare from NHS FTs included above	165,671	164,174

6. Operating Leases

The significant operating leases represented in the figures below are:

- One Life, Linthorpe Road (3 leases) £656k, lease expires December 2030
- Health Village, Trinity Mews £403k, lease expires December 2026
- Headquarters buildings, High Force Road, £110k, lease expires October 2014
- Lifestore, Cleveland Health Centre, £96k, expires June 2020

6.1 PCT as lessee

	Buildings £000	2012-13 Total £000	2011-12 Total £000
Payments recognised as an expense			
Minimum lease payments	1,101	1,101	1,484
Contingent rents	241	241	206
Total	1,342	1,342	1,690
Payable:			
No later than one year	1,368	1,368	1,303
Between one and five years	4,878	4,878	4,783
After five years	10,756	10,756	11,188
Total	17,002	17,002	17,274

Middlesbrough PCT has entered into certain financial arrangements involving the use of GP premises. Under IAS 17 (Leases), SIC 27 (Evaluating the substance of transactions involving the legal form of a lease) and IFRIC 4 (Determining whether an arrangement contains a lease) the PCT has determined that those operating leases must be recognised, but, as there is no defined term in the arrangements entered into, it is not possible to analyse the arrangements over financial years. Therefore, leases to reimburse GP contractors are not included in the above table. The financial value included in the Operating Cost Statement for 2012/13 is £2.6m including property lease reimbursement for GMS practices of £1.3m (£2.7m in 2011/12, including £1.2m GMS lease payments).

6.2 PCT as lessor

The PCT leases part of its premises at the One Life Centre to a private provider of health services. The tenant has the right to vacate the premises giving 6 months notice at any time if provider activity falls below an economically sustainable level. The continuation of the rental income is therefore contingent on commissioned healthcare activity.

	2012-13 £000	2011-12 £000
Recognised as income		
Rental Revenue	1,110	1,042
Total	1,110	1,042
Receivable:		
No later than one year	300	300
Between one and five years	900	1,200
Total	1,200	1,500

7. Employee benefits and staff numbers

7.1 Employee benefits

	2012-13			Permanently employed			Other		
	Total £000	Admin £000	Programme £000	Total £000	Admin £000	Programme £000	Total £000	Admin £000	Programme £000
Employee Benefits - Gross Expenditure									
Salaries and wages	3,284	2,267	1,017	3,028	2,100	928	256	167	89
Social security costs	218	145	73	218	145	73	0	0	0
Employer Contributions to NHS BSA - Pensions Division	331	220	111	331	220	111	0	0	0
Total employee benefits	3,833	2,632	1,201	3,577	2,465	1,112	256	167	89
Total - Net Employee Benefits including capitalised costs	3,833	2,632	1,201	3,577	2,465	1,112	256	167	89
Employee costs capitalised	0	0	0	0	0	0	0	0	0
Gross Employee Benefits excluding capitalised costs	3,833	2,632	1,201	3,577	2,465	1,112	256	167	89
Recognised as:									
Commissioning employee benefits	3,833			3,577			256		
Gross Employee Benefits excluding capitalised costs	3,833			3,577			256		

Employee Benefits - Prior- year

	Total £000	Permanently employed £000	Other £000
Employee Benefits Gross Expenditure 2011-12			
Salaries and wages	2,948	2,826	122
Social security costs	239	239	0
Employer Contributions to NHS BSA - Pensions Division	365	365	0
Termination benefits	26	26	0
Total gross employee benefits	3,578	3,456	122
Less recoveries in respect of employee benefits	0	0	0
Total - Net Employee Benefits including capitalised costs	3,578	3,456	122
Employee costs capitalised	0	0	0
Gross Employee Benefits excluding capitalised costs	3,578	3,456	122
Recognised as:			
Commissioning employee benefits	3,578		
Gross Employee Benefits excluding capitalised costs	3,578		

7.2 Staff Numbers

	2012-13			2011-12		
	Total Number	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number
Average Staff Numbers						
Medical and dental	1	1	0	1	1	0
Administration and estates	75	61	14	67	62	5
Nursing, midwifery and health visiting staff	6	6	0	6	5	1
Scientific, therapeutic and technical staff	7	7	0	7	7	0
Other	2	2	0	5	5	0
TOTAL	91	77	14	86	80	6
Of the above - staff engaged on capital projects	0	0	0	0	0	0

7.3 Staff Sickness absence and ill health retirements

	2012-13 Number	2011-12 Number
Total days lost	1,975	2,102
Total staff years	324	275
Average working days lost	6.10	7.64

The sickness absence figures relate to 2011 and 2012 calendar year.
2012-13 staff sickness figures are presented on a Tees basis, due to the staff hosting arrangements.

	2012-13 Number	2011-12 Number
Number of persons retired early on ill health grounds	0	0
Total additional pensions liabilities accrued in the year	£000 0	£000 0

7.4 Exit Packages agreed during 2012-13

	2012-13			2011-12		
	*Number of compulsory redundancies Number	*Number of other departures agreed Number	Total number of exit packages by cost band Number	*Number of compulsory redundancies Number	*Number of other departures agreed Number	Total number of exit packages by cost band Number
Exit package cost band (including any special payment element)						
£25,001-£50,000	0.00	0.00	0.00	0.27	0.00	0.27
Total number of exit packages by type (total cost)	0.00	0.00	0.00	0.27	0.00	0.27
Total resource cost	£ 0	£ 0	£ 0	£ 26,000	£ 0	£ 26,000

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

This disclosure reports the number and value of exit packages taken by staff leaving in the year. Note: The expense associated with these departures may have been recognised in part or in full in a previous period.

Exit Packages for 2012/13 reflect the principal relationship for Tees PCT's, however in 2011/12 the numbers reflect an agency basis.

7.5 Pension costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

The scheme is subject to a full actuarial valuation every five years and an accounting valuation every year. An outline of these follows:

a) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the scheme (taking into account its recent demographic experience), and to recommend the contribution rates to be paid by employers and scheme members. The last such valuation, which determined current contribution rates was undertaken as at 31 March 2004 and covered the period from 1 April 1999 to that date. The conclusion from the 2004 valuation was that the scheme had accumulated a notional deficit of £3.3 billion against the notional assets as at 31 March 2004.

In order to defray the costs of benefits, employers pay contributions at 14% of pensionable pay and most employees had up to April 2008 paid 6%, with manual staff paying 5%.

Following the full actuarial review by the Government Actuary undertaken as at 31 March 2004, and after consideration of changes to the NHS Pension Scheme taking effect from 1 April 2008, his Valuation report recommended that employer contributions could continue at the existing rate of 14% of pensionable pay, from 1 April 2008, following the introduction of employee contributions on a tiered scale from 5% up to 8.5% of their pensionable pay depending on total earnings.

On advice from the scheme actuary, scheme contributions may be varied from time to time to reflect changes in the scheme's liabilities.

b) Accounting valuation

A valuation of the scheme liability is carried out annually by the scheme actuary as at the end of the reporting period by updating the results of the full actuarial valuation.

Between the full actuarial valuations at a two-year midpoint, a full and detailed member data-set is provided to the scheme actuary. At this point the assumptions regarding the composition of the scheme membership are updated to allow the scheme liability to be valued.

The valuation of the scheme liability as at 31 March 2011, is based on detailed membership data as at 31 March 2008 (the latest midpoint) updated to 31 March 2011 with summary global member and accounting data.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Resource Account, published annually. These accounts can be viewed on the NHS Pensions website. Copies can also be obtained from The Stationery Office.

c) Scheme provisions

The NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the Scheme or the specific conditions that must be met before these benefits can be obtained:

The Scheme is a "final salary" scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service.

With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new provision is known as "pension commutation".

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year.

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service, and five times their annual pension for death after retirement is payable.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the statement of comprehensive income at the time the PCT commits itself to the retirement, regardless of the method of payment.

Members can purchase additional service in the NHS Scheme and contribute to money purchase AVC's run by the Scheme's approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

8. Better Payment Practice Code**8.1 Measure of compliance**

	2012-13 Number	2012-13 £000	2011-12 Number	2011-12 £000
Non-NHS Payables				
Total Non-NHS Trade Invoices Paid in the Year	5,705	51,414	6,695	60,365
Total Non-NHS Trade Invoices Paid Within Target	5,445	49,993	6,392	57,889
Percentage of NHS Trade Invoices Paid Within Target	95.44%	97.24%	95.47%	95.90%
NHS Payables				
Total NHS Trade Invoices Paid in the Year	2,120	215,602	2,199	237,540
Total NHS Trade Invoices Paid Within Target	2,045	215,226	2,099	236,491
Percentage of NHS Trade Invoices Paid Within Target	96.46%	99.83%	95.45%	99.56%

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

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

In 2012/13 the PCT has no late payment of Commercial Debts (2011/12:nil).

9. Investment Income

In 2012/13 the PCT has no Investment Income (2011/12:nil).

10. Other Gains and Losses

In 2012/13 the PCT has no Other Gains and Losses (2011/12:nil).

11. Finance Costs

	2012-13 Total £000	2012-13 Admin £000	2012-13 Programme £000	2011-12 £000
Interest				
Interest on obligations under finance leases	141	0	141	141
Total interest expense	141	0	141	141
Total	141	0	141	141

12.1 Property, plant and equipment

	Land	Buildings excluding dwellings	Dwellings	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
2012-13							
Cost or valuation:							
At 1 April 2012	578	6,476	117	1,652	2,736	598	12,157
Additions Purchased	0	746	0	48	222	45	1,061
Upward revaluation/positive indexation	0	128	1	0	0	0	129
Impairments/negative indexation	0	(659)	(6)	0	0	0	(665)
At 31 March 2013	578	6,691	112	1,700	2,958	643	12,682
Depreciation							
At 1 April 2012	0	4	5	1,431	2,524	355	4,319
Impairments	0	78	0	0	0	0	78
Charged During the Year	0	233	2	158	56	243	692
At 31 March 2013	0	315	7	1,589	2,580	598	5,089
Net Book Value at 31 March 2013	578	6,376	105	111	378	45	7,593
Purchased	578	6,376	105	111	378	45	7,593
Total at 31 March 2013	578	6,376	105	111	378	45	7,593
Asset financing:							
Owned	578	4,388	105	111	378	45	5,605
Held on finance lease	0	1,988	0	0	0	0	1,988
Total at 31 March 2013	578	6,376	105	111	378	45	7,593

Revaluation Reserve Balance for Property, Plant & Equipment

	Land	Buildings	Dwellings	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
At 1 April 2012	112	1,547	114	32	0	0	1,805
Movements	0	(532)	(4)	0	0	0	(536)
At 31 March 2013	112	1,015	110	32	0	0	1,269

12.2 Property, plant and equipment

	Land	Buildings excluding dwellings	Dwellings	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
2011-12							
Cost or valuation:							
At 1 April 2011	1,092	6,817	119	1,652	2,702	598	12,980
Additions - purchased	0	139	0	0	34	0	173
Revaluation & indexation gains	0	568	0	0	0	0	568
Impairments	(10)	0	(2)	0	0	0	(12)
Cumulative dep netted off cost following revaluation	(504)	(1,048)	0	0	0	0	(1,552)
At 31 March 2012	578	6,476	117	1,652	2,736	598	12,157
Depreciation							
At 1 April 2011	500	863	2	994	2,472	258	5,089
Impairments	4	0	0	242	0	55	301
Reversal of Impairments	0	(14)	0	0	0	0	(14)
Charged During the Year	0	203	3	195	52	42	495
Cumulative dep netted off cost following revaluation	(504)	(1,048)	0	0	0	0	(1,552)
At 31 March 2012	0	4	5	1,431	2,524	355	4,319
Net Book Value at 31 March 2012	578	6,472	112	221	212	243	7,838
Purchased	578	6,472	112	221	212	243	7,838
At 31 March 2012	578	6,472	112	221	212	243	7,838
Asset financing:							
Owned	578	4,340	112	221	212	243	5,706
Held on finance lease	0	2,132	0	0	0	0	2,132
At 31 March 2012	578	6,472	112	221	212	243	7,838

12.3 Property, plant and equipment

The Land and Buildings of the PCT were valued independently as at 31st March 2013 by the Valuation Office Agency.

The valuation was commissioned in accordance with the PCT accounting policies and guidance of the Department of Health: Land and Buildings were revalued at Depreciated Replacement Cost for Modern Equivalent Assets.

Asset lives for buildings have been assessed at between 2 and 59 years.

The Valuation Office Agency (VOA) is an executive agency of HM Revenue & Customs (HMRC) whose main purpose is to give policy advice to Ministers on property valuation matters. The valuations have been undertaken having regard to International Financial Reporting Standards (IFRS) as applied to the United Kingdom public sector and in accordance with HM Treasury guidance, International Valuation Standards and the requirements of the Royal Institution of Chartered Surveyors (RICS) Valuation Standards 8th Edition.

Economic Lives of Non-Current Assets

	Min Life Years	Max Life Years
Property, Plant and Equipment		
Buildings exc Dwellings	2	59
Dwellings	42	42
Plant & Machinery	3	5
Information Technology	1	5
Furniture and Fittings	5	5

13.1 Intangible non-current assets

	Software purchased £000	Total £000
2012-13		
At 1 April 2012	300	300
At 31 March 2013	<u>300</u>	<u>300</u>
Amortisation		
At 1 April 2012	300	300
At 31 March 2013	<u>300</u>	<u>300</u>
Net Book Value at 31 March 2013	<u>0</u>	<u>0</u>

13.2 Intangible non-current assets

	Software purchased £000	Total £000
2011-12		
At 1 April 2011	300	300
At 31 March 2012	<u>300</u>	<u>300</u>
Amortisation		
At 1 April 2011	299	299
Charged during the year	1	1
At 31 March 2012	<u>300</u>	<u>300</u>
Net Book Value at 31 March 2012	<u>0</u>	<u>0</u>

13.3 Intangible non-current assets

The PCT has only one class of intangible non-current asset for Software

14. Analysis of impairments and reversals recognised in 2012-13

	2012-13 Total £000	2012-13 Admin £000	2012-13 Programme £000
Property, Plant and Equipment impairments and reversals taken to SoCNE			
Loss or damage resulting from normal operations	0	0	0
Over-specification of assets	0	0	0
Abandonment of assets in the course of construction	0	0	0
Total charged to Departmental Expenditure Limit	0	0	0
Changes in market price	78	0	78
Total charged to Annually Managed Expenditure	78		78
Property, Plant and Equipment impairments and reversals charged to the revaluation reserve			
Changes in market price	665		
Total impairments for PPE charged to reserves	665		
Total Impairments of Property, Plant and Equipment	743	0	78
Total Impairments charged to Revaluation Reserve	665		
Total Impairments charged to SoCNE - AME	78	0	78
Overall Total Impairments	743	0	78
Of which:			
Impairment on revaluation to "modern equivalent asset" basis	743	0	743

15 Investment property

Middlesbrough PCT does not have an investment property.

16 Commitments

In 2012/13 Middlesbrough PCT has no other contracted capital commitments as at 31st March 2013 not otherwise included in these financial statements, (2011/12:nil).

16.1 Capital commitments

In 2012/13 Middlesbrough PCT has no other contracted capital commitments as at 31st March 2013 not otherwise included in these financial statements, (2011/12:nil).

16.2 Other financial commitments

In 2012/13 Middlesbrough PCT has no other financial commitments, (2011/12:nil).

17 Intra-Government and other balances

	Current receivables £000	Current payables £000
Balances with other Central Government Bodies	540	964
Balances with Local Authorities	79	730
Balances with NHS Trusts and Foundation Trusts	955	1,559
Balances with bodies external to government	2,190	11,872
At 31 March 2013	3,764	15,125
Prior period:		
Balances with other Central Government Bodies	671	939
Balances with Local Authorities	50	1,283
Balances with NHS Trusts and Foundation Trusts	3,735	1,810
Balances with Public Corporations and Trading Funds	161	0
Balances with bodies external to government	1,826	10,649
At 31 March 2012	6,443	14,681

18 Inventories

No inventory was recorded as only immaterial stock balances are held, (2011/12 : nil).

19.1 Trade and other receivables

	Current	
	31 March 2013	31 March 2012
	£000	£000
NHS receivables - revenue	1,495	2,416
NHS prepayments and accrued income	0	1,990
Non-NHS receivables - revenue	1,119	601
Non-NHS prepayments and accrued income	1,020	1,275
VAT	130	161
Total	3,764	6,443
Total current and non current	3,764	6,443

19.2 Receivables past their due date but not impaired

	31 March 2013	31 March 2012
	£000	£000
By up to three months	769	1,670
By three to six months	269	269
By more than six months	146	135
Total	1,184	2,074

19.3 Provision for impairment of receivables

	2012-13	2011-12
	£000	£000
Balance at 1 April	0	(8)
Amount written off during the year	0	8
Balance at 31 March	0	0

20 NHS LIFT investments

In 2012/13 the PCT has shares in Care Partnership 25 to the value of £1k as shown in Other Financial Assets (note 21.2).

21.1 Other financial assets - Current

In 2012/13 the PCT has no Other Current Assets (2011/12:nil).

21.2 Other Financial Assets - Non Current

	31 March 2013	31 March 2012
	£000	£000
Opening balance 1 April	1	1
Total Other Financial Assets - Non Current	1	1

21.3 Other Financial Assets - Capital Analysis

In 2012/13 the PCT has no Other Financial Assets - Capital Analysis

22 Other current assets

In 2012/13 the PCT has no Other Current Assets (2011/12:nil).

23 Cash and Cash Equivalents

	31 March 2013	31 March 2012
	£000	£000
Opening balance	20	44
Net change in year	51	(24)
Closing balance	71	20
Made up of		
Cash with Government Banking Service	71	19
Commercial banks	0	0
Cash in hand	0	1
Current investments	0	0
Cash and cash equivalents as in statement of financial position	71	20
Bank overdraft Government Banking Service	0	0
Bank overdraft Commercial banks	0	0
Cash and cash equivalents as in statement of cash flows	71	20
Patients' money held by the PCT, not included above	0	0

24 Non-current assets held for sale

	Land	Buildings, excl. dwellings	Total
	£000	£000	£000
Balance at 1 April 2012	1,200	1,200	2,400
Revaluation	(200)	200	0
Balance at 31 March 2013	1,000	1,400	2,400
Liabilities associated with assets held for sale at 31 March 2013	0	0	0
Balance at 1 April 2011	1,200	1,800	3,000
Less impairment of assets held for sale	0	(600)	(600)
Balance at 31 March 2012	1,200	1,200	2,400
Liabilities associated with assets held for sale at 31 March 2012	0	0	0

Revaluation reserve balances in respect of non-current assets held for sale were:

	£000
At 31 March 2012	3,287
At 31 March 2013	3,287

In 2012/13 Poole House is 'held for sale' and the sale is expected to be complete 2013/14.

25 Trade and other payables

	Current	
	31 March 2013	31 March 2012
	£000	£000
NHS payables - revenue	70	2,152
NHS accruals and deferred income	2,453	597
Family Health Services (FHS) payables	8,536	8,546
Non-NHS payables - revenue	290	440
Non-NHS payables - capital	490	7
Non-NHS accruals and deferred income	3,286	2,939
Total	15,125	14,681
Total payables (current and non-current)	15,125	14,681

26 Other liabilities

In 2012/13 Middlesbrough PCT has no Other Liabilities, (2011/12:nil)

27 Borrowings

	Current		Non-current	
	31 March 2013	31 March 2012	31 March 2013	31 March 2012
	£000	£000	£000	£000
Finance lease liabilities	1	1	1,549	1,549
Total	1	1	1,549	1,549
Total other liabilities (current and non-current)	1,550	1,550		

Borrowings/Loans - Payment of Principal Falling Due in:

	DH	Other	Total
	£000	£000	£000
0 - 1 Years	0	1	1
1 - 2 Years	0	0	0
2 - 5 Years	0	0	0
Over 5 Years	0	1,549	1,549
TOTAL	0	1,550	1,550

28 Other financial liabilities

In 2012/13 Middlesbrough PCT has no other financial liabilities (2011/12:nil).

29 Deferred income

In 2012/13 Middlesbrough PCT has no deferred income (2011/12:nil).

30 Finance lease obligations

Middlesbrough PCT leases Cleveland Health Centre, under a 120 year lease which commenced in 1973. The PCT acquired the property on inception by transfer in 2002/03 at which time it is estimated the property included in the lease would have had a value (using current methodology) of £1,550,000, giving rise to an estimated borrowing of the same amount and a minimum annual lease payment at that time of £136,000: however the lease is subject to seven yearly review and uplift in line with Retail Prices Index.

Contingent rent is determined by deducting from the current annual cash flow the calculated lease interest and repayment of principal.

There are no purchase or early termination options within the lease terms.

The terms of the lease require that the premises be used as a health centre.

The very long primary term of the lease and high inherent interest rate on capitalisation of the lease payments have resulted in the amount of the annual payment currently applied to repayment being negligible.

Amounts payable under finance leases (Buildings)	Minimum lease payments		Present value of minimum lease payments	
	31 March 2013 £000	31 March 2012 £000	31 March 2013 £000	31 March 2012 £000
Within one year	136	136	136	136
Between one and five years	546	546	436	436
After five years	10,365	10,506	978	978
Less future finance charges	(9,497)	(9,638)	n/a	n/a
Present value of minimum lease payments	<u>1,550</u>	<u>1,550</u>	<u>1,550</u>	<u>1,550</u>
Included in:				
Current borrowings			1	1
Non-current borrowings			<u>1,549</u>	<u>1,549</u>
			<u>1,550</u>	<u>1,550</u>

31 Finance lease receivables as lessor

Middlesbrough PCT has no finance lease receivables as at the balance sheet date, (2011/12:nil)

32 Provisions

Comprising:

	Total	Legal Claims	Continuing	Other
	£000	£000	Care £000	£000
Balance at 1 April 2012	226	0	103	123
Arising During the Year	1,178	16	1,162	0
Utilised During the Year	(51)	0	0	(51)
Balance at 31 March 2013	<u>1,353</u>	<u>16</u>	<u>1,265</u>	<u>72</u>
Expected Timing of Cash Flows:				
No Later than One Year	510	16	422	72
Later than One Year and not later than Five Years	843	0	843	0
Later than Five Years	0	0	0	0

Amount Included in the Provisions of the NHS Litigation Authority in Respect of Clinical Negligence Liabilities:

As at 31 March 2013	246
As at 31 March 2012	165

'Continuing Care provision' £1,265k (current & non current) relates to an estimate of compensation costs for individuals who meet appropriate continuing healthcare criteria and have previously borne the cost of nursing in private care as a direct personal expense, or where (following nursing assessment) individuals may be deemed retrospectively to meet national criteria for free nursing care. There is a high degree of uncertainty inherent both in anticipating claims and in assessing the likelihood of success and eventual financial outcome.

'Legal' Provision of £16k relates to an employee liability claim which is expected to be settled within 1 year.

'Other provisions' relates to a contractual commitment in relation to lease property dilapidation of £72k which is expected to be settled within 1 year

33 Contingencies

	31 March 2013 £000	31 March 2012 £000
Contingent liabilities		
Other: Continuing Health Care Compensation Claims	(5,504)	0
Net Value of Contingent Liabilities	<u>(5,504)</u>	<u>0</u>

Contingent Assets

In 2012/13 the PCT has no Contingent Assets, (2011/12 : nil).

34 PFI and LIFT - additional information

Middlesbrough PCT has no LIFT/PFI schemes either on or off - statement of financial position.

35 Impact of IFRS treatment - 2012-13

There was no impact of IFRS treatment - current year for Middlesbrough PCT.

36 Financial Instruments

Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. As the cash requirements of the PCT are met through Parliamentary Funding, financial instruments play a more limited role in creating risk that would apply to a non-public sector body of a similar size. The majority of financial instruments relate to contracts for non-financial items in line with the PCT's expected purchase and usage requirements and the PCT is therefore exposed to little credit, liquidity or market risk.

Currency risk

The PCT is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. The PCT has no overseas operations. The PCT therefore has low exposure to currency rate fluctuations.

Interest rate risk

PCTs are not permitted to borrow. The PCT therefore has low exposure to interest-rate fluctuations.

Credit Risk

Because the majority of the PCT's income comes from funds voted by Parliament the PCT has low exposure to credit risk.

Liquidity Risk

The PCT is required to operate within limits set by the Secretary of State for the financial year and draws down funds from the Department of Health as the requirement arises. The PCT is not, therefore, exposed to significant liquidity risks.

36.1 Financial Assets

	Loans and receivables £000	Total £000
Receivables - NHS	1,495	1,495
Receivables - non-NHS	1,119	1,119
Cash at bank and in hand	71	71
Total at 31 March 2013	2,685	2,685
Receivables - NHS	2,416	2,416
Receivables - non-NHS	601	601
Cash at bank and in hand	20	20
Total at 31 March 2012	3,037	3,037

36.2 Financial Liabilities

	Other £000	Total £000
NHS payables	2,523	2,523
Non-NHS payables	9,316	9,316
Other borrowings	1,550	1,550
Total at 31 March 2013	13,389	13,389
NHS payables	2,749	2,749
Non-NHS payables	8,993	8,993
PFI & finance lease obligations	1,550	1,550
Total at 31 March 2012	13,292	13,292

37 Related party transactions

During the year board members or members of the key management staff, or parties related to any of them, have undertaken the following material transactions with Middlesbrough Primary Care Trust.

		Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
		£	£	£	£
Henry Waters	The Village Medical Centre	1,061,044	0	15,499	18,893
James Gossow	DISC	9,309	0	0	0
Peter Kelly	University of Teesside	13,770	0	6,800	0
Peter Hadfield	Cleveland Police Authority	0	0	0	1,723
Edward Kunonga	Middlesbrough Borough Council	16,116,191	237,030	729,273	0
Neil Nicholson	North East SHA	108,125	1,360,952	80,000	0
Clare Hunter	Tees Esk & Wear Valleys FT	22,504,450	0	65,385	0
Chris Willis	Hartlepool PCT	174,051	2,963,066	0	67,838
Chris Willis	Redcar & Cleveland PCT	613,732	5,075,416	74,600	131,357
Chris Willis	Stockton PCT	5,848,318	5,466,015	690,164	279,252
James Gossow	Tees Esk & Wear Valleys FT				
Peter Kelly	North East SHA				
Cameron Ward	Hartlepool PCT				
Steve Wallace	Hartlepool PCT				
Peter Hadfield	Hartlepool PCT				
Leo Gillen	Hartlepool PCT				
Malcolm Walker	Hartlepool PCT				
John Bentley	Hartlepool PCT				
Carol Hodgson	Hartlepool PCT				
Clare Hunter	Hartlepool PCT				
Peter Race	Hartlepool PCT				
Neil Nicholson	Hartlepool PCT				
Audrey Pickstock	Hartlepool PCT				
Bev Reilly	Hartlepool PCT				
Celia Weldon	Hartlepool PCT				
Jackie White	Hartlepool PCT				
Mike Procter	Hartlepool PCT				
James Gossow	Hartlepool PCT				
Peter Kelly	Hartlepool PCT				
Cameron Ward	Redcar & Cleveland PCT				
Steve Wallace	Redcar & Cleveland PCT				
Peter Hadfield	Redcar & Cleveland PCT				
Leo Gillen	Redcar & Cleveland PCT				
Malcolm Walker	Redcar & Cleveland PCT				
John Bentley	Redcar & Cleveland PCT				
Carol Hodgson	Redcar & Cleveland PCT				
Clare Hunter	Redcar & Cleveland PCT				
Peter Race	Redcar & Cleveland PCT				
Neil Nicholson	Redcar & Cleveland PCT				
Audrey Pickstock	Redcar & Cleveland PCT				
Bev Reilly	Redcar & Cleveland PCT				
Celia Weldon	Redcar & Cleveland PCT				
Jackie White	Redcar & Cleveland PCT				
Mike Procter	Redcar & Cleveland PCT				
James Gossow	Redcar & Cleveland PCT				
Peter Kelly	Redcar & Cleveland PCT				
Henry Waters	Redcar & Cleveland PCT				
Cameron Ward	Stockton PCT				
Steve Wallace	Stockton PCT				
Peter Hadfield	Stockton PCT				
Leo Gillen	Stockton PCT				
Malcolm Walker	Stockton PCT				
John Bentley	Stockton PCT				
Carol Hodgson	Stockton PCT				
Clare Hunter	Stockton PCT				
Peter Race	Stockton PCT				
Neil Nicholson	Stockton PCT				
Audrey Pickstock	Stockton PCT				
Bev Reilly	Stockton PCT				
Celia Weldon	Stockton PCT				
Jackie White	Stockton PCT				
Mike Procter	Stockton PCT				
James Gossow	Stockton PCT				
Peter Kelly	Stockton PCT				
		46,448,990	15,102,478	1,661,721	499,063

The Department of Health is regarded as a related party. During the year Middlesbrough PCT has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These entities are:

- South Tees Hospitals NHS Foundation Trust
- Tees Esk & Wear Valleys NHS Foundation Trust
- North East Ambulance Service NHS Trust
- Newcastle Upon Tyne Hospitals NHS Foundation Trust
- NHS Business Services Authority

In addition, the PCT has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with Middlesbrough Borough Council.

37 Related party transactions (continued)

Prior Year Comparators 2011-12

Member/ Key Staff	Related Party	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
		£	£	£	£
Chris Willis	North East SHA	91,632	1,328,568	1,572	0
Chris Willis	Hartlepool PCT	216,576	3,471,214	32,451	55,890
Chris Willis	Stockton PCT	5,129,841	6,605,910	659,912	100,622
Chris Willis	Redcar & Cleveland PCT	1,032,811	5,579,377	116,580	482,319
James Gossow	Tees Esk & Wear Valleys FT	21,207,654	0	229,978	758,877
Mike Hird	South Tees NHS FT	130,143,937	1,271	1,042,476	2,863,958
Edward Kunonga	Middlesbrough Borough Council	13,597,399	343,404	1,210,438	50,000
Peter Race	Cleveland Police Authority	251,222	0	0	0
Peter Kelly	University of Teesside	167,068	10,557	570	0
James Gossow	Zetland Medical Practice	1,545	0	0	0
Henry Waters	The Village Medical Centre	1,203,555	0	0	0
Neil Nicholson	North East SHA				
Peter Kelly	North East SHA				
Clare Hunter	Tees Esk & Wear Valleys FT				
Peter Hadfield	Cleveland Police Authority				
Stephen Childs	Stockton on Tees PCT				
Peter Kelly	Stockton on Tees PCT				
Neil Nicholson	Stockton on Tees PCT				
Mike Procter	Stockton on Tees PCT				
Celia Weldon	Stockton on Tees PCT				
Bev Reilly	Stockton on Tees PCT				
Peter Race	Stockton on Tees PCT				
Clare Hunter	Stockton on Tees PCT				
Carol Hodgson	Stockton on Tees PCT				
John Bentley	Stockton on Tees PCT				
Malcolm Walker	Stockton on Tees PCT				
Leo Gillen	Stockton on Tees PCT				
Steve Wallace	Stockton on Tees PCT				
Peter Hadfield	Stockton on Tees PCT				
James Gossow	Stockton on Tees PCT				
Bev Reilly	Hartlepool PCT				
Peter Kelly	Hartlepool PCT				
Stephen Childs	Hartlepool PCT				
Neil Nicholson	Hartlepool PCT				
Mike Procter	Hartlepool PCT				
John Bentley	Hartlepool PCT				
Peter Race	Hartlepool PCT				
Celia Weldon	Hartlepool PCT				
Clare Hunter	Hartlepool PCT				
Carol Hodgson	Hartlepool PCT				
Malcolm Walker	Hartlepool PCT				
Leo Gillen	Hartlepool PCT				
Steve Wallace	Hartlepool PCT				
Peter Hadfield	Hartlepool PCT				
James Gossow	Hartlepool PCT				
John Bentley	Redcar & Cleveland PCT				
Peter Race	Redcar & Cleveland PCT				
Carol Hodgson	Redcar & Cleveland PCT				
Clare Hunter	Redcar & Cleveland PCT				
Bev Reilly	Redcar & Cleveland PCT				
Peter Kelly	Redcar & Cleveland PCT				
Stephen Childs	Redcar & Cleveland PCT				
Neil Nicholson	Redcar & Cleveland PCT				
Mike Procter	Redcar & Cleveland PCT				
Malcolm Walker	Redcar & Cleveland PCT				
Celia Weldon	Redcar & Cleveland PCT				
Leo Gillen	Redcar & Cleveland PCT				
Steve Wallace	Redcar & Cleveland PCT				
James Gossow	Redcar & Cleveland PCT				
Peter Hadfield	Redcar & Cleveland PCT				
Martin Phillips	Redcar & Cleveland PCT				
		173,043,240	17,340,301	3,293,977	4,311,666

The Department of Health is regarded as a related party. During the year Middlesbrough PCT has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These entities are:

- North East Strategic Health Authority
- Tees Esk & Wear Valleys NHS Foundation Trust
- South Tees Hospitals NHS Foundation Trust
- North East Ambulance Service NHS Trust
- NHS Business Services Authority

In addition, the PCT has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with Middlesbrough Borough Council.

38 Losses and special payments

There were no losses and special payment during the year, (2011/12: £5,244,486).

39 Third party assets

The PCT had no third party Assets in 2012/13, (2011/12:nil).

40 Cashflows relating to exceptional items

There are no cashflows relating to exceptional items during the year, (2011/12:nil).

41 Events after the end of the reporting period

As a consequence of the Health and Social Care Act 2012, the functions, assets and liabilities of Middlesbrough PCT will be transferred on 1st April 2013 to a number of new or existing public / private sector entities significantly, NHS Property Services, Community Health Partnerships, Clinical Commissioning Groups, NHS England and the Local Authorities.

Certain assets have transferred to NHS Property Services and other entities on 1st April 2013. These were considered operational at the year end, and so have not been impaired in the PCT books. It is for the successor body to consider whether, in 2013-14, it is necessary to review these for impairment.

NHS MIDDLESBROUGH - SALARIES & ALLOWANCES FOR 2012-13

NAME	Title	PCT's	Notes	2012-2013						2011-2012							
				Total Salary (bands of £5,000)	PCT share of salary (bands of £5,000)	PCT Share of Other Remuneration (bands of £5,000)	Other Remuneration (bands of £5,000)	Bonus Payments (bands of £5,000)	Total Benefits in kind (Rounded to nearest £00)	PCT share of Benefits in kind (Rounded to nearest £00)	Total Salary (bands of £5,000)	PCT share of salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Total Bonus Payments (bands of £5,000)	PCT share of Bonus Payments (bands of £5,000)	Total Benefits in kind (Rounded to nearest £00)	PCT share of Benefits in kind (Rounded to nearest £00)
Board Members																	
Chris Willie	Chief Executive	NHS Tees	Role Ceased Nov 2012	100 - 105	25 - 30	85 - 90	300 - 325		0.8	0.2	10 - 15	0 - 5			2.5	0.6	
Cameron Ward	Acting Chief Executive	NHS Tees	Role Commenced Dec 2012														
Steve Wallace	Chair	NHS Tees		40 - 45	10 - 15				0.1	0	10 - 15	0 - 5			2.0	0.2	
Peter Hadfield	Non Exec Member / Board Member.	NHS Tees		5 - 10	0 - 5						0 - 5	0 - 5					
Leo Gillen	Non Exec Member / Board Member.	NHS Tees		5 - 10	0 - 5						0 - 5	0 - 5					
Malcolm Walker	Non Exec Member / Board Member.	NHS Tees		5 - 10	0 - 5						0 - 5	0 - 5					
John Bentley	Non Exec Member / Board Member.	NHS Tees		5 - 10	0 - 5						0 - 5	0 - 5					
Carol Hodgson	Non Exec Member / Board Member.	NHS Tees		5 - 10	0 - 5						0 - 5	0 - 5					
Clare Hunter	Non Exec Member / Board Member.	NHS Tees		5 - 10	0 - 5						0 - 5	0 - 5					
Peter Race	Non Exec Member / Board Member.	NHS Tees		10 - 15	0 - 5						0 - 5	0 - 5					
Peter Kelly**	Executive Director of Public Health	NHS Tees	Role Ceased Aug 12	45 - 50	5 - 10				0	0	55 - 60	10 - 15		0 - 5	0 - 5	0.4	0.1
	Director of Finance, Estates, IM&T, Contracting, Intelligence & Performance	NHS Tees	Role Ceased April 2012	0 - 5	0 - 5				0.3	0.1	60 - 65	15 - 20		0 - 5	0 - 5	3.1	0.8
Neil Nicholson*	Board Nurse	NHS Tees		80 - 85	20 - 25				3.9	1.0	75 - 80	20 - 25			4.2	1.1	
Bev Reilly																	
Directors																	
Audrey Pickstock	Acting Director of Finance	NHS Tees	Role Commenced April 2012	95 - 100	20 - 25				3.1	0.8	n/a	n/a			n/a	n/a	
Celia Weldon	Director of Corporate Affairs	NHS Tees	Left Dec 2012	70 - 75	15 - 20	40 - 45	155 - 160		2.2	0.6	90 - 95	20 - 25			2.8	0.8	
Jackie White	Acting Director of Corporate Affairs	NHS Tees	Role Commenced Jan 13	10 - 15	0 - 5	35 - 40	130 - 135		0.4	0.1	n/a	n/a			n/a	n/a	
Mike Procter	Director of Strategic Intelligence / Transition	NHS Tees		90 - 95	20 - 25	45-50	180 - 185		2.4	0.6	90 - 95	20 - 25			2.1	0.6	
James Gossov	Medical Director	NHS Tees		115 - 120	30 - 35						80 - 85	20 - 25					
Henry Waters	CCG Chair	South of Tees		90 - 95	45 - 50						50 - 55	50 - 55					
Edward Kunonga	Director of Public Health	NHS Middlesbrough		80 - 85	80 - 85						90 - 95	90 - 95					
	Mid point of band of highest paid Snr Mgr's total remuneration for NHS Middlesbrough				80 - 85							80 - 85					
	Mid point of highest paid Snr Mgr's total remuneration for NHS Middlesbrough				£81,480							£81,480					
	Median total remuneration for NHS Middlesbrough				£8,356							£8,853					
	Ratio				9.8							9.2					

PCT's

South of Tees = MPCT & RCPCT

Notes

* Cameron Ward on secondment from NHS North Central London - No cost to NHS Tees

** P Kelly Executive DPH across NHS Tees until 31.8.12, during this time he was also on secondment to NESHA 0.50wte . Total Salary value during this period £48k

Commenced role at DPH for Stockton WEF 1.9.12

*** N Nicholson ceased role 16.4.2012, during this time he was also on secondment to NESHA 0.40wte. Total Salary value during this period £4.8k

Additional Disclosure

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid senior manager in their organisation and the median remuneration of the organisation's workforce. The mid point of the banded remuneration of the highest paid senior manager in NHS Middlesbrough in the financial year 2012-13 was £81k. This was 9.8 times the median remuneration of the workforce.

A majority of the salaries of the highest paid senior managers (eg: CEO, DOF & EDPH) are shared across NHS Tees, and therefore only a portion of these costs are picked up within each entity. The highest paid senior managers reported in this disclosure relate to those staff who work 100% for each entity.

Total remuneration includes salary, non-consolidated performance-related pay, benefits in kind as well as severance payments. It does not include employer pensions contributions and the cash equivalent transfer value (CETV) of pensions.

NHS Middlesbrough 2012-13 Pension Benefits

2012-2013										
A	B	C	D	E	F	G				
Name and Title	PCT's	Real increase in pension at age 60 (bands of £2,500) £000	Lump Sum at age 60 related to real increase in pension (bands of £2,500) £000	Total accrued pension at age 60 @ 31 March 2013 (bands of 5000) £000	Lump Sum at age 60 related to accrued pension @ 31 March 2013 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2013 £000	Cash Equivalent Transfer Value at 31 March 2012 £000	Real increase in Cash Equivalent Transfer Value £000	Employer's contribution to stakeholder pension £	
Board Members										
Christine Willis, Chief Executive	Ceased role Nov 12	Teeswide	(2.5 - 0)	(5 - 2.5)	65 - 70	200 - 205	1,374	1,363	7	n/a
Neil Nicholson, Director of Finance, Estates, IM&T, Contracting Intelligence & Performance.	Ceased role April 12	Teeswide	0 - 2.5	0 - 2.5	25 - 30	85 - 90	620	592	1	n/a
Peter Kelly - Executive Director of Public Health	Ceased role Aug 2012	Teeswide	0 - 2.5	0 - 2.5	15 - 20	50 - 55	315	298	6	n/a
Directors										
Audrey Pickstock, Acting Director of Finance	Commenced April 2012	Teeswide	2.5 - 5	10 - 12.5	25 - 30	85 - 90	453	386	64	n/a
Celia Weldon , Director of Corporate Affairs	Ceased Role Dec 2012	Teeswide	0 - 2.5	0 - 2.5	20 - 25	60 - 65	403	391	9	n/a
Jackie White , Acting Director of Corporate Affairs	Commenced Jan 2013	Teeswide	0 - 2.5	0 - 2.5	15 - 20	55 - 60	254	237	28	n/a
Beverley Reilly , Board Nurse		Teeswide	0 - 2.5	2.5 - 5	25 - 30	75 - 80	392	369	23	n/a
James Gossow, Senior Medical Director			2.5 - 5	7.5 - 10	25 - 30	80 - 85	387	341	46	n/a
Mike Procter , Director of Strategic Intelligence/Transition		Tees	0 - 2.5	0 - 2.5	15 - 20	50 - 55	320	306	14	n/a
Public Health										
Edward Kunonga, Director of Public Health		Middlesbrough	(2.5 - 0)	n/a	0 - 5	n/a	11	24	-13	n/a

2011-2012										
A	B	C	D	E	F	G				
Name and Title	PCT's	Real increase in pension at age 60 (bands of £2,500) £000	Lump Sum at age 60 related to real increase in pension (bands of £2,500) £000	Total accrued pension at age 60 @ 31 March 2011 (bands of 5000) £000	Lump Sum at age 60 related to accrued pension @ 31 March 2011 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2011 £000	Cash Equivalent Transfer Value at 31 March 2010 £000	Real increase in Cash Equivalent Transfer Value £000	Employer's contribution to stakeholder pension £	
Board Members										
Christine Willis, Chief Executive	Ceased role Nov 12	Teeswide	(2.5 - 0)	(2.5 - 0)	65 - 70	195 - 200	1,295	1,228	6	n/a
Neil Nicholson, Director of Finance, Estates, IM&T, Contracting Intelligence & Performance.	Ceased role April 12	Teeswide	(2.5 - 0)	(5 - 2.5)	25 - 30	80 - 85	562	549	14	n/a
Peter Kelly - Executive Director of Public Health	Ceased role Aug 2012	Teeswide	0 - 2.5	0 - 2.5	15 - 20	45 - 50	283	254	29	n/a
Directors										
Audrey Pickstock, Acting Director of Finance	Commenced April 2012	Teeswide	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Celia Weldon , Director of Corporate Affairs	Ceased Role Dec 2012	Teeswide	0 - 2.5	0 - 2.5	20 - 25	60 - 65	371	329	42	n/a
Jackie White , Acting Director of Corporate Affairs	Commenced Jan 2013	Teeswide	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Beverley Reilly , Board Nurse		Teeswide	2.5 - 5	7.5 - 10	20 - 25	70 - 75	350	253	98	n/a
James Gossow, Senior Medical Director			n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mike Procter , Director of Strategic Intelligence/Transition		Tees	0 - 2.5	0 - 2.5	15 - 20	45 - 50	291	254	37	n/a
Public Health										
Edward Kunonga, Director of Public Health		Middlesbrough	0 - 2.5	0 - 2.5	0 - 5	0 - 5	23	6	17	n/a

DECLARATION OF INTERESTS to 1.4.12 – 31.3.13 – MIDDLESBROUGH PCT

Name	Remuneration	Related Undertakings	Contracts	Houses, Land & Buildings	Shares & Securities	Non-Financial Interests	Election Expenses
	<ul style="list-style-type: none"> • Remuneration received by virtue of being employed or self-employed; the holder of an office; the director of an undertaking; a partner in a firm; and involved in undertaking a trade, profession, vocation or any other work. • Any allowances received in relation to the membership of any organisation. • The name and registered name if different, and nature of any applicable employer, self-employment, business, undertaking or organisation. • The nature and regularity of the work that is remunerated; and, • The name of the directorship and the application of the applicable business. 	<p>A description of a directorship/ Employment that is not itself remunerated, but is of a company or undertaking which is a parent or subsidiary of a company or undertaking which pays remuneration.</p>	<p>A description of the nature and duration, but not the price of, of a contract which is not fully implemented where: goods and services are to be provided to, or works are to be executive for, the developed public body; and, any responsible person has a direct interest, or an indirect interest as a partner, owner or shareholder, director or officer of a business or undertaking, in such goods and services.</p>	<p>Address (sufficient to identify the location) or other description of any rights of ownership or other interests that maybe significant to, of relevance to, or bear upon, the work or operation of the public body.</p>	<p>A description of, but not the value of, securities and shares in a company, undertaking or organisation that may be significant to, of relevance to, or bear upon the work or operation of the developed public body.</p>	<p>A description of such interests as may be significant to, of relevance to, or bear upon, the work or operation of the public body, including holding a position of general control/ management, membership of or office in:</p> <ul style="list-style-type: none"> • Other public bodies or bodies exercising functions of a public nature; • Clubs, societies and organisations; • Trade unions; • Voluntary organisations/ charities and professional association. 	<p>A description of, and statement of, any assistance towards election expenses relating to election to the devolved public body.</p>
John BENTLEY	None	Safe in Tees Valley Ltd – ft employment	None	None	None	Trustee, Cleveland Fire Support Network, registered charity	None

Leo GILLEN	None	None	Owton Rossmere Community Enterprise	None	None	None	None
James GOSSOW	DISC (Charity); NHS Tees; Zetland Medical Practice; The Gable Medical Practice; HMP Kirklevington Grange; TEWV/Roseberry Park Healthcare NECS Senior Clinical Adviser (from 1 June 2012)	GP Services TEWV/ Roseberry Park Health Centre	TEWV/Roseberry Park Healthcare – SLA for GP Services	Nil	Nil	Nil	Nil
Peter HADFIELD	None	Independent member Cleveland Police Authority (until 21.11.12)	Director/Trustee of Stockton Churches Mission to the Homeless Charity – unpaid	None	None	Member of Teesside West Rotary Club. Retired member of GMB Trade Union. Member of Yarm Methodist Church. Aligned to Shadow NHS Hartlepool & Stockton-on-Teess CCG Board	None
Carol HODGSON	None	None	None	None	None	None	None
Clare HUNTER	None	Director, Clare Hunter Ltd – HR Consultancy (not NHS work). Board of Governors, TEWV (until 31.03.13)	None	None	None	Board of Governors, TEWV. Aligned to Shadow NHS South Tees CCG Board	None
Peter KELLY	None	None	None	None	None	Appointed Trustee, Board of ASH. Visiting Professor, Uni of Teesside	None
Edward KUNONGA	None	None	None	None	None	None	None
Neil NICHOLSON	None	None	None	None	None	None	None
Audrey PICKSTOCK	None	None	None	None	None	None	None
Peter RACE	Members Allowance	South Tees CCG Lay Member (from 01.10.12)	None	None	None	None	None
Bev REILLY	None	None	None	None	None	Member of the Royal College of Nursing	None
Malcolm WALKER	None	Interim Manager, Hartlepool NDC	None	None	None	Director, Belle Vue Sports Community & Youth Centre, Hartlepool	None
Steve WALLACE	None	Chairman's Allowance in respect of the NHS Tees Board	None	Home address only	None	None	None

Cameron WARD (from 1 December 2012)	None	None	None	None	None	None	None
Celia WELDON	None	None	Governor, North Shore Health Academy Director/Trustee of North Shore Health Academy Until 31 August 2012)	None	None	None	None
Jackie WHITE (FROM 28 January 2013)	None	None	None	None	None	None	None
Chris WILLIS (Until 30 November 2012)	None	None	None	None	None	Husband is a director of a small company that produces training software for radiography students – no contractual relationships with NHS Tees	None
Ali WILSON	None	None	None	None	None	Alternate Director, Community Ventures (PCT Rep)	None