North East Lincolnshire Care Trust Plus

2012-13 Annual Report and Accounts

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North East Lincolnshire Care Trust Plus

2012-13 Annual Report

Department of Health

Annual Report 2012/2013 for North East Lincolnshire Care Trust Plus

Contents

Welcome from the Chair and Chief Executive	3
Information from the Chair of the CCG	4
Preparing for an Emergency	5
Compliance with Pension Scheme Regulations	5
Sustainability	5
A Review of our Performance	6
Service Performance	7
Information Governance	9
Principles for Remedy	9
Access to information	9
Humber Cluster Board	10
Board and Financial Statements	11
CCG Committee Roles	12
Declaration of Interests CCG Members	13
Salaries and Allowances for Senior Employees	14
Remuneration Report 2012/13	14
Salaries and Allowances for Senior Employees	15
Table Remuneration Ratios	16
Pension Benefits	17
Statement of designated signing officers Responsibilities	18
Governance Statement	18
Cash Equivalent Transfer Values (CETV)	19
Real Increase in CETV	19
Financial Review	20
Director of Finance	21
Audit Costs	22
Statement in Respect of Disabled Employees	23
Equality Statement	23

Welcome to the Annual Report of NHS North East Lincolnshire for 2012/2013.

Whilst North East Lincolnshire Care Trust Plus (CTP) remains a statutory body, in order to implement the Government's health and service reforms, the four Primary Care Trusts/Care Trust Plus Boards across the Humber region have been working under the direction of a joint board arrangement with a single executive team.

The Annual Reports for East Riding of Yorkshire, Hull and North Lincolnshire Primary Care Trusts (PCTs) are available separately.

North East Lincolnshire Care Trust Plus is hereafter referred to as "North East Lincolnshire CTP" or "The CTP".

Welcome from the Chair and Chief Executive

This year has been one of fast-paced and significant change as we have worked towards and completed the handover of full commissioning powers to Clinical Commissioning Groups (CCGs) from April 2013.

The healthcare of around 900,000 people living in Hull, East Riding of Yorkshire, North Lincolnshire and North East Lincolnshire remained the responsibility of the three PCTs and the CTP up until April 2013. The NHS Humber Cluster Board had an overview of the entire area, providing continuity in monitoring performance of local providers and ensuring all four organisations ended the year in financial balance.

In our roles as Chairman and Chief Executive we have been greatly supported by the Chairs of the previous PCT and CTP boards including Karen Knapton, Helen Varey and Val Waterhouse. Together with the other non-executive board members their longstanding knowledge and expertise in local health care has been invaluable throughout 2012/2013.

In October 2011 the four CCG committees took the lead for planning and commissioning of £1.1bn health care services for Hull, the East Riding of Yorkshire, North Lincolnshire and North East Lincolnshire. Since then the local CCG committees have been actively listening and engaging with the public and partners to ensure that their residents have access to the best possible services, delivered in the most appropriate setting.

The continued dedication of our workforce has ensured that quality is maintained, necessary savings have been made and important milestones in the transition towards the new system have been met. We would like to thank all staff for these achievements.

As a Cluster we are fortunate to have very good joint working arrangements with our partners in local authorities, the voluntary sector and clinicians and it has been essential that these continued in order for us to deliver the health service reform plans.

Our local CCGs were fully authorised in February 2013 and became fully operational as independent bodies from 1 April 2013.

Christopher Long
NHS Humber Cluster Chief Executive

Kath Lavery
NHS Humber Cluster Joint Board Chairman

Information from the Chair of the CCG

Preparing for a New Era of Clinical Commissioning

The past 18 months has seen huge changes in the NHS landscape and its now really possible to see not only what the new NHS will look like but how it will directly benefit the people of North East Lincolnshire.

The North East Lincolnshire CCG is committed to building on the successes of North East Lincolnshire Care Trust Plus. At the heart of our approach are three essential groups, all essential and all working towards the same goal of better health and care outcomes for our community.

As members of the new organisation, North East Lincolnshire GP Practices will be at the centre of implementing the necessary NHS and social care reforms for our area. GPs will be uniquely placed to use their clinical expertise, local knowledge and community leadership role to design and implement the changes that make real sense for our residents and our area.

In support of our clinicians we are very fortunate to have a robust, knowledgeable and committed Community Forum.

Individuals selected from the 2500 strong Accord group to work in specific areas, supporting improvement, challenging us all to ensure changes that are made are real and benefit first and foremost the patients, service users and their families.

Finally the Community Forum and our GPs are supported by an excellent team of quality NHS professionals, ensuring robust financial management, strong governance and efficient management of the system is in place at all times.

We are already creating a vision that delivers joined up services for patients; GPs, Consultants, Nurses, Social Workers and a whole range of professionals will be working together as one effective team, all working the same way with the same goals. Residents can be assured that they will be served by the most appropriate professional in the best setting when needed. Professionals will not only continue to care for individuals; they will work together to support one another's development, new services and importantly, help families and communities to manage their own health and wellbeing.

Fundamental to our vision is putting families and communities at the very heart of everything we do. The CCG is adopting the principle that families and communities are best placed to help one another, and we will do everything we can to support families and communities to help one another.

The CCG is clear about its wider responsibility to support the local Health and Wellbeing Board to create a vibrant North East Lincolnshire. We are keen to explore how it can improve employment, education and training and contribute to a safer, healthier and entertaining environment.

In summary there seems to have been so much upheaval over the last twelve months, with the NHS very rarely out of the national news. Your CCG however has one key focus, and that is to deliver better outcomes for the residents of North East Lincolnshire, through responsible commissioning. Whilst we face challenging times, and an even more challenging future, the long term benefits to the patient, service user and wider community will remain at the heart of all our decisions.

Finally I'd like to thank all the local staff and volunteers who have worked tirelessly over the past 18 months under an uncertain future to help implement the change from a Care Trust to a Clinical Commissioning Group. Without their hard work and enthusiasm we couldn't have achieved what we have so far.

Mark Webb
North East Lincolnshire Clinical Commissioning Group Chair

Preparing for an Emergency

The CTP works with other agencies to develop robust emergency plans and participates in various multi-agency emergency planning forums across the Humber area.

- Typically, an emergency might be an explosion, a major crash or flooding, but the CTP is also required to plan and prepare for slow-building problems such as pandemics and outbreaks of disease.
- Throughout the transition period, NHS and other statutory organisations have worked together to ensure the ability to respond to a major incident has remained robust.

We have a major incident plan in place which is compliant with the requirements of the NHS Emergency Planning Guidance 2005 and all associated guidance. We meet the requirements laid out in the Civil Contingencies Act (2004) and are up-to-date with all necessary training.

In the event of a major incident, Hull PCT takes on the strategic role for the NHS in the Humber region (Hull, East Riding of Yorkshire, North and North East Lincolnshire) once the initial emergency or 'blue light' phase has passed.

The local risk register currently identifies flooding, a pandemic and industrial fire/explosions as the top risks in our area.

Compliance with Pension Scheme Regulations

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that the deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Sustainability

As a commissioner of healthcare services and as an employer, we recognise the need to minimise our impact on the environment.

The NHS Carbon Reduction Strategy developed in 2009 sets out clear and measurable objectives to measure, monitor and drastically reduce carbon related emissions generated from NHS operations. The CTP has worked towards the delivery of these objectives through the implementation of a Sustainable Development Management Plan.

Through a Sustainable Development Steering Group the CTP has focused initially on energy use, waste, transport and procurement as well as overseeing the creation of a Sustainable Development Action Plan to achieve a minimum 10% carbon emissions reduction by 2015 from a 2007 baseline. The CTP does not qualify to be part of the Carbon Reduction Commitment (CRC) as electricity consumption for CTP operations falls below the 6,000 megawatt-hours per annum threshold.

Sustainability Progress 2012-13

General

The CTP's 'agile working' project is now fully operational and has enabled all CTP staff (Health and Adult Social Care) to work in more flexible and efficient ways.

Providing staff with mobile technology along with the development of a flexible working policy will subsequently reduce the associated travel costs and CO2 emissions of staff working from designated headquarters building.

Buildings

The reduction in the number of buildings that the CTP occupies has continued to decrease in 2012/2013 with the CTP now occupying 1.5 buildings (2 in 2011/12). This will generate further carbon emission savings, ensuring the CTP will easily surpass the 10% reduction in CO2 building emissions by 2015 against a 2007 target.

Transport

The staff car sharing forum is aimed at increasing the uptake of multi-occupancy car journeys. There is a specific section on the CTP's intranet encouraging staff to car share either on a daily commute to and from their work place or to car share for meetings. Staff were also directed to liftshare.com where there is the option to car share with people outside the CTP.

Staff Engagement

It has been a priority, as highlighted in the Sustainable Development Management action plan, for efforts on CO2 reductions to be aimed at organisational culture changes as well as behaviour change amongst staff, in an effort to raise the profile of the sustainability agenda. Specific projects aimed at changing some of the cultural issues and behaviours of staff attitude towards sustainability have included:

- Implementation of CTP printing strategy to significantly reduce organisational printing waste.
- Launch of staff car sharing forum
- Eco driver tips emails sent out to all CTP and social enterprise staff.

A Review of Our Performance

Measuring our performance helps ensure our services are being delivered to a quality standard and that they provide value for money.

Our performance is continually assessed by the Department of Health and the Strategic Health Authority in relation to a large number of indicators.

These include performance in tackling healthcare acquired infections like MRSA and Clostridium Difficile, increasing breastfeeding, and reducing cancer treatment waiting times.

The latest performance table is available on our website at: www.nelctp.nhs.uk. In addition to this a number of indicators were picked locally to measure the success of our Health Strategy.

The dashboard represents an overview of performance and risk for health and social care services across North East Lincolnshire. The dashboard consists of seven domains that incorporate all areas that the organisation strives to improve on.

Service Performance

A key part of the development of the Clinical Commissioning Group in North East Lincolnshire has been the establishment of the service triangles, a unique concept which brings together Clinical Leads, Service Leads and Community Members to drive forward service redesign and improvement on behalf of the CCG.

The service triangles cover the following areas:-

- Wellbeing & Prevention
- Planned Care
- Unscheduled Care
- Womens' & Childrens
- Older people
- Prescribing & Medicines Management
- Disabilities

The service triangles have been established now for almost two years and as such they are clearly demonstrating the benefits of this mode of working and the achievements and positive outcomes that can be achieved.

Examples of the work done in 2012/13 by each triangle are summarised below.

The full year end report on the 2012/2013 Triangle Objectives and Business Plan Delivery is available on our website at: www.nelctp.nhs.uk.

Wellbeing & Prevention - NEL Sexual Health Service Procurement A procurement exercise for sexual health services took place in 2012 when it became apparent that Northern Lincolnshire and Goole Foundation Trust were unwilling and unable to continue to provide these services. Following the procurement, a contract has been awarded to Virgin Healthcare to provide a fully integrated contraceptive and sexual health service from 1 April 2013. Operating as a hub and spoke model, Sterling Primary Care Centre will provide the service hub, whilst Virgin Healthcare will contract direct with GPs to provide the spoke services thus providing improved patient access and choice. The Local Authority will be responsible for the ongoing provision of sexual health services from 1 April.

Planned Care - Diabetic Amputation Audit

Following a national report identifying us as an outlier in diabetic major amputations we undertook a full audit for the previous 2 years, reviewing primary and secondary care patient notes. From this we agreed, through the Clinical Forum to:

- Conduct audit when diabetic patient was referred to podiatry for foot ulcer (reviewing first patient April 2013)
- Develop MDT referral
- Develop in patient pathway

Unscheduled Care - GP in A&E

In the year the "NRAN" pilot was established at its intended capacity. The pilot operated with a GP as part of the A&E resources and focusing on supporting alternatives to admissions for those patients being assessed in the "majors" corridor of the A&E department. In addition to the GP, direct access to rapid response and other community services was established to support the safe transfer of care to the agreed alternative. The pilot established that it was possible to affect a safe and appropriate alternative to admission at the initial target level of 3 patients per day, and often above, however this could not be maintained consistently in the pilot. This was attributed to the variable ability of the GP/A&E to integrate activities, the low level of GP resource available contributing to the impact of the former and unresolved organisational concerns about the transfer of liabilities where decisions were changed compared to a unanimous agreement worked up with early involvement of all.

As planned at pilot launch, activity has been agreed, planned and launched looking at the potential of a GP available to triage walk-in patients attending A&E. This is supported by an arrangement for the GP to access appointments at a patient's own practice if required. This time limited pilot operates as a "front-end" in that the patient, if seen by the GP, remains under the care of the GP unless the GP subsequently decides a treatment or diagnostic is required. It is intended to demonstrate the level of activity attending A&E in hours can be dealt with by an alternative GP led service and to model how prescribing, minor injury treatments and outpatient x-ray appointments could be included under this model

Women's & Children's

Supporting communities to help one another; Developing relationships across the partnerships: Effective relationships are well established and embedded within North East Lincolnshire and across PATCH both via the triangle and also as individuals representing Women's & Children's; for example the Clinical Lead is also the Lead GP for Safeguarding and as such sits on the Local safeguarding Children's Board and the Strategic Lead sits on the newly formed Children's Partnership Board (formerly Children's Trust Board). When appointed the Community Contact will continue to ensure that there is a reciprocal information flow between community forums and the formal boards. Both the Clinical Lead and the Strategic Lead are involved in the sustainable services programme which will inform the future direction of services.

Outcome and Progress: Excellent and effective collaborative working has been achieved across the partnership with members of the CCG, Public Health the Local Authority and provider organisations demonstrating a shared vision and commitment to improving the outcomes for women and children in North East Lincolnshire.

Older People - Care Homes - Commissioning High Quality Care Services

The quality framework sets out a series of quality standards and outcomes. It is aligned with contract compliance and is supported by local information/intelligence from a wide range of stakeholders including specialist nurses, safeguarding, MCA, complaints/concerns, workforce development, care management, and to include primary care.

From May 2013 a revised framework will be introduced which builds on and strengthens the domains and introduces a third domain around maintaining standards. There will also be enhanced standards for adult mental health, dementia, learning disability and end of life care, recognising the specialist care and skills required in these areas.

The aim of the revised quality framework is to:

- Incentivise continuous improvement and the adoption of recognised best practice.
- Improve quality and consistency of service.
- Financially reward providers for meeting different levels of locally determined quality standards and observing the outcomes.
- Provide a partnership between providers and the CCG to work in partnership to improve quality and develop the quality scheme.
- Help inform the development of future market management by setting a minimum standard that fits with local policy and regulation.

Prescribing & Medicines Management - To support the work to reduce the level of antipsychotic medication for older people with dementia

Members of the triangle continue to work closely with the Older People's triangle to support work on patients with dementia. Prescribing tools have been produced with the aim of these being adopted across Northern Lincolnshire and a register of patients with dementia on low dose antipsychotics is due to go live in practices. The Prescribing and Medicines Management Triangle have also supported other areas e.g. neurology and stroke.

Disabilities - Learning and Physical Disability

Objectives

- Continue with the market shaping for learning disability in line with the changing lives and partnership strategy and agreed action plan
- Review all current respite provision and redevelop in order people can have more choice
- Implement a project team for market shaping of physical disability

Achievements

51 people moved into supported living (28 from residential care in area; ten from residential care out of area; nine through transitions; three from family home; one from another supported living provider).

Eight houses purchased and refurbished by housing providers, creating 31 tenancies for people with learning disabilities.

Two purpose built apartment blocks providing 32 tenancies for people with learning disabilities, physical disabilities and mental health needs.

Two purpose built bungalows commissioned to provide tenancies for eight people with learning disabilities.

Two local residential care homes (Fenn Court and Salisbury Court) enabled to deregister and be established as supported living.

One local residential care home (Stanage Lodge) decommissioned and closing on 31 March 2013.

Outcome-based quality monitoring implemented for all supported living providers within the borough.

Fees reviews of high cost residential care placements providing savings of approximately £100k per annum.

43 people in residential care whose needs have been reviewed and should be considered for supported living in this calendar year.

Model now being applied to enable people with physical disabilities and mental health needs to move from residential care to supported living.

Information Governance

Information governance is the way by which the NHS handles all organisational information, in particular the personal and sensitive information of patients and employees.

During 2012/2013 there were zero reported serious incidents in relation to information governance (including data loss or confidentiality).

As a Cluster we have reported a compliance score of 62% against the requirements of the Information Governance Toolkit.

Principles for Remedy

The CTP works in accordance with the Parliamentary and Health Service Ombudsman's Principles for Remedy, which details how public bodies should put things right when they go wrong. The guidance has been developed to ensure public bodies seek to resolve situations in which groups or individuals have suffered harm or injustice, and is based upon six core principles including openness and accountability, being customer-focused and continually seeking improvement. The principles underpin much of our day-to-day work including complaints handling and how we learn from our mistakes.

Access to Information

The table below illustrates the number of Freedom of Information requests processed in 2012/2013 and how many were responded to within the 20 day deadline

	2012/2013
Number of requests	159
Percentage of requests responded to within the 20 day deadline	100%

Humber Cluster Board

Humber Cluster Board Role	Name	Start/ End dates (where applicable)
Chairman	Karen Knapton**	Until 31 August 2012
Chairman (previously Non-Executive Director)	Kath Lavery**	From 1 September 2012
Chief Executive	Christopher Long	
Director of Finance and Performance	Alan Barton	
Director of Quality and Governance (Nursing)	Kathryn Ireland	
Director of Commissioning Development	Julie Warren	From 30 January 2012
Medical Director	Paul Twomey	
Director of HR	Tina Smallwood	
Non-Executive Director	Catherine Dymond* (3)	Until 31 October 2012
Non-Executive Director	Graham Powell* (1)	
Non-Executive Director	Richard Davies*	
Non-Executive Director	Helen Varey**	
Non-Executive Director	Ursula Vickerton* (2)	December 2012
Non-Executive Director	Val Waterhouse** (4)	
Non-Executive Director	Louise Norton**/* (3)	From 1 September 2012
Non-Executive Director	Mark Webb	Until 28 July 2012
Associate Non-Executive Director Local Authority Nominated Director	Pauline Harness*	
Director of Public Health (East Riding)	Tim Allison	
Director of Public Health (Hull)	Wendy Richardson	
Director of Public Health (North Lincolnshire)	Frances Cunning	
Director of Public Health (North East Lincolnshire)	Geoff Barnes	To 31 October 2012
Director of Public Health (North East Lincolnshire)	Cate Carmichael	From 1 November 2012

* Audit Committee Members (1) Chairman from 12 December 2012 to 31 March 2013 (2) Chairman up to 30 November 2012 (3) Part year members (Catherine Dymond - 1 April to 30 September 2012, Louise Norton - 1 November 2012 to 31 March 2013)

** Remuneration Committee Members (4) Chairman
Note: All staff unless otherwise stated were in post to 31 March 2013

Board and Financial Statements

Declarations of Interest: Board Members

Humber Cluster Board

Kath Lavery
Chair (Vice Chair 1 April to 31 August 2012)
Ms Lavery is in receipt of a UNISON pension Ms Lavery's Daughter In Law is employed by Hull & East Yorkshire Hospitals NHS Trust Ms Lavery is Chair of the Warren

Karen Knapton
Chair (to 31 August 2012)
Ms Knapton is a member of the PCT Network Board, part of NHS Confederation

Christopher Long
Chief Executive
Mr Long is a trustee of CatZero

Alan Barton
Director of Finance and Performance (half-time from 5 December 2011, NHS Hull Chief Operating Officer for remainder)
Mr Barton is Director of Hull CityCare - NHS Hull nominated Director;
Mr Barton' wife was Administrative Support for MIND Chief Executive to 30th June 2011

Kathryn Ireland
Director of Quality and Governance (Nursing)
No declared interests

Julie Warren
Director of Commissioning Development
No declared interests

Dr Paul Twomey
Medical Director
Dr Twomey is a Principal GP, Scartho Medical Centre Apr 12 to Mar 13 PMS

Tina Smallwood
Director of Human Resources
No declared interests

Helen Varey
Vice Chair
No declared interests

Val Waterhouse
Vice Chair North East Lincolnshire
Ms Waterhouse is the Chair of Care Plus Group (North East Lincolnshire) Ltd

Richard Davies
Non-Executive Director
Mr Davies is a Non-Executive Director of Preston Road Enterprises Ltd

Mark Webb
Non-Executive Director
No declared interests

Louise Norton
Non-Executive Director
Ms Norton is a Governor of Humber NHS Foundation Trust from July 2011

Catherine Dymond
Non-Executive Director (1 April to 31 October 2012)
No declared interests

Ursula Vickerton
Non-Executive Director (1 April to 30 November 2012) North Lincolnshire
Ms Vickerton is a volunteer Trust Associate Manager of Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust

Graham Powell
Non-Executive Director (12 December 2012 onwards, NHS Hull only 1 April to 11 December 2012)
Mr Powell's son is employed by Humber NHS Foundation Trust
Mr Powell's daughter-in-law by Hull & East Yorkshire Hospitals NHS Trust

Pauline Harness *Non-Executive Director*
No declared interests

Dr Tim Allison
Director of Public Health - East Riding (shared post with Local Authority)
Dr Allison is an Honorary Clinical Senior Lecturer at Hull York Medical School

Dr Wendy Richardson
Director of Public Health - Hull (shared post with Local Authority)
No declared interests

Ms Frances Cunning
Director of Public Health - North Lincolnshire
(shared post with Local Authority)
Married to Assistant Director at NHS Sheffield

Dr Geoff Barnes
Director of Public Health -North East Lincolnshire (shared post with Local Authority 1 April to 31 October 2012)
No declared interests

Dr Cate Carmichael
Director of Public Health - North East Lincolnshire (shared post with Local Authority 1 November 2012 to 31 March 2013
No declared interests

NHS North East Lincolnshire CCG Committee Roles 2012-13

NHS NORTH EAST LINCOLNSHIRE CCG COMMITTEE ROLES 2012-13 .

	Start of Year	
Mark Webb	Chair of Governing Body	
Dr Peter Melton	Chief Clinical Officer	
Cathy Kennedy	Deputy Chief Executive	
Sue Rogerson	Sustainable Services Programme Director	
Helen Kenyon	Deputy Chief Executive	
Susan Whitehouse	Non Executive Director	
Lynn Poucher	Transition Associate Director	Until 30 September 2012
Zena Robertson	Assistant Chief Operating Officer	
Mick Burnett	Associate Non Executive Director	
Ray Sutton	Non Executive Director	Until 31 May 2012
Dr Rakesh Pathak	CCG GP Member	
Dr Arun Nayyar	CCG GP Member	
Dr Derick Hopper	CCG Council of Members Chair	
Dr Sudhakar Allamsetty	CCG GP Member	From 13 September 2012
Dr Perviz Iqbal	CCGC Secondary Care Doctor	From 30 November 2012
Mandy Coulbeck	CCGC Local Practicing Nurse	From 11 October 2012
John Priestley	Associate Director - Health Partnership (Public Health & Transition)	
Rosalind James	Non Executive Director	From 14 June 2012
Phillip Bond	Lay Member	
Jack Blackmore	Strategic Director People & Communities - NELC	

Declarations of Interest: CCG Board Members

DR SUDHAKAR ALLAMSETTY
GP Representative
GPOOH- 3-4 Session per month and some Locums in the Local GP Practices – on and off. Spouse is a Part-time Salaried GP in a local GP Practice.

JACK BLACKMORE
Strategic Director People & Communities NELC Strategic Director, People & Communities for NELC (reason for role with CCG)
Director of JD & KM Blackmore Associates Ltd Wife KM Blackmore is Company Secretary

PHILIP BOND
Community Member -Accord
Director of Tollbar Academy Trust
Director of Cleethorpes Academy Trust
Director of Toll Multi Academy Trust
Lead Governor of NLAG Trust
Public Governor of NLAG Foundation Trust Elected Community Representative for Accord

CLLR MICHAEL BURNETT
Non-Executive Director
Councillor, North East Lincolnshire Council
Director of Tourism North East Lincolnshire
Director of Cleethorpes Events
Director of Disability Active
Wife is employed as a home carer

MANDY COULBECK
Nurse Practitioner
Dr E Amin Surgery Working as Nurse Practitioner

DR DEREK HOPPER
Chair of Council of Members
Director National Association of Primary Care services Ltd Company Secretary National Association of Primary Care. Both posts unremunerated
GP Partner – Fieldhouse Medical Group
Spouse works voluntarily for Cruse UK.
Son is employed as a Dental Surgeon at Freshney Green PCC

CLLR ROS JAMES
Elected Member for Health & Housing
NELC NELC- Local Authority Elected Member with Portfolio for Health & Housing

MISS HELEN KENYON
Deputy Chief Executive
No declared interests .

MRS CATHY KENNEDY
Deputy Chief Executive & Chief Finance Officer
Trustee of HfMA (Healthcare Finance Managers Association). (This is a Registered Charity.)

DR PETER MELTON
Clinical Chief Officer (Designate)
Principal GP - Roxton Practice
Director Doc.know Ltd
Wife - Clinical Lead in Ultrasound, Northern Lincolnshire and Goole Hospitals NHS Trust Company Secretary Doc.Know Ltd.

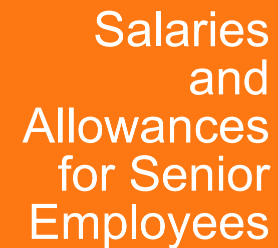
DR ARUN NAYYAR
Partner at the Roxton practice
Director Core care Links (Out of hours GP provider)
Director and part-owner Claruns Limited
Wife is a director and part-owner of Claruns Limited

DR RAKESH PATHAK
GP Representative
GP at Raj Medical centre Director of Core care Links Director of 360 Care
Part-owner of Raj Medical centre. Wife is part-owner of Raj medical centre
Wife is GP at Raj medical centre. Father owner of Vision care centre opticians

MRS ZENA ROBERTSON
Assistant Chief Executive
NLAG Governor

SUE ROGERSON
Sustainable Services Programme Director
Director of SJW Solutions in Partnership Ltd
Son is shareholder in SJW Solutions in Partnership Ltd

MR MARK WEBB
Clinical Commissioning Group Chair
Managing director E factor Ltd- Business Support organisation
Managing Director Cleethorpes Chronicle
Associate Director E factor Ltd
Director Cleethorpes Chronicle
Director Enterprise Agency
Director Tollbar Academy
Director Cleethorpes Chronicle Ltd (50% owner)



Remuneration Report 2012/13

Directors' Statement

All the directors confirm that, as far as they are aware, there is no relevant audit information of which the auditors are unaware. They have also taken all the steps that they ought to have taken as directors to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

The figures to be disclosed here relate to exit packages agreed in the year. The actual date of departure might be in a subsequent period, and the expense in relation to the departure costs may have been accrued in a previous period. The data here cannot therefore be agreed with other staff costs and expenditure notes in the accounts. Additional disclosure is required here where exit packages exceed contractual amounts and are outside the terms of the normal pension scheme provisions. Such payments will require Treasury approval before they are offered.

Off Payroll Payments

As part of the review of Tax Arrangements of Public Sector Appointees published by the Chief Secretary to the Treasury on 23 May 2012 the PCT has to present data:

(1) In relation to off payroll engagements at a cost of over £58,200 per annum that were in place as of January 2012, and

(2) For all new off payroll engagements between 23 August 2012 and 31 March 2013, for more than £220 per day and more than six months in duration.

The CTP had no such payments.

Salaries and Allowances for Senior Employees

		2012/13 Individual Remuneration Totals				2012/13 NHS North East Lincs Component				2011/12 Individual Remuneration Totals				2011/12 NHS North East Lincs Component			
Humber Cluster		Salary (bands of £5,000)	Other Remuneration (bands of £5000)	Bonus Payments (bands of £5,000)	Benefits in Kind (rounded to the nearest £00)	Salary (bands of £5,000)	Other Remuneration (bands of £5000)	Bonus Payments (bands of £5,000)	Benefits in Kind (rounded to the nearest £00)	Salary (bands of £5,000)	Other Remuneration (bands of £5000)	Bonus Payments (bands of £5,000)	Benefits in Kind (rounded to the nearest £00)	Salary (bands of £5,000)	Other Remuneration (bands of £5000)	Bonus Payments (bands of £5,000)	Benefits in Kind (rounded to the nearest £00)
Karen Knapton	Chair (to 31 August 2012	16-20				1-5				36-40				21-25			
Kath Lavery	Chair (Vice Chair 1 April to 31 August 2012)	36-40				6-10				36-40				1-5			
Helen Varey	Vice Chair	31-35				6-10				31-35				1-5			
Val Waterhouse	Vice Chair	31-35				6-10				31-35				1-5			
Richard Davies	Non-Executive Director	6-10				1-5				6-10				1-5			
Mark Webb	Non-Executive Director (to 25 July 2012)	1-5				1-5				6-10				1-5			
Louise Norton	Non-Executive Director (1 September 2012 to 31 March 2013)	6-10				1-5											
Catherine Dymond	Non-Executive Director (1 April to 31 October 2012)	1-5				1-5				6-10				1-5			
Graham Powell	Non-Executive Director (12 December 2012 onwards, NHS Hull only 1 April t	11-15				1-5				11-15				1-5			
Ursula Vickerton	Non-Executive Director (1 April to 30 November 2012)	6-10				1-5				11-15				1-5			
Pauline Harness	Associate Non-Executive Director	6-10				1-5				6-10				1-5			
Chris Long	Chief Executive	146-150			43	26-30			8	136-140		6-10	49	41-45		1-5	16
Alan Barton	Director of Finance and Performance	101-105	206-210		27	16-20	36-40		5	96-100			18	6-10			1
Kathryn Ireland	Director of Quality and Governance (Nursing)	91-95	181-185	1-5		16-20	31-35	1-5		86-90				26-30			
Julie Warren	Director of Commissioning Development	91-95		1-5		16-20		1-5		11-15			2	1-5			1
Dr Paul Twomey	Medical Director	106-110				16-20				51-55				15-20			
Tina Smallwood	Director of Human Resources	81-85				11-15				81-85				26-30			
Dr Tim Allison	Director of Public Health - East Riding of Yorkshire (shared post with Loca	111-115				0				111-115				0			
Dr Wendy Richardson	Director of Public Health - Hull (shared post with Local Authority)	96-100				0				96-100				0			
Frances Cunning	Director of Public Health - North Lincolnshire (shared post with Local Auth	41-45			11	0			0.00	81-85			10	0			0.00
Dr Geoff Barnes	Director of Public Health - North East Lincolnshire (shared post with Local	51-55				26-30				86-90				41-45			
Dr Cate Carmichael	Director of Public Health - North East Lincolnshire (shared post with Local	41-45				21-25				0				0			
North East Lincolnshire CTP (non-cluster)																	
Mark Webb	Chair of Clinical Commissioning Group Committee (CCGC)	16-20				16-20											
Dr Paul Twomey	Clinical Lead Assurance & Safety (until 14 June 2012)	6-10				6-10				26-30				26-30			
Dr Derick Hopper	CCG Council of Members Chair	6-10				6-10				11-15				11-15			
dr Rakesh Pathak	CCGC GP Member	6-10				6-10				6-10				6-10			
Dr Arun nayyar	CCGC GP Member	6-10				6-10				6-10				6-10			
Dr Sudhakar Allamsetty	CCGC GP Member (from 13 September 2012)	6-10				6-10											
Dr Perviz Iqbal	CCGC Secondary Care Doctor (from 30 November 2012)	6-10				6-10											
Mandy Coulbeck	CCGC Local practicing Nurse (from 11 October 2012)	6-10				6-10											
Dr Peter Melton	Accountable Officer	81-85				81-85				36-40				36-40			
Cathy Kennedy	Deputy chief Executive	96-100				96-100				100-105			45	100-105			45
Helen Kenyon	Deputy Chief Executive	86-90				86-90				86-90				86-90			
Sue Rodgerson	Sustainable Services Programme Director	51-55	226-230			51-55	226-230			106-110			1	106-110			1
Zena robertson	Assistant Chief Operating Officer	81-85			35	81-85			35	76-80			35	76-80			35
Lynn Poucher	Transition Associate Director (until 30 September 2012)	36-40				36-40				76-80				76-80			
Dr Cate Carmichael	Director of Public Health (from 11 October 2012, part of cluster from 1 November 2012)	1-5				1-5											
Mick Burnett	Non-Executive Director	6-10				6-10				6-10				6-10			
Ray Sutton	Non-Executive Director (until 31 May 2012)	1-5				1-5				6-10				6-10			
Rosalind James	Non-Executive Director (from 14 June 2012)	6-10				6-10				0-5				0-5			
Mrs Susan Whitehouse	Non-Executive Director	11-15				11-15				11-15				11-15			
Philip Bond	Lay Member	0				0											
Jack Blackmore	Strategic Director People & Communities - North East Lincolshire Council	0				0											

Note to the Salaries and Allowances Table:

(1) The total figures disclosed under Individual remuneration Totals represents the full remuneration received by an individual within the Cluster (i.e within any one of the constituuent PCTs) and not necessarily for work solely in relation to the Cluster Board.

(2) Non Executive Director Remuneration (shown in the Individual totals column) is shared across the four Cluster organisations based on population.

(3) Executive director remuneration (shown in the Individuals total column) is shared across the four cluster organisations on population.

(4) Payments included under the heading 'Other remuneration' relate to exit packages calculated in line with Agenda for change terms and conditions.

(5) Payments included under the heading 'Bonus payments' refer to Performance related pay for 2011/2012 paid in the current year.

This information has been subject to audit.

This information has been subject to audit.

Remuneration Ratios

	2012/13	2011/12
Band of the Highest Paid Director's Total Remuneration (£000)	**96-100**	**106-110**
Median Total Remuneration (£)	**21,798**	**21,325**
Ratio	**4.6**	**5.2**

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid director in the CTP in the financial year 2012- 13 was £96,000-£100,000 (2011-12, £106,000-£110,000). This was 4.6 times (2011-12, 5.2) the median remuneration of the workforce, which was £21,798 (2011-12, £21,325).

In 2012-13, 0 (2011-12, 1) employees received remuneration in excess of the highest-paid director. Remuneration ranged from £6,431 to £100,103 (2011-12, £5,008 to £133,175).

Total remuneration includes salary, nonconsolidated performance-related pay, benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. The median total remuneration has increased year on year reflecting the overall fall in the number of lower banded staff as a result of provider arm separation.

Pension Benefits

North East Lincolnshire CTP to 31 March 2013
Humber Cluster

Name	Title	Real increase in pension at age 60 (bands of £2,500) £'000	Real increase in pension lump sum at aged 60 (bands of £2,500) £'000	Total accrued pension at age 60 at 31 March 2013 (bands of £5,000) £'000	Lump sum at age 60 related to accrued pension at 31 March 2013 (bands of £5,000) £'000	Cash Equivalent transfer value at 31 March 2013 (£000) £'000	Cash Equivalent transfer value at 31 March 2012 (£000) £'000	Real increase in Cash Equivalent Transfer Value £'000	Employer's contribution to stakeholder pension £'00
		1	2	3	4	5	6	7	
Christopher Long	Chief Executive	0.1-2.5	2.6-5.0	36-40	106-110	716	622	35	0
Alan Barton	Director of Finance and Performance	0.1-2.5	5.1-7.5	56-60	166-170	0	0	0	0
Kathryn Ireland	Director of Quality and Governance (Nursing)	(0.1-2.5)	(0.1-2.5)	41-46	126-130	850	793	9	0
Julie Warren	Director of Commissioning Development	0.1-2.5	0.1-2.5	16-20	51-55	261	229	12	0
Paul Twomey	Medical Director	0.1-2.5	5.1-7.5	71-75	216-220	1,349	1,181	60	0
Tina Smallwood	Director of Human Resources	0.1-2.5	0.1-2.5	11-15	36-40	266	238	9	0
Dr Tim Allison	Director of Public Health - East Riding (shared post with Local Authority)	(0.1-2.5)	0.1-2.5	31-35	96-100	550	509	8	0
Wendy Richardson	Director of Public Health - Hull (shared post with Local Authority)	(0.1-2.5)	(0.1-2.5)	31-35	101-105	702	659	5	0
Frances Cunning	Director of Public Health - North Lincolnshire (shared post with Local Authority)	(0-2.5)	(5.1-7.5)	26-30	76-80	551	555	11	0
Dr Geoff Barnes	Director of Public Health -NE Lincolnshire (shared post with Local Authority 1 April to 31 Oct 2012)	0-2.5	0.1-2.5	16-20	46-50	234	212	4	0
Dr Cate Carmichael	Director of Public Health - East Riding (shared post with Local Authority 1 Nov 2012 to 31 March 2013)	0-2.5	2.6-5.0	31-35	101-105	723	639	17	0
Cathy Kennedy	Deputy Chief Executive	(0.1-2.5)	(0.1-2.5)	31-35	101-105	582	546	5	0
Helen Kenyon	Deputy Chief Executive	(0.1-2.5)	(0.1-2.5)	21-25	71-75	357	332	5	0
Sue Rogerson	Sustainable Services Programme Director	(0.1-2.5)	(0.1-2.5)	31-35	101-105	684	639	7	0
Zena Robertson	Assistant Chief Operating Officer	0.1-2.5	0.1-2.5	16-20	51-55	319	291	8	0
Lynn Poucher	Transition Associate Director (ended 30 September 2012)	(0.1-2.5)	(0.1-2.5)	26-30	76-80	499	468	2	0

Notes to the Pensions Table

NHS Employer pension contributions of £6-10k have been paid by the CTP for Dr Arun Nayyar & Dr Rakesh Pathak This information has been subject to audit.

Statement of Designated Signing Officer's Responsibilities

The North East Lincolnshire Care Trust Plus annual accounts have been prepared by the Designated Signing Officer in compliance with the requirements detailed in the Government Financial Reporting Manual. In particular, attention has been paid to:

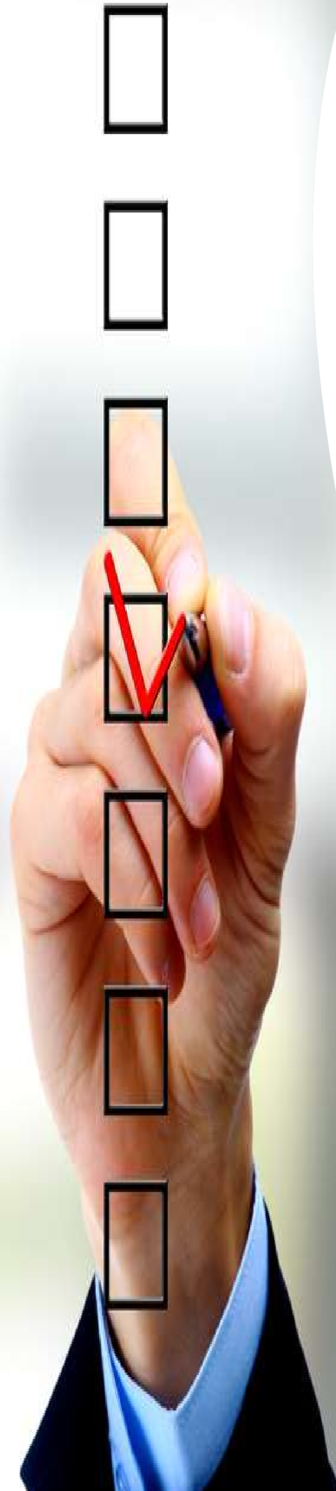
Observing the Accounts Directions issued by the Department of Health, ensuring that relevant accounting and disclosure requirements are made, whilst applying suitable accounting policies on a consistent basis.

Making judgements and estimates on a reasonable basis.

Ensuring applicable accounting standards as detailed in the Government Financial Reporting Manual have been followed.

Governance Statement

The Board is accountable for governance and internal control. The Chief Executive has responsibility for maintaining a sound system of governance and internal control that supports the achievement of our policies, aims and objectives, and for reviewing its effectiveness. A full copy of our Governance Statement is contained within our Annual Accounts.



Cash Equivalent Transfer Values (CETV)

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV

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

Financial Review

Financial year 2012/2013

Despite operating in a difficult financial environment the CTP continued with strong financial performance achieving its statutory duties in 2012/2013. The ageing population of North East Lincolnshire creates significant financial pressure as costs of healthcare are higher in an elderly population.

The CTP operated with a lean management structure and its success was due to the effort and commitment of the staff working in conjunction with its partners across the health, social and voluntary sectors. Organisational changes resulted in the emergence of the North East Lincolnshire Clinical Commissioning Group (NELCCG) which took responsibility for managing in excess of 70% of the CTP budget. Working with the local GP Practices through devolved financial management has helped deliver the financial performance reported by the CTP.

Implementation of the Health and Social Care Act

Implementation of the Health and Social Care Act required significant organisational change to be implemented from 1 April 2013 including the abolition of the CTP, creating a Clinical Commissioning Group for North East Lincolnshire, creating a Commissioning Support Unit to support CCGs and transferring current CTP responsibilities to other organisations eg Public Health to North East Lincolnshire Council and Public Health England, Primary Care services to the Area Team of NHS England and Estate responsibilities to a commercial company owned by the Department of Health.

These changes required the workforce of the CTP to transfer to these new organisations whilst maintaining firm management and financial control to ensure operational and financial objectives are achieved.

Director of Finance

Performance Against Financial Duties

The CTP uses a range of measures to assess financial performance during the year including those duties reported upon in the Annual Accounts. These duties fall into one of two categories, statutory or administrative, and whilst we strive to achieve all targets it is the former that is of most concern, as the CTP should operate within its legal framework.

Statutory Duties

Capital and Revenue Resource Limits

A resource, or funding limit, is set annually for the NHS by Parliament and each NHS organisation receives a share of that total to spend on delivering its responsibilities. It is expected that those funds are spent in full, but they must not be exceeded.

The CTP managed to operate within both revenue and capital resource limits achieving a surplus of £1,400,000 against its revenue resource limit of £299,914,000 as planned and containing capital expenditure within its capital resource limit of £20,000.

Capital and Revenue Cash Limits

CTPs are also given cash limits which in general terms match the resource limits as described above. The CTP operated within its limits drawing down £300,173,000 against its combined cash limits.

Audit Costs

Our external auditor is KPMG LLP, 21 The Embankment, Neville Street, Leeds, LS1 4DW. Auditors' remuneration in relation to April 2012 to March 2013 totalled £72,230 for statutory audit services and £21,000 for PBR audit (excluding VAT).

This covered audit services required under the Audit Commission's Code of Audit Practice (giving opinion on the Annual Accounts and work to examine our use of resources and financial aspects of corporate governance).

The external auditor is required to comply with the Audit Commission's requirement in respect of independence and objectivity and with International Auditing Standard (UK & Ireland) 260: "The auditor's communication with those charged with governance".

Our Audit and Integrated Governance Committee receives our external auditor's Annual Audit Letter and other external audit reports.

Better Payment Practice Code

The NHS as a whole is signed up to the Confederation of British Industry (CBI) Better Payment Practice Code, which aims to promote good payment practice in the UK. The NHS target is to pay all non-NHS trade creditors within 30 days of receipt of goods or invoice (whichever is the latter) unless other payment terms have been agreed with the supplier.

When measured in terms of invoice value, non NHS payment performance rose from 89.79% last year to 92.99%. The number of bills paid in compliance with this policy rose from 78.55% last year to 80.73%.

We are an approved signatory to the Prompt Payments Code.

Pension Liabilities

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The Scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. As a consequence it is not possible for the Care Trust Plus to identify its share of the underlying scheme assets and liabilities. Therefore the Scheme is accounted for as a defined contribution scheme and the cost of the Scheme is equal to the contributions payable to the Scheme for the accounting period.

Better Payment Practice Code - measure of compliance:

	2012/2013 Number	2012/2013 £000	2011/2012 Number	2011/2012 £000
Non-NHS Payables				
Total Non-NHS trade invoices paid in the year	**34,653**	**132,204**	**39,594**	**141,297**
Total Non-NHS trade invoices paid within target	**27,974**	**122,935**	**31,101**	**126,833**
Percentage of non-NHS trade invoices paid within target	**80.73%**	**92.99%**	**78.55%**	**89.79%**
NHS Payables				
Total NHS Trade invoices paid in the year	**2,325**	**154,394**	**2,533**	**149,124**
Total NHS trade invoices paid within target	**2,183**	**153,566**	**1,944**	**146,788**
Percentage of NHS trade invoices paid within target	**93.89%**	**99.46%**	**76.75%**	**99.43%**

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

Staff Sickness Absence

Staff Sickness Absence for 2012/2013

Average of 12 Months (2012 Calendar Year)	Average FTE 2012	FTE-Days Available	FTE-Days Lost to Sickness Absence	Average Sick Days per FTE
2.8%	**277**	**62,221**	**1,731**	**6.3**

Sickness data provided are calendar year figures.

The full accounts for North East Lincolnshire Care Trust Plus are provided as an appendix to this report.

Statement in Respect of Disabled Employees

The CTP has been awarded the "Two Ticks" symbol - Positive about Disabled People.

In achieving this the CTP has demonstrated its commitment to interviewing job applicants with disabilities where they meet the minimum criteria for the job, ensuring that staff with disabilities have the opportunity to discuss their development through the CTP's Personal Development Review process, and making every effort to retain staff if they become disabled through the Managing Sickness Absence policy.

Equality Statement

Equality, fair treatment and social inclusion lie at the heart of the Government's plans to modernise the health service. The CTP is committed to these principles, in particular:

- to recruit, develop and retain a workforce that is able to deliver high quality services that are accessible, responsive and appropriate to meet the diverse needs of different groups and individuals;
- to be a fair employer achieving equality of opportunity of outcomes in the workplace;
- to use its influence and resources as an employer to make a difference to the life opportunities and health of its local community.

The CTP has an approved Equality Plan which sets out the vision for North East Lincolnshire CTP to take equality and diversity forward. The document sets out how North East Lincolnshire CTP will advance the social and economic wellbeing of the community to ensure equal health and employment outcomes for the whole of the diverse population it serves.

North East Lincolnshire Care Trust Plus

2012-13 Accounts

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North East Lincolnshire Care Trust Plus

2012-13 Accounts

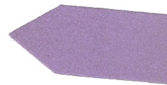
STATEMENT OF THE RESPONSIBILITIES OF THE SIGNING OFFICER OF THE CARE TRUST PLUS

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: C I Long

Date 5/vi/13

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;

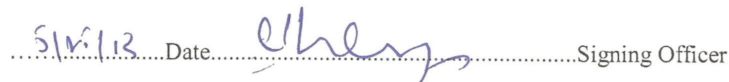
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

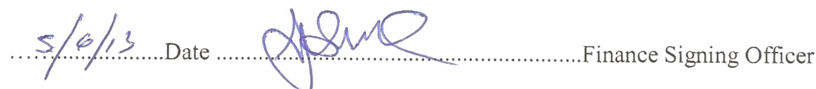
- ensure that the CTP kept proper accounting records which disclosed with reasonable accuracy at any time the financial position of the primary care trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State.

- 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.


....5/vi/13.....Date...Signing Officer


....5/6/13.......Date ....Finance Signing Officer

Organisation Name:	North East Lincolnshire Care Trust Plus (NELCTP)
Organisation Code:	TAN

Governance Statement

Scope of responsibility

The Accountable Officer is responsible for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. In addition to this, they are personally responsible for safeguarding the public funds and the organisation's assets, as set out in the Accountable Officer Memorandum. During 2012/13 the fulfilment of duties as Accountable Officer was subject to scrutiny of both internal and external auditors to NELCTP, as well as appropriate performance management arrangements with Yorkshire and Humber Strategic Health Authority throughout the year.

The formal Partnership Legal Agreement between NELCTP and North East Lincolnshire Council ensures formal accountability between these organisations for shared objectives and delegated services in respect of improving the health and wellbeing of the residents of North East Lincolnshire. This accountability is demonstrated in the Memorandum of Understanding between the Humber Cluster Board and NEL Council, the CCG shadow board membership and the joint Governance arrangements between the two organisations.

The governance framework of the organisation

In September 2011, North East Lincolnshire CTP Board agreed a new working arrangement with the establishment of the Humber Cluster Board and approved the future governance arrangements of the new Board and its Committees. The Humber Cluster acts as a common membership framework covering the formal statutory Boards for the organisations listed below with each constituent body working under a common board arrangement known as the NHS Humber Cluster Board:

- North East Lincolnshire Care Trust Plus
- North Lincolnshire PCT
- East Riding of Yorkshire PCT
- Hull Teaching PCT

The North East Lincolnshire CTP through the Humber Cluster Board arrangement is responsible for:

- Endorsing corporate objectives relating to risk management,
- Reviewing the effectiveness of systems of internal control, and through these controls, managing affairs efficiently and effectively.

The Board receives and discusses regular performance reports with regard to the agreed risk management systems and processes including those that support the developing Clinical Commissioning Group (CCGs) through a national authorisation

process.

The Humber Cluster Board governance structure includes an Audit Committee, Remuneration & Terms of Service Committee, four CCG Committees (covering East Riding, Hull, North Lincolnshire and North East Lincolnshire) and the range of joint Committees previously approved by the respective PCT Boards (as outlined in the Scheme of Delegation). The Terms of Reference for the Audit Committee ensure that all statutory duties of an Audit Committee are fulfilled and have been developed in line with good practice from the Audit Committee Handbook. Written and verbal reports and draft minutes are provided to the next Humber Cluster Board Meeting. Each CCG Committee had in place its support structures to adopt an integrated governance approach and representation from North East Lincolnshire CCG is included within the Audit Committee Terms of Reference.

The Remuneration & Terms of Service Committee determines appropriate remuneration and terms of service for the Chief Executive, other Executive Directors, senior managers under the VSM contract and others on local pay and conditions.

In addition sub-committees were in place as joint committees with other NHS organisations, these being the Specialised Commissioning Group, NEYHCOM, as well as the Cluster Committee.

The North East Lincolnshire CTP Board through the Humber Cluster has reviewed its way of working, agreeing an etiquette between members and at the March 2012 workshop reviewed its effectiveness, concentrating on what was working well, what could work better, prior to agreeing working arrangements for the further transitional year of 2012/13.

The North East Lincolnshire Clinical Commissioning Group as a formal committee of the Board was granted delegated powers to include budget responsibility. In delegating the range of duties and budgets to the North East Lincolnshire CCG Committee assurance continued to be required that appropriate supporting arrangements were in place to secure good governance.

The Terms of Reference for North East Lincolnshire CCG Committee has been developed in line with the requirements of good governance practice and localised by the developing CCG.

A single set of Standing Orders, Scheme of Delegation and Standing Financial Instructions (SOs, SoD and SFIs) has been in place throughout the year for the four PCTs/CTP.

The Accountable Officer leads the executive team and has overall responsibility for governance, statutory functions, quality and performance for all four constituent PCTs/CTP. This includes ensuring the implementation of an effective risk management system, development of the corporate governance framework, meeting all statutory requirements and ensuring that appropriate accountability statements for risk management and governance are in each Director's job profiles, as well as ensuring all Directors have appropriate arrangements in place to address any shortfalls identified from the risk profile. The Accountable Officer chairs the Executive Management Team, which includes Directors and relevant Senior Managers who carry specific risk

management responsibilities.

The North East Lincolnshire CTP Board membership also includes Non-Executive Directors. Non-Executive Directors are lay people, appointed by the independent Appointments Commission and approved by the Secretary of State for Health. They bring a diverse range of skill and experience to the Board and ensure that the best interests of local residents are reflected in the work of the Humber Cluster.

The North East Lincolnshire CCG, Chief Operating Officer/ Chief Clinical Officer (Designate) has had responsibility for maintaining all internal controls in North East Lincolnshire CTP on behalf of the Accountable Officer. In addition the Director of Quality and Governance led on clinical governance, and risk management, including infection control and decontamination. The Medical Director has discharged the Board role for information governance, Caldicott Guardian and Freedom of Information. The Director of Finance and Performance was the Senior Information Risk Owner and has ensured the delivery of statutory financial duties including counter fraud. These roles contributed to assuring the Board that NELCTP meets all statutory requirements.

All senior managers and managers of services are required to bring to the attention of the Cluster Executive Management Team, via their Chief Operating Officer/ Chief Officer (Designate) or Directors, issues of major or significant risk which have been identified and where the existing control measures are considered to be potentially inadequate. All managers are responsible for supporting and encouraging staff to report adverse incidents and near misses. All staff are responsible for the effective identification, reporting and management of risks within their area of responsibility. These specific responsibilities are identified in the North East Lincolnshire CTP Incident Reporting Policy and Serious Incident Reporting Policy.

North East Lincolnshire CTP engages and works with its key partners and stakeholders through established structures including:

- Executives attending monthly network meetings across NHS Yorkshire & the Humber including Chief Executives, Directors of Finance, Public Health and Specialist Commissioning.
- Scheduled Contract meetings with providers including quality monitoring forums.

The North East Lincolnshire CTP works in collaboration with a wide range of local NHS partners and clinical networks to commission service improvement priorities from a range of potential NHS, voluntary, private and independent sector service providers.

External to the management structure, Internal Audit has an important role in the Risk Management Strategy by assisting us to achieve corporate governance requirements, providing independent assessment and opinion to the Audit Committee, Board and individual Directors. An annual work plan is agreed between the Head of Internal Audit and the Director of Finance and Performance, based on identified risks. A Service Level Agreement is in place with the East Coast Audit Consortium. Internal audit services are also provided by North East Lincolnshire Council in relation to Adult Social Care Systems following the development of the Care Trust Plus. Progress reports are presented to each meeting of the Audit Committee, including monitoring of all recommendations.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments to the Scheme are all in accordance with Scheme rules and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

A Transition & Closedown report was submitted to the Humber Cluster March Board meeting. Providing a high level summary of transition and closedown activities, the report provided the Board with assurance over the governance of the programme. This included bringing to the Board for approval the Corporate Handover Document, incorporating the Quality Handover Document, which had been completed in conjunction with PCT/ CTP officers, and undergone both local and SHA triangulation, draft property transfer schemes, draft people transfer schemes and people tracker, statutory function destinations, Board Assurance Framework and Risk Register, and an update on future Department of Health legacy management. All current risks have been assessed and either identified for closure at 31 March 2013, or as needing to be transferred to other organisations, in which case details will be passed on to receivers.

A governance framework for the accounts completion, scrutiny and sign off has been established in line with the letter setting out the roles for the financial closedown of the PCTs. The accounts for North East Lincolnshire CTP will be subject to scrutiny by the Audit Committee and signed off by the NHS England Area Team Director of Finance.

Risk Assessment

The CTP has maintained its comprehensive risk management framework through the implementation of its Risk Management and associated policies. Top rated risks for North East Lincolnshire Locality (Locality Risk register), corporate risk register and directorate risk registers are maintained. Through named leads, directorates are responsible for ensuring their risk registers accurately reflect the risk profile of their directorate. Directors have responsibility to review and update directorate risk registers and risks for which they are nominated leads.

Reports are produced for the Corporate Risk Meeting and the Board. Separate Corporate Registers were produced, one identifying the risk profile of the Clinical Commissioning Group (CCG) reported to the CCG and one identifying the risk profile of the other non CCG related functions reported to the Cluster Executive Management Team.

The North East Lincolnshire CTP locality Risk Register (identifying the highest rated risks) is presented to each meeting of the Humber Cluster Audit Committee along with an associated report highlighting key actions to mitigate the risks to give additional assurance.

Risk and Control Framework

The Board Assurance Framework (BAF) provides an overview of the controls and assurances in place to ensure that the organisation is able to achieve its Strategic Objectives and manage the principle risks identified. North East Lincolnshire CTP is

required to ensure that appropriate action is taken to mitigate all identified risks in accordance with statutory requirements and organisational policy. These risks feed into a Cluster wide BAF that identifies positive assurances and areas where there are gaps in control and/or assurances.

The BAF :

- Provides an effective means to identify and treat any risks including the national core standards and priorities relating to the organisation's objectives.
- Is a process to support the identification of areas for development.
- Demonstrates strategic and operational risks and any other source of information that identifies any possible risk that could be considered a threat to patients, staff, visitors, environmental safety or the organisation's well-being.

The BAF is an active tool for tracking positive assurance by North East Lincolnshire CTP during the year, recording the actions taken to address any control and assurance gaps and is underpinned by the local risk strategy. Effective risk management is embedded into the culture and practice of North East Lincolnshire CTP through the successful implementation of that Risk Management Strategy and associated policies.

The risk register has been developed to include all high level risks identified by North East Lincolnshire CTP and it offers a means to quantify, prioritise and manage risks at a Cluster level.

Progress reports on the BAF are regularly reviewed by the Audit Committee and presented quarterly to the Board and responsibility for its routine management has been delegated to the Director of Quality & Governance (Nursing).

Risks are analysed to determine their cause, their impact on business and achievement of objectives. Standardised systems are used to ensure that risk assessments are undertaken in a consistent format using agreed definitions and evaluation criteria. The system enables all risks to be graded in the same consistent manner against the same generic criteria. This allows for comparisons to be made between different types of risk and for judgements and decisions about resource allocation to be made on that basis.

Reviews of risk ratings and associated gaps in controls and assurances are the responsibility of Executive Directors, to manage, as part of the regular reporting on controls and risk. An Internal Audit review undertaken during March 2013 provided significant assurance that the BAF was fit for purpose.

The development of the BAF during 2012/13 has provided a robust evidence based process to demonstrate an effective Assurance Framework is in place with the necessary information for good governance, thus supporting the Annual Governance Statement.

In-year work has progressed to reduce gaps in controls and to secure positive assurances on achievement towards corporate objectives.

Review of the effectiveness of risk management and internal control

The Accountable Officer has responsibility for reviewing the effectiveness of the system

of internal control. Their review is informed in a number of ways:

- The Head of Internal Audit submits an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of internal audit's work.
- Executive managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide assurance.
- The Assurance Framework itself provides evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed.
- The review is also informed by the programme of Internal and External audits that have been on-going throughout the year and regular reporting of risk and performance issues.

Significant Issues

North East Lincolnshire CTP has reviewed the Board Assurance Framework during the year.

There have been no significant financial issues reported during the year.

Performance

NELCTP has achieved a high level of performance across the operating framework requirements. However in a few areas performance fell below the target level.

In particular we would like to draw your attention to the following:

- **Mortality NLAG**

  The latest published index covering the period Oct 11 to Sept 12 shows Northern Lincolnshire & Goole Hospitals NHS Trust as having an index of 115 which gives them a ranking of 137th out of 142 hospital trusts.

  A multi organisational Northern Lincolnshire wide Mortality Action Group has been established to oversee the work to be undertaken to improve both the quality of care & SHMI focused around NLG as a provider

  The Northern Lincolnshire wide Group has refreshed its action plan to focus on activities that need to take place over the next six months, not only within the Hospital but also outside of the hospital across primary & community care.

  The Action plan work is focused around the following outcomes:

  - Improving Care/Survival - for patients requiring urgent treatment (respiratory, stroke and sepsis)
  - Getting the right staffing levels (Busy periods, out of hours and occupancy rates)
  - Identification and escalation of care for the deteriorating patient
  - Reducing harm
  - Reducing mortality rates

- Improving patient flows through the hospital
- Appropriate End of Life Care
- Improved documentation
- Improved coding
- Improving public Confidence and Communications.

Work is taking place within North and North East Lincolnshire on specific actions under these headings and progress against the plan is ensured via the group that is meeting.

Those actions which require longer term service change will be picked up as part of the sustainable services review.

- **Stroke Services in North East Lincolnshire**

NLAG have received provisional accreditation, which is dependent on them implementing 24/7 radiography & thrombolysis. The radiography service is out to consultation at the moment.

The CTP is closely monitoring NLAG's stroke action plan to ensure that they consistently meet all their targets in relation to stroke

- **Health Visitor numbers**

As at 28th February 2013 there were 28.03 FTE Health Visitors in post and 5.47 vacancies. The trajectory for March 2013 is 33.7 FTE Health Visitors in post, with a trajectory for March 2015 of 40.2 FTE Health Visitors in post. The Local Authority, who provide the service, remain confident that the targets will be met by March 2015 however there have been some staffing issues and also historical recruitment issues to posts in this area and this has been flagged externally by the Local Authority.

From April 2013 the NHS Commissioning Board will be working with, and supporting, the Local Authority with regards to the commissioning of the Health Visitor Service.

- **Permanent admissions 65+ to residential and nursing care homes, per 100,000 population**

At Mar 13 the CTP had 733.75 admissions per 100,000 against a target of 459.7. Work is underway to reduce the number of permanent admissions with a particular focus on reducing the number of short stay placements. A core group has been set up, made up of senior managers, representation from each case management team and finance to:-

1. Identify a) what are the main causes for respite care? b) what are the pathways for respite? and c) what action needs to be taken to reduce respite care?
2. Monitor extended respite stays via the Risk & Quality Panel
3. Provide specific guidance to workers for the use of respite placements, (including Care Plus Group & NAViGO)
4. Look at the use of contracts with families/carers so expectations are realistic and can be managed

- **% people who have depression and/or anxiety disorders who receive psychological therapies**

  At Quarter three 7.8% of people were receiving psychological therapies against a target of 10.5 %. We are working with NAVIGO, our mental health provider, to manage the front end of Open Minds (the therapies service) as well as with GPs to increase their number of referrals to the service.

- **Category A calls**

Standard	Target	At Feb13
19 minute	95%	93.6%
8 minute	75%	73.8%

  The performance issue is for East Midlands Ambulance (EMAS) as a whole with the main dip in performance being over the Christmas period.

  NEL are currently averaging above target at 97.25% for the 19 minute standard and there is no indication that the target will not be met.

  The main long term threat to stability of performance comes from how EMAS implement the announced changes to where they station ambulances and crews.

- **Ambulance average total turnaround time**

Performance at Feb 13	Target	Actual
Average clinical handover time	15 mins	25 mins 38 sec
Average total turnaround time	25 mins	38 mins 34 sec
Average post handover time	10 mins	13 mins 13 sec

  The CCG have confirmed funding for RFID which has been proven to improve turnaround times where it has been implemented elsewhere.

- **Numbers waiting on an incomplete referral to treatment pathway**

  The number of patients waiting on an incomplete pathway for referral to treatment is 5,956 which is slightly above the planned level of 5,700. However this is not causing any issues in respect of achievement of the 18 week wait target.

<u>Limited assurance audit reviews</u>

The following three internal audit reports received limited assurance and agreed actions are in place to address identified concerns and these will be monitored on a regular basis to ensure compliance:

- **IT Transition Risk Management**

An assessment of IT risk management arrangements during the transition to new commissioning and commissioning support arrangements was undertaken which identified that there was no clear risk management framework in existence for IM&T, with limited senior management oversight and evaluation of all departmental risks. High risks were being discussed at the Informatics Transitional Programme Management Group, and are now a standing agenda item at the CSU IM&T Management Group.

- **Statutory and Mandatory Training**

  The objective of this review was to ensure that training classified as mandatory is provided to all relevant staff on a timely basis, however despite a comprehensive Policy being in place, at the time of the review the level of course attendance was found to be poor.

  **Note – since the audit was concluded, 100% compliance was achieved with regard to Information Governance: The Refresher Module (2012/13)*

- **Off Payroll Payments**

  In response to the HMT review, the NHS Chief Executive released a letter *'implementing the recommendations of the HMT review of tax arrangements.'* An initial review of potential *'off-payroll'* payments was performed to establish the extent of *'off-payroll'* payments within the four Humber Cluster organisations. It was clear that there are significant differences of opinion across the Cluster as to what qualify as *'off-payroll'* payments, and in addition organisations must ensure they are in a position to establish the employment status of such workers and be able to obtain evidence of their tax and NICs obligations should they wish to do so.

The Property charges review from the 2011/12 internal audit plan, which received limited assurance, has been subject to regular review, and the Humber Cluster Audit Committee received regular updates alongwith the estimated financial impact.

Information Governance

The PCT confirms that robust arrangements have been in place during 2012/13 for the management of information governance. The PCT expects to receive significant assurance on its compliance with Information Governance toolkit requirements for 2012/2013.

Significant Issues

The Health and Social Care Act 2012 has resulted in new commissioners, including Clinical Commissioning Groups (CCG), having no legal basis to access patient confidential data (PCD) without patient consent or a section 251 Data Protection Act exemption. This will have a significant impact in the ability of the CCG as the successor organisation of the PCT to effectively close down 2012/13 PCT work. We are awaiting formal communication, although we understand national section 251 exemption has been has granted for a three month period to allow 2013/14 Secondary Use Service (SUS) data to continue to flow. In addition we believe a Secretary of State directive is

being drafted which will allow all 2012/13 PCD to be used in the closedown of PCT activities. We are planning to manage all PCD activities through enhanced governance arrangements to ensure we have a full understanding all activities using PCD and ensure there is a clear legal basis for processing.

Conclusion

With the exception of the internal control issues that I have outlined in this statement, my review confirms that North East Lincolnshire CTP overall has a sound system of internal controls that supports the achievement of its policies, aims and objectives and that those control issues have been or are being addressed.

Signing Officer : **Christopher Long**

Organisation: **North East Lincolnshire Care Trust Plus (NELCTP)**

Signature

Date 5/vi/13

INDEPENDENT AUDITORS' REPORT TO THE OFFICERS RESPONSIBLE FOR PREPARING THE ACCOUNTS OF NORTH EAST LINCOLNSHIRE CTP ON THE PCT SUMMARISATION SCHEDULES

We have examined the summarisation schedules designated PCT01 to PCT23 of North East Lincolnshire CTP for the year ended 31 March 2013.

This report is made solely to the responsible officers of North East Lincolnshire CTP in accordance with Part II of the Audit Commission Act 1998. Our audit work has been undertaken so that we might state to the responsible officers 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 responsible officers for our audit work, for this report or for the opinions we have formed.

For the purpose of this report, the agreement of figures between the statutory financial statements and the summarisation schedules extends only to those figures within the audited financial statements which are also published in the summarisation schedules. Auditors are required to report on any differences over £250,000 between the final audited statutory financial statements and the summarisation schedules.

Unqualified audit opinion on the financial statements; no differences identified:

In our opinion the figures reported in the final audited statutory financial statements, on which we have issued an unqualified opinion, agree to the figures reported in the summarisation schedules.

Paul Lundy for and on behalf of KPMG LLP, Statutory Auditor

Chartered Accountants
KPMG, 1 The Embankment, Neville Street, Leeds, LS1 4DW

7 June 2013

FOREWORD TO THE ACCOUNTS

NORTH EAST LINCOLNSHIRE CARE TRUST PLUS

These accounts for the year ended 31 March 2013 have been prepared by North East Lincolnshire Care Trust Plus under section 232 (schedule 15,3(1)) of the National Health Service Act 2006 in the form which the Secretary of State has, within the approval of the Treasury, directed

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	**11,680**	15,472
Other costs	5.1	**349,268**	341,466
Income	4	**(62,434)**	(64,086)
Net operating costs before interest		**298,514**	292,852
Investment income	9	**0**	0
Other (Gains)/Losses	10	**0**	321
Finance costs	11	**0**	0
Net operating costs for the financial year		**298,514**	293,173
Transfers by absorption -(gains)		**0**	0
Transfers by absorption - losses		**0**	0
Net (gain)/loss on transfers by absorption		**0**	0
Net Operating Costs for the Financial Year including absorption transfers		**298,514**	**293,173**
Of which:			
Administration Costs			
Gross employee benefits	7.1	**3,834**	3,630
Other costs	5.1	**2,955**	3,945
Income	4	**(837)**	(981)
Net administration costs before interest		**5,952**	**6,594**
Investment income	9	**0**	0
Other (Gains)/Losses	10	**0**	0
Finance costs	11	**0**	0
Net administration costs for the financial year		**5,952**	**6,594**
Programme Expenditure			
Gross employee benefits	7.1	**7,846**	11,842
Other costs	5.1	**346,313**	337,521
Income	4	**(61,597)**	(63,105)
Net programme expenditure before interest		**292,562**	**286,258**
Investment income	9	**0**	0
Other (Gains)/Losses	10	**0**	321
Finance costs	11	**0**	0
Net programme expenditure for the financial year		**292,562**	**286,579**

Other Comprehensive Net Expenditure	2012-13 £000	2011-12 £000
Impairments and reversals put to the Revaluation Reserve	**0**	0
Net (gain) on revaluation of property, plant & equipment	**0**	0
Net (gain) on revaluation of intangibles	**0**	0
Net (gain) on revaluation of financial assets	**0**	0
Net (gain)/loss on other reserves	**0**	0
Net (gain)/loss on available for sale financial assets	**0**	0
Net (gain) /loss on Assets Held for Sale	**0**	0
Release of Reserves to Statement of Comprehensive Net Expenditure	**0**	0
Net actuarial (gain)/loss on pension schemes	**2,007**	3,375
Reclassification Adjustments	**0**	0
Reclassification adjustment on disposal of available for sale financial assets	**0**	0
Total comprehensive net expenditure for the year*	**300,521**	**296,548**

*This is the sum of the rows above plus net operating costs for the financial year after absorption accounting adjustments.
The notes on pages 7 to 38 form part of this account.

* Administration Costs and Programme Expenditure , includes the following in relation to Provider (Discontinued)

	2012-13	2011-12
Employee benefits	0	4,041
Other costs	0	545
Income	0	(398)
	0	4,188

IFRS 5 Discontinued Operations requires disclosure of Income and Expenditure which relates to the provider social enterprise Care Plus (established with effect from 1st July 2011) and this has been reported accordingly by separating Commissioning & Provider activities. The costs formerly relating to provider services are now commissioned via a contract with the new organisations (Care Plus) who are external to the CTP. The trading position for 2011/12 was breakeven. There was no surplus or loss recognised on the measurement to fair value on disposal.

Statement of Financial Position at 31 March 2013

	NOTE	31 March 2013 £000	31 March 2012 £000
Non-current assets:			
Property, plant and equipment	12	**13,552**	14,296
Intangible assets	13	**0**	0
investment property	15	**0**	0
Other financial assets	20	**0**	0
Trade and other receivables	19	**581**	619
Total non-current assets		**14,133**	14,915
Current assets:			
Inventories	18	**0**	0
Trade and other receivables	19	**9,255**	8,795
Other financial assets	20	**0**	0
Other current assets		**0**	0
Cash and cash equivalents	21	**0**	0
Total current assets		**9,255**	8,795
Non-current assets held for sale	22	**0**	0
Total current assets		**9,255**	8,795
Total assets		**23,388**	23,710
Current liabilities			
Trade and other payables	23	**(19,880)**	(19,979)
Other liabilities	24	**0**	0
Provisions	29	**(2,387)**	(1,381)
Borrowings	25	**0**	0
Other financial liabilities	26	**0**	(7)
Total current liabilities		**(22,267)**	(21,367)
Non-current assets plus/less net current assets/liabilities		**1,121**	2,343
Non-current liabilities			
Trade and other payables	23	(6,955)	(7,899)
Other Liabilities	24	0	0
Provisions	29	(1,105)	(932)
Borrowings	25	0	0
Other financial liabilities	26	0	(103)
Total non-current liabilities		**(8,060)**	(8,934)
Total Assets Employed:		**(6,939)**	(6,591)
Financed by taxpayers' equity:			
General fund		1,482	(177)
Revaluation reserve		1,525	1,525
Other reserves		(9,946)	(7,939)
Total taxpayers' equity:		**(6,939)**	(6,591)

The notes on pages 5 to 36 form part of this account.

The financial statements on pages 1 to 4 were approved by the Humber Cluster Audit Sub-Committee on 5th June and signed on its behalf by

Designated Signing Officer Date:

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

	General fund	Revaluation reserve	Other reserves	Total reserves
	£000	£000	£000	£000
Balance at 1 April 2012	**(177)**	**1,525**	**(7,939)**	**(6,591)**
Changes in taxpayers' equity for 2012-13				
Net operating cost for the year	(298,514)	0	0	**(298,514)**
Net gain on revaluation of property, plant, equipment	0	0	0	**0**
Net gain on revaluation of intangible assets	0	0	0	**0**
Net gain on revaluation of financial assets	0	0	0	**0**
Net gain on revaluation of assets held for sale	0	0	0	**0**
Impairments and reversals	0	0	0	**0**
Movements in other reserves	0	0	0	**0**
Transfers between reserves*	0	0	0	**0**
Release of Reserves to SOCNE	0	0	0	**0**
Reclassification Adjustments				
Transfers between Revaluation Reserve & General Fund in respect of assets transferred under absorption	0	0	0	**0**
Net actuarial gain/(loss) on pensions	0	0	(2,007)	**(2,007)**
Total recognised income and expense for 2012-13	**(298,514)**	**0**	**(2,007)**	**(300,521)**
Net Parliamentary funding	300,173			**300,173**
Balance at 31 March 2013	**1,482**	**1,525**	**(9,946)**	**(6,939)**
Balance at 1 April 2011	**243**	**1525**	**(4,564)**	**(2,796)**
Changes in taxpayers' equity for 2011-12				
Net operating cost for the year	(293,173)	0	0	(293,173)
Net Gain / (loss) on Revaluation of Property, Plant and Equipment	0	0	0	0
Net Gain / (loss) on Revaluation of Intangible Assets	0	0	0	0
Net Gain / (loss) on Revaluation of Financial Assets	0	0	0	0
Net Gain / (loss) on Assets Held for Sale	0	0	0	0
Impairments and Reversals	0	0	0	0
Movements in other reserves	0	0	0	0
Transfers between reserves*	0	0	0	0
Release of Reserves to Statement of Comprehensive Net Expenditure	0	0	0	0
Reclassification Adjustments	0	0	0	0
Transfers to/(from) Other Bodies within the Resource Account Boundary	0	0	0	0
On disposal of available for sale financial assets	0	0	0	0
Net actuarial gain/(loss) on pensions	0		(3,375)	(3,375)
Total recognised income and expense for 2011-12	(293,173)	0	(3,375)	(296,548)
Net Parliamentary funding	292,753			292,753
Balance at 31 March 2012	**(177)**	**1,525**	**(7,939)**	**(6,591)**

Statement of cash flows for the year ended 31 March 2013

	2012-13 £000	2011-12 £000
Cash Flows from Operating Activities		
Net Operating Cost Before Interest	**(298,514)**	(292,852)
Depreciation and Amortisation	**458**	517
Impairments and Reversals	**0**	32
Other Gains / (Losses) on foreign exchange	**0**	0
Donated Assets received credited to revenue but non-cash	**0**	0
Government Granted Assets received credited to revenue but non-cash	**0**	0
Interest Paid	**0**	0
Release of PFI/deferred credit	**0**	0
(Increase)/Decrease in Inventories	**0**	0
(Increase)/Decrease in Trade and Other Receivables	**(460)**	(2,253)
(Increase)/Decrease in Other Current Assets	**0**	0
Increase/(Decrease) in Trade and Other Payables	**(1,063)**	5,128
(Increase)/Decrease in Other Current Liabilities	**(2,117)**	(3,375)
Provisions Utilised	**(418)**	(1,215)
Increase/(Decrease) in Provisions	**1,597**	1,326
Net Cash Inflow/(Outflow) from Operating Activities	**(300,517)**	**(292,692)**
Cash flows from investing activities		
Interest Received	**0**	0
(Payments) for Property, Plant and Equipment	**0**	(99)
(Payments) for Intangible Assets	**0**	0
(Payments) for Other Financial Assets	**0**	0
(Payments) for Financial Assets (LIFT)	**0**	0
Proceeds of disposal of assets held for sale (PPE)	**306**	0
Proceeds of disposal of assets held for sale (Intangible)	**0**	0
Proceeds from Disposal of Other Financial Assets	**0**	0
Proceeds from the disposal of Financial Assets (LIFT)	**0**	0
Loans Made in Respect of LIFT	**0**	0
Loans Repaid in Respect of LIFT	**0**	0
Rental Revenue	**0**	0
Net Cash Inflow/(Outflow) from Investing Activities	**306**	**(99)**
Net cash inflow/(outflow) before financing	**(300,211)**	**(292,791)**
Cash flows from financing activities		
Capital Element of Payments in Respect of Finance Leases and On-SoFP PFI and LIFT	**0**	0
Net Parliamentary Funding	**300,173**	292,753
Capital Receipts Surrendered	**0**	0
Capital grants and other capital receipts	**38**	38
Cash Transferred (to)/from Other NHS Bodies	**0**	0
Net Cash Inflow/(Outflow) from Financing Activities	**300,211**	**292,791**
Net increase/(decrease) in cash and cash equivalents	**0**	**0**
Cash and Cash Equivalents (and Bank Overdraft) at Beginning of the Period	**0**	**0**
Effect of Exchange Rate Changes in the Balance of Cash Held in Foreign Currencies	**0**	0
Cash and Cash Equivalents (and Bank Overdraft) at year end	**0**	**0**

IFRS Discontinued Operations:

The cashflow statement for 2011/12 includes cashflows for both continued and discontinued operations i.e. commissioning and provider services respectively the analysis of the cash relating to the discontinued operation i.e. Care Plus 1April 2011 - 30 June 2011 is included in the table below:

Discontinued Operation Cashflow:	**2012-13** £000	2011-12 £000
Net operating cost before interest	0	(4,188)
Movement in Working Capital	0	205
Net cash outflow from operating activities	**0**	**(3,983)**
Net Parliamentary Funding	**0**	3,983
Cash (and) cash equivalents (and bank overdrafts) at the end of the financial year		

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 Care Trust Plus (CTP) for the purpose of giving a true and fair view has been selected. The particular policies adopted by the CTP are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

Under the provisions of The Health and Social Care Act 2012 (Commencement No.4. Transitional, Savings and Transitory Provisions) Order 2013, the CTP was dissolved on 1st April 2013. The CTP's functions, assets and liabilities transferred to other public sector entities as outlined in Note 36 Events after the Reporting Period. 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.

The SOFP has therefore been drawn up at 31 March 2013 on the same basis as in previous years, reporting balances on the same basis as would a continuing entity. In particular, there has been no general revaluation of assets or liabilities, and no disclosures have been made under IFRS 5 Non-current Assets Held for Sale and Discontinued Operation.

The CTP 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 CTP exercises in-year budgetary control over the other entity.

In accordance with the directed accounting policy from the Secretary of State, the CTP 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

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 CTP’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.

1. Useful economic lives of Property Plant and Equipment

The charge in respect of periodic depreciation is derived after determining an estimate of an asset's expected useful life and the expected residual value at the end of its life. Increasing an asset's expected life or its residual value would result in a reduced depreciation charge in the operating cost statement.
Historically, changes in useful lives and residual values have not resulted in material changes to the depreciation charge.

2. Impairment Analysis

Impairment reviews are carried out either when a change in circumstances is identified that indicates an asset might be impaired. An impairment review involves calculating either or both of the fair value or the value in use of an asset or group of assets and comparing with the carrying value in the balance sheet.

3. Secondary Care Activity

Counting and coding of secondary care is not finalised until after the completion of the audited annual accounts process in June. Assumptions have been made around the liabilities of this for the CTP with a range of secondary care providers based on a number of factors including historical activity performance and known changes in activity, as well as non PBR tariffed contract arrangements. The actual cost of activity will be different to the carrying amounts held in the Statement of Financial Performance and any variance will need to be managed in the Statement of Comprehensive Net Expenditure in the subsequent year. There is unlikely to be a significant change to the carrying value of assets and liabilities once activity is validated based on previous years outturn verses actual.

4. Quality Outcomes Framework

An assessment of the achievement of QOF points made for independent contractors, however there is no risk of a material difference to the carrying value of this balance in the accounts based on previous years outturn versus actual.

1. Accounting policies (continued)

5. Accruals
There are a number of estimated figures within the accounts. The main areas where estimates are included are:
• Prescribing - The full year figure is estimated on the spend for the first 10 months of the year,
• Pharmacy Costs - The full year figure is estimated on the actual spend for the first 9 months of the year
• Ophthalmic Costs - The full year figure is estimated on the actual spend for the first 11 months of the year.
• Purchase of Healthcare - The full year figure is estimated on the month 11 actual information as agreed between the provider and commissioner.
• Continuing Care - This is based upon the client data base of occupancy at the financial year end.

6. Provisions
A number of key assumptions have been included with in the accounts concerning the future.
a) Bad Debt Provision
b) Continuing Care Provision - During this financial year deadlines of 31st September 2012 and 31st March 2013 were set for the receipt of retrospective continuing healthcare claims relating to April 2004 - March 2011 and post April 2011, respectively. This resulted in a substantial number of inquiries and claims being submitted about which the CTP has limited information. The provision in the financial statements for these claims has been estimated from actual average figures for success rates in 2012/13, length of stay and cost for these cases.
c) Provisions for organisation re-configuration and service re-configuration
b) Local Government Pension Scheme as advised by the actuaries Hymans Robertson LLP

7. Property
The property portfolio was revalued in March 2011 by the district valuer. The CTP have not identified any indicators to suggest there has been a significant movement in valuation and as such no revaluations have been undertaken this year.

1.2 Revenue and Funding

The main source of funding for the CTP is allocations (Parliamentary Funding) from the Department of Health within an approved cash limit, which is credited to the General Fund of the CTP. 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 CTP. 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

North East Lincolnshire Care Trust is a Primary Care Trust that is designated by the Secretary of State under s45 of the Health and Social Care Act 2001 as a Care Trust because of its joint activities with North East Lincolnshire Council. Under the arrangements North East Lincolnshire Council funds the Care Trust to undertake adult social care activities on a delegated basis. The Care Trust accounts for the income from North East Lincolnshire Council along with relevant expenditure.

1.4 Taxation

The CTP 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.

1.5 Administration and Programme Costs

Treasury has set performance targets in respect of non-frontline expenditure (administration expenditure).
From 2011-12, CTPs therefore analyse and report revenue income and expenditure by "admin and programme"
For CTPs, 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. Accounting policies (continued)

1.6 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 CTP;
● 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 CTP'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

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.

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. Accounting policies (continued)

1.7 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 CTP expects to obtain economic benefits or service potential from the asset. This is specific to the CTP 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

At each reporting period end, the CTP 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.

1.8 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.

1.9 Inventories

Inventories are valued at the lower of cost and net realisable value using the [first-in first-out / weighted average] cost formula. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

1.10 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 CTP’s cash management.

1. Accounting policies (continued)

1.11 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 CTPs not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

1.12 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 CTPs.

The NHSLA operates a risk pooling scheme under which the CTP 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 CTP is disclosed at Note 29.

1.13 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

The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

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 CTP commits itself to the retirement, regardless of the method of payment.

Some employees are members of the Local Government Superannuation Scheme, which is a defined benefit pension scheme. The scheme assets and liabilities attributable to those employees can be identified and are recognised in the CTP’s accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within finance income. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs. Actuarial gains and losses during the year are recognised in the General Fund and reported on the Statement of Changes in Taxpayers' Equity.

1.14 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.

1.15 Grant making

Under section 256 of the National Health Service Act 2006, the CTP 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 CTP has a present legal or constructive obligation which occurs when all of the conditions attached to the payment have been met.

1. Accounting policies (continued)

1.16 EU Emissions Trading Scheme

The CTP does not currently partake in the EU Emissions Trading Scheme due to its current level of CO2 emissions not being at a high enough level for the organisation to qualify.

1.17 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 CTP, 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.

1.18 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 CTP 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 CTP’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 CTP as lessor

Amounts due from lessees under finance leases are recorded as receivables at the amount of the CTP’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 CTP’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.

1.19 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.

1.20 Provisions

Provisions are recognised when the CTP has a present legal or constructive obligation as a result of a past event, it is probable that the CTP 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.

1. Accounting policies (continued)

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 CTP 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 CTP 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 arsing from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

1.21 Financial Instruments

Financial assets

Financial assets are recognised when the CTP 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.

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 CTP 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.

1. Accounting policies (continued)

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 CTP 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.

1.22 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 - subject to consultation
IFRS 10 Consolidated Financial Statements - subject to consultation
IFRS 11 Joint Arrangements - subject to consultation
IFRS 12 Disclosure of Interests in Other Entities - subject to consultation
IFRS 13 Fair Value Measurement - subject to consultation
IPSAS 32 - Service Concession Arrangement - subject to consultation

2 Operating segments

Segmental information is presented in accordance with the Care Trust Plus's main areas of activity. North East Lincolnshire Care Trust is a NHS body that commissions both health and social care, the latter in respect of functions delegated by North East Lincolnshire Council. This note provides financial analysis of the aspects of North East Lincolnshire Care Trust Plus.

	Commissioned Services				Provider Services (Discontinued)					
	Health Care 2012/13 £000	**Health Care 2011/12 £000**	**Social Care 2012/13 £000**	**Social Care 2011/12 £000**	**Health Care 2012/13 £000**	**Health Care 2011/12 £000**	**Social Care 2012/13 £000**	**Social Care 2011/12 £000**	**Total 2012/13 £000**	**Total 2011/12 £000**
Expenditure	306,174	298,015	54,774	54,657	0	2,585	0	2,001	**360,948**	**357,258**
Surplus/(Deficit)										
Segment surplus/(deficit)	1,400	1,783	0	0	0	0	0	0	1,400	**1,783**
Common costs										
Surplus/(deficit) before interest	1,400	1,783	0	0	0	0	0	0	1,400	1,783

Until the 30 June 2011 the CTP provided both heath and social care, the latter in respect of functions delegated by North East Lincolnshire Council.

The Partnership Agreement between North East Lincolnshire Care Trust Plus and North East Lincolnshire Council requires that social care be "ring-fenced" during 2012/13, which effectively requires that social care breaks even.

The Care Trust Plus has transactions that exceed 10% of its expenditure with one organisation in 2012/13 and with one organisation in 2011/12. Transactions with the above segments is as follows:

	Health Care 2012/13 £000	Health Care 2011/12 £000	Social Care 2012/13 £000	Social Care 2011/12 £000	Health Care 2012/13 £000	Health Care 2011/12 £000	Social Care 2012/13 £000	Social Care 2011/12 £000	Total 2012/13 £000	Total 2011/12 £000
Expenditure with Northern Lincolnshire and Goole NHS Foundation Trust	107,699	105,582	0	5	0	77	0	167	107,699	105,831

3. Financial Performance Targets

3.1 Revenue Resource Limit

	2012-13 £000	2011-12 £000
The CTPs' performance for the year ended 2012-13 is as follows:		
Total Net Operating Cost for the Financial Year	**298,514**	293,173
Adjusted for prior period adjustments in respect of errors	**0**	0
Revenue Resource Limit	**299,914**	294,956
Under/(Over)spend Against Revenue Resource Limit (RRL)	1,400	1,783

In line with the operating framework, the Strategic Health Authority has maintained a strategic investment fund for transfers to/from Primary Care Trusts. The Care Trust Plus has deposited £1m into this fund in 2012/13.

3.2 Capital Resource Limit

	2012-13 £000	2011-12 £000
The CTP is required to keep within its Capital Resource Limit.		
Capital Resource Limit	**(286)**	24
Charge to Capital Resource Limit	**(286)**	(304)
(Over)/Underspend Against CRL	**0**	**328**

The (£286k) includes disposal net book value in relation to Pinelodge of £306k and gross capital expenditure of £20k

3.3 Provider full cost recovery duty

	2012-13 £000	2011-12 £000
The CTP is required to recover full costs in relation to its provider functions.		
Provider gross operating costs	**0**	4,586
Provider Operating Revenue	**0**	(398)
Net Provider Operating Costs	**0**	4,188
Costs Met Within CTPs Own Allocation	**0**	(4,188)
Under/(Over) Recovery of Costs	**0**	0

3.4 Under/(Over)spend against cash limit

	2012-13 £000	2011-12 £000
Total Charge to Cash Limit	**300,173**	292,753
Cash Limit	**300,173**	292,753
Under/(Over)spend Against Cash Limit	**0**	**0**

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

	2012-13 £000
Total cash received from DH (Gross)	262,662
Less: Trade Income from DH	0
Less/(Plus): movement in DH working balances	0
Sub total: net advances	**262,662**
(Less)/plus: transfers (to)/from other resource account bodies (free text note required)	0
Plus: cost of Dentistry Schemes (central charge to cash limits)	7,318
Plus: drugs reimbursement (central charge to cash limits)	30,193
Parliamentary funding credited to General Fund	**300,173**

4 Miscellaneous Revenue

	2012-13 Total	2012-13 Admin	2012-13 Programme	2011-12
	£000	£000	£000	£000
Fees and Charges	**0**	0	0	0
Dental Charge income from Contractor-Led GDS & PDS	**2,598**	0	2,598	2,176
Dental Charge income from Trust-Led GDS & PDS	**0**	0	0	0
Prescription Charge income	**1,651**	0	1,651	1,609
Strategic Health Authorities	**890**	27	863	840
NHS Trusts	**0**	0	0	4
NHS Foundation Trusts	**11**	0	11	214
Primary Care Trusts Contributions to DATs	**0**	0	0	0
Primary Care Trusts - Other	**0**	0	0	6
Primary Care Trusts - Lead Commissioning	**635**	635	0	685
English RAB Special Health Authorities	**0**	0	0	0
NDPBs and Others (CGA)	**0**	0	0	0
Department of Health - SMPTB	**0**	0	0	0
Department of Health - Other	**0**	0	0	0
Recoveries in respect of employee benefits	**368**	119	249	247
Local Authorities	**46,175**	0	46,175	47,352
Patient Transport Services	**0**	0	0	0
Education, Training and Research	**11**	0	11	155
Non-NHS: Private Patients	**0**	0	0	0
Non-NHS: Overseas Patients (Non-Reciprocal)	**0**	0	0	0
NHS Injury Costs Recovery	**0**	0	0	0
Other Non-NHS Patient Care Services*	**8,781**	0	8,781	9,556
Charitable and Other Contributions to Expenditure	**0**	0	0	37
Receipt of donated assets	**0**	0	0	0
Receipt of Government granted assets	**0**	0	0	0
Rental revenue from finance leases	**0**	0	0	0
Rental revenue from operating leases	**271**	0	271	277
Other revenue	**1,043**	56	987	928
Total miscellaneous revenue	**62,434**	**837**	**61,597**	**64,086**

* This relates to revenue from people in receipt of Adult Social Care.

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	**22,765**	0	22,765	19,979
Non-Healthcare	**533**	444	89	258
Total	**23,298**	**444**	**22,854**	**20,237**
Goods and Services from Other NHS Bodies other than FTs				
Goods and services from NHS Trusts	**17,542**	0	17,542	17,993
Goods and services (other, excl Trusts, FT and PCT))	**3**	3	0	155
Total	**17,545**	**3**	**17,542**	**18,148**
Goods and Services from Foundation Trusts	**110,891**	231	110,660	108,749
Purchase of Healthcare from Non-NHS bodies	**62,462**	0	62,462	55,156
Social Care from Independent Providers	**49,097**	0	49,097	46,985
Expenditure on Drugs Action Teams	**2,723**	0	2,723	3,070
Non-GMS Services from GPs	**78**	78	0	21
Contractor Led GDS & PDS (excluding employee benefits)	**9,601**	0	9,601	9,603
Salaried Trust-Led PDS & PCT DS (excluding employee benefits)	**0**	0	0	0
Chair, Non-executive Directors & PEC remuneration	**76**	76	0	92
Executive committee members costs	**67**	67	0	138
Consultancy Services	**1,455**	152	1,303	1,714
Prescribing Costs	**24,925**	0	24,925	26,459
G/PMS, APMS and PCTMS (excluding employee benefits)	**30,289**	0	30,289	29,523
Pharmaceutical Services	**4,776**	0	4,776	4,726
Local Pharmaceutical Services Pilots	**0**	0	0	0
New Pharmacy Contract	**2,466**	0	2,466	2,983
General Ophthalmic Services	**1,849**	0	1,849	1,922
Supplies and Services - Clinical	**270**	0	270	672
Supplies and Services - General	**589**	19	570	1,260
Establishment	**837**	322	515	1,664
Transport	**35**	26	9	132
Premises	**2,715**	725	1,990	3,050
Impairments & Reversals of Property, plant and equipment	**0**	0	0	32
Impairments and Reversals of non-current assets held for sale	**0**	0	0	0
Depreciation	**458**	40	418	517
Amortisation	**0**	0	0	0
Impairment & Reversals Intangible non-current assets	**0**	0	0	0
Impairment and Reversals of Financial Assets	**0**	0	0	0
Impairment of Receivables	**602**	0	602	1,099
Inventory write offs	**0**	0	0	0
Research and Development Expenditure	**0**	0	0	0
Audit Fees	**113**	113	0	123
Other Auditors Remuneration	**0**	0	0	0
Clinical Negligence Costs	**0**	0	0	0
Education and Training	**649**	148	501	752
Grants for capital purposes	**699**	0	699	679
Grants for revenue purposes	**0**	0	0	0
Impairments and reversals for investment properties	**0**	0	0	0
Interest (Local Government Pension Scheme)	**1,431**	0	1,431	1,430
Expected Return on Assets (Local Government Pension Scheme)	**(1,442)**	0	(1,442)	(1,699)
Other	**714**	511	203	2,229
Total Operating costs charged to Statement of Comprehensive Net Expenditure	**349,268**	**2,955**	**346,313**	**341,466**
Employee Benefits (excluding capitalised costs)				
Employee Benefits associated with PCTMS	**0**	0	0	0
Trust led PDS and PCT DS	**0**	0	0	0
PCT Officer Board Members	**137**	137	0	103
Other Employee Benefits	**11,543**	2,993	8,550	15,369
Total Employee Benefits charged to SOCNE	**11,680**	**3,130**	**8,550**	**15,472**
Total Operating Costs	**360,948**	**6,085**	**354,863**	**356,938**

	2012-13 Total £000	2012-13 Admin £000	2012-13 Programme £000	2011-12 Total £000
Analysis of grants reported in total operating costs				
For capital purposes				
Grants to fund Capital Projects - GMS	**0**	0	0	0
Grants to Local Authorities to Fund Capital Projects	**0**	0	0	396
Grants to Private Sector to Fund Capital Projects	**699**	0	699	283
Grants to Fund Capital Projects - Dental	**0**	0	0	0
Grants to Fund Capital Projects - Other	**0**	0	0	0
Total Capital Grants	**699**	**0**	**699**	**679**
Grants to fund revenue expenditure				
To Local Authorities	**0**	0	0	0
To Private Sector	**0**	0	0	0
To Other	**0**	0	0	0
Total Revenue Grants	**0**	**0**	**0**	**0**
Total Grants	**699**	**0**	**699**	**679**

	Total	Commissioning Services	Public Health
CTP Running Costs 2012-13			
Running costs (£000s)	**5,248**	5,069	179
Weighted population (number in units)*	**168,391**	168,391	168,391
Running costs per head of population (£ per head)	**31**	**30**	**1**
CTP Running Costs 2011-12			
Running costs (£000s)	**6,594**	6,301	293
Weighted population (number in units)	**168,391**	168,391	168,391
Running costs per head of population (£ per head)	**39**	**37**	**2**

* Weighted population figures are not available for 2012-13 as the weighted capitation formula for CTP allocations was not updated for 2012-
Therefore, 2011-12 weighted populations have been used when calculated 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	30,289	29,523
Prescribing costs	24,925	26,459
Contractor led GDS & PDS	9,601	9,603
Trust led GDS & PDS	0	0
General Ophthalmic Services	1,849	1,922
Department of Health Initiative Funding	0	0
Pharmaceutical services	4,776	4,726
Local Pharmaceutical Services Pilots	0	0
New Pharmacy Contract	2,466	2,983
Non-GMS Services from GPs	78	21
Other	0	0
Total Primary Healthcare purchased	**73,984**	75,237
Purchase of Secondary Healthcare		
Learning Difficulties	0	0
Mental Illness	27,293	26,361
Maternity	5,214	5,552
General and Acute	125,454	121,749
Accident and emergency	4,594	4,182
Community Health Services	20,598	17,250
Other Contractual	29,327	28,773
Total Secondary Healthcare Purchased	**212,480**	203,867
Grant Funding		
Grants for capital purposes	699	679
Grants for revenue purposes	0	0
Total Healthcare Purchased by CTP	**287,163**	**279,783**
CTP self-provided secondary healthcare included above	0	4,188
Social Care from Independent Providers	49,097	46,985
Healthcare from NHS FTs included above	110,190	108,379

6. Operating Leases

The CTP has a number of property and equipment leases, terms of which range from 2 to 21 years.
Of the 13 building leases, 11 buildings are used by NAViGO and Care Plus and the leases are in the process of being transferred

6.1 CTP as lessee

	Land	Buildings	Other	2012-13 Total	2011-12
	£000	£000	£000	£000	£000
Payments recognised as an expense					
Minimum lease payments				**269**	204
Contingent rents				**0**	0
Sub-lease payments				**0**	0
Total				**269**	**204**
Payable:					
No later than one year	**0**	**437**	**40**	**477**	460
Between one and five years	**0**	**655**	**35**	**690**	861
After five years	**0**	**821**	**0**	**821**	875
Total	**0**	**1,913**	**75**	**1,988**	**2,196**
Total future sublease payments expected to be received				0	0

6.2 CTP as lessor

The income relates to properties owned by the CTP but used by NAViGO and Care Plus.

	2012-13	2011-12
	£000	£000
Recognised as income		
Rental Revenue	**271**	277
Contingent rents	**0**	0
Total	**271**	277
Receivable:		
No later than one year	**263**	275
Between one and five years	**266**	278
After five years	**0**	0
Total	**529**	553

6.3 GMS Leases

The CTP 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 CTP 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. The financial value included in the Operating Cost Statement for 2012/13 is £812,579 (£785,849 in 2011/12).

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	**8,830**	2,680	6,150	**8,425**	2,517	5,908	**405**	163	242
Social security costs	**704**	205	499	**704**	205	499	**0**	0	0
Employer Contributions to NHS BSA - Pensions Division	**980**	285	695	**980**	285	695	**0**	0	0
Other pension costs	**83**	24	59	**83**	24	59	**0**	0	0
Other post-employment benefits	**0**	0	0	**0**	0	0	**0**	0	0
Other employment benefits	**0**	0	0	**0**	0	0	**0**	0	0
Termination benefits	**1,083**	640	443	**1,083**	640	443	**0**	0	0
Total employee benefits	**11,680**	**3,834**	**7,846**	**11,275**	**3,671**	**7,604**	**405**	**163**	**242**
Less recoveries in respect of employee benefits (table below)	**(368)**	(119)	(249)	**(368)**	**(119)**	**(249)**	**0**	**0**	**0**
Total - Net Employee Benefits including capitalised costs	**11,312**	**3,715**	**7,597**	**10,907**	**3,552**	**7,355**	**405**	**163**	**242**
Employee costs capitalised	**0**	0	0	**0**	0	0	**0**	0	0
Gross Employee Benefits excluding capitalised costs	**11,680**	**3,834**	**7,846**	**11,275**	**3,671**	**7,604**	**405**	**163**	**242**
Recognised as:									
Commissioning employee benefits	**11,680**			**11,275**			**405**		
Provider employee benefits	**0**			**0**			**0**		
Gross Employee Benefits excluding capitalised costs	**11,680**			**11,275**			**405**		

	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 - Revenue									
Salaries and wages	**368**	119	249	**368**	119	249	**0**	0	0
Social Security costs	**0**	0	0	**0**	0	0	**0**	0	0
Employer Contributions to NHS BSA - Pensions Division	**0**	0	0	**0**	0	0	**0**	0	0
Other pension costs	**0**	0	0	**0**	0	0	**0**	0	0
Other Post Employment Benefits	**0**	0	0	**0**	0	0	**0**	0	0
Other Employment Benefits	**0**	0	0	**0**	0	0	**0**	0	0
Termination Benefits	**0**	0	0	**0**	0	0	**0**	0	0
TOTAL excluding capitalised costs	**368**	**119**	**249**	**368**	**119**	**249**	**0**	**0**	**0**

Employee Benefits - Prior- year

	Total £000	Permanently employed £000	Other £000
Employee Benefits Gross Expenditure 2011-12			
Salaries and wages	**12,613**	11,918	695
Social security costs	**983**	983	0
Employer Contributions to NHS BSA - Pensions Division	**1,240**	1,240	0
Other pension costs	**392**	392	0
Other post-employment benefits	**0**	0	0
Other employment benefits	**3**	3	0
Termination benefits	**241**	241	0
Total gross employee benefits	**15,472**	**14,777**	**695**
Less recoveries in respect of employee benefits	**(247)**	(247)	0
Total - Net Employee Benefits including capitalised costs	**15,225**	**14,530**	**695**
Employee costs capitalised	**0**	0	0
Gross Employee Benefits excluding capitalised costs	**15,472**	**14,777**	**695**
Recognised as:			
Commissioning employee benefits	**11,431**		
Provider employee benefits	**4,041**		
Gross Employee Benefits excluding capitalised costs	**15,472**		

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
Ambulance staff	**0**	0	0	**0**	0	0
Administration and estates	**204**	204	0	**257**	246	11
Healthcare assistants and other support staff	**0**	0	0	**16**	15	1
Nursing, midwifery and health visiting staff	**5**	5	0	**38**	37	1
Nursing, midwifery and health visiting learners	**0**	0	0	**0**	0	0
Scientific, therapeutic and technical staff	**3**	3	0	**4**	4	0
Social Care Staff	**54**	54	0	**127**	126	1
Other	**2**	2	0	**3**	1	2
TOTAL	**269**	**269**	**0**	**446**	**430**	**16**
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	**1,731**	**4,682**
Total Staff Years	**277**	**700**
Average working Days Lost	6	7

	2012-13 Number	2011-12 Number
Number of persons retired early on ill health grounds	**0**	6
	£000s	£000s
Total additional pensions liabilities accrued in the year	**0**	149

7.4 Exit Packages agreed during 2012-13

	2012-13			2011-12		
Exit package cost band (including any special payment element)	*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
Lees than £10,000	**7**	**0**	**7**	4	1	**5**
£10,001-£25,000	**8**	**0**	**8**	1	1	**2**
£25,001-£50,000	**7**	**0**	**7**	1	1	**2**
£50,001-£100,000	**3**	**0**	**3**	0	0	**0**
£100,001 - £150,000	**0**	**0**	**0**	0	1	**1**
£150,001 - £200,000	**2**	**0**	**2**	0	0	**0**
>£200,000	**1**	**0**	**1**	0	0	**0**
Total number of exit packages by type (total cost	**28**	**0**	**28**	**6**	**4**	**10**
	£s	**£s**	**£s**	**£s**	**£s**	**£s**
Total resource cost	1,083,319	0	**1,083,319**	65,000	177,000	**242,000**

Redundancy and other departure costs have been paid in accordance with the provisions of the North East Lincolnshire Care Trust Plus's redundancy scheme. Where the CTP has agreed early retirements, the additional costs are met by the CTP 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.

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.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of the scheme liability is carried out annually by the scheme actuary as at the end of the reporting period. Actuarial assessments are undertaken in intervening years between formal valuations using updated membership data and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2013, is based on the valuation data as 31 March 2012, updated to 31 March 2013 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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) Pension Accounts, published annually. These accounts can be viewed on the NHS Pensions website. Copies can also be obtained from The Stationery Office.

b) 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.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2004. Consequently, a formal actuarial valuation would have been due for the year ending 31 March 2008. However, formal actuarial valuations for unfunded public service schemes were suspended by HM Treasury on value for money grounds while consideration is given to recent changes to public service pensions, and while future scheme terms are developed as part of the reforms to public service pension provision due in 2015.

The Scheme Regulations were changed to allow contribution rates to be set by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

The next formal valuation to be used for funding purposes will be carried out at as at March 2012 and will be used to inform the contribution rates to be used from 1 April 2015.

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. From 2011-12 the Consumer Price Index (CPI) will be used to replace the Retail Prices Index (RPI).

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 employer.

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.

7.5 Pension costs (continued)

d) Local Government Pension Scheme

North East Lincolnshire Care Trust has admitted body status within the Local Government Pension Scheme in respect of former council employees and new employees performing social care functions. The scheme provides members with defined benefits related to pay and service. The costs of the employers contributions is equal to the contributions paid to the funded pension scheme for these employees.

The contributions rate is determined by the Funds Actuary based on triennial actuarial valuations : the last formal valuation was carried out at 31st March 2010. The CTPs accounts include an employers contribution 19.1% of gross salary.

The Local Government Scheme is accounted for as a defined benefits scheme :

- The liabilities of The East Riding of Yorkshire pension scheme attributable to the CTP are included in the balance sheet on an actuarial basis using the projected unit method i.e. an assessment of the future payments that will be made in relation to retirement benefits earned to date by employees, based on assumptions about mortality rates, employee turnover rates, etc and projections of projected earnings for current employees.
- Liabilities are discounted to their value at current prices, using a discount rate based on gross redemption yield on the iboxx Sterling Corporates Index, AA over 15 years.
- the principle assumptions used by the independent qualified actuaries in updating the latest valuations of the Fund for FRS 17 purposes were

	31-Mar-13 % p.a.	31-Mar-12 % p.a.
Pension Increase rate	2.8%	2.5%
Salary Increase rate*	5.1%	4.8%
Expected Return on Assets	4.5%	5.8%
Discount Rate	4.5%	4.8%

* Salary increases are assumed to be 1% p.a. until 31 March 2015 reverting to the long term assumptions shown thereafter

Mortality Assumptions	Males Years	Females Years
Current Pensioners	22.9	25.7
Future Pensioners**	24.9	27.7

** Figure assume members aged 45 as at the last formal valuation date

Sensitivity Analysis

Change in assumptions at year ended 31 March 2013	Approximate % increase to Employer	Approximate monetary amount £'000
0.5% decrease in Real Discount Rate	11%	3,774
1 year increase in member life expectancy	3%	1,055
0.5% increase in the Salary Increase Rate	1%	343
0.5% increase in the Pension Increase Rate	10%	3,445

The change in the net pensions liability is analysed into seven components:

- Current service cost; the increase in present liabilities expected to arise from employee service in the current period (allocated to the revenue accounts of services for which the employees worked in the Income and Expenditure Account)

- Past service cost; the increase in liabilities arising from current year decisions whose effect relates to years of service earned in earlier years
- Interest cost; the expected increase in the present value of liabilities during the year as they move one year closer to being paid
- Expected return on assets; is based on the long term future expected investment return for each asset class at the beginning of the period.
- Gains/losses on settlements and curtailments; the cost of the early payment of pension benefits if any employee has been made redundant in the previous financial year
- Actuarial gains and losses; changes in actuarial deficits or surpluses that arise because events have not coincided with the actuarial assumptions made for the last valuation (experience gains and losses) or the actuarial assumptions have changed.

- Contributions paid to the East Riding Pension fund; cash paid as employer’s contributions to the pension fund

7.5 Pension costs (continued)

5 year history for Assets and Liabilities	31-Mar-13 £'000	31-Mar-12 £'000
Fair value of Employer Assets	28,209	25,044
Present Value of Defined Benefit Obligation	(35,164)	(29,964)
Surplus / (Deficit)	(6,955)	(4,920)
Experience Gains / (Losses) on Assets	2,074	(1,002)
Experience Gains / (Losses) on Liabilities	75	(1,921)
Actuarial Gains / (Losses) on Employer Assets	2,074	(1,002)
Actuarial Gains / (Losses) on Obligation	(4,089)	(2,374)
Actuarial Gains / (Losses) recognised in SRIE	(2,015)	(3,376)

	31-Mar-11 £'000	31-Mar-10 £'000	31-Mar-09 £'000
Fair value of Employer Assets	24,213	22,323	14,943
Present Value of Defined Benefit Obligation	(25,835)	(32,056)	(17,598)
Surplus / (Deficit)	(1,622)	(9,733)	(2,655)
Experience Gains / (Losses) on Assets	(773)	5,052	(6,177)
Experience Gains / (Losses) on Liabilities	3,237	0	1,527
Actuarial Gains / (Losses) on Employer Assets	(773)	5,052	(6,177)
Actuarial Gains / (Losses) on Obligation	5,942	(12,085)	3,445
Actuarial Gains / (Losses) recognised in SRIE	5,169	(7,033)	(2,732)

It is estimated that the Employers Contributions payable for the year to 31 March 2014 will be approximately £96,000

Employer membership statistics

	Number	
	31-Mar-13	31-Mar-12
Actives	12	80
Deferred pensioners	320	319
Pensioners	132	113
Total	464	512

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	**34,653**	**132,204**	39,594	141,257
Total Non-NHS Trade Invoices Paid Within Target	**27,974**	**122,935**	31,101	126,833
Percentage of NHS Trade Invoices Paid Within Target	80.7%	93.0%	78.5%	89.8%
NHS Payables				
Total NHS Trade Invoices Paid in the Year	**2,325**	**154,394**	2,533	149,124
Total NHS Trade Invoices Paid Within Target	**2,183**	**153,566**	1,944	146,788
Percentage of NHS Trade Invoices Paid Within Target	93.9%	99.5%	76.7%	98.4%

The Better Payment Practice Code requires the CTP 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

	2012-13 £000	2011-12 £000
Amounts included in finance costs from claims made under this legislation	**0**	0
Compensation paid to cover debt recovery costs under this legislation	**0**	0
Total	**0**	0

9. Investment Income

The CTP has no investment income.

10. Other Gains and Losses

	2012-13 Total £000	2012-13 Admin £000	2012-13 Programme £000	2011-12 £000
Gain/(Loss) on disposal of assets other than by sale (PPE)	**0**	**0**	**0**	(321)
Gain/(Loss) on disposal of assets other than by sale (intangibles)	**0**	**0**	**0**	0
Gain/(Loss) on disposal of Financial Assets - other than held for sale	**0**	**0**	**0**	0
Gain (Loss) on disposal of assets held for sale	**0**	**0**	**0**	0
Gain/(loss) on foreign exchange	**0**	**0**	**0**	0
Change in fair value of financial assets carried at fair value through the SoCNE	**0**	**0**	**0**	0
Change in fair value of financial liabilities carried at fair value through the SoCNE	**0**	**0**	**0**	0
Change in fair value of investment property	**0**	**0**	**0**	0
Recycling of gain/(loss) from equity on disposal of financial assets held for sale	**0**	**0**	**0**	0
Total	**0**	**0**	**0**	(321)

11. Finance Costs

The CTP has no finance costs

12.1 Property, plant and equipment

2012-13	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation:									
At 1 April 2012	**2,656**	**11,607**	**0**	**0**	**0**	**0**	**523**	**0**	**14,786**
Additions of Assets Under Construction	0	0	0	0	0	0	0	0	**0**
Additions Purchased	0	0	0	0	0	0	20	0	**20**
Additions Donated	0	0	0	0	0	0	0	0	**0**
Additions Government Granted	0	0	0	0	0	0	0	0	**0**
Additions Leased	0	0	0	0	0	0	0	0	**0**
Reclassifications	0	0	0	0	0	0	0	0	**0**
Reclassifications as Held for Sale	0	(325)	0	0	0	0	0	0	**(325)**
Disposals other than for sale	0	0	0	0	0	0	0	0	**0**
Upward revaluation/positive indexation	0	0	0	0	0	0	0	0	**0**
Impairments/negative indexation	0	0	0	0	0	0	0	0	**0**
Reversal of Impairments	0	0	0	0	0	0	0	0	**0**
Transfers (to)/from Other Public Sector Bodies	0	0	0	0	0	0	0	0	**0**
At 31 March 2013	**2,656**	**11,282**	**0**	**0**	**0**	**0**	**543**	**0**	**14,481**
Depreciation									
At 1 April 2012	**0**	**288**	**0**	**0**	**0**	**0**	**202**	**0**	**490**
Reclassifications	0	0	0	0	0	0	0	0	**0**
Reclassifications as Held for Sale	0	(19)	0	0	0	0	0	0	**(19)**
Disposals other than for sale	0	0	0	0	0	0	0	0	**0**
Upward revaluation/positive indexation	0	0	0	0	0	0	0	0	**0**
Impairments	0	0	0	0	0	0	0	0	**0**
Reversal of Impairments	0	0	0	0	0	0	0	0	**0**
Charged During the Year	0	284	0	0	0	0	174	0	**458**
Transfers (to)/from Other Public Sector Bodies	0	0	0	0	0	0	0	0	**0**
At 31 March 2013	**0**	**553**	**0**	**0**	**0**	**0**	**376**	**0**	**929**
Net Book Value at 31 March 2013	**2,656**	**10,729**	**0**	**0**	**0**	**0**	**167**	**0**	**13,552**
Purchased	2,656	10,729	0	0	0	0	167	0	**13,552**
Donated	0	0	0	0	0	0	0	0	**0**
Government Granted	0	0	0	0	0	0	0	0	**0**
Total at 31 March 2013	**2,656**	**10,729**	**0**	**0**	**0**	**0**	**167**	**0**	**13,552**
Asset financing:									
Owned	2,656	10,729	0	0	0	0	167	0	**13,552**
Held on finance lease	0	0	0	0	0	0	0	0	**0**
On-SOFP PFI contracts	0	0	0	0	0	0	0	0	**0**
PFI residual: interests	0	0	0	0	0	0	0	0	**0**
Total at 31 March 2013	**2,656**	**10,729**	**0**	**0**	**0**	**0**	**167**	**0**	**13,552**

Revaluation Reserve Balance for Property, Plant & Equipment

	Land	Buildings	Dwellings	Assets under construction & payments on account	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
At 1 April 2012	**986**	**539**	**0**	**0**	**0**	**0**	**0**	**0**	**1,525**
Movements (specify)	0	0	0	0	0	0	0	0	**0**
At 31 March 2013	**986**	**539**	**0**	**0**	**0**	**0**	**0**	**0**	**1,525**

12.2 Property, plant and equipment

2011-12	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	**£000**
Cost or valuation:									
At 1 April 2011	**2,656**	**11,607**	**0**	**0**	**91**	**0**	**787**	**472**	**15,613**
Additions - purchased	0	0	0	0	0	0	17	0	**17**
Additions - donated	0	0	0	0	0	0	0	0	**0**
Additions - government granted	0	0	0	0	0	0	0	0	**0**
Reclassifications	0	0	0	0	0	0	0	0	**0**
Reclassified as held for sale	0	0	0	0	(32)	0	(53)	(472)	**(557)**
Disposals other than by sale	0	0	0	0	(59)	0	(228)	0	**(287)**
Revaluation & indexation gains	0	0	0	0	0	0	0	0	**0**
Impairments	0	0	0	0	0	0	0	0	**0**
Reversals of impairments	0	0	0	0	0	0	0	0	**0**
In-year transfers to/from NHS bodies	0	0	0	0	0	0	0	0	**0**
Cumulative dep netted off cost following revaluation	0	0	0	0	0	0	0	0	**0**
At 31 March 2012	**2,656**	**11,607**	**0**	**0**	**0**	**0**	**523**	**0**	**14,786**
Depreciation									
At 1 April 2011	**0**	**0**	**0**	**0**	**73**	**0**	**216**	**175**	**464**
Reclassifications	0	0	0	0	0	0	0	0	**0**
Reclassifications as Held for Sale	0	0	0	0	(16)	0	(22)	(198)	**(236)**
Disposals other than for sale	0	0	0	0	(59)	0	(228)	0	**(287)**
Upward revaluation/positive indexation	0	0	0	0	0	0	0	0	**0**
Impairments	0	0	0	0	0	0	32	0	**32**
Reversal of Impairments	0	0	0	0	0	0	0	0	**0**
Charged During the Year	0	288	0	0	2	0	204	23	**517**
In-year transfers to/from NHS bodies	0	0	0	0	0	0	0	0	**0**
Cumulative dep netted off cost following revaluation	0	0	0	0	0	0	0	0	**0**
At 31 March 2012	**0**	**288**	**0**	**0**	**0**	**0**	**202**	**0**	**490**
Net Book Value at 31 March 2012	**2,656**	**11,319**	**0**	**0**	**0**	**0**	**321**	**0**	**14,296**
Purchased	2,656	11,319	0	0	0	0	321	0	**14,296**
Donated	0	0	0	0	0	0	0	0	**0**
Government Granted	0	0	0	0	0	0	0	0	**0**
At 31 March 2012	**2,656**	**11,319**	**0**	**0**	**0**	**0**	**321**	**0**	**14,296**
Asset financing:									
Owned	2,656	11,319	0	0	0	0	321	0	**14,296**
Held on finance lease	0	0	0	0	0	0	0	0	**0**
On-SOFP PFI contracts	0	0	0	0	0	0	0	0	**0**
PFI residual: interests	0	0	0	0	0	0	0	0	**0**
At 31 March 2012	**2,656**	**11,319**	**0**	**0**	**0**	**0**	**321**	**0**	**14,296**

12.3 Property, plant and equipment

All land and buildings were revalued by the District Valuation Officer as at 31st March 2011 at market value. The market value used in arriving at fair value for the operational assets is subject to the assumption that the property is sold as part of the continuing enterprise in operation. This valuation report has been prepared in accordance with the terms of the Royal Institution of Chartered Surveyors' Valuation Standards, 6th Edition.

If the buildings were measured using the cost model, the carrying amounts would be as follows:

	31-Mar-13	31-Mar-12
	£000's	£000's
Cost	14,712	14,712
Accumulated Depreciation	(1,364)	(961)
Net Carrying Amount	13,348	13,751

Economic Lives of Non-Current Assets

	Min Life Years	Max Life Years
Property, Plant and Equipment		
Buildings exc Dwellings	0	0
Dwellings	1	90
Plant & Machinery	0	0
Transport Equipment	0	0
Information Technology	3	3
Furniture and Fittings	0	0

13 Intangible non-current assets

The CTP has no intangible non-current assets.

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

The CTP has had no impairments in 2012-13.

15 Investment property

The CTP has no investment property.

16 Commitments

The CTP has no investment property.

16.1 Capital commitments

Contracted capital commitments at 31 March not otherwise included in these financial statements:

	31 March 2013	31 March 2012
	£000	£000
Property, plant and equipment	**0**	0
Intangible assets	**0**	0
Total	**0**	0

16.2 Other financial commitments

The CTP has not entered into any non-cancellable contracts (which are not leases or PFI contracts or other service concession arrangements), in 2012-13 the figures related to the agile working project which is now complete.

	31 March 2013	31 March 2012
	£000	£000
Not later than one year	**0**	31
Later than one year and not later than five year	**0**	0
Later than five years	**0**	0
Total	**0**	31

17 Intra-Government and other balances

	Current receivables £000s	Non-current receivables £000s	Current payables £000s	Non-current payables £000s
Balances with other Central Government Bodies	589	0	449	0
Balances with Local Authorities	4,088	0	465	0
Balances with NHS bodies outside the Departmental Group	0	0	0	0
Balances with NHS Trusts and Foundation Trusts	88	0	1,735	0
Balances with Public Corporations and Trading Funds	0	0	0	0
Balances with bodies external to government	4,490	581	17,231	6,955
At 31 March 2013	**9,255**	**581**	**19,880**	**6,955**
prior period:				
Balances with other Central Government Bodies	228	0	975	0
Balances with Local Authorities	3,238	0	694	2,979
Balances with NHS Trusts and Foundation Trusts	112	0	1,537	0
Balances with Public Corporations and Trading Funds	0	0	0	0
Balances with bodies external to government	5,217	619	16,773	4,920
At 31 March 2012	**8,795**	**619**	**19,979**	**7,899**

18 Inventories

The CTP has no inventories.

19.1 Trade and other receivables

	Current		Non-current	
	31 March 2013 £000	31 March 2012 £000	**31 March 2013 £000**	31 March 2012 £000
NHS receivables - revenue	**431**	147	**0**	0
NHS receivables - capital	**0**	0	**0**	0
NHS prepayments and accrued income	**64**	75	**0**	0
Non-NHS receivables - revenue	**6,824**	5,887	**0**	0
Non-NHS receivables - capital	**38**	38	**581**	619
Non-NHS prepayments and accrued income	**4,370**	4,696	**0**	0
Provision for the impairment of receivables	**(2,670)**	(2,167)	**0**	0
VAT	**182**	118	**0**	0
Other receivables	**16**	1	**0**	0
Total	**9,255**	8,795	**581**	619
Total current and non current	**9,836**	9,414		
Included above:				
Prepaid pensions contributions	**0**	0		

The great majority of trade is with other NHS bodies, including other Primary Care Trusts as commissioners for NHS patient care services. As Primary Care Trusts are funded by Government to buy NHS patient care services, no credit scoring of them is considered necessary.

No financial asset terms have been renegotiated that would otherwise be past due or impaired.

19.2 Receivables past their due date but not impaired

	31 March 2013 £000	31 March 2012 £000
By up to three months	**472**	646
By three to six months	**234**	314
By more than six months	**557**	353
Total	**1,263**	1,313

19.3 Provision for impairment of receivables

	2012-13 £000	2011-12 £000
Balance at 1 April 2012	**(2,167)**	**(1,809)**
Amount written off during the year	**99**	741
Amount recovered during the year	**477**	385
(Increase)/decrease in receivables impaired	**(1,079)**	**(1,484)**
Balance at 31 March 2013	**(2,670)**	(2,167)

Provision for impairment of receivables relates to two main areas of debt, House Sale income and Adult Social Care Aged debt.

House sale income is collected as a contribution from clients for Residential and Nursing care. Invoices are raised after the cost of care has been incurred and only when the house has been sold. £1,306k brought forward relates to this, a further £648k provision has been created this year for any income which has not been invoiced for in this year, £477k has been released during the year.

Provision for adult social care aged debt (excluding House Sale) is £1,115k of which £921k relates to debt over 12 months old.

20 Other financial assets

The CTP has no other financial assets.

21 Cash and Cash Equivalents

	31 March 2013 £000	31 March 2012 £000
Opening balance	**0**	0
Net change in year	**0**	0
Closing balance	**0**	0

Made up of

	31 March 2013 £000	31 March 2012 £000
Cash with Government Banking Service	**0**	0
Commercial banks	**0**	0
Cash in hand	**0**	0
Current investments	**0**	0
Cash and cash equivalents as in statement of financial position	**0**	0
Bank overdraft - Government Banking Service	**0**	0
Bank overdraft - Commercial banks	**0**	0
Cash and cash equivalents as in statement of cash flows	**0**	0
Patients' money held by the CTP, not included above	**0**	0

22 Non-current assets held for sale

	Buildings, excl. dwellings £000
Balance at 1 April 2012	0
Plus assets classified as held for sale in the year	306
Less assets sold in the year	(306)
Less impairment of assets held for sale	0
Plus reversal of impairment of assets held for sale	0
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0
Transfers (to)/from other bodies	0
Balance at 31 March 2013	**0**

23 Trade and other payables

	Current		Non-current	
	31 March 2013	31 March 2012	**31 March 2013**	31 March 2012
	£000	£000	**£000**	£000
Interest payable	**0**	0	**0**	0
NHS payables - revenue	**1,760**	1,204	**0**	0
NHS payables - capital	**0**	0	**0**	0
NHS accruals and deferred income	**386**	935	**0**	0
Family Health Services (FHS) payables	**0**	0	0	0
Non-NHS payables - revenue	**5,755**	2,805	**0**	2,979
Non-NHS payables - capital	**20**	0	**0**	0
Non_NHS accruals and deferred income	**11,912**	14,706	**0**	0
Social security costs	**4**	111	**0**	0
VAT	**0**	0	**0**	0
Tax	**34**	122	**0**	0
Payments received on account	**0**	0	**0**	0
Other	**9**	96	6,955	4,920
Total	**19,880**	19,979	**6,955**	7,899
Total payables (current and non-current)	**26,835**	**27,878**		

NHS payables include £4k in respect of outstanding pensions contributions at 31 March 2013 (31 March 2012: £133k).
Other non-current relates to the Local Government Pension Scheme £6,955k, (2011/12 £4,920k)

24 Other liabilities
The CTP has no "other" liabilities

25 Borrowings
The CTP has no current or non-current borrowings

26 Other financial liabilities

	Current		Non-current	
	31 March 2013	31 March 2012	**31 March 2013**	31 March 2012
	£000	£000	**£000**	£000
Embedded Derivatives at Fair Value through SoCNE	**0**	0	**0**	0
Financial liabilities carried at fair value through SoCNE	**0**	7	**0**	103
Amortised Cost	**0**	0	**0**	0
Total	**0**	7	**0**	103
Total other liabilities (current and non-current)	**0**	**110**		

27 Finance lease obligations
The CTP does not have any finance lease obligations.

28 Finance lease receivables as lessor
The CTP does not act as a lessor.

29 Provisions

	Total £000s	Pensions to Former Directors £000s	Pensions Relating to Other Staff £000s	Legal Claims £000s	Restructuring £000s	Continuing Care £000s	Equal Pay £000s	Agenda for Change £000s	Other £000s	Redundancy £000s
Balance at 1 April 2012	**2,313**	0	0	257	0	462	0	0	1,358	236
Arising During the Year	**2,350**	0	0	0	0	2,210	0	0	0	140
Utilised During the Year	**(418)**	0	0	(12)	0	(122)	0	0	(230)	(54)
Reversed Unused	**(753)**	0	0	(168)	0	(37)	0	0	(366)	(182)
Unwinding of Discount	**0**	0	0	0	0	0	0	0	0	0
Change in Discount Rate	**0**	0	0	0	0	0	0	0	0	0
Transferred (to)/from other Public Sector bodies	**0**	0	0	0	0	0	0	0	0	0
Balance at 31 March 2013	**3,492**	**0**	**0**	**77**	**0**	**2,513**	**0**	**0**	**762**	**140**
Expected Timing of Cash Flows:										
No Later than One Year	**2,387**	**0**	**0**	**77**	**0**	**1,408**	**0**	**0**	**762**	**140**
Later than One Year and not later than Five Years	**1,105**	**0**	**0**	**0**	**0**	**1,105**	**0**	**0**	**0**	**0**
Later than Five Years	**0**	**0**	**0**	**0**	**0**	**0**	**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	0
As at 31 March 2012	0

Other
Costs of £112k associated with buying out the remaining year of a lease, which has arisen from downsizing the required number of HQ buildings as a result of moving to a more agile style of working.
Provision for the impact of organisation change of £350k in relation to the establishment of the Social Work Practice. The provision is to cover Legal fees, set up of Governance arrangements etc.

Provision required in relation to redundancy costs of £300k to be incurred by NAViGO. This is as a direct result of a tendering exercise that took place in 2012/13 which resulted in them losing the contract to provide the service and the agreement to fund redundancy costs is as specified under the terms of the Business Transfer Agreement the CTP has with them.

30 Contingencies

The Provisions for Continuing Care in note 29 do not include retrospective claims received relating to the 2nd national deadline of 1.4.13. 6 claims have been received by the second deadline and need to be validated which is a contingent liability but with an unestimated value. The payment of these claims if successful to be made within 2 years.

31 PFI and LIFT - additional information

The CTP do not have any PFI or LIFT schemes.

32 Impact of IFRS treatment - 2012-13

There is no impact for the CTP

33 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 CTP 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 CTP’s expected purchase and usage requirements and the CTP is therefore exposed to little credit, liquidity or market list.

Currency risk

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

Interest rate risk

CTPs are not permitted to borrow. The CTP therefore has low exposure to interest-rate fluctuations

Credit Risk

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

Liquidity Risk

The CTP 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 CTP is not, therefore, exposed to significant liquidity risks.

33.1 Financial Assets	**At ‘fair value through profit and loss’**	**Loans and receivables**	**Available for sale**	**Total**
	£000	**£000**	**£000**	**£000**
Embedded derivatives	0	0	0	**0**
Receivables - NHS	0	495	0	**495**
Receivables - non-NHS	0	9,848	0	**9,848**
Cash at bank and in hand	0	0	0	**0**
Other financial assets	0	581	0	**581**
Total at 31 March 2013	**0**	**10,924**	**0**	**10,924**
Embedded derivatives	0	0	0	0
Receivables - NHS	0	222	0	222
Receivables - non-NHS	0	9,161	0	9,161
Cash at bank and in hand	0	0	0	0
Other financial assets	0	619	0	619
Total at 31 March 2012	0	10,002	0	10,002

33.2 Financial Liabilities	**At ‘fair value through profit and loss’**	**Other**	**Total**
	£000	**£000**	**£000**
Embedded derivatives	0	0	**0**
NHS payables	0	2,146	**2,146**
Non-NHS payables	0	17,676	**17,676**
Other borrowings	0	0	**0**
PFI & finance lease obligations	0	0	**0**
Other financial liabilities	0	0	**0**
Total at 31 March 2013	**0**	**19,822**	**19,822**
Embedded derivatives	0	0	0
NHS payables	0	2,139	2,139
Non-NHS payables	0	20,434	20,434
Other borrowings	0	0	0
PFI & finance lease obligations	0	0	0
Other financial liabilities	0	110	110
Total at 31 March 2012	**0**	22,683	22,683

34 Related party transactions

The Parent

The Department of Health is regarded as a related party. During the year North East Lincolnshire CTP 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.

NHS bodies (within our cluster or Income/Expenditure >£250k)

NHS North Lincolnshire
Northern Lincolnshire & Goole Hospitals NHS Foundation Trust
Rotherham Doncaster & South Humber Mental Health NHS Foundation Trust
East Midlands Ambulance Service NHS Trust
Barnsley PCT
Hull and East Yorkshire Hospitals NHS Trust
Yorkshire & Humber Strategic Health Authority
NHS Pensions Scheme
Leeds Teaching Hospital NHS Trust
Nottingham University Hospital NHS Trust
Sheffield Children's Hospitals NHS Foundation Trust
United Lincolnshire Hospitals NHS Trust
Sheffield Teaching NHS Foundation Trust
Hull Teaching PCT
East Riding of Yorkshire PCT
North York & Yorkshire PCT

Other Government Departments

North East Lincolnshire Council
HM Revenue and Customs
National Insurance Fund
East Riding of Yorkshire Pension Scheme (Local Government Pension Scheme)

Key Management Personnel

Cluster officers:
Karen Knapton, Chair (to 31st August 2012)
Chris Long, Chief Executive
Alan Barton, Director of Finance and Performance
Kathryn Ireland, Director of Quality and Governance (Nursing)
Julie Warren, Director of Commissioning Development
Dr Paul Twomey, Medical Director
Tina Smallwood, Director of Human Resources
Catherine Dymond, Non-Executive Director (to 31st October 2012)
Kath Lavery, Chair (vice chair 1st April to 31st August 2012)
Graham Powell, Non-Executive Director (to 31st December 2012)
Richard Davies, Non-Executive Director
Helen Varey, vice chair
Ursula Vickerton, Non-Executive Director (to 31st December 2012)
Val Waterhouse, vice chair
Pauline Harness, Associate Non-Executive Director
Mark Webb, Non-Executive Director (to 25th July 2012)
Louise Norton, Non-Executive Director (1st September 2012 to 31st March 2013)
Dr Tim Allison, Director of Public Health, NHS East Riding & East Riding of Yorkshire Council
Dr Wendy Richardson, Director of Public Health, NHS Hull & Hull City Council
Dr Frances Cunning, Director of Public Health, North Lincolnshire & North Lincolnshire Council
Dr Geoff Barnes, Interim Director of Public Health, North East Lincolnshire Care Trust Plus & North East Lincolnshire Council (to 31st October 2012)
Dr Cate Carmicheal, Director of Public Health, North East Lincolnshire Care Trust Plus & North East Lincolnshire Council (from 1st November 2012)

The compensation paid to cluster officers is disclosed in Note 7 Employee benefits on Page 21 and within the Remuneration report within the Annual Report

CCG representatives:
Dr Peter Melton, Chief Clinical Officer
Cathy Kennedy, Deputy Chief Executive
Sue Rogerson, Sustainable Services Programme Director
Helen Kenyon, Deputy Chief Executive
Susan Whitehouse, Non-Executive Director
Dr P Twomey, Clinical Lead Assurance & Safety (to 30th June 2012)
Lynn Poucher, Transition Associate Director (to 30th September 2012)
Zena Robertson, Assistant Chief Operating Officer
Mick Burnett, Associate Non-Executive Director
Ray Sutton, Non-Executive Director (to 31 May 2012)
Dr Rakesh Pathak, Clinical Commissioning Group Committee GP member
Dr Arun Nayyar, Clinical Commissioning Group Committee GP member
Dr Derick Hopper, CCG Council of Members Chair
Dr Sudhakar Allamsetty, Clinical Commissioning Group Committee GP member (from 13th September 2012)
Dr Perviz Iqbal, Clinical Commissioning Group Committee Secondary Care Doctor (from 30th November 2012)
Mandy Coulbeck, Clinical Commissioning Group Committee Local Practicing Nurse (from 11 October 2012)
John Priestley, Associate Director - Health Partnership (Public Health & Transition)
Rosalind James, Non-Executive Director (from 14 June 2012)
Philip Bond, Lay member
Jack Blackmore, Strategic Director People & Communities - North East Lincolnshire Council
Mark Webb, Chair of Governing body

The compensation paid to CCG representatives is disclosed in Note 7 Employee benefits on Page 21 and within the Remuneration report within the Annual Report.

34 Related party transactions (continued)

Related Party Entity

Details of related party transactions with individuals are as follows:

	Payments to Related party £'000	Receipts from Related Party £'000	Amounts owed to Related £'000	Amounts due from Related £'000
Karen Knapton - member of the PCT Network Board , part of NHS Confederation	3	0	3	0
Kath Lavery - employed by Hull & East Yorkshire Hospitals NHS Trust	9,776	0	83	0
Val Waterhouse - Chair of Care Plus Group	24,598	1,977	1,093	224
Richard Davies - Non-Executive Director Of Preston Road Enterprises Ltd	1	0	0	0
Louise Norton - Governor of Humber NHS Foundation Trust	323	0	138	0
Ursula Vickerton - volunteer Trust Associate Manager of Rotherham Doncaster And South Humber Mental Health NHS Foundation Trust	1,194	39	3	0
Dr Paul Twomey - Principal GP, Scartho Medical Centre	1,609	0	40	0
Dr Tim Allison - Director of Public Health with East Riding of Yorkshire Council	105	0	0	0
Dr Wendy Richardson - Director of Public Health, NHS Hull & Hull City Council	0	0	0	0
Dr Frances Cunning - Director of Public Health with North Lincolnshire Council	34	0	0	0
Dr Geoff Barnes -Director or Public Health with North East Lincolnshire Council	13,380	822	463	207
Dr Cate Carmichael - Director of Public Health with North East Lincolnshire Council	13,380	822	463	207
Mark Webb - Managing Director of Cleethorpes Chronicle	1	0	0	0
Mark Webb - Co-opted Board member of Shoreline Housing	91	0	0	0
Cathy Kennedy - Trustee of HfMA	5	0	0	0
Service Portfolio Lead Julie Wilson - Partner is Director of Finance at United Lincolnshire NHS Trust	397	0	0	0
Service Lead Pauline Bamgbala - Husband GP at Chantry Health Group	752	0	41	0
Peter Melton - Principal GP at Roxton Practice	3,098	0	122	0
Peter Melton - Director of Doc. Know Ltd	17	0	0	0
Peter Melton - Wife Clincial Lead of Ultrasound at Northern Lincolnshire and Goole NHS Trust	107,896	12	1,075	14
Jack Blackmore - Stategic Director People & Communities for North East Lincolnshire Council	13,380	822	463	207
Zena Robertson - Governor of Northern Lincolnshire & Goole NHS Foundation Trust	107,896	12	1,075	14
Cllr Michael Burnett - Councillor for North East Lincolnshire Council	13,380	822	463	207
Dr Derek Hopper - GP Fieldhouse Medical Centre	2,003	0	82	0
Dr Arun Nayyar - GP at Roxton Practice	3,098	0	122	0
Dr Arun Nayyar - Director of Core Care Links	1,473	0	19	0
Dr Rakesh Pathak - Director of Core Care Links	1,473	0	19	0
Dr Rakesh Pathak - GP at Raj Medical	499	0	21	0
Dr Rakesh Pathak - Director of 360 Care Ltd	82	0	21	0
Mark Webb - Director of Tollbar Academy Trust	6	0	0	0
Rosalind James - North East Lincolnshire Council Elected Member for Health and Housing	13,380	822	463	207
Mandy Coulbeck (Dr Amin's Surgery)	260	0	19	0
Phillip Bond - Director of Tollbar Academy Trust	6	0	0	0
Phillip Bond - Lead Governor of Northern Lincolnshire & Goole NHS Foundation Trust	107,896	12	1,075	14
Phillip Bond - Public Governor of Northern Lincolnshire & Goole NHS Foundation Trust	107,896	12	1,075	14

The CTP has not received nor made any payments to a charitable organisation during the financial year.

35 Losses and special payments

The total number of losses cases in 2012-13 and their total value was as follows:

	Total Value of Cases £s	Total Number of Cases
Losses - CTP management costs	640	1
Special payments - CTP management costs	0	0
Losses in respect of the provision of family practitioner services	0	0
Special payments in respect of he provision of family practitioner services	0	0
Total losses	640	1
Total special payments	0	0
Total losses and special payments	640	1

The total number of losses cases in 2011-12 and their total value was as follows:

	Total Value of Cases £s	Total Number of Cases
Losses - CTP management costs	400	2
Special payments - CTP management costs	0	0
Losses in respect of the provision of family practitioner services	0	0
Special payments in respect of he provision of family practitioner services	0	0
Total losses	400	2
Total special payments	0	0
Total losses and special payments	400	2

36 Events after the end of the reporting period

The main functions carried out by North East Lincolnshire CTP in 2012/13 are to be carried out in 2013/14 by the following public sector bodies:

• North East Lincolnshire CCG, who will be responsible for the Commissioning of Secondary & Community HealthCare, Adult Social Care

• NHS England, who will be responsible for the Commissioning of Specialised services, GPs, Dental (Primary & Secondary), Ophthalmic & Pharmaceutical and Public Health (children 0-5, screening)

• North East Lincolnshire Council, who will be responsible for Public Health leadership, Information & intelligence functions, Drug & alcohol misuse (Drug Action Teams), Tobacco (Smoking cessation), Dental Public Health, Children 5-19, Health improvement & wellbeing and Sexual Health

All CTP owned properties, and CTP leases are transferring to NHS Property Services as of 1 April.

37. FRS Accounting Information - pensions

The disclosures in this note relate to the East Riding Pension Fund (the Fund). The Care Trust participates in the Local Government Pension Scheme. The Local Government Pension Scheme is a defined benefit scheme based on final pensionable salary.

In accordance with Financial Reporting Standard No. 17 - Retirement Benefits (FRS 17) disclosure of certain information concerning assets, liabilities, income and expenditure related to pension schemes is required.

The actuaries report states that the market value of the assets of the Pension fund as at 31 March 2013 was £28.2 million **(**31 March 2012 was £25.0 million).

Assets	**Estimated value at 31 March 2013 £000**	**Estimated value at 31 March 2012 £000**
Equities	21,156	19,784
Bonds	2,821	2,254
Property	2,257	1,503
Other	1,975	1,503
Total	**28,209**	**25,044**

Funding Position

The following amounts, needed for reconciliation to the balance sheet, were measured in accordance with the requirements of FRS17:

Fair Value	**31 March 2013 £000**	**31 March 2012 £000**
Fair Value of Employer Assets	28,209	25,044
Present Value of Funded Obligations	(35,164)	(29,964)
Net Asset/(Liability)	**(6,955)**	**(4,920)**

Recognition in the profit or loss	**31 March 2013 £000**	**31 March 2012 £000**
Current service cost	100	477
Interest Cost	1,431	1,430
Expected Return on Employer Assets	(1,442)	(1,699)
Past Service Cost / (Gain)	0	105
Losses / (Gains) on Curtailments and Settlements	39	84
Total	**128**	**397**
Actual Return on Plan Assets	3,517	436

Reconciliation of defined benefit obligation	**31 March 2013 £000**	**31 March 2012 £000**
Opening Defined Benefit Obligation	**29,964**	**25,835**
Current Service Cost	100	477
Interest Cost	1,431	1,430
Contribution by Members	32	130
Actuarial Losses/(Gains)	4,089	2,373
Past Service Costs / (Gains)	0	105
Losses / (Gains) on Curtailments	39	84
Estimated Benefits Paid	(491)	(470)
Closing Defined Benefit Obligation	**35,164**	**29,964**

Reconciliation of fair value of employer assets	**31 March 2013 £000**	**31 March 2012 £000**
Opening Fair Value of Employer Assets	**25,044**	**24,213**
Expected Return on Assets	1,442	1,699
Contributions by Members	32	130
Contributions by the Employer	108	474
Actuarial Gains/(Losses)	2,074	(1,002)
Estimated Benefits Paid	(491)	(470)
Total actuarial gain (loss)	**28,209**	**25,044**

Amounts for the current and previous accounting periods	**31 March 2013**	**31 March 2012**
	£000	**£000**
Fair Value of Employer Assets	28,209	25,044
Present Value of Defined Benefit Obligation	(35,164)	(29,964)
Surplus / (deficit)	(6,955)	(4,920)
Experience Gains/(Losses) on Assets	2,074	(1,002)
Experience Gains/(Losses) on Liabilities	75	(1,921)

Cumulative Statement of Recognised Gains / Losses	**31 March 2013**	**31 March 2012**
	£000	**£000**
Actuarial Gains and Losses	2,074	(3,376)
Effect of Surplus Recovery Through Reduced Contributions	(4,089)	0
Actuarial Gains / (Losses) recognised in STRGL	(2,015)	(3,376)
Cumulative Actuarial Gains and Losses	(7,798)	(5,783)

38. Discontinued Operations - Establishment of Care Plus Group

The establishment of "Care Plus" as Social Enterprises from 1st July 2011 respectively means that the financial and non-financial operational risks rest with the Social Enterprises and not with NEL CTP. From these dates NEL CTP as a commissioning organisation, manages it's relationship with Care Plus respectively through the specification and terms of the relevant service contracts.

The provider services operations represented a separate discrete business for the CTP and as a result of the establishment of Care Plus these operations have been treated as discontinued operations for the year ended 31 March 2012. The Income and Expenditure for the discontinued operation has been reported separately on the Statement of Comprehensive Net Expenditure and note 2: Operating segments. The performance of the discontinued operation is also shown at Note 3.3.

The costs formerly relating to provider services are now commissioned via a contract with Care plus. The 9 months from 1 July 2011 to 31 March 2012 for Care Plus are included within the expenditure lines "Purchase of Healthcare from non NHS bodies" and "Social Care from Independent Providers" at note 5.1.

Within an additional note on the face of the cash flow statement the cash provided by the operating activities of provider services has been separated from the rest of the CTP.