Department of Health

NHS

Haringey Teaching Primary Care Trust

2012-13 Annual Report and Accounts

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Haringey Teaching Primary Care Trust

2012-13 Annual Report

NHS

North Central London

Annual Report and Accounts 2012/13

Haringey Primary Care Trust

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Welcome from the Haringey PCT Chair and Vice Chair

Welcome to the 2012/13 Annual Report on your local NHS healthcare services in Haringey.

Haringey Primary Care Trust (Haringey PCT) has seen some real improvements in healthcare in Haringey and we believe there is much to celebrate.

There is a full report on Haringey PCT's performance later in this report, but we are particularly pleased to report the following successes in 2012/13:

- more people in Haringey are getting better treatment, faster. Haringey PCT achieved the targets set by the Department of Health for access to healthcare
- there has been a sustained achievement of the majority of the cancer waiting time targets during 2012/13 across Haringey
- the delivery of an excellent performance against the national measures for stroke services with Haringey exceeding the 80% threshold for time on a stroke unit and achieving the 60% standard for TIA (Transient Ischaemic Attack) access within 24 hours. These figures show that more people are accessing the right service within Haringey more quickly
- consistently maintaining performance with less than 1% of residents waiting longer than six weeks for diagnostic tests
- more women are taking up the offer of cervical screening in Haringey and the PCT is close to the national standard of 80%. At the same time more women are getting their cervical screening results back faster
- more children have been given vaccines at ages 2 and 5 years. The borough's high coverage rates are the result of rigorous systems which ensure that parents of all children that have not been immunised are contacted
- more people in Haringey are taking up the offer of health checks. Over 5,100 checks were delivered between April and December 2012/13

Looking back over the life of Haringey PCT, we can be proud of our achievements that have benefited the residents of Haringey both in their overall health and well being and in their health needs in times of emergency.

The early work that the PCT undertook in establishing collaboratives and working more closely with local General Practitioners (GPs) meant that we had a good base for the development of the new Clinical Commissioning Group (CCG) which will serve Haringey's residents well in the future.

Our early investments in developing community services through an integrated care model has also led to improved patient care and efficiency across the borough and has laid important foundations for future healthcare.

As we hand over our services, and on behalf of our Board, we would like to thank our partner organisations and stakeholders and our staff for their support during this transition period.

We wish all those working to deliver health care across Haringey a successful future, building on the firm foundation inherited from Haringey PCT.

Thank you

Paula Kahn
Chair

Cathy Herman
Vice-Chair

Directors' Report

Haringey Primary Care Trust and NHS North Central London - providing health care for Haringey residents

NHS North Central London was established in April 2011 as a collaborative working arrangement between Barnet, Camden, Enfield, Haringey and Islington Primary Care Trusts.

Haringey PCT held the budget for all health services in their area. It was responsible for a number of different things including:

- measuring the health needs of local residents and developing an understanding of these needs
- commissioning (buying) the right services to meet local people's needs, for instance from GPs, hospitals and mental health services
- monitoring the quality of local health services
- improving the overall health of local communities, and
- making sure local organisations delivering NHS services, such as hospitals and GP surgeries, worked well together.

Haringey PCT was responsible for planning and buying all local NHS health services for approximately 275,792 people living in Haringey making sure local people have good health and good healthcare.

Haringey PCT met the control total surplus of £2.7m as set by the Department of Health. However, this was achieved through non-recurrent financial support provided by other PCTs within the North Central London Cluster.

With this support, Haringey PCT met all its statutory duties, namely;

- Financial balance in year
- Spending within our capital allocation
- Spending within our cash limits.

These achievements are a credit to the whole organisation, which has maintained focus on delivering value for money for patients and the public at a time of substantial organisational change within the NHS.

As part of the changes to the NHS brought about by the Health and Social Care Act 2012, all NHS North Central London responsibilities (and those of Haringey PCT) were

taken over by Clinical Commissioning Groups (CCGs), NHS England (formerly the NHS Commissioning Board), Local Authorities and other organisations. Haringey PCT and all other PCTs in the NHS North Central London Cluster ceased to exist at the end of March 2013.

The top priorities for Haringey PCT for 2012/13 were to ensure we commissioned services which were safe and of increasing quality for the people we serve; to deliver the NHS North Central London Commissioning Strategy and Quality, Innovation, Productivity and Prevention (QIPP) Plan; and to deliver key organisational objectives and a secure transition to the commissioning landscape in line with the Health and Social Care Act 2012.

Throughout the year, we kept our focus clearly on improving services for local people, by working closely with Haringey CCG and with the local authority, local hospitals, mental health and community healthcare Trusts and other partner organisations.

The PCT also liaised closely with the Local Involvement Network (LINk) and local charity health providers and organisations providing health services to ensure a smooth transition of health services. Formal assurances for this handover have been given to the relevant receiving organisations.

Haringey Primary Care Trust – who was who

Haringey PCT's Board met concurrently with the Boards of the other four PCTs which made up the NHS North Central London cluster of PCTs (Barnet, Camden, Enfield, Haringey and Islington).

Each of the five PCT Boards shared a Board Chair, an Audit Committee Chair, a Chief-Executive and a Director of Finance. The PCTs also shared some non-executive directors between them, as well as some executive directors.

Haringey PCT's Board provided the strategic leadership of the organisation and was responsible for making sure that the PCT works in the best interests of the local community. The Board was accountable to the public for the services provided in Haringey for the organisation's use of public funds. In 2012/13 the following people made up Haringey PCT's Board:

Voting Members

Name	**Title**	**Notes**
Non-executive Directors		
Paula Kahn	Chair	
Anne Weyman	Non-Executive Director	
Sorrel Brookes	Non-Executive Director	
Cathy Herman	Vice Chair	
Sue Baker	Non-Executive Director	
Caroline Rivett	Audit Chair	
Executive Directors		
Caroline Taylor	Chief Executive	
Ann Johnson	Director of Finance	To August 2012
Bev Evans	Director of Finance	From August 2012
Dr Jeanelle De Gruchy	Director of Public Health	

Non-voting Members

Name	Title	Notes
Executive Directors		
Jeremy Burden	Director of Contracts	To July 2012
Simon Currie	Director of Contracts	From July 2012 to December 2012
Liz Wise	Director of QIPP	April 2011 to July 2011
Alison Pointu	Director of Quality & Safety	
Helen Pettersen	Director of Transition and Corporate Affairs	To December 2012
Dr Douglas Russell	Medical Director – Primary Care	To July 2012
Dr Henrietta Hughes	Medical Director – Primary Care	From July 2012
Dr Nick Losseff	Medical Director – Secondary Care	
Ian Fuller	Director of HR	To October 2012
Marion McCrindle	Director of HR	From October 2012
Andrew Williams	Borough Director Haringey	From August 2011 to September 2012
Sarah Price	Borough Director Haringey	From April 2011 to July 2011 (and joint director of public health)

Professional Executive Committee (PEC) Members

Dr MauryGor	PEC Chair	To January 2013
Dr Helen Pelendrides	PEC Member / PEC Chair	PEC Chair from January 2013
Karen Bagaeley	PEC Nurse	

The Patient Advice and Liaison Service (PALS) and Complaints Service

The Patient Advice and Liaison Service (PALS) and Complaints Service was set up to provide information and advice on local healthcare services, help the public resolve problems with healthcare services quickly and effectively and, where necessary, advise people on how to make formal complaints.

All compliments, comments, concerns and complaints were monitored, to help PCTs and healthcare providers to improve services.

The PALS and Complaints Service for NHS North Central London had 4,131 contacts between April and March 2013.

- 71% of contacts were seeking advice or information on accessing services in NHS North Central London
- 12% were concerns handled by the PALS team
- 16% were complaints about services
- 92% of complaints were acknowledged within 3 working days
- 69% of complaints were responded to within the 25 working day timeframe

Table 1: Type of contact

	Barnet	Camden	Enfield	Haringey	Islington	NCL	NCL Providers	Other	**Total**
Complaint	143	120	120	127	86	20	44	8	**668**
Concern	105	81	89	83	64	25	47	7	**501**
Advice & Information	448	465	385	437	328	458	228	197	**2,946**
FOI	2	2	1	0	0	4	0	0	**9**
Compliment	3	1	0	0	0	1	2	0	**7**
Total	**701**	**669**	**595**	**647**	**478**	**508**	**321**	**212**	**4,131**

There were a high number of issues relating to appointments at GP practices and a majority of manner and attitude issues related to how issues with access were handled by practices. Access to GP practices in the morning and evening were the key issues raised along with difficulty accessing practices by phone. A number of reviews of complaints have taken place by the Practitioner Performance team; these reviews resulted in recommendations for service improvement.

As the first point of contact for patients or their families raising concerns about services commissioned by NHS North Central London, the PALS and Complaints Service held

an important role in identifying the need for service improvements through the complaints or concerns raised by service users.

- A number of areas of concern regarding charging by dental practices and quality of work undertaken have been highlighted with the assistance of the Primary Care team and were investigated.
- Letters relating to concerns raised by patients and their advocates in 2012 about difficulties in registering with GP practices led to NHS London completing and approving GP registration guidelines for London; these have been distributed and provide further clarity for practices in London on this process.
- Following contact from the General Dental Council (GDC) contact information for dentists in the cluster were updated on NHS Choices.

From April 2013 complaints about primary care services (including GPs, dentists and pharmacists) are being managed by NHS England (formerly the NHS Commissioning Board). Contact details or information about complaints can be found on www.ncl.nhs.uk or on CCG websites.

Making it happen in NHS North Central London

In January 2013, NHS North Central London published its annual report on equalities which highlighted how we provided 'due regard' to our Public Sector Equality Duty (PSED) as defined by the Equality Act 2010 through each of the five PCTs. In addition we also reported on our workforce broken down by their 'Protected Characteristics'. Each PCT has good examples of how they have addressed equality issues including use of services for people in Barnet who are deaf, deafened or hard of hearing. For example, In Haringey, LINk has helped the PCT to set up patient panels. The full report is available on the website www.ncl.nhs.uk

NHS North Central London cluster staff

From November 2011, the cluster moved to a single employer arrangement hosted via Islington Primary Care Trust. Human Resources (HR) employment terms and conditions were harmonised to enable ease of working for all staff and managers and equity wherever possible.

Wherever possible, staff transitioned into new roles across the CCG or Commissioning Support Unit (CSU) or other new NHS bodies such as NHS England. Displaced staff were mentored and coached to find alternative roles.

NHS North Central London's policies in relation to discrimination and equal opportunity

NHS North Central London and its constituent Primary Care Trusts recognised that discrimination and victimisation was unacceptable and worked hard to ensure that no employee or job applicant received less favourable facilities or treatment (either directly or indirectly) in recruitment or employment on grounds of age, disability, gender/gender reassignment, marriage/civil partnership, pregnancy/maternity, race, religion or belief, sex, or sexual orientation (the protected characteristics). It had policies in place which were published to ensure that staff were made aware that no form of discrimination would be tolerated and that each employee was respected. These policies and associated arrangements operated in accordance with statutory requirements. In addition, full account was taken of guidance and Codes of Practice issued by the Equality and Human Rights Commission, Government Departments, and other statutory bodies.

Number of staff employed [1]

	2012/13	2011/12
Haringey	80	160

Gender

	Whole cluster (%) [1]
Male	37.85%
Female	62.15%

Ethnicity

	Whole cluster (%)[1]
White	61.45%
Mixed	3.21%
Asian/Asian British	14.96%
Black or Black British	13.86%
Other ethnic group	3.31%
Unknown	0.80%
Declined to provide	2.41%

[1] Data extracted from ESR system as at 31 March 2013

Sickness absence

The rate of sickness for NHS North Central London was 2.73%. This is under the average rate for NHS England as a whole (3.9%[2]).

[2] Data taken from NHS Information Centre for sickness absence rates for the NHS in England for the calendar year January to December 2012

National Staff Survey

A national decision was taken to allow close-down organisations not to take part in the 2012 National Staff Survey.

Estates across North Central London

The Estates and Facilities teams developed a single management operating model across the five PCTs to enhance operational effectiveness and prepare for the transfer of properties in line with the national transition plans.

Properties owned by the PCTs (in their own name and that of their predecessors)

In accordance with central direction some properties were transferred to other NHS Trusts or transferred to NHS Property Services Limited. In the case of LIFT schemes, they transferred to Community Health Partnerships Limited. Both NHS Property Services and Community Health Partnerships Limited are wholly owned by the Government.

Capturing significant assets within the properties

The Estates and Facilities team had worked to capture all service contracts and map activity against each property portfolio.

During this process a high quality facilities management service was delivered to the tenants of our buildings. In 2012/13 we completed a number of significant capital projects which included:

- Health and safety works in line with CQC guidelines
- Opening of the new Finchley Memorial Hospital
- Completion of the refurbishment of Brunswick Park Health Centre.

All these schemes will benefit the local community by enabling and supporting the delivery of better quality care.

In 2012/13 there were no service failures which had a significant impact on patients.

Emergency planning for NHS North Central London

Over the last twelve months the NHS North Central London Cluster Emergency Planning and Business Continuity Team instigated measures to ensure robust and resilient systems were in place to coordinate the response of NHS North Central London, local NHS Trusts and Primary Care Contractors to any major incident or business continuity event that may have occurred.

The team took the lead in coordinating North Central London's planning for the London 2012 Olympic and Paralympic Games. A North Central London Olympic Planning Group was established and work programme of actions created to ensure the

organisation and provider Trusts were fully prepared for the games. We ran a series of staff Olympic briefings to ensure all staff were aware of the likely transport impact and worked with provider Trusts and primary care contractors to support their Olympic Planning.

During the Games the North Central London Olympic Control Room provided a coordination point for the management of issues that affected NHS operations and shared updates with the NHS London Games-Time Coordination Centre.

Overall the impact of the Games was far less than anticipated both in terms of transport and capacity/demand for services for provider Trusts and primary care providers.

The success of the Games in terms of logistics, transport and coordination can be attributed to the excellent coordinated planning between agencies and staff across all sectors, heeding advice to work in different ways to avoid causing severe transport congestion.

A key legacy from the Olympic Games was the development of closer working relationships between NHS and Local Authority organisations, particularly through Safety Advisory Groups and a 'system-wide' consideration of local impacts from large events taking place within London. Teleconference arrangements for managing seasonal surge capacity in acute trusts will build on the successful formula used during the Olympics. Finally, NHS organisations noted that Olympic Planning had provided more resilience to the supply chain for key commodities.

In addition to support during the Olympics, the Emergency Planning Team was involved in supporting provider organisations with the response to a number of other incidents. These included a siege situation on Tottenham Court Road in April 2012, a fire and power failure at Chase Farm Hospital in June 2012, and a suspect package incident at Whittington Hospital in August 2012.

To embed lessons identified from these events, NHS North Central London was involved in and ran a number of training and exercise events. These included monthly communications tests with provider Trusts, a winter planning event called Exercise Bleak Winter in October 2012, a Cluster Public Health Emergency Planning transition event in November 2012 and a transition planning event called Exercise Ermine, in January 2013.

As part of the wider changes under the 2012 Health and Social Care Act, Emergency Preparedness is led by NHS England under the revised system from April 2013. The team has been central in supporting the transition of the service into NHS England, as well as providing expert advice and training to assist the Clinical Commissioning Groups embed their support role as a Category Two responder under the Civil Contingencies Act.

Sustainability

The latest version of our sustainability report was developed during the year, presented to the Joint Boards of the cluster and approved in September 2012. Having an up to date Sustainable Development Management Plan ensured that the organisation fulfilled its commitment to conducting all activities with due consideration to sustainability, whilst providing high quality patient care.

NHS North Central London remained committed to the Government's target for the environment including lower carbon emissions and sustainability. The NHS aims to reduce its carbon footprint by 10% between 2009 and 2015, thereby reducing the amount of energy used as well as contributing to a financial benefit.

Plans were put in place across North Central London to reduce carbon emissions and improve our environmental sustainability. The potential for delivering cost effective savings through schemes such as the Mayor of London's REFIT scheme (which offers assistance under a structured framework to achieve carbon reductions in London) was investigated.

A staff energy awareness campaign ran throughout 2012/13. Surveys carried out for the NHS Sustainable Development Unit show that we compare well against peers.

NHS North Central London had a Sustainable Transport Plan.

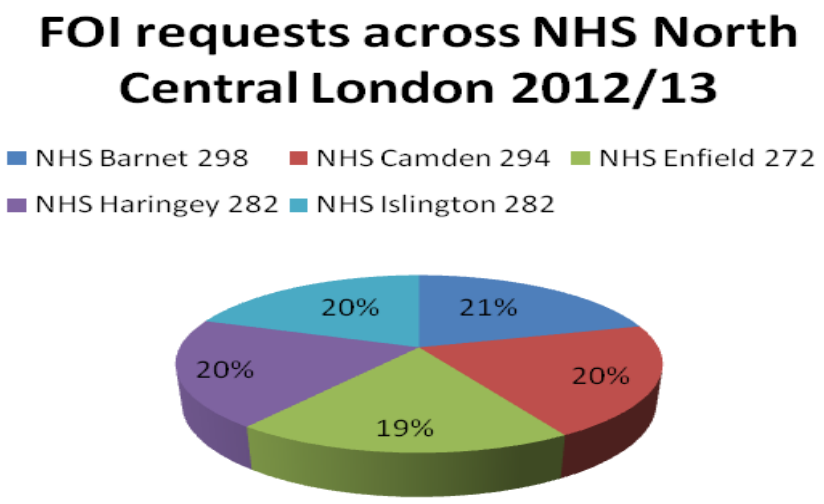
Freedom of Information Act management

The Freedom of Information Act 2000 (FOIA) recognises that the public has the right to know how public services are organised, how they carry out their duties, why they make the decisions they do and how they spend public money.

All Primary Care Trusts within NHS North Central London are required to respond to freedom of information requests within 20 working days. NHS North Central London monitors the performance of the targets to identify the causes of any delays and to see how these can be addressed to improve future performance.

The majority of requests were responded to within 20 working days. Those missing the target were largely due to the complexity of the information requested, or multiple issues needing investigating.

Between 1 April 2012 and 28 March 2013, a total of 1,428 Freedom of Information requests were processed across the cluster.



The FOI disclosure logs of information provided by NHS North Central London were published on the website at http://www.ncl.nhs.uk/about/freedom-of-information.aspx

From April 2013, all Freedom of Information requests are managed by the Commissioning Support Unit (CSU) on behalf of the five new Clinical Commissioning Groups. Their contact details are at the rear of this report.

Annual General Meeting

Because of the closure of PCTs in March 2013, these organisations no longer legally exist and therefore it is not deemed possible for Haringey PCT to hold an AGM.

Haringey PCT Annual Governance Statement: April 2012 to March 2013

Scope of responsibility

I am assured by the former Chief Executive of Haringey PCT, who was the Accountable Officer responsible for ensuring the proper stewardship of public funds and assets and who was accountable for the overall performance of the executive functions of the PCT, that the work of ensuring the discharge of obligations under Financial Directions was carried out in line with the requirements of the Accountable Officer Memorandum for PCT Chief Executives issued by the Department of Health.

I am assured by the Accountable Officer that she had carried out her responsibilities which included ensuring the following:

- management systems for safeguarding public funds and assets and assisting in the implementation of corporate governance;
- achieving value for money with the resources available;
- expenditure and income; and
- effective and sound financial management systems.

I am reassured by the former Accountable Officer who was accountable to the Chair and Non-Executive members of the PCT Board for ensuring that its decisions were implemented, that the organisation worked effectively, in accordance with Government policy and public service values, and for the maintenance of proper financial stewardship. Within the Standing Financial Instructions, it was acknowledged that the Chief Executive was ultimately accountable to the Board, and as Accountable Officer, to

the Secretary of State, for ensuring that the PCT Board met its obligation to perform its functions within the available financial resources.

The former Chief Executive as Accountable Officer had overall executive responsibility for the PCT's activities and the achievement of its objectives; responsibility to the Chair and the PCT Board for ensuring that its financial obligations and targets are met; and have overall responsibility for the PCT's system of internal control. The essence of that role as Accountable Officer was to see that the Trust carried out these functions in a way which ensured the proper stewardship of public money and assets. Effective and sound financial management and information are of fundamental importance. I am assured by the former the Accountable Officer that this occurred.

The system of internal control was in place at Haringey PCT for the year ended 31 March 2013 and up to the date of approval of the annual report and accounts.

With these assurances from the former Accountable Officer I have signed the Summarised Accounts of Health Bodies in England, and the Resource Accounts of the Department of Health. The Summarised Accounts are derived from the statutory accounts of the PCT. Together with the Director of Finance, the former Accountable Officer was responsible for ensuring that the accounts of the PCT were prepared under principles and in a format directed by the Secretary of State with the approval of the Treasury. These accounts disclose a true and fair view of the PCT's income and expenditure, and of its state of affairs. These accounts have been signed by the former Director of Finance on behalf of the PCT Board.

Robust arrangements were put in place for the preparation and audit of the accounts of the PCT following closedown of North Central London PCTs as statutory bodies. These arrangements were in line with Department of Health Guidance for financial closedown. A local delivery team was secured to prepare the accounts and a sub-committee of the Department of Health Audit and Risk Committee was established to review the accounts with retained non executive directors, the former Director of Finance, the external and internal auditors and the former Accountable Officer.

The Codes of Conduct and Accountability incorporated in the Corporate Governance Framework Manual issued to NHS Boards by the Secretary of State were fundamental in exercising my responsibilities for regularity, propriety and probity. Every member of the PCT Board had subscribed to these codes which were adopted in April 2011.

In April 2011, the PCT entered into a collaborative arrangement with other PCTs in North Central London and underwent significant structural and organisational change.

The "Cluster" of NHS North Central London was formed of five PCTs: Barnet, Camden, Enfield, Haringey and Islington.

The London Strategic Health Authority confirmed the "Cluster" was compliant with Primary Care Trust regulations and Primary Care Trust Cluster Implementation Guidance. The London Strategic Health Authority reviewed the Corporate Governance Framework outlining the shared working arrangements that was agreed by the PCT Board in February 2011 and confirmed it as compliant with PCT regulations and PCT Cluster Implementation Guidance.

The Framework was revised in September 2012 to reflect the transitional development of the new system as described in the Health and Social Care Act 2012. A single management team performed its role on behalf of each of the PCTs, who retained their statutory duties and powers. All PCT statutory functions, powers and duties were mapped to ensure that they were aligned to the new cluster management structure. The former Chief Executive of Haringey PCT and Accountable Officer was also the Accountable Officer for the other four PCTs.

In March 2012, Haringey CCG received delegated responsibility for medicines' management and received delegated responsibility for all other commissioning budgets in October 2012.

Haringey CCG was authorised on 20 February 2013 with three conditions which were addressed.

The governance framework of the organisation

The PCT was a statutory body which came into existence on 1 April 2002 under The Primary Care Trust (Establishment) Order 2002 No 100, (the Establishment Order). The principal place of business of Haringey PCT was Stephenson House, 75 Hampstead Road, London, NW1 2PL.

Composition of the Board

The PCT Board met concurrently with the other four Primary Care Trusts Boards of NHS North Central London. The Chair, Audit Chair, Chief Executive and Director of Finance also fulfilled these roles for the other PCTs within NHS North Central London. The other Non-Executive Directors of each PCT had Non-Executive Director roles in one other PCT within NHS North Central London. This change to the membership arrangements was made permissible by the passing of Statutory Instrument 2010 2539 which removed the disqualification which prevents a person who was a Chair or member of one PCT from being appointed as the Chair or a non-officer member of another PCT.

Each PCT Board also had a Professional Executive Committee (PEC) Chair, PEC Nurse and Director of Public Health as voting members. In the case of the PEC Nurse

and Director of Public Health, there was a cluster designated PEC Nurse (Barnet) and Director of Public Health (Islington), who attended on behalf of their peers unless there was specific business relating to an individual PCT for which the presence of a specific member would be required. The PCT Cluster-designated PEC Nurse and Director of Public Health were only eligible to vote on decisions for their own PCT Board.

Committees

In line with statutory requirements, the Haringey PCT Board resolved in April 2011 to establish the:

- Audit Committee;
- Professional Executive Committee;
- Remuneration Committee; and
- Primary Care Reference Committee.

The Board also established such other Committees, as required, to discharge the PCT's responsibilities. It resolved to establish the:

- Quality and Safety Committee;
- Financial Recovery and Quality, Innovation, Productivity and Prevention Committee;
- London Specialised Commissioning Group Board; and
- Joint Committee of PCTs for the purposes of formal public consultation and decision making about the provision of Paediatric Cardiac Surgery Services in England.

The PCT Board agreed the terms of reference of these Committees and their delegated powers and responsibilities in April 2011 and reviewed the terms of reference in September 2012 to reflect the increased role in assurance to the Joint Boards and the increasing delegated responsibilities to Clinical Commissioning Groups (CCGs) and other new legal entities as set out in the Health and Social Care Act 2012.

The Remuneration Committee remit was extended to incorporate wider responsibilities to oversee the transfer of staff and the capacity of the cluster management during the final stages of transition.

A new Transition Committee of the Joint Boards was established in September 2012 to manage the oversight of all transition, handover and closure business required as a consequence of the Health and Social Care Act 2012. This Committee was a direct sub-committee of the Joint Boards and relates to the governance arrangements for transition and closure in NHS London.

Haringey PCT Board established Haringey CCG Board as a Committee on 26 January 2012.

The Board's performance

The Chair of the Joint Boards of NHS North Central London conducted a review of the effectiveness of the Board and its Committees in early 2012 and presented the findings of the review at the March 2012 Board meeting. This internal assessment indicated that Board members were satisfied with the working of the Committees and their effectiveness in discharging their delegated responsibilities, and these were seen as an essential part of Board governance. Following the review NHS North Central London has continued to embed best practice in governance across all functions.

Highlights of Board Committees' reports

Highlights of the work of key Committees are provided below.

Audit Committees:

- The Audit Committee met concurrently with the Audit Committees of the other PCTs within NHS North Central London. Whilst each Committee had a discrete agenda, shared membership and meeting arrangements further enabled positive assurance across all areas of business.
- The Committee approved the annual accounts, external and internal audit opinions and an Annual Governance Statement for 2011/12 on behalf of the Primary Care Trust (PCT) Board for submission to the Department of Health. Legacy and key control issues identified during 2011/12 were factored in to the planning of the internal audit programme for 2012/13.
- The Committee reviewed internal and external audit plans and reports, and sought assurance that recommended actions were completed and that all issues were managed comprehensively. The Committee received reports on counter fraud and security services, and waivers to competitive tender requirements.
- The Committee provided assurance to the PCT Board on areas of governance and risk, providing detailed oversight of the Board Assurance Framework (BAF). Meetings considered specific areas of business in depth to enable substantive assurance through focussed discussion and challenge with Executive officers on their areas of responsibility within the BAF. The Committee looked in detail at risks and assurances on a number of key topics including PCT finance and Quality, Innovation, Productivity and Prevention (QIPP) targets, primary care performance, and quality and safety.

Quality and Safety Committee:

- Clinical Quality Review meetings were established for all services, including acute, mental health and community services.
- The Organisational Intelligence Tool and the quality and safety dashboard provided information on key quality indicators for all providers. The report was a standing agenda item for the Quality and Safety Committee and the Clinical Commissioning Group (CCG) Quality Committees.

- High-level review of quality and safety across mental health and learning disability services was completed; a series of recommendations were made and an action plan agreed.
- Multi-agency working group was established to improve the quality of nursing home service and patient experience in the northern boroughs of NHS North Central London.
- Workshops, shadowing opportunities for CCG staff to prepare for transfer of quality & safety functions and accountability.
- Supporting emerging CCGs to introduce Patient Stories to CCG Governing Body meetings to ensure that patient experience sets the context for the business of the meeting.
- Worked to improve patient experience with other organisations e.g. the Making a Difference Board at University College London Hospitals NHS Foundation Trust (UCLH) and the implementation of the "walk the pathway" programme led by Patient Experience Manager involving Local Involvement Networks (LINks) and Non-Executive Directors, including visits to dementia and stroke services.
- Quality summits to share intelligence about providers ensuring that early warning systems are in place to improve patient safety.

Financial Recovery and Quality, Innovation, Productivity & Prevention (QIPP) Committee

The Committee provided a robust mechanism for review and challenge of progress against financial targets for each PCT. This was achieved through oversight of the delivery of savings plans and budgets; review and development of the NHS North Central London QIPP Plan and associated implementation plans; and review and approval of procurements, contracts and investment business cases in line with the Scheme of Delegation.

Highlights from the year include:

- Completion of an alignment process to ensure leadership and ownership of finance and QIPP plans for 2012/13. The Clinical Commissioning Groups (CCGs) were actively engaged in developing QIPP and investment plans achieved through programme management support which was phased over to the CCGs to help the CCGs in their delivery of the programme for 2013/14. Additional resource was given to support the development of local ownership and skills. There was a strong commitment to ensuring that investments were supported by future commissioning plans and that QIPP plans were in place to deliver savings earlier in the financial year going forward. All this could not have been achieved without the enthusiasm and commitment of the CCGs to produce a QIPP plan that reflected local needs understood through direct clinical experience
- Increased focus on underlying recurrent run rate positions of the PCTs in the Cluster

- Review and monitoring of delivery against action plans for addressing outstanding debtors and creditors including reduced aged debtor day
- Revised terms of reference to include monitoring the legacy, handover and closedown arrangements for the PCT including finance department transition to the new NHS bodies

Remuneration and Terms of Service Committee

The Remuneration and Terms of Service Committee met periodically to consider and approve payments for PCT staff following the organisational transition into the North Central London management structure. The Committee's remit was extended in September 2012 to reflect the revised Cluster governance arrangements and NHS London interim operating model.

An account of Corporate Governance

The PCT's Corporate Governance arrangements were set out in the Corporate Governance Framework Manual agreed by the Board in April 2011 and revised in September 2012. The Manual included the organisation's Standing Orders, Standing Financial Instructions, Schemes of Reservation & Delegation and Codes of Accountability & Conduct. These arrangements have been drawn up in line with:

- The Primary Care Trust (Executive Committees and Standing Financial Instructions) Directions 2007, National Health Service Act 2006; and
- Department of Health PCT Cluster Implementation Guidance (31 January 2011).

The Manual was regularly reviewed and updated throughout the year to take account of changes in the governance environment:

- The creation of new legal entities and their authorisation to undertake delegated responsibilities including Clinical Commissioning Groups (CCG) and NHS England (formerly the NHS Commissioning Board); NHS Trust Development Authority (NTDA).
- States of readiness through the transition period as organisations became ready to exercise their new responsibilities.

In September 2012, the Corporate Governance Framework Manual was revised to take account of changes in NHS commissioning landscape and the introduction of London's Interim Operating Plan.

The internal auditors conducted an audit of the PCT's governance as part of the approved internal audit plan for 2012/13. The objective of the review was to provide assurance that there was an appropriate management structure, robust governance arrangements and organisational form to deliver the organisation's objectives. The auditor opinion provided substantial assurance in the design, application and effectiveness of the governance arrangements and the audit report highlighted a number of areas of good practice.

Risk management and the control framework

The PCT Board approved the NHS North Central London Cluster Risk Management Strategy in December 2011 and the PCT embedded the strategy into practice throughout 2012. The emerging Clinical Commissioning Groups (CCGs) worked within the Strategy throughout 2012/13. The strategy outlined the organisation's approach to risk management, including:

- Identifying committees and groups which have responsibility for risk management;
- Roles and responsibilities of staff with regards to risk management;
- The process for identification, assessment and management of risk;
- The process for managing, and Board review of, the Risk Register and Board Assurance Framework; and
- The risk appetite of the organisation, which sets out the thresholds for toleration, management and reporting of different orders of risk.

The Risk Management Strategy reflected current best practice, taking into account a range of governance standards.

Risk assessment

Risk assessment is a systematic and effective method of determining the level of risks. All identified risks were assessed using a clearly defined risk assessment matrix by determining the likelihood and consequence of the risk to calculate an overall risk rating. Risks were categorised as low, moderate, high or extreme, and their categorisation informs the organisation's approach to management and monitoring of the risk.

The risk and control framework

The Board Assurance Framework (BAF) and Risk Register assessed the effectiveness of systems of internal control and provided assurances that risk management processes were effective. Both were dynamic documents that captured the understanding of the risk environment at any given time. The BAF outlined NHS North Central London Cluster's principal objectives, the risks to achieving those objectives, key controls and assurances, and gaps in controls and assurances. The risk register contained a mixture of strategic and operational risks at organisational and directorate level as well as the arrangements in place to mitigate these.

Risks were identified in a variety of ways, including incidents, complaints and claims; committee reports; external assessments and audits; and management reviews. All risks were assigned a relevant Executive Director who had accountability for overseeing the management of the risk by identifying the most effective means to minimise,

transfer or remove it, and ensuring the quality of action plans, controls and assurances. A Lead Officer was also assigned with management responsibility for delivering the action plan, developing robust controls and identifying sources of assurance.

The PCT had a structured approach for the reporting and monitoring of risk. The Joint Boards reviewed the BAF and Extreme Risk Report at every meeting, and risk and BAF were a standing item on all committee agendas. The Senior Leadership Team reviewed the Board Assurance Framework and Risk Register on a monthly basis. The PCT Board also took assurance from external assessments and audits, and from the work programme of the Audit Committee.

Risk profile

The 2012/13 Board Assurance Framework (BAF) identified the following strategic risks within three Principal Objectives:

1. To ensure we commission services, which are safe, and of increasing quality for the people we serve.

1.1 Transition and the underlying financial position in NHS North Central London may have impacted on the quality and safety of services.

1.2 Increased alerts received in relation to standards of care in nursing / care homes in particular Barnet, Enfield and Haringey and capacity issues at Borough level could lead to safety / safeguarding concerns for adult resident patients.

1.3 Due to the effect of transition on workforce capacity, recruitment & retention, organisational memory and differing stages of receiving organisations' readiness of quality arrangements - there was a risk that embedding Quality and Safety in the new health system would not be effective.

2. To deliver the NHS North Central London Commissioning Strategy and Quality, Innovation, Productivity and Prevention (QIPP) Plan.

2.1 Sustainable QIPP delivery on the scale and timescales required given the scale of financial challenge; there was a risk that we do not deliver the transformational change programme needed to bring the health economy back into balance at the required pace – due to:

- Capacity, capability and clinical leadership;
- Pace of delivery; and
- Engagement with providers.

2.2 Following the delegation of responsibility to Clinical Commissioning Groups (CCGs), and during the period of shadow running and transition to March 2013, there was a risk that the cluster loses grip on the delivery of QIPP and financial turnaround.

2.3 There was risk that the CCGs would not be sufficiently developed to manage delegated responsibility and achieve authorisation due to:

- Capacity and capability of CCGs;
- Ownership of the agenda; and
- Underlying financial position of the Cluster.

2.4 There was a risk of dislocation between or misalignment of different elements of the commissioning system leading to:

- Gaps in delivery;
- Differences in expectations between parts of the system (e.g. Commissioning Support Unit offer does not align to CCG need); and
- Ineffective commissioning partnerships.

2.5 The scale and complexity of forthcoming changes meant there was a risk that functions or knowledge may not be adequately transferred to receiving organisations or that the statutory organisations are not safely closed down.

2.6 There was a risk that ineffective alignment of resources during the transition period (1 October 2012 - 31 March 2013) would impact the delivery of key Cluster objectives and reduce organisational effectiveness.

3. To deliver key organisational objectives and a secure transition to the commissioning landscape in line with the Health and Social Care Act 2012.

3.1 Following the delegation of responsibility to CCGs and during the period of shadow running and transition to March 2013, there was a risk that the Cluster loses grip on the delivery of QIPP and financial turnaround.

3.2 There was risk that the CCGs would not be sufficiently developed to manage delegated responsibility and achieve authorisation due to:

- Capacity and capability of CCGs;
- Ownership of the agenda; and
- Underlying financial position of the Cluster.

3.3 There was a risk of dislocation between or misalignment of different elements of the commissioning system leading to:

- Gaps in delivery;
- Differences in expectations between parts of the system (e.g. Commissioning Support Unit offer does not align to CCG need); and
- Ineffective commissioning partnerships.

3.4 The scale and complexity of forthcoming changes meant there was a risk that functions or knowledge may not be adequately transferred to receiving organisations or that the statutory organisations are not safely closed down.

3.5 There was a risk that ineffective alignment of resources during the transition period (1 October 2012 - 31 March 2013) would impact the delivery of key Cluster objectives and reduce organisational effectiveness.

4. Other significant risks on the PCT's Risk Register:

- Monitoring risks relating to the safeguarding of children remained a priority for the PCT Board. Particular attention was given to health visitor provision within the Borough and monitoring the impact of commissioning plans.
- There was a risk of young people not accessing appropriate care during the transformation of Child and Adolescent Mental Health Services. Extensive work with providers, clinicians, service users and the Joint Health Overview and Scrutiny Committee has shaped a new model of care that would be implemented in 2012.

Review of Effectiveness of risk management and internal control

The PCT Board and its committees were fully supportive of the risk management process which was been scrutinised and challenged as part of the PCT Board, Financial Recovery and QIPP, and Audit Committees functions.

RSM Tenon undertook an audit of the Risk Management and Assurance Framework as part of its audit plan for 2012/13. The final advisory report was issued in October 2012

NHS North Central London Cluster continued to embed the use of their Board Assurance Framework into their routine procedures and this was evidenced by the commitment from the Joint Boards of NHS North Central London, Audit Committee and Senior Leadership Team in ensuring that this Framework operated as effectively as possible.

RSM Tenon identified the need to keep focus on where risks would be transferred to during transition. As a consequence a revised BAF and Risk Register were received and accepted by the Board in September 2012 in order to focus and refine the content so that it accurately reflected the main strategic risks for the remainder of the financial year.

Significant issues in 2012/13

Over the year the PCT Board and its committees considered issues that might have had a prejudicial impact on the corporate objectives, the business plan or the reputation of the NHS locally.

Continuing Care Reviews

The Joint Boards of NHS North Central London Cluster requested a review of continuing care across all PCTs areas in 2012/13. In-year review of action showed a considerable improvement in the level of compliance and paperwork around continuing care commissioning but identified a number of issues in borough teams' performance in 2012/13. This resulted in an amber/red opinion being issued. An action plan was in place to support the improvement across all areas and was being closely monitored by the Financial Recovery and QIPP Committee. Continuing care services are complex and high volume. Issues were identified in accounts payable and these highlighted to the management team particular issues in relation to the control and management of continuing care and funded nursing care. The requirement to manage these services properly was a clinical priority to ensure quality of services, as well as a financial imperative. As a result, Internal Audit was asked to prioritise the audit of continuing care arrangements. A number of weaknesses in control were identified including:

- Quality of care – backlogs in assessment;
- The budget setting process;
- Implementation of service level agreements and contracts for care packages; and
- The adequacy of management information tools to manage and control this complex service.

The management team, including the Director of Quality and Safety, agreed a detailed action plan to close the identified gaps in control and was progressing the implementation of internal audit recommendations.

Primary Care Payments

An internal review of the accuracy and authorisation of primary care payments was undertaken in 2012/13. It found that Enfield, Haringey and Islington PCTs still used manual systems to manage the process. During 2012 this was rectified and all PCTs operated the same electronic system. An action plan was in place to address a further five medium rated recommendations. The Joint PCT Boards could therefore take some assurance that the controls upon which the organisations relied to manage risks were suitably designed, consistently applied and effective.

Transition to new commissioning arrangements in the NHS

The Joint Boards agreed the NHS North Central London Cluster Transition Plan in December 2011. Detailed function led work streams supported this high-level plan in 2012.

A sub-committee of the Joint Boards was established in December 2013 building on the working group that had led the implementation of the action plan and monitored the delivery in line with national policy and guidance.

The organisation agreed and handed over functions in January 2013 to nominated legal receivers: NHS England (formerly the NHS Commissioning Board), Clinical Commissioning Groups, Local Authorities, NHS Property Services and Public Health England.

General assets and liabilities were also transferred after dialogue with nominated receivers.

Property and leases transferred to NHS Property Services in most cases, some buildings were transferred to Foundation Trusts when identified as most the appropriate receiver.

A Statutory Instrument was approved by Parliament giving NHS England (formerly the NHS Commissioning Board) and Clinical Commissioning Groups powers to enter into contracts from 1 February 2013.

NHS England entered full operating mode on 7 January 2013 following transfer of functions from PCTs.

National Priorities set out in the NHS Operating Framework Improving performance in Haringey – 2012/13

Acute Measures

Waiting times in A&E

A&E performance for Haringey PCT patients focused on North Middlesex and The Whittington. Although for several months of the year the 95% A&E waiting time standard was achieved at both Trusts, performance was a challenge for North Middlesex and The Whittington with autumn and winter of 2012/13 proving more challenging than the previous year. The allocation of winter funding to both Trusts aimed to support whole-system resilience plans.

Referral to treatment times

At a PCT level Haringey's performance against all referral to treatment standards remained strong throughout the year, consistently achieving the admitted, non-admitted and incomplete pathways standards. At a provider level both North Middlesex University NHS Trust and The Whittington NHS Trust achieved all three standards throughout 2012/13 to date.

Cancer waiting times

At a PCT level Haringey PCT sustained achievement of the majority of the cancer waiting time targets during 2012/13. North Central London continued intensive monitoring and analysis of Trusts who failed these standards to ensure plans remained focused on turnaround and sustainability of performance.

Access to Stroke Services

There was excellent performance against the national measures for stroke services with Haringey PCT exceeding the 80% threshold for time on a stroke unit and also achieved the 60% standard for TIA (Transient Ischaemic Attack) access within 24 hours. Higher activity volumes and sustained performance showed that more people were accessing the right service within Haringey for stroke.

Access to Diagnostics

Haringey PCT consistently maintained performance within the tolerance level of less than 1% of patients waiting longer than six weeks for a diagnostic test with December 2012 performance reported at 0.5%.

Access to Single Sex Accommodation

Patient privacy and dignity remain high on the NHS agenda with a zero tolerance against mixed sex accommodation. The execution of plans to deliver this target was challenging for providers as set within a context of quality and efficiency drives that reduced their overall bed numbers.

There were 13 breaches in total for Haringey patients in 2012/13 of which three were reported in December 2012 for Haringey patients, two of which were at the Royal Free and one occurred out of cluster at Barts Health. Analysis showed that timescales for stepping down patients from critical care beds and increased admissions during the winter months were the main factors influencing performance.

Non-acute performance update

Access to screening services

Diabetic Retinopathy

All boroughs within NHS North Central London Cluster continued to excel against the target of 95% for diabetic retinopathy screening and this will be further enhanced by the

recent commissioning of the UCLH site and new referral pathways were scheduled for implementation from 1 April 2013.

Cancer Screening

The coverage of cervical screening in Haringey PCT increased slightly over the past three quarters and was 6% below the national standard of 80%. Work continued to raise awareness and identify exclusions to ensure that performance was accurately reported. The turnaround time of cervical screening results continued to be good with Haringey achieving the 98% threshold since May 2012.

Despite not yet achieving the national standard of 60% Haringey PCT has demonstrated a steady improvement in bowel cancer screening uptake rates with performance standing at 46.8%. Improvements were made in the number of women invited for breast screening with Haringey PCT improving coverage.

NHS Health Checks

Increased offering and take-up of NHS health checks supported the reduction in health inequalities by identifying and addressing health needs in previously undiagnosed people.

Haringey PCT exceeded its year to date plan for health checks offered and uptake with 12,500 health checks offered in 2012/13 and 5,100 checks delivered so far in 2012/13.

Early Access to Maternity Care

Improving healthier outcomes for babies and children was one of the priorities for NHS North Central London and closely aligned to women accessing maternity care before 12 completed weeks of pregnancy. This was a challenging target to get close to with the borough of Haringey being the most affected. North Middlesex, The Whittington and Royal Free Hospitals have the most hard to reach communities. Through collaborative ventures amongst commissioners and providers, plans are in place implementing initiatives to turn around cultural awareness and simplify access to services. Quarter one performance for Haringey PCT was much improved at 72.85% against the target of 90% with an upturn in the number of bookings being competed early for the Trusts mentioned above.

Childhood Immunisations Coverage

2012/13 saw Haringey PCT sustain over 90% coverage on vaccine at 1 year with further improvements seen throughout 2012/13 on vaccines at ages two and five years. The borough's high coverage rates were the result of the borough's rigorous failsafe systems which ensured that the parents of all children that had not been immunised were contacted and that any children who had moved out of the area were removed from GP practice lists in a timely manner.

Financial recovery

There was a clear difference in the financial health between the north (Barnet, Enfield and Haringey) and south (Camden and Islington) of the North Central London Cluster over recent years. The financial strategy was focussed on transformational change across the whole £2.5 billion portfolio with programmes to rebalance the health economy in the patch, without destabilising hospitals. The financial plan for 2012/13 was the second in an original three year programme to return all five PCTs to financial stability on a recurrent basis. By exception the Department of Health agreed deficit plans for Barnet, Enfield and Haringey PCTs at the start of the year. In year revised plans were agreed resulting in all five PCTs delivering a surplus income and expenditure position. Camden and Islington PCTs had a history of financial stability, underpinned by well funded, sound community and primary care provision, and planned to deliver a healthy surplus.

During 2012/13 there was a continuation of the previous years' programme of financial recovery and turnaround including identification, development and delivery of QIPP plans in year and looking forward to the future Clinical Commissioning Groups. All five PCTs over-delivered against agreed budgets. Camden PCT and Islington PCT exited in recurrent run rate surplus and Barnet PCT, Enfield PCT and Haringey PCT improved their respective run rate positions. Delivery of this programme was fundamental to ensuring the financial resilience of the future commissioning organisations.

Review of Quality and Safety

As a result of a review of quality and safety in 2011 which found that services were of a generally high quality and safe; improvement trajectories were agreed with providers in 2012. Implementation and performance was monitored through the Clinical Quality Review Groups. These recommendations were worked on throughout 2012 and now:

- Organisational Intelligence Tool quality and safety dashboard embedded for key indicators for all providers. The report was a standing agenda item for the Quality & Safety Committee and the CCG quality committees;
- Multi-agency Working Group established to continue to improve quality of nursing home service and patient experience in the northern boroughs of NHS North Central London; and
- There were no significant areas of slippage at the time of this annual report.

Data loss incidents

There were data loss incidents between April and December 2012.

Barnet, Enfield and Haringey Clinical Strategy

The implementation plans for delivering the Barnet, Enfield and Haringey Clinical Strategy were progressed according to the timetable to deliver the changes in November 2013. Key milestones had been met including the approval of both Barnet and Chase Farm Hospitals NHS Trust and North Middlesex University Hospitals Trust full business cases for the capital investment to improve the buildings. Significant work took place within both Trusts and across the Trusts in the key work streams of Emergency Care, Maternity, Paediatrics and Planned Care alongside primary and community care improvements and the refresh of the models of urgent care at all three hospital sites. The enabling work streams of workforce, transport and communications and engagement continued to deliver their programme plans. The governance arrangements were strengthened and reviewed. The programme is on track to deliver in November 2013.

Primary Care Strategy – Transforming Primary Care

2012/13 was the first year of implementing the three-year strategy 'Transforming Primary Care'. There was progress in all the work streams including the development of networks, service improvements focusing on improving access, the delivery of care closer to home including the development of integrated care. The enabling work streams of Information Management & Technology and premises have made significant progress this year. The one area of workforce development proved challenging in the first year. There was a plan to spend a full year budget of £12m in Year 1, of the £47.7m identified over three years. The majority of the budget was spent but there was an element of under spend due to time to engage fully at a local level, delay in approvals processes across the system and delay in time to implement some of the schemes in the year of CCG authorisation.

Plans for the remaining two years of the implementation of the strategy were that the five Clinical Commissioning Groups would lead the implementation locally and ensure that all developments are in line with local strategies whilst being committed to the overall ambition of the initial strategy adopted by NHS North Central London in January 2012.

Clinical Commissioning Groups (CCGs)

- All five CCGs in North Central London successfully secured delegated responsibility for all eligible budgets within agreed timeframes
- All five CCGs in North Central London have submitted authorisation documentation within agreed national timeframes
- Positive external assurance was received from NHS London on the progress of CCGs' authorisation
- CCGs' Integrated Performance management approach was in place – CCGs demonstrating leadership and financial management through monthly Integrated Performance Meetings
- Positive assurance received through internal audit of CCGs development activity, management and support given by NHS North Central London PCTs.

Hosted organisations

The PCT was host to the TB network. The network was integrated into the management structure of the Cluster and followed the governance and assurance processes of the host. In the reporting year, all employees of the network were consulted prior to transferring to Islington PCT as host employer.

The new health system in Haringey: April 2013 onwards

The Health and Social Care Act 2012

The Health and Social Care Act 2012 gained Royal Assent on 27 March 2012 and set out major changes to the NHS. The changes, including the abolition of primary care trusts and the establishment of new statutory bodies came into effect on 1 April 2013.

Clinical commissioning – CCGs and CSU

Acute, mental health and community NHS care is now commissioned by clinical commissioning groups, which gives GPs and other clinicians responsibility for using resources to secure high-quality services for local people.

NHS Haringey Clinical Commissioning Group has been working in shadow form during 2012/13 and undergoing a national assessment programme in readiness to take on full

statutory responsibilities for commissioning acute, mental health and community health services from April 2013.

Alongside this CCG development work, a significant work programme was underway to develop a commissioning support unit for north central and north east London's 12 CCGs. This programme included consultation with staff and staffside representatives on structures, matching and the recruitment process.

NHS England

At a national level, NHS England ensures the new NHS architecture is fit for purpose and provides clear national standards and accountability. Many of its functions are being carried out at a more local level, and therefore the NHS England has a regional office for London.

Commissioning of GPs, dentists, pharmacies and optometrists is the responsibility of NHS England, as is the commissioning of some specialist services.

The London regional office of NHS England has close relationships with Clinical Commissioning Groups, professional and clinical leadership functions and relationships with local government and Healthwatch, the new independent consumer champion created to gather and represent the views of the public.

NHS England is responsible for the 2013/14 commissioning planning round and future performance management of CCGs.

Health and wellbeing boards

With the establishment of Health and Wellbeing Boards in each borough, leaders of the local health and care system have been brought together – with CCGs, elected representatives, social care, public health and local Healthwatch at the core – to work with a common purpose to drive improved services and outcomes. They link with local communities and other local public services, and, through the role of elected representatives, strengthen local accountability, enabling outcomes to be measured and demonstrated.

The board members work together to develop a joint strategic needs assessment (JSNA) and joint health and wellbeing strategy for the borough to tackle issues that matter most to the local community. Integrating services, joint commissioning and pooling resources will be central to translating the needs assessment and joint strategy into action.

The Health and Wellbeing Boards have a duty to encourage commissioners of health services and commissioners of social care services to work in an integrated manner.

Public health

From April 2013 local authorities took on a new duty to take steps to improve the health of their population. They are largely free to determine their own priorities and services,

to meet the needs of the local population, but will also be required to provide a small number of mandatory services, including:

- appropriate access to sexual health services
- NHS Health Check assessments
- plans to protect the health of the population
- weighing and measuring children for the National Child Measurement Programme
- providing public health advice to NHS commissioners.

The London Borough of Haringey took responsibility for these public health functions.

Financial overview and summary financial statements

Financial Performance

Haringey PCT met the control total surplus of £2.7m as set by the Department of Health. However, this has been achieved through non-recurrent financial support provided by other PCTs within the North Central London Cluster.

With this support, Haringey PCT has met all of the statutory duties, namely;

- Financial balance in year
- Spending within capital allocation
- Spending within cash limits.

These achievements were a credit to the whole organisation, which maintained focus on delivering value for money for our patients and public at a time of substantial organisational change within the NHS.

Capital Structure

The PCT funded its assets using an annual allocation set by the Department of Health. We had no bank borrowings. Where the PCT had revalued assets, the extent of that revaluation was reflected in the revaluation reserve.

The PCT normally carries out a full revaluation of its estate every five years. A full revaluation has been undertaken this financial year.

Treasury Policy and Objectives

The total limited cash available was based on the PCT's revenue reserve and capital resource limits. There was no flexibility to exceed the notified cash limit and the PCT managed this source of cash.

The PCT planned cash requisitions to ensure that there were minimal month end balances and no supplementary advances in month. Monthly cash drawings were requisitioned by the date advised by the DH. This was managed by forecasting all material cash transactions in the forthcoming month. Month and year end balances were maintained to a minimum level and closing cash balances for the year were less than £100k. The PCT maximised use of Citi Bank services. CHAPs payments were only made in exceptional circumstances.

Charging for Information

The PCT complied with Treasury guidance for setting charges as per appendix 6.3 of the Managing Public Money guidance. This advises that it is government policy that as much information as possible about public services should be made available at either free or at low cost. The PCT freely posted information about activities and services on the internet.

Principles for Remedy

The PCT has complied with Treasury guidance for Principles for Remedy as per appendix 4.14 of the Managing Public Money guidance. There were six principles that represent best practice and these were directly applicable to the PCT.

Summary financial statements

The financial statements for Haringey PCT have been prepared in accordance with International Financial Reporting Standards (IFRS) and the 2012/13 Financial Reporting Manual issued by HM Treasury.

The accounts have been prepared under the historical cost convention, modified by the application of current cost principles to tangible fixed assets, and in accordance with directions issued by the Secretary of State for Health and approved by HM Treasury.

The summary financial statements attached are an extract from the PCT's full audited annual accounts for the year ended 31 March 2013.

A copy of the full accounts will be available on the Department of Health's website on https://www.gov.uk/government/organisations/department-of-health.

The accounts for the year ended 31 March 2013 have been prepared by the PCT under Section 98(2) of the NHS Act 1977 (as amended by Section 24(2), Schedule 2, of the National Health Service and Community Care Act 1990) in the form which the Secretary of State has directed. The main source of funding was income from the Department of Health.

Audit Functions

Haringey PCT's Audit Committee had two Non-Executive Directors and members. At the end of 2012/13 they were Caroline Rivett and Cathy Herman.

Haringey PCT's external auditor for 2012/13 was Grant Thornton and the cost of Audit Services provided by them in the year was £97k.

Statement of the Responsibilities of the Signing Officer of Haringey Primary Care Trust 2012-13 Accounts

The Department of Health's Accounting Officer has designated the role of signing officer for the final accounts of Haringey Primary Care Trust to discharge the following responsibilities for the Department of Health:

- there are 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 has been applied to the purposes intended by Parliament and conform to the authorities which govern them;

- effective and sound financial management systems are 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, and from the assurances provided by the PCT Accountable Officer until 31 March 2013, I am assured that the responsibilities have been properly discharged.

Signed 

Peter Coates
Director of PICD, Strategy, Finance and NHS
Department of Health

Date 5 June 2013

Independent Auditor's Report to the Department of Health's Accounting Officer in respect of Haringey PCT

We have examined the summary financial statement for the year ended 31 March 2013 which comprise: the statement of comprehensive net expenditure for the year ended 31 March 2013, the statement of financial position at 31 March 2013, the statement of changes in taxpayers equity for the year ended 31 March 2013, the statement of cash flows for the year ended 31 March 2013 and related notes set out on pages 40 to 48.

This report is made solely to the Department of Health's accounting officer in respect of Haringey Teaching PCT in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2010. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Department of Health's accounting officer and the Trust as a body, for our audit work, for this report, or for opinions we have formed.

Respective responsibilities of signing officer and auditor

The signing officer is responsible for preparing the Annual Report.

Our responsibility is to report to you our opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements.

We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statement.

We conducted our work in accordance with Bulletin 2008/03 "The auditor's statement on the summary financial statement in the United Kingdom" issued by the Auditing Practices Board. Our report on the statutory financial statements describes the basis of our opinion on those financial statements.

Opinion

In our opinion the summary financial statement is consistent with the statutory financial statements of the Haringey Teaching PCT for the year ended 31 March 2013.

Paul Dossett
Senior Statutory Auditor, for and on behalf of Grant Thornton UK LLP

Grant Thornton House
Melton Street
Euston Square
London
NW1 2EP

5 June 2013

Statement of comprehensive net expenditure for the year ended 31 March 2013

	2012-13 £000	2011-12 £000
Administration Costs and Programme Expenditure		
Gross employee benefits	**4,027**	9,099
Other costs	**509,471**	492,299
Income	**(17,537)**	(11,168)
Net operating costs before interest	**495,961**	490,230
Investment income	**(40)**	0
Finance costs	**1,217**	823
Net operating costs for the financial year	**497,138**	491,053
Of which:		
Administration Costs		
Gross employee benefits	**3,271**	7,620
Other costs	**13,452**	12,671
Income	**(3,343)**	(7,083)
Net administration costs before interest	**13,380**	**13,208**
Investment income	**(40)**	0
Finance costs	**1,144**	823
Net administration costs for the financial year	**14,484**	**14,031**
Programme Expenditure		
Gross employee benefits	**756**	1,479
Other costs	**496,019**	479,628
Income	**(14,194)**	(4,085)
Net programme expenditure before interest	**482,581**	**477,022**
Finance costs	**73**	0
Net programme expenditure for the financial year	**482,654**	**477,022**

Other Comprehensive Net Expenditure	**2012-13 £000**	**2011-12 £000**
Impairments and reversals put to the Revaluation Reserve	**1,140**	1,781
Net (gain) on revaluation of property, plant & equipment	**(2,507)**	(1,166)
Total comprehensive net expenditure for the year*	**495,771**	**491,668**

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

Statement of financial position as at 31 March 2013

	31 March 2013	31 March 2012
	£000	£000
Non-current assets:		
Property, plant and equipment	**40,743**	43,490
Intangible assets	**0**	213
Other financial assets	**328**	286
Total non-current assets	**41,071**	43,989
Current assets:		
Trade and other receivables	**5,705**	7,528
Cash and cash equivalents	**71**	58
Total current assets	**5,776**	7,586
Total assets	**46,847**	51,575
Current liabilities		
Trade and other payables	**(36,470)**	(37,988)
Provisions	**(709)**	(624)
Borrowings	**(299)**	(443)
Total current liabilities	**(37,478)**	(39,055)
Non-current assets plus/less net current assets/liabilities	**9,369**	12,520
Non-current liabilities		
Provisions	(3,269)	(2,913)
Borrowings	(13,123)	(13,388)
Total non-current liabilities	**(16,392)**	(16,301)
Total Assets Employed:	**(7,023)**	(3,781)
Financed by taxpayers' equity:		
General fund	(16,737)	(12,287)
Revaluation reserve	9,714	8,506
Total taxpayers' equity:	**(7,023)**	(3,781)

Statement of changes in taxpayer's equity for the year ended 31 March 2013

	General fund	Revaluation reserve	Total reserves
	£000	£000	£000
Balance at 1 April 2012	**(12,287)**	**8,506**	**(3,781)**
Changes in taxpayers' equity for 2012-13			
Net operating cost for the year	(497,138)	0	**(497,138)**
Net gain on revaluation of property, plant, equipment	0	2,507	**2,507**
Impairments and reversals	0	(1,140)	**(1,140)**
Transfers between reserves*	159	(159)	**0**
Total recognised income and expense for 2012-13	**(496,979)**	**1,208**	**(495,771)**
Net Parliamentary funding	492,529		**492,529**
Balance at 31 March 2013	**(16,737)**	**9,714**	**(7,023)**
Balance at 1 April 2011	**(27,258)**	**9,121**	**(18,137)**
Changes in taxpayers' equity for 2011-12			
Net operating cost for the year	(491,053)	0	(491,053)
Net Gain / (loss) on Revaluation of Property, Plant and Equipment	0	1,166	1,166
Impairments and Reversals	0	(1,781)	(1,781)
Total recognised income and expense for 2011-12	(491,053)	(615)	(491,668)
Net Parliamentary funding	506,024		506,024
Balance at 31 March 2012	**(12,287)**	**8,506**	**(3,781)**

***** The transfer between reserves relates to the realised depreciation impact upon the revaluation reserve.

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	**(495,961)**	(490,230)
Depreciation and Amortisation	**3,611**	2,337
Impairments and Reversals	**2,296**	741
Interest Paid	**(1,144)**	(759)
(Increase)/Decrease in Inventories	**0**	8
(Increase)/Decrease in Trade and Other Receivables	**1,809**	(1,524)
Increase/(Decrease) in Trade and Other Payables	**(2,986)**	(13,436)
Provisions Utilised	**(4,385)**	(1,972)
Increase/(Decrease) in Provisions	**4,753**	73
Net Cash Inflow/(Outflow) from Operating Activities	**(492,007)**	**(504,762)**
Cash flows from investing activities		
Interest Received	**12**	28
(Payments) for Property, Plant and Equipment	**(112)**	(913)
Net Cash Inflow/(Outflow) from Investing Activities	**(100)**	**(885)**
Net cash inflow/(outflow) before financing	**(492,107)**	**(505,647)**
Cash flows from financing activities		
Capital Element of Payments in Respect of Finance Leases and On-SoFP PFI and LIFT	**(409)**	(394)
Net Parliamentary Funding	**492,529**	506,024
Net Cash Inflow/(Outflow) from Financing Activities	**492,120**	**505,630**
Net increase/(decrease) in cash and cash equivalents	**13**	**(17)**
Cash and Cash Equivalents at Beginning of the Period	**58**	**75**
Cash and Cash Equivalents at year end	**71**	**58**

Statutory financial duties

Haringey PCT was required to meet three statutory financial duties in 2012/13, namely:

- In year financial balance
- Spending within capital allocation
- Spending within cash limit

Haringey PCT's performance for the year ended 31 March 2013 was as follows:

Revenue Resource Limit	**2012-13**	**2011-12**
	£000	**£000**
The PCTs' performance for the year ended 2012-13 was as follows:		
Total Net Operating Cost for the Financial Year		491,053
Net operating cost plus (gain)/loss on transfers by absorption	**497,138**	
Adjusted for prior period adjustments in respect of errors	**0**	
Revenue Resource Limit	**499,851**	473,614
Under/(Over)spend Against Revenue Resource Limit (RRL)	2,713	(17,439)

The underspend in 2012/13 (and overspend in 2011/12) against Revenue Resource limit was planned and agreed with the Department of Health and the NHS London Strategic Health Authority.

Capital Resource Limit	**2012-13**	**2011-12**
	£000	**£000**
The PCT was required to keep within its Capital Resource Limit.		
Capital Resource Limit	**1,639**	800
Charge to Capital Resource Limit	**1,580**	174
(Over)/Underspend Against CRL	**59**	**626**

The PCT kept within its Capital Resource Limit.

Under/(Over)spend against cash limit	**2012-13**	**2011-12**
	£000	**£000**
Total Charge to Cash Limit	**492,529**	506,024
Cash Limit	**492,529**	506,024
Under/(Over)spend Against Cash Limit	**0**	**0**

The PCT kept within its Cash Limit.

Better payment practice code

The Better Payment Practice Code requires the PCT to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later. The disclosure below shows the values of invoices by volume and amount paid within 30 days, with the remaining invoices being paid later than 30 days.

The PCT's measure of compliance with this policy is:

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	**8,652**	**32,980**	11,357	43,917
Total Non-NHS Trade Invoices Paid Within Target	**4,758**	**24,155**	7,493	30,117
Percentage of NHS Trade Invoices Paid Within Target	54.99%	73.24%	65.98%	68.58%
NHS Payables				
Total NHS Trade Invoices Paid in the Year	**3,769**	**367,734**	3,037	348,419
Total NHS Trade Invoices Paid Within Target	**1,661**	**351,993**	1,329	325,281
Percentage of NHS Trade Invoices Paid Within Target	44.07%	95.72%	43.76%	93.36%

Running costs

The PCT's running costs for 2012/13 are shown in the table below.

	Total	**Commissioning Services**	**Public Health**
PCT Running Costs 2012-13			
Running costs (£000s)	**14,852**	13,725	1,127
Weighted population (number in units)*	**275,792**	275,792	275,792
Running costs per head of population (£ per head)	**53.9**	**49.8**	**4.1**
PCT Running Costs 2011-12			
Running costs (£000s)	**14,772**	12,385	2,387
Weighted population (number in units)	**275,792**	275,792	275,792
Running costs per head of population (£ per head)	**53.6**	**44.9**	**8.7**

***** Weighted population figures are not available for 2012-13 as the weighted capitation formula for PCT allocations was not updated for 2012-13. This was because it was decided to give all PCTs the same percentage growth in their allocations in this transitional year rather than differential growth based on a weighted capitation formula. Therefore 2011-12 weighted populations have been used when calculating the running costs per head of population in 2012-13.

The management cost figures have been calculated using the definition provided by the Department of Health, based on staff costs only excluding infrastructure and headquarter costs.

The staff costs that are included in the Department of Health definition incorporate the following elements:

- Board and Executive committee functions
- Corporate functions
- Clinical and operational functions
- Support service functions.

Related party transactions

Haringey PCT was a body corporate established by the order of the Secretary of State for Health. During the year, with the exception of the GP Board members and GP Professional Executive Committee members, none of the Board Members or members of the key management staff or parties related to them has undertaken material transactions with Haringey PCT.

The members of the Clinical Executive Committee are also practicing GPs in the borough of Haringey, and as such receive practice income from the PCT.

HM Treasury considers Government Departments and their agencies, and Department of Health Ministers, their close families and entities controlled or influenced by them, as being parties related to NHS bodies. Related party transactions are to be disclosed if material to either party.

The table below shows the relationship between Haringey PCT's Senior Managers and related parties, i.e. organisations they control or can influence. The amounts disclosed below are transactions with the related parties and not the individuals.

Name/ Title	Related Party	Relationship with Related Party	Annual		31 March 2013	
			Expenditure	Income	Payables	Receivable
			£000's	£000's	£000's	£000's
Paula Kahn - Chair						
	Barnet PCT	Non-Executive Director and Chair	2,483	6,193	2,230	5,657
	Camden PCT	Non-Executive Director and Chair	411	0	672	0
	Enfield PCT	Non-Executive Director and Chair	176	28	741	0
	Islington PCT	Non-Executive Director and Chair	7,471	800	3,536	0
Caroline Rivett - Non-Executive Director						
	Barnet PCT	Non-Executive Director	2,483	6,193	2,230	5,657
	Camden PCT	Non-Executive Director	411	0	672	0
	Enfield PCT	Non-Executive Director	176	28	741	0
	Islington PCT	Non-Executive Director	7,471	800	3,536	0

Sue Baker - Non-Executive Director					
Haringey Advisory Group on Alcohol	Trustee	524	0	0	0
Enfield PCT	Non-Executive Director	176	28	741	0
Cathy Herman - Non-Executive Director					
Enfield PCT	Non-Executive Director	176	28	741	0
Anne Weyman - Non-Executive Director					
Islington PCT	Non-Executive Director	7,471	800	3,536	0
Sorrel Brookes - Non-Executive Director					
Islington PCT		7,471	800	3,536	0
Whittington Health	Non-Executive Director	86,108	3,053	1,704	757
Caroline Taylor - Chief Executive					
Barnet PCT	Executive Director/Chief Executive Officer	2,483	6,193	2,230	5,657
Camden PCT	Executive Director/Chief Executive Officer	411	0	672	0
Enfield PCT	Executive Director/Chief Executive Officer	176	28	741	0
Islington PCT	Executive Director/Chief Executive Officer	7,471	800	3,536	0
Mayur Gor - PEC Member					
The Crouch Hall Road Surgery	GP Principal	23	0	0	0
Andrew Williams - Borough Director					
Options 2 Outcomes Ltd	Owner	152	0	0	0
Gino Amato - CCG Member-Elective GP Representative					
The Morris House Group Practice	GP Principal	25	12	0	12
Peter Christian - CCG Member-Elective GP Representative					
Dr Peter Christian	GP Principal	47		0	
Royal Free Hampstead NHS Foundation Trust	Governor	26,174	93	96	0
John Rohan - CCG Vice Chair-Elective GP Representative					
DRS Bilinger&Rohan	GP Principal	11	0	0	0
DRS J & C Rohan	GP Principal	16	0	0	0
Rebecca Viney - CCG Member-Sessional/Salary GP member					
The Vale Practice	GP Principal	24	0	0	0
Viney, Rebecca	GP Principal	39	0	0	0
Dina Dhorajiwala - CCG Member-Elective GP Representative					
The Vale Practice	GP Principal	24	0	0	0
Patrick Morreau - CCG Member-Patient Representative					
Age UK Haringey	Vice Chair	80	0	0	0

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

NHS Organisation	Annual Expenditure £000's
Whittington Hospital NHS Trust	86,108
North Middlesex University Hospital NHS Trust	72,293
Croydon PCT	42,573
Barnet, Enfield & Haringey Mental Health NHS Trust	39,057
University College London Hospitals NHS Foundation Trust	35,337
Royal Free Hampstead NHS Trust	19,826
London Ambulance Service NHS Trust	8,863
Barnet and Chase Farm Hospitals NHS Trust	8,026
Barts and The London NHS Trust	7,106
Homerton University Hospital NHS Foundation Trust	4,983
Moorfields Eye Hospital NHS Foundation Trust	4,478
Great Ormond Street Hospital NHS Trust	4,555
Guy's And St Thomas' NHS Foundation Trust	2,245
The Royal National Orthopaedic Hospital NHS Trust	1,906

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

The PCT operated a charitable fund which is pooled with other NHS organisations under the management of CNWL. A member of staff sits on the Charitable Fund Committee. There were no material transactions with the Fund during the year under review.

Remuneration Report

The Remuneration Committee had a key purpose to advise the Board on the remuneration and terms of service for the Chief Executive and board level Directors. The committee was also overseeing exit terms for this group of staff and all other staff.

The Joint Boards Remuneration Committee Membership during 2012/13 was as follows:

- John Carrier (Chair) – Camden PCT Vice Chair and NED Barnet
- David Riddle – Barnet PCT Vice Chair and NED Islington
- Karen Trew – Enfield PCT Vice Chair and NED Camden
- Cathy Herman – Haringey PCT Vice Chair and NED Enfield
- Anne Weyman – Islington PCT Vice Chair and NED Haringey
- Paula Kahn – Chair of Joint Boards

The Chief Executive and Director of Human Resources and Corporate Affairs attended the meeting to provide support as required. The Chief Executive was not present for discussions related to her own remuneration.

Statement of the remuneration policy for senior managers:

The Cluster's remuneration policy for senior managers was to use the standard NHS Very Senior Manager (VSM) guidelines and to set salaries in conjunction with NHS London procedures.

Performance related remuneration:

The VSM performance assessment processes were used during 2012/13 including NHS London review of performance bonuses for appropriate roles. The remuneration committee made the decision not to pay any performance bonuses in 2012/13 regardless of level of performance.

Policy on duration of contracts and notice periods:

Contracts and notice terms are standard to the VSM guidelines. The cluster of PCTs has been cognisant of future changes and has employed and retained some new to the NHS senior staff on fixed term or interim contracts to reduce future redundancy liabilities. Notice periods for senior staff are normally three months but in some historical instances are six months.

Policy on termination and exit payments:

Termination payments have been made in accordance with the standard NHS policy and regulations that apply to redundancy or early retirement with no additional or non-contractual payment.

Salary and allowances of Senior Managers 2012/13 (PCT share)

(These tables have been audited)

	NAME	TITLE	2012-13				Dates served	
			Salary (bands of £5,000) £000	Other Rem'n (bands of £5000) £000	Bonus Pmts (bands of £5000) £000	Benefits in kind (bands of £100 £00	Commenced	Ceased
	VOTING MEMBERS							
	Non Executive Directors							
*	Ms Paula Kahn	Chair	5-10	0	0	0	01/04/2011	31/03/2013
**	Ms Anne Weyman	Vice Chair Islington	5-10	0	0	0	01/04/2011	31/03/2013
**	Dr Sorrel Brookes	NED Islington	0-5	0	0	0	01/04/2011	31/03/2013
*	Ms Caroline Rivett	Audit Chair	0-5	0	0	0	01/04/2011	31/03/2013
**	Ms Cathy Herman	Vice Chair NED Haringey	5-10	0	0	0	01/04/2011	31/03/2013
**	Ms Sue Baker	NED Haringey	0-5	0	0	0	01/04/2011	31/03/2013
	Executive Directors							
*	Ms Caroline Taylor	Chief Executive Officer	25-30	0	0	0	01/04/2011	31/03/2013
*	Ms Ann Johnson	Director of Finance	10-15	0	0	0	01/04/2011	04/09/2012
*	Mrs Bev Evans (1)	Director of Finance	35-40	0	0	0	05/09/2012	31/03/2013
***	Dr JeanelleDeGruchy	Director of Public Hlth Haringey	90-95	0	15-20	0	01/04/2011	31/03/2013
	NON VOTING MEMBERS							
	Executive Directors							
*	Mr Jeremy Burden (3)	Director of Contracts	0-5	0	0	0	01/05/2011	31/03/2013
*	Mr Simon Currie (1)	Director of Contracts	20-25	0	0	0	11/06/2012	26/11/2012
*	Ms Liz Wise (5)	Director of QIPP	20-25	0	0	0	01/04/2011	31/03/2013
*	Ms Alison Pointu	Director of Quality & Safety	20-25	0	0	0	01/04/2011	31/03/2013
*	Ms Sarah Price (4)	Director of Public Health	20-25	0	0	0	01/04/2011	31/03/2013
*	Ms Helen Pettersen (6)	Director of Transition and Corporate affairs	20-25	0	0	0	01/04/2011	31/03/2013
*	Dr Douglas Russell	Medical Director (Primary Care)	5-10	0	0	0	01/04/2011	31/07/2012
*	Dr Henrietta Hughes	Medical Director (Primary Care)	15-20	0	0	0	01/07/2012	31/03/2013
*	Dr Nick Losseff (2)	Medical Director (Secondary Care)	5-10	0	0	0	01/04/2011	31/03/2013
*	Mr Ian Fuller	Director of HR	15-20	0	0	0	01/04/2011	31/10/2012
*	Ms Marion McCrindle (1)	Director of HR	15-20	0	0	0	15/10/2012	31/03/2013
***	Mr Andrew Williams (1)	Borough Director Haringey	115-120	0	0	0	01/08/2011	28/09/2012
	PEC Members							
***	Dr Helen Pelendrides	PEC Chair Haringey	75-80	0	0	0	01/01/2013	31/03/2013
***	Ms Karen Baggaley	Nurse Rep – Haringey	90-95	0	0	0	01/04/2011	31/03/2013

Note (1) Paid through consultancy company

(2) seconded from another NHS organisation

(3) Seconded to another NHS organisation from July 2012

(4) Accountable Officer Haringey CCG from November 2012

(5) Accountable Officer Enfield CCG from October 2012

(6) North East London CSU from October 2012

Other See below for key to asterisks'

Main Board members serve on all 5 PCTs of the NCL Cluster and their remuneration is charged to all five PCTs accordingly.

The PCT's share is shown above and the members full amount below

Prior year comparison figures are included below but not apportioned to individual PCTs .

Full Salary and allowances of Senior Managers 2012/13

	NAME	TITLE	2012-13			2011/12		
			Salary (bands of £5,000) £000	Other Rem'n (bands of £5000) £000	Bonus Pmts (bands of £5000) £000	Salary (bands of £5,000) £000	Other Rem'n (bands of £5000) £000	Bonus Pmts (bands of £5000) £000
	VOTING MEMBERS							
	Non Executive Directors							
*	Ms Paula Kahn	Chair	40-45	0	0	40-45	0	0
**	Ms Anne Weyman	Vice Chair Islington	10-15	0	0	10-15	0	0
**	Dr Sorrel Brookes	NED Islington	5-10	0	0	5-10	0	0
*	Ms Caroline Rivett	Audit Chair	10-15	0	0	10-15	0	0
**	Ms Cathy Herman	Vice Chair NED Haringey	10-15	0	0	10-15	0	0
**	Ms Sue Baker	NED Haringey	5-10	0	0	5-10	0	0
	Executive Directors							
*	Ms Caroline Taylor	Chief Executive Officer	145-150	0	0	145-150	0	0
*	Ms Ann Johnson	Director of Finance	60-65	0	0	120-125	0	0
*	Mrs Bev Evans (1)	Director of Finance	180-185	0	0	0	0	0
***	Dr Jeanelle DeGruchy	Director of Public Health - Haringey	90-95	0	15-20	90-95	0	15-20
	NON VOTING MEMBERS							
	Executive Directors							
*	Mr Jeremy Burden (3)	Director of Contracts	20-25	0	0	95-100	0	0
*	Mr Simon Currie (1)	Director of Contracts	115-120	0	0	0	0	0
*	Ms Liz Wise (5)	Director of QIPP	115-120	0	0	115-120	0	0
*	Ms Alison Pointu	Director of Quality & Safety	100-105	0	0	95-100	0	0
*	Ms Sarah Price (4)	Director of Public Health	100-105	0	0	100-105	0	0
*	Ms Helen Pettersen (6)	Director of Transition and Corporate affairs	115-120	0	0	115-120	0	0
*	Dr Andy Watts	Medical Director (Primary Care)	0	0	0	30-35	0	0
*	Dr Douglas Russell	Medical Director (Primary Care)	40-45	0	0	95-100	0	0
*	Dr Henrietta Hughes	Medical Director (Primary Care)	95-100	0	0	0	0	0
*	Dr Nick Losseff (2)	Medical Director (Secondary Care)	40-45	0	0	40-45	0	0
*	Mr Ian Fuller	Director of HR	60-65	0	0	85-90	0	0
*	Ms Marion McCrindle (1)	Director of HR	80-85	0	0	0	0	0
***	Mr Andrew Williams (1)	Borough Director Haringey	115-120	0	0	210-215	0	0
	PEC Members							
***	Dr Mayur Gor	PEC Chair Haringey	0	0	0	25-30	0	0
***	Dr Helen Pelendrides	PEC Chair Haringey	75-80	0	0	0	0	0
***	Ms Karen Baggaley	Nurse Rep - Haringey	90-95	0	0	0	85-90	0

Key * Salary costs apportioned to the 5 PCTs (20%)

** Salary costs apportioned to 2 PCTs (50%)

*** Salary costs charged to the PCT (100%)

There were no benefits in kind in respect of Senior Managers in 2012/13 or 2011/12.

See above for reference to notes.

Salary and allowances of Senior Managers 2011/12 (PCT share)

	NAME	TITLE	2011-12			Dates served during 2011/12	
			Salary (bands of £5,000) £000	Other Rem'n (bands of £5000) £000	Bonus Pmts (bands of £5000) £000	Commenced	Ceased
	VOTING MEMBERS						
	Non Executive Directors						
*	Ms Paula Kahn	Chair	5-10	0	0	01/04/2011	
**	Ms Anne Weyman		5-10	0	0	01/04/2011	
**	Dr Sorrel Brookes		0-5	0	0	01/04/2011	
*	Ms Caroline Rivett	Audit Chair	0-5	0	0	01/04/2011	
**	Ms Cathy Herman	Vice Chair	5-10	0	0	01/04/2011	
**	Ms Sue Baker		0-5	0	0	01/04/2011	
	Executive Directors						
*	Ms Caroline Taylor (2)	Chief Executive Officer	25-30	0	0	01/04/2011	
*	Ms Ann Johnson (2)	Director of Finance	20-25	0	0	01/04/2011	
***	Dr Jeanelle DeGruchy (3)	Director of Public Health - Haringey	90-95	0	15-20	01/04/2011	
	Non voting Members in attendance at Board meetings						
	Executive Directors						
*	Mr Jeremy Burden	Director of Contracts	15-20	0	0	01/05/2011	
*	Ms Liz Wise	Director of QIPP	20-25	0	0	01/04/2011	
*	Ms Alison Pointu	Director of Quality & Safety	15-20	0	0	01/04/2011	
*	Ms Sarah Price	Director of Public Health	20-25	0	0	01/04/2011	
*	Ms Helen Pettersen	Director of Transition and Corporate affairs	20-25	0	0	01/04/2011	
*	Dr Andy Watts	Medical Director (Primary Care)	5-10	0	0	01/04/2011	03/07/2011
*	Dr Douglas Russell	Medical Director (Primary Care)	15-20	0	0	04/07/2011	
*	Dr Nicholas Losseff (2)	Medical Director (Secondary Care)	5-10	0	0	01/04/2011	
***	Mr Andrew Williams (1)	Borough Director Haringey	210-215	0	0	01/06/2011	
	PEC Members						
***	Dr Mayur Gor	PEC Chair (voting)	25-30	0	0	01/04/2011	
***	Ms Karen Baggaley	PEC Nurse (voting)	85-90	0	0	01/04/2011	

Notes
(1) Paid through consultancy company. Spend includes travel and non-recoverable VAT
(2) Seconded from another NHS organisation (Caroline Taylor on secondment until February 2012)
(3) Disclosure shows clinical excellence awards separately as bonus payment in line with DH guidance.

Other
There were no benefits in kind for Senior Managers during 2011/12.
Some Board members serve on more than one of the boards of the 5 PCTs of the NCL Cluster and their remuneration is shared between the relevant PCTs.
The PCT's share is shown above and the members full amount below.

Key
* Salary costs apportioned to the 5 PCTs (20%)
** Salary costs apportioned to 2 PCTs (50%)
*** Salary costs charged to the PCT (100%)

Pension benefits of Senior Managers 2012/13 (PCT share)

Name	Title	Real increase/ decrease in pension at age 60 (bands of 2500)	Real increase/ decrease in related lump sum at age 60 (bands of £2500)	Total accrued pension at age 60 at 31 March 2013 (bands of £5000)	Total accrued related lump sum at age 60 at 31 March 2013 (bands of £5000)	Cash Equivalent Transfer Value (CETV) at 31 March 2013	Cash Equivalent Transfer Value (CETV) at 31 March 2012	Real increase/ decrease in Cash Equivalent Transfer Value	Employers Contribution to Stakeholder Pension
		£000	£000	£000	£000	£000	£000	£000	£000
Board Members									
Ms Caroline Taylor	Chief Executive Officer	0-2.5	0-2.5	10-15	35-40	280	258	9	0
Ms Ann Johnson	Director of Finance	0-2.5	0-2.5	0-5	5-10	29	23	4	0
Mr Jeremy Burden	Director of Contracts	0-2.5	0-2.5	5-10	20-25	128	120	4	0
Ms Liz Wise	Director of QIPP	0-2.5	0-2.5	0-5	10-15	95	87	6	0
Ms Alison Pointu	Director of Health & Safety	0-2.5	7.5-10	5-10	25-30	202	179	18	0
Ms Sarah Price	Director of Public Health	0-2.5	0-2.5	5-10	15-20	88	81	4	0
Ms Helen Pettersen	Director of Transformation	0-2.5	0-2.5	5-10	20-25	129	118	6	0
Mr Nick Losseff	Medical Director	0-2.5	0-2.5	5-10	25-30	149	138	4	0
Mr Ian Fuller	Director of Human Resources	0-2.5	0-2.5	2.5-5	10-15	67	63	2	0
Ms Jeanelle DeCruchy	Director of Public Health Haringey	0-2.5	0-2.5	20-25	60-65	370	331	29	0
Notes:									
Dr Henrietta Hughes	Medical Director Primary Care	Information not available as sessional figures not collated by the pension agency.							
PEC Members									
Ms Karen Baggaley	Nurse Rep Haringey	0-2.5	2.5-5	15-20	55-60	367	319	31	0
Dr Helen Pelendrides	PEC Chair Haringey	0-2.5	7.5-10	55-60	165-170	1,027	907	72	0

Some Board members serve on more than one of the boards of the five PCTs of the NHS North Central London Cluster and their remuneration is shared between the relevant PCTs.

The PCT's share is shown above and the members full amount below.
Prior year comparison figures are included below but not apportioned to individual PCTs.

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

Full Pension benefits of Senior Managers 2012/13

Name	Title	Real increase/ decrease in pension at age 60 (bands of £2,500)	Real increase/ decrease in related lump sum at age 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2013 (bands of £5,000)	Total accrued related lump sum at age 60 at 31 March 2013 (bands of £5,000)	Cash Equivalent Transfer Value (CETV) at 31 March 2013	Cash Equivalent Transfer Value (CETV) at 31 March 2012	Real increase/ decrease in Cash Equivalent Transfer Value	Employers Contribution to Stakeholder Pension
		£000	£000	£000	£000	£000	£000	£000	£000
Board Members									
Ms Caroline Taylor	Chief Executive Officer	0-2.5	0-2.5	60-65	190-195	1,400	1,288	45	0
Ms Ann Johnson	Director of Finance	0-2.5	2.5-5	5-10	25-30	144	115	23	0
Mr Jeremy Burden	Director of Contracts	(0-2.5)	(0-2.5)	35-40	105-110	639	598	9	0
Ms Liz Wise	Director of QIPP	0-2.5	0-2.5	20-25	65-70	477	433	21	0
Ms Alison Pointu	Director of Health & Safety	0-2.5	7.5-10	45-50	145-150	1,012	895	70	0
Ms Sarah Price	Director of Public Health	0-2.5	0-2.5	25-30	75-80	440	406	13	0
Ms Helen Pettersen	Director of Transformation	0-2.5	0-2.5	35-40	105-110	643	592	19	0
Mr Nick Losseff	Medical Director	0-2.5	0-2.5	40-45	125-130	747	690	22	0
Mr Ian Fuller	Director of Human Resources	0-2.5	0-2.5	15-20	50-55	334	316	1	0
Ms Jeanelle DeCruchy	Director of Public Health Haringey	0-2.5	0-2.5	20-25	60-65	370	331	22	0
Notes:									
Dr Henrietta Hughes	Medical Director Primary Care	Information not available as sessional figures not collated by the pension agency.							
PEC Members									
Ms Karen Baggaley	Nurse Rep Haringey	0-2.5	2.5-5	15-20	55-60	367	319	31	0
Dr Helen Pelendrides	PEC Chair Haringey	0-2.5	7.5-10	55-60	165-170	1027	907	72	0

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

Cash Equivalent Transfer Values

The Government Actuary Department ('GAD') factors for the calculation of Cash Equivalent Transfer Factors ('CETVs') assume that benefits are indexed in line with CPI which is expected to be lower than RPI which was used previously and hence will tend to produce lower transfer values.

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

arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to benefits that the individual had 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 other pension details include the value of any benefits in another scheme or arrangement which the individual had transferred to the NHS Pension scheme at their own cost. CETVs were 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.

Pension liability

Past and present employees are covered by the provisions of the NHS Pension 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 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.

Pay multiples

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 Haringey PCT the financial year 2012/13 was £235k to £240k (2011/12: £210k-£215k). This was 5.8 (2011/12: 5.5) times the median remuneration of the workforce, which was £40,517 (2011/12: £38,790). Total remuneration includes salary, non-consolidated 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. In 2012/13 the workforce median calculation was based on the North Central London sector average due to the fact that the majority of staff in 2012/13 were employed by Islington PCT and costs recharged to other sector bodies through inter PCT recharges. In 2012/13 the highest paid director remuneration has been annualised for the purpose of this report.

Off Payroll Engagements

The PCT is from 2012/13 required to disclose information about 'off payroll engagements'. The following tables show the number of off payroll engagements in place at 31st January 2012 (Table 1), and new engagements during the period 23 August 2012 and 31 March 2013 (Table 2).

Table 1: For off-payroll engagements at a cost of over £58,200 per annum that were in place as of 31 January 2012.

No. In place on 31 January 2012	**3**
Of which:	
No. that have since been re-negotiated /reengaged to include contractual clauses allowing the department to seek assurance as to their tax obligations	0
No. that have not been successfully re-negotiated, and therefore continue without contractual clauses allowing the department to seek assurance as to their tax obligations	
No. that have come to an end	(3)
Total as at 31 March 2013	**0**

Table 2: For all new off payroll engagements between 23 August 2012 and 31 March 2013, for more than £220 per day and more than 6 months.

No. of new engagements	2
Of which:	
No. of new engagements which include contractual clauses giving the department the right to request assurance in relation to income tax and National Insurance obligations.	0
Of which:	0
No. for whom assurance has been accepted and received	0
No. for whom assurance has been accepted and not received	0
No. that have been terminated as a result of assurance not being received	0
No. that have been terminated as a result of PCT closure.	(2)
Total as at 31 March 2013	**0**

Register of Board members' interests

NAME	NAME OF ORGANISATION AND NATURE OF ITS BUSINESS	POSITION HELD/ NATURE OF INTEREST	DATE DECLARED	DATE UPDATED
Non-Executive Directors				
Paula Kahn	Cripplegate Foundation	Governor	24/05/12	24/05/12
	THE EW Group which has contracts with a number of NHS Trusts/SHA/Institute of Innovation - none with the NCL Cluster or Islington PCT	Partner is Freelance Consultant	24/05/12	24/05/12
	NHS Barnet, Camden, Enfield and Islington Primary Care Trusts	Chair	24/05/12	24/05/12
Catherine Herman	Community Development Foundation.	Associate	04/03/12	04/03/12
	Independent Consultant		04/03/12	04/03/12
	Bowes Park Community Association	Trustee	04/03/12	04/03/12
	NHS Enfield Primary Care Trust	Non-Executive Director	04/03/12	04/03/12
Caroline Rivett	Synodex UK (Provides Medical Record Analysis)	Director	07/03/12	07/03/12
	Haringey PCT, Islington, Barnet, Camden and Enfield PCTs	Audit Chair	07/03/12	07/03/12
	Unthank Consulting	Spouse is Director	07/03/12	07/03/12
Sue Baker	Cascade Health LTD	Director/Owner	24/03/12	12/04/12
	Haringey Advisory Group on Alcohol (HASA)	Trustee	24/03/12	12/04/12
	Cricklewood Homeless Concern	Spouse is Director/CEO	24/03/12	12/04/12
	NHS Enfield Primary Care Trust	Non-Executive Director	24/03/12	12/04/12
Anne Weyman	Family and Parenting Institute	Trustee	13/06/12	13/06/12
	General Medical Council (GMC)	Member	13/06/12	13/06/12
	Age UK Islington	Spouse is Trustee	13/06/12	13/06/12
	NHS Islington Primary Care Trust	Vice Chair	13/06/12	13/06/12
Sorrel Brookes	Whittington Health	Husband is a NED	24/05/12	24/05/12
	NHS Islington Primary Care Trust	Non-Executive Director	24/05/12	24/05/12
Voting SLT Members				
Helen Pelendrides	Barndoc Healthcare Ltd - (out of hours provider)	£5 Shareholder	17/05/12	17/05/12
	Haringey LMC	Member	17/05/12	17/05/12
	Barnet	Husband (Dr Nicholas Durden) is a PMS GP and may move in to the rebuilt Finchley Memorial Hospital	17/05/12	17/05/12
	Barndoc Healthcare Ltd - (out of hours provider)	Husband is a £5 Shareholder	17/05/12	17/05/12
	Evergreen House Surgery	GP Partner in a PMS Practice	17/05/12	17/05/12
Caroline Taylor	Husband is an education consultant who might on occasions work as an associate with a company with whom the NHS does business.		23/04/12	23/04/12

	Barnet, Camden, Enfield and Islington Primary Care Trusts	Chief Executive Officer	24/05/12	24/05/12
Beverley Evans	White House Accountancy and Consulting Limited	Owner, Director and majority share holder	28/02/13	28/02/13
	Maidstone and Tunbridge Wells NHS Trust	Non-Executive Director	28/02/13	28/02/13
Jeanelle De Gruchy	No interests declared		17/04/12	17/04/12
Non-Voting				
David Cryer	No interests declared		11/04/12	11/04/12
Alison Pointu	No interests declared		19/03/12	19/03/12
Sarah Price	Faculty of Public Health	Trustee	26/03/12	26/03/12
	The Chadwick Trust	Trustee	26/03/12	26/03/12
	St Gilda's School	Chair of Governors	21/11/12	21/11/12
Nick Losseff	UCLH	Consultant	23/05/12	23/05/12

Glossary

Expenditure:	Payments made and accruals, where an accrual is a payment due to be made but not yet released
Assets:	Resources, properties and possessions owned by the PCT
Current Assets:	Cash and other possessions which are likely to be converted into cash or used within a year
Fixed Assets:	Possessions and resources which are likely to be owned for more than a year
Tangible Assets:	Physical resources and possessions
Intangible Assets:	Non-physical resources such as the PCT's software programmes
Liabilities:	Amounts owed by the PCT including any long-term financial obligation
Provisions:	Amounts retained by the PCT due to obligations to make future payments, for example ill-health and premature retirement pension payments
Taxpayer's equity:	Contribution by taxpayers to the net assets of the PCT
Impairment:	Reduction in value
Surplus:	Excess of income or gains over expenditure or losses
Operating costs:	Expenses that have arisen from the performance of the PCT's usual activities
Gross:	Overall or whole figure
Net:	The remaining amount after taking into account offsetting reductions
Capital:	Resources, properties and possessions owned by the PCT which are likely to be owned for more than a year or used to purchase property and possessions which are likely to be owned for more than a year
Revenue:	Resources and income to be used within a year
Remuneration:	Salaries and allowances
Operating Cost Statement:	Summarises, on an accruals basis, the net operating costs of the PCT. Operating costs and miscellaneous income are shown analysed between the commissioning and provider functions of the PCT.
Balance Sheet:	A quantitative summary of a company's financial condition at a specific point in time, including assets, liabilities and net worth.
IFRS:	International Financial Reporting Standards: accounting standards
Public Sector Payments Policy:	The Better Payment Practice Code requires the PCT to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.
Related Party Transactions:	A material transaction (i.e. a payment or a contract) between the PCT and a senior employee, other than salary or expenses. This can also extend to material transactions between the PCT and the senior employee's close family members, entities controlled by the senior employee or entities controlled by a close family member.

Further information

How to contact those responsible for providing health services for Camden residents:

Haringey Clinical Commissioning Group

River Park House
225 High Road Wood Green
London
N22 8HQ
www.haringeyccg.nhs.uk

London Borough of Haringey

Civic Centre
High Road
Wood Green
London
N22 8LE
www.haringey.gov.uk

NHS England

Quarry House
Quarry Hill
Leeds
LS2 7UE
www.england.nhs.uk

North & East London Commissioning Support Unit

Clifton House
75-77 Worship Street
London
EC2A 2DU
www.nelondoncsu.nhs.uk

Public Health England

www.healthandcare.dh.gov.uk/category/public-health/phe/

Department of Health

NHS

Haringey Teaching Primary Care Trust

2012-13 Accounts

Published to gov.uk, in PDF format only.

www.gov.uk/dh

Haringey Teaching Primary Care Trust

2012-13 Accounts

STATEMENT OF THE RESPONSIBILITIES OF THE SIGNING OFFICER OF THE PRIMARY CARE TRUST 2012-13 ACCOUNTS

The Department of Health's Accounting Officer has designated the role of signing officer for the final accounts of Haringey Primary Care Trust to discharge the following responsibilities for the Department of Health:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;

- value for money is achieved from the resources available to the primary care trust;

- the expenditure and income of the primary care trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;

- effective and sound financial management systems are 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, and from the assurances provided by the PCT Accountable Officer until 31 March 2013, I am assured that the responsibilities have been properly discharged.

Peter Coates
Director of PICD, Strategy, Finance and NHS
Department of Health

Signed.....

Date: 5 June 2013

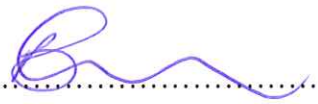
2012/13 ACCOUNTS FINANCE CERTIFICATE OF ASSURANCE TO THE DEPARTMENT OF HEALTH DIRECTOR GENERAL, STRATEGY FINANCE AND NHS

I am aware that as signing officer designated by the Department of Health Accounting Officer, you are required to sign the accounts and supporting certificates of Haringey Primary Care Trust (PCT) in order to comply with the Department's 2012/13 accounts finalisation process.

To assist you in that process, I can confirm that in my role managing the preparation of the annual statutory accounts, the accounts were prepared in the 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. As required 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.

Name: Beverley Evans (Former Director of Finance)

Signed:  .....

Date: 5 June 2013

2012/13 ACCOUNTS CERTIFICATE OF ASSURANCE TO THE DEPARTMENT OF HEALTH DIRECTOR GENERAL, STRATEGY FINANCE AND NHS

I am aware that as signing officer designated by the Department of Health Accounting Officer, you are required to sign the accounts and supporting certificates of Haringey Primary Care Trust (PCT) in order to comply with the Department's 2012/13 accounts finalisation process.

To assist you in that process, I can confirm that for the year ended 31 March 2013 based on my own knowledge of internal control matters and through experience in my role as Accountable Officer until 31 March 2013, the PCT:

- had in place effective management systems to safeguard public funds and assets and assist in the implementation of corporate governance;
- kept proper accounting records which disclosed with reasonable accuracy at any time the financial position of the PCT;
- took reasonable steps for the prevention and detection of fraud and other irregularities;
- achieved value for money from the resources available to the PCT;
- applied income and expenditure to the purposes intended by Parliament and conformed to the authorities which governed them, and
- had effective and sound financial management systems in place.

I also confirm that in my role overseeing the preparation of the annual statutory accounts, the accounts were prepared in the 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. As required 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.

Name: Caroline Taylor (Former Chief Executive)

Signed:.....

Date: 5 June 2013

Haringey teaching PCT Annual Governance Statement:
April 2012 to March 2013

Scope of Responsibility

I am assured by the former Chief Executive of Haringey Primary Care Trust (PCT), who was the Accountable Officer responsible for ensuring the proper stewardship of public funds and assets and who was accountable for the overall performance of the executive functions of the PCT, that the work of ensuring the discharge of obligations under Financial Directions was carried out in line with the requirements of the Accountable Officer Memorandum for PCT Chief Executives issued by the Department of Health.

I am assured by the Accountable Officer that she had carried out her responsibilities which included ensuring the following:

- management systems for safeguarding public funds and assets and assisting in the implementation of corporate governance;
- achieving value for money with the resources available;
- expenditure and income; and
- effective and sound financial management systems.

I am reassured by the former Accountable Officer who was accountable to the Chair and Non-Executive members of the PCT Board for ensuring that its decisions were implemented, that the organisation worked effectively, in accordance with Government policy and public service values, and for the maintenance of proper financial stewardship. Within the Standing Financial Instructions, it was acknowledged that the Chief Executive was ultimately accountable to the Board, and as Accountable Officer, to the Secretary of State, for ensuring that the PCT Board met its obligation to perform its functions within the available financial resources.

The former Chief Executive as Accountable Officer had overall executive responsibility for the PCT's activities and the achievement of its objectives; responsibility to the Chair and the PCT Board for ensuring that its financial obligations and targets are met; and have overall responsibility for the PCT's system of internal control. The essence of that role as Accountable Officer was to see that the Trust carried out these functions in a way which ensured the proper stewardship of public money and assets. Effective and sound financial management and information are of fundamental importance. I am assured by the former the Accountable Officer that this occurred.

The system of internal control had been in place at Haringey PCT for the year ended 31 March 2013 and up to the date of approval of the annual report and accounts.

With these assurances from the former Accountable Officer I have signed the Summarised Accounts of Health Bodies in England, and the Resource Accounts of the Department of Health. The Summarised Accounts are derived from the statutory accounts of the PCT. Together with the Director of Finance, the former Accountable Officer was responsible for ensuring that the accounts of the PCT were prepared under principles and in a format directed by the Secretary of State with the approval of the Treasury. These accounts disclose a true and fair view of the PCT's income and expenditure, and of its state of affairs. These accounts have been signed by the former Director of Finance on behalf of the PCT Board.

Robust arrangements were put in place for the preparation and audit of the accounts of the PCT following closedown of North Central London PCTs as statutory bodies. These arrangements are in line with Department of Health Guidance for financial closedown. A local delivery team was secured to prepare the accounts and a sub-committee of the Department of Health Audit and Risk Committee was established to review the accounts with retained non executive directors, the former Director of Finance, the external and internal auditors and the former Accountable Officer.

The Codes of Conduct and Accountability incorporated in the Corporate Governance Framework Manual issued to NHS Boards by the Secretary of State were fundamental in exercising my responsibilities for regularity, propriety and probity. Every member of the PCT Board had subscribed to these codes which were adopted in April 2011.

In April 2011, the PCT entered into a collaborative arrangement with other PCTs in North Central London and underwent significant structural and organisational change.

The "Cluster" of NHS North Central London was formed of five PCTs: Barnet, Camden, Enfield, Haringey and Islington.

The Strategic Health Authority confirmed the "Cluster" was compliant with Primary Care Trust regulations and Primary Care Trust Cluster Implementation Guidance. The Strategic Health Authority reviewed the Corporate Governance Framework outlining the shared working arrangements that was agreed by the PCT Board in February 2011 and confirmed it as compliant with PCT regulations and PCT Cluster Implementation Guidance.

The Framework was revised in September 2012 to reflect the transitional development of the new system as described in the Health and Social Care Act 2012. A single management team performed its role on behalf of each of the PCTs, who retained their statutory duties and powers. All PCT statutory functions, powers and duties were mapped to ensure that they were aligned to the new cluster management structure. The former Chief Executive of Haringey Primary Care Trust (PCT), and Accountable Officer was also the Accountable Officer for the other four PCTs.

In March 2012, Haringey CCG received delegated responsibility for medicines' management and received delegated responsibility for all other commissioning budgets in October 2012.

Haringey CCG was authorised on 20 February 2013 with three conditions which were addressed.

The Governance Framework of the Organisation

The Primary Care Trust was a statutory body which came into existence on 1 April 2002 under The Primary Care Trust (Establishment) Order 2002 No 100, (the Establishment Order). The principal place of business of the NHS North Central London Cluster was Stephenson House, 75 Hampstead Road, London, NW1 2PL.

Composition of the Board

The Primary Care Trust (PCT) Board met concurrently with the other four Primary Care Trusts Boards of NHS North Central London. The Chair, Audit Chair, Chief Executive and Director of Finance also fulfilled these roles for the other PCTs within NHS North Central London. The other Non-Executive Directors of each PCT had Non-Executive Director roles in one other PCT within NHS North Central London. This change to the membership arrangements was made permissible by the passing of Statutory Instrument 2010 2539 which removed the disqualification which prevents a person who was a Chair or member of one PCT from being appointed as the Chair or a non-officer member of another PCT.

Each PCT Board also had a Professional Executive Committee (PEC) Chair, PEC Nurse and Director of Public Health as voting members. In the case of the PEC Nurse and Director of Public Health, there was a cluster designated PEC Nurse (Barnet) and Director of Public Health (Islington), who attended on behalf of their peers unless there was specific business relating to an individual. The PCT Cluster-designated PEC Nurse and Director of Public Health are only eligible to vote on decisions for their own PCT Board.

Committees

In line with statutory requirements, the Primary Care Trust (PCT) Board resolved in April 2011 to establish the:

- Audit Committee;
- Professional Executive Committee;
- Remuneration Committee; and
- Primary Care Reference Committee.

The Board may also establish such other Committees, as required, to discharge the PCT's responsibilities. It resolved to establish the:

- Quality and Safety Committee;
- Financial Recovery and Quality, Innovation, Productivity and Prevention Committee;
- London Specialised Commissioning Group Board; and

- Joint Committee of PCTs for the purposes of formal public consultation and decision making about the provision of Paediatric Cardiac Surgery Services in England.

The PCT Board agreed the terms of reference of these Committees and their delegated powers and responsibilities in April 2011 and reviewed the terms of reference in September 2012 to reflect the increased role in assurance to the Joint Boards and the increasing delegated responsibilities to Clinical Commissioning Groups (CCGs) and other new legal entities as set out in the Health and Social Care Act 2012.

The Remuneration Committee remit was extended to incorporate wider responsibilities to oversee the transfer of staff and the capacity of the cluster management during the final stages of transition.

A new Transition Committee of the Joint Boards was established in September 2012 to manage the oversight of all transition, handover and closure business required as a consequence of the Health and Social Care Act 2012. This Committee was a direct sub-committee of the Joint Boards and relates to the governance arrangements for transition and closure in NHS London.

Haringey PCT Board established Haringey CCG Board as a Committee on 26 January 2012.

The Board's performance

The Chair of the Joint Boards of NHS North Central London conducted a review of the effectiveness of the Board and its Committees in early 2012 and presented the findings of the review at the March 2012 Board meeting. This internal assessment indicated that Board members were satisfied with the working of the Committees and their effectiveness in discharging their delegated responsibilities, and these were seen as an essential part of Board governance. Following the review NHS North Central London continued to embed best practice in governance across all functions.

Highlights of Board Committees' reports

Highlights of the work of key Committees are provided below.

Audit Committees:

- The Audit Committee met concurrently with the Audit Committees of the other PCTs within NHS North Central London. Whilst each Committee had a discrete agenda, shared membership and meeting arrangements further enabled positive assurance across all areas of business.
- The Committee approved the annual accounts, external and internal audit opinions and an Annual Governance Statement for 2011 / 2012 on behalf of Primary Care Trust (PCT) Board for submission to the Department of Health. Legacy and key control issues identified during 2011 / 2012 were factored in to the planning of the internal audit programme for 2012 / 2013.
- The Committee reviewed internal and external audit plans and reports, and sought assurance that recommended actions were completed and that all issues were managed comprehensively. The Committee received reports

on counter fraud and security services, and waivers to competitive tender requirements.

- The Committee provided assurance to the PCT Board on areas of governance and risk, providing detailed oversight of the Board Assurance Framework (BAF). Meetings considered specific areas of business in depth to enable substantive assurance through focussed discussion and challenge with Executive officers on their areas of responsibility within the BAF. The Committee looked in detail at risks and assurances on a number of key topics including PCT finance and Quality, Innovation, Productivity and Prevention (QIPP) targets, primary care performance, and quality and safety.

Quality and Safety Committee:

- Clinical Quality Review meetings were established for all services, including acute, mental health and community services.
- The Organisational Intelligence Tool and the quality and safety dashboard provides information on key quality indicators for all providers. The report was a standing agenda item for the Quality and Safety Committee and the Clinical Commissioning Group (CCG) Quality Committees.
- High-level review of quality and safety across mental health and learning disability services was completed; a series of recommendations were made and an action plan agreed.
- Multi-agency working group was established to improve the quality of nursing home service and patient experience in the northern boroughs of NHS North Central London.
- Workshops, shadowing opportunities for CCG staff to prepare for transfer of quality& safety functions and accountability.
- Supported CCGs to introduce Patient Stories to CCG Governing Body meetings to ensure that patient experience sets the context for the business of the meeting.
- Worked to improve patient experience with other organisationseg the Making a Difference Board at University College London Hospitals NHS Foundation Trust (UCLH) and the implementation of the "walk the pathway" programme led by Patient Experience Manager involving Local Involvement Networks (LINks) and Non-Executive Directors, including visits to dementia and stroke services.
- Quality summits were held to share intelligence about providers ensuring that early warning systems are in place to improve patient safety.

Financial Recovery and QIPP Committee

The Committee provided a robust mechanism for review and challenge of progress against financial targets for each PCT. This was achieved through oversight of the delivery of savings plans and budgets; review and development of the NHS North Central London QIPP Plan and associated implementation plans; and review and approval of procurements, contracts and investment business cases in line with the Scheme of Delegation.

Highlights from the year include:

- Completion of an alignment process to ensure leadership and ownership of finance and QIPP plans for 2012 / 2013. The Clinical Commissioning Groups (CCGs) were actively engaged in developing QIPP and investment plans achieved through programme management support which was phased over to the CCGs to help the CCGs in their delivery of the programme for 2013/14 Additional resource was given to support the development of local ownership and skills. There was a strong commitment to ensuring that investments were supported by future commissioning plans and that QIPP plans were in place to deliver savings earlier in the financial year going forward. All this could not have been achieved without the enthusiasm and commitment of the CCGs to produce a QIPP plan that reflected local need understood through direct clinical experience.
- Increased focus on underlying recurrent run rate positions of the PCTs in the Cluster
- Review and monitoring of delivery against action plans for addressing outstanding debtors and creditors including reduced aged debtor day
- Revised terms of reference to include monitoring the legacy, handover and closedown arrangements for the PCT including finance department transition to the new NHS bodies.

Remuneration and Terms of Service Committee

The Remuneration and Terms of Service Committee met periodically to consider and approve payments for PCT staff following the organisational transition into the North Central London management structure. The Committee's remit was extended in September 2012 to reflect the revised Cluster governance arrangements and NHS London interim operating model

An account of Corporate Governance

The Primary Care Trust's (PCT) Corporate Governance arrangements were set out in the Corporate Governance Framework Manual agreed by the Board in April 2011 and revised in September 2012. The Manual included the organisation's Standing Orders, Standing Financial Instructions, Schemes of Reservation & Delegation and Codes of Accountability & Conduct. These arrangements were drawn up in line with:

- The Primary Care Trust (Executive Committees and Standing Financial Instructions) Directions 2007, National Health Service Act 2006; and
- Department of Health PCT Cluster Implementation Guidance (31 January 2011).

The Manual was regularly reviewed and updated throughout the year to take account of changes in the governance environment:

- The creation of new legal entities and their authorisation to undertake delegated responsibilities: Clinical Commissioning Groups (CCG) and NHS England (formerly the NHS Commissioning Board); National Training Development Agency.
- States of readiness through the transition period as organisations become ready to exercise their new responsibilities.

In September 2012, the Corporate Governance Framework Manual was revised to take account of changes in NHS commissioning landscape and the introduction of London's Interim Operating Plan.

The internal auditors conducted an audit of the PCT's governance as part of the approved internal audit plan for 2012 / 2013. The objective of the review was to provide assurance that there was an appropriate management structure, robust governance arrangements and organisational form to deliver the organisation's objectives. The auditor opinion provided substantial assurance in the design, application and effectiveness of the governance arrangements and the audit report highlighted a number of areas of good practice.

Risk Management and the Control Framework

The Primary Care Trust (PCT) Board approved the NHS North Central London Cluster Risk Management Strategy in December 2011 and the PCT embedded the strategy into practice throughout 2012. The emerging Clinical Commissioning Groups (CCGs) worked within the Strategy throughout 2012 / 2013. The strategy outlines the organisation's approach to risk management, including:

- Identifying committees and groups which have responsibility for risk management;
- Roles and responsibilities of staff with regards to risk management;
- The process for identification, assessment and management of risk;
- The process for managing, and Board review of, the Risk Register and Board Assurance Framework; and
- The risk appetite of the organisation, which sets out the thresholds for toleration, management and reporting of different orders of risk.

The Risk Management Strategy reflected best practice, taking into account a range of governance standards.

Risk assessment

Risk assessment was a systematic and effective method of determining the level of risks. All identified risks were assessed using a clearly defined risk assessment matrix by determining the likelihood and consequence of the risk to calculate an overall risk rating. Risks were categorised as low, moderate, high or extreme, and their categorisation informs the organisation's approach to management and monitoring of the risk.

The risk and control framework

The Board Assurance Framework (BAF) and Risk Register assessed the effectiveness of systems of internal control and provided assurances that risk management processes were effective. Both were dynamic documents that captured the understanding of the risk environment at any given time. The BAF outlined NHS North Central London Cluster's principal objectives, the risks to achieving those objectives, key controls and assurances, and gaps in controls and assurances. The Risk Register contained a mixture of strategic and operational risks at organisational and directorate level as well as the arrangements in place to mitigate these.

Risks were identified in a variety of ways, including incidents, complaints and claims; committee reports; external assessments and audits; and management reviews. All risks were assigned a relevant Executive Director who has accountability for overseeing the management of the risk by identifying the most effective means to minimise, transfer or remove it, and ensuring the quality of action plans, controls and assurances. A Lead Officer was also assigned with management responsibility for delivering the action plan, developing robust controls and identifying sources of assurance.

The PCT had a structured approach for the reporting and monitoring of risk. The Joint Boards reviewed the BAF and Extreme Risk Report at every meeting, and risk and BAF were a standing item on all committee agendas. The Senior Leadership Team reviewed the Board Assurance Framework and Risk Register on a monthly basis. The PCT Board also took assurance from external assessments and audits, and from the work programme of the Audit Committee.

Risk profile

The 2012 / 2013 Board Assurance Framework (BAF) identified the following strategic risks within three Principal Objectives:

1. To ensure we commission services, which are safe, and of increasing quality for the people we serve.

1.1 Transition and the underlying financial position in North Central London may impact on the quality and safety of services.

1.2 Increased alerts received in relation to standards of care in nursing / care homes in particular Barnet, Enfield and Haringey and capacity issues at Borough level could lead to safety / safeguarding concerns for adult resident patients.

1.3 Due to the effect of transition on workforce capacity, recruitment & retention, organisational memory and differing stages of receiving organisations' readiness of quality arrangements - there was a risk that embedding Quality and Safety in the new health system will not be effective.

2. To deliver the NHS North Central London Commissioning Strategy and Quality, Innovation, Productivity and Prevention (QIPP) Plan.

2.1 Sustainable QIPP delivery on the scale and timescales required given the scale of financial challenge; there was a risk that we do not deliver the transformational change programme needed to bring the health economy back into balance at the required pace – due to:

- Capacity, capability and clinical leadership;
- Pace of delivery; and
- Engagement with providers.

2.2 Following the delegation of responsibility to Clinical Commissioning Groups (CCGs), and during the period of shadow running and transition to March 2013, there was a risk that the cluster loses grip on the delivery of QIPP and financial turnaround.

2.3 There was risk that the CCGs are not sufficiently developed to manage delegated responsibility and achieve authorisation due to:

- Capacity and capability of CCGs;
- Ownership of the agenda; and

Underlying financial position of the Cluster.

2.4 There was a risk of dislocation between or misalignment of different elements of the commissioning system leading to:

- Gaps in delivery;
- Differences in expectations between parts of the system (eg Commissioning Support Unit offer does not align to CCG need); and
- Ineffective commissioning partnerships.

2.5 The scale and complexity of forthcoming changes means there was a risk that functions or knowledge may not be adequately transferred to receiving organisations or that the statutory organisations are not safely closed down.

2.6 There was a risk that ineffective alignment of resources during the transition period (1 October 2012 - 31 March 2013) will impact the delivery of key Cluster objectives and reduces organisational effectiveness.

3. To deliver key organisational objectives and a secure transition* to the commissioning landscape in line with the Health and Social Care Act 2012.

3.1 Following the delegation of responsibility to CCGs and during the period of shadow running and transition to March 2013, there was a risk that the Cluster loses grip on the delivery of QIPP and financial turnaround.

3.2 There was risk that the CCGs are not sufficiently developed to manage delegated responsibility and achieve authorisation due to:

- Capacity and capability of CCGs;
- Ownership of the agenda; and
- Underlying financial position of the Cluster.

3.3 There was a risk of dislocation between or misalignment of different elements of the commissioning system leading to:

- Gaps in delivery;
- Differences in expectations between parts of the system (eg Commissioning Support Unit offer does not align to CCG need); and
- Ineffective commissioning partnerships.

3.4 The scale and complexity of forthcoming changes means there was a risk that functions or knowledge may not be adequately transferred to receiving organisations or that the statutory organisations are not safely closed down.

3.5 There was a risk that ineffective alignment of resources during the transition period (1 October 2012 - 31 March 2013) will impact the delivery of key Cluster objectives and reduces organisational effectiveness.

4. Other significant risks on the PCT's Risk Register:

4.1 Monitoring risks relating to the safeguarding of children remained a priority for the PCT Board. Particular attention was given to health visitor provision within the Borough and monitoring the impact of commissioning plans.

4.2 There was a risk of young people not accessing appropriate care during the transformation of Child and Adolescent Mental Health Services. Extensive work with providers, clinicians, service users and the Joint Health Overview and Scrutiny Committee shaped a new model of care that will be implemented in 2012.

Review of Effectiveness of Risk Management and Internal Control

The PCT Board and its committees were fully supportive of the risk management process which was scrutinised and challenged as part of the PCT Board, Financial Recovery and QIPP, and Audit Committees functions.

RMS Tenon undertook an audit of the Risk Management and Assurance Framework as part of its audit plan for 2012/13.The final advisory report was issued in October 2012

NHS North Central London Cluster continued to embed the use of their Board Assurance Framework into their routine procedures and this was evidenced by the commitment from the Joint Boards of NHS NCL, Audit Committee and Senior Leadership Team in ensuring that this Framework operated as effectively as possible. Board Assurance Framework (including Risk Management) 4.12/13 p1

The RMS Tenon identified the need to keep focus on risks would be transferred to during transition. As a consequence a revised BAF and Risk Register was received and accepted by the Board in September 2012 which had been reviewed in order to focus and refine the content so that it accurately reflected the main strategic risks for the remainder of the financial year.

Significant Issues in 2012 / 2013

Over the year the PCT Board and its committees considered issues that might have had a prejudicial impact on the corporate objectives, the business plan or the reputation of the NHS locally.

Continuing Care Reviews

The Joint Boards of NHS North Central London Cluster requested a review of continuing care across all PCTs areas in 2012 / 2013. In-year review of action showed a considerable improvement in the level of compliance and paperwork around continuing care commissioning but identified a number of issues in borough teams' performance in 2012 / 2013. This resulted in an amber / red opinion being issued. An action plan was put in place to support the improvement across all areas and has been closely monitored by the Financial Recovery and QIPP Committee. Continuing care services are complex and high volume. Issues were identified in accounts payable and these highlighted to the management team particular issues in relation to the control and management of continuing care and funded nursing care. The requirement to manage these services properly was a clinical priority to ensure quality of services, as well as a financial imperative. As a result, Internal Audit was asked to prioritise the audit of continuing care arrangements. A number of weaknesses in control were identified including:

- Quality of care – backlogs in assessment;
- The budget setting process;
- Implementation of service level agreements and contracts for care packages; and
- The adequacy of management information tools to manage and control this complex service.

The management team, including the Director of Quality and Safety, agreed a detailed action plan to close the identified gaps in control and was progressing the implementation of internal audit recommendations.

Primary Care Payments

An internal review of the accuracy and authorisation of primary care payments was undertaken in 2012 / 2013.

It found that Enfield, Haringey and Islington Primary Care Trusts (PCTs) still used manual systems to manage the process. During 2012 this has been rectified and all PCTs now operate the same electronic system.

An action plan was put in place to address a further five medium rated recommendations. The Joint PCT Boards could take some assurance at this point that the controls upon which the organisations relied to manage risk were suitably designed, consistently applied and effective.

Transition to New Commissioning Arrangements in the NHS

The Joint Boards agreed the NHS North Central London Cluster Transition Plan in December 2011. Detailed function led work streams supported this high-level plan in 2012.

A sub-committee of the Joint Boards was established in December 2012 building on the working group that had led the implementation of the action plan and monitored the delivery in line with national policy and guidance.

The organisation agreed and handed over functions in January 2013 to nominated legal receivers: NHS England, Clinical Commissioning Groups, Local Authorities, NHS Property Services and Public Health England.

General assets and liabilities were also transferred after dialogue with nominated receivers.

Property and leases transferred to NHS Property Services in most cases, some buildings were transferred to Foundation Trusts when identified as most the appropriate receiver.

A Statutory Instrument was approved by Parliament giving NHS England (formerly the NHS Commissioning Board) and Clinical Commissioning Groups powers to enter into contracts from 1 February 2013.

NHS England entered full operating mode on 7 January 2013 following transfer of functions from PCTs.

National Priorities set out in the NHS Operating Framework Improving Performance in Haringey – 2012 / 2013

Acute Measures

Waiting times in A&E

A&E performance for Haringey PCT patients focused on North Middlesex and The Whittington. Although for several months of the year the 95% A&E waiting time standard was achieved at both Trusts, performance was a challenge for North Middlesex and The Whittington with autumn and winter of 2012 / 2013 proving more challenging than the previous year. The allocation of winter funding to both Trusts aimed to support whole-system resilience plans.

Referral-to treatment times

At a PCT level Haringey's performance against all referral to treatment standards remained strong throughout the year, consistently achieving the admitted, non-admitted and incomplete pathways standards. At a provider level North Middlesex and The Whittington achieved all three standards throughout 2012 / 2013 to date.

Cancer waiting times

At a PCT level Haringey sustained achievement of the majority of the cancer waiting time targets during 2012 / 2013. North Central London continued intensive monitoring and analysis of Trusts who failed these standards to ensure plans remained focused on turnaround and sustainability of performance.

Access to Stroke Services

There was excellent performance against the national measures for stroke services with Haringey PCT exceeding the 80% threshold for time on a stroke unit and also achieved the 60% standard for TIA (Transient Ischaemic Attack) access within 24 hours. Higher activity volumes and sustained performance showed that more people were accessing the right service within Haringey for stroke.

Access to Diagnostics

Haringey PCT consistently maintained performance within the tolerance level of less than 1% of patients waiting longer than six weeks for a diagnostic test with December 2012 performance reported at 0.5%.

Access to Single Sex Accommodation

Patient privacy and dignity remain high on the NHS agenda with a zero tolerance against mixed sex accommodation. The execution of plans to deliver this target was challenging for providers as set within a context of quality and efficiency drives that reduced their overall bed numbers.

There were 13 breaches in total for Haringey patients in 2012 / 2013 of which three were reported in December 2012 for Haringey patients, two of which were at the Royal Free and one occurred out of cluster at Barts Health. Analysis showed that timescales for stepping down patients from critical care beds and increased admissions during the winter months were the main factors influencing performance.

Non-acute Performance Update

Access to screening services

Diabetic Retinopathy

All boroughs within NCL continued to excel against the target of 95% for diabetic retinopathy screening and this will be further enhanced by the recent commissioning of the UCLH site and new referral pathways that are scheduled for implementation from 1 April 2013.

Cancer Screening

The coverage of cervical screening in Haringey PCT increased slightly over the past three quarters and was 6% below the national standard of 80%. Work continued to raise awareness and identify exclusions to ensure that performance was accurately reported. The turnaround time of cervical screening results continued to be good with Haringey achieving the 98% threshold since May 2012.

Despite not yet achieving the national standard of 60% Haringey PCT has demonstrated a steady improvement in bowel cancer screening uptake rates with performance standing at 46.8%. Improvements were been made in the number of women invited for breast screening with Haringey PCT improving coverage.

NHS Health Checks

Increased offering and take-up of NHS health checks supported the reduction in health inequalities by identifying and addressing health needs in previously undiagnosed people.

Haringey PCT exceeded its year to date plan for health checks offered and uptake with 12,500 health checks offered in 2012 / 2013 and 5,100 checks delivered so far in 2012 / 2013.

Early Access to Maternity Care

Improving healthier outcomes for babies and children was one of the priorities for NHS North Central London and closely aligned to women accessing maternity care before 12 completed weeks of pregnancy. This was a challenging target to get close to with the borough of Haringey being the most affected. North Middlesex, The Whittington and Royal Free Hospitals have the most hard to reach communities. Through collaborative ventures amongst commissioners and providers, plans are in place implementing initiatives to turn around cultural awareness and simplify access to services. Quarter one performance for Haringey PCT was much improved at 72.85% against the target of 90% with an upturn in the number of bookings being competed early for the Trusts mentioned above.

Childhood Immunisations Coverage

2012 / 2013 saw Haringey PCT sustain over 90% coverage on vaccine at 1 year with further improvements seen throughout 2012 / 2013 on vaccines at ages two and five years. The borough's high coverage rates were the result of the borough's rigorous failsafe systems which ensured that the parents of all children that had not been immunised were contacted and that any children who had moved out of the area were removed from GP practice lists in a timely manner.

Financial Recovery

There was a clear difference in the financial health between the north (Barnet, Enfield and Haringey) and south (Camden and Islington) of the North Central London Cluster over recent years. The financial strategy was focussed on transformational change across the whole £2.5 billion portfolio with programmes to rebalance the health economy in the patch, without destabilising hospitals. The financial plan for 2012/13 was the second in an original three year programme to return all five PCTs to financial stability on a recurrent basis. By exception the Department of Health agreed deficit plans for Barnet, Enfield and Haringey PCTs at the start of the year. In year revised plans were agreed resulting in all five PCTs delivering a surplus income and expenditure position. Camden and Islington PCTs have a history of financial stability, underpinned by well

funded, sound community and primary care provision, and planned to deliver a healthy surplus.

During 2012/13 there was a continuation of the previous years' programme of financial recovery and turnaround including identification, development and delivery of QIPP plans in year and looking forward to the future clinical commissioning groups. All five PCTs over-delivered against agreed budgets. Camden PCT and Islington PCT exit in recurrent run rate surplus and Barnet PCT, Enfield PCT and Haringey PCT improved their respective run rate positions. Delivery of this programme was fundamental to ensuring the financial resilience of the future commissioning organisations.

Review of Quality and Safety

As a result of a review of quality and safety in 2011 which found that services were of a generally high quality and safe; improvement trajectories were agreed in 2012 with providers. Implementation and performance was monitored through the Clinical Quality Review Groups. These recommendations have been worked on throughout 2012 and now:

- Organisational Intelligence Tool quality and safety dashboard embedded for key indicators for all providers. The report was a standing agenda item for the Quality & Safety Committee and the CCG quality committees;
- Multi-agency Working Group established to continue to improve quality of nursing home service and patient experience in the northern boroughs of NHS North Central London; and
- There were no significant areas of slippage at the time of this annual report.

Data loss incidents

There were data loss incidents between April and December 2012.

Barnet, Enfield and Haringey Clinical Strategy

The implementation plans for delivering the Barnet, Enfield and Haringey Clinical Strategy were progressed according to the timetable to deliver the changes in November 2013. Key milestones were met including the approval of both Barnet and Chase Farm Hospitals NHS Trust and North Middlesex University Hospitals Trust full business cases for the capital investment to improve the buildings. Significant work took place within both Trusts and across the Trusts in the key work streams of Emergency Care, Maternity, Paediatrics and Planned Care alongside primary and community care improvements and the refresh of the models of urgent care at all three hospital sites. The enabling work streams of workforce, transport and communications and engagement continued to deliver their programme plans. The governance arrangements were strengthened and reviewed. The programme was on track to deliver in November 2013.

Primary Care Strategy – Transforming Primary Care

2012 / 2013 was the first year of implementing the three-year strategy 'Transforming Primary Care'. There was progress in all the work streams including the development of networks, service improvements focusing on improving access, the delivery of care closer to home including the development of integrated care. The enabling work streams of Information Management & Technology and premises made significant progress this year. The one area of workforce development proved challenging in the first year. There was a plan to spend a full year budget of £12m in Year 1, of the £47.7m identified over three years. The majority of the budget was spent but there was an element of under spend due to time to engage fully at a local level, delay in approvals processes across the system and delay in time to implement some of the schemes in the year of CCG authorisation.

Plans for the remaining two years of the implementation of the strategy were that the five Clinical Commissioning Groups would lead the implementation locally and ensure that all developments were in line with local strategies whilst being committed to the overall ambition of the initial strategy adopted by NHS North Central London in January 2012

Clinical Commissioning Groups (CCGs)

- All five emerging CCGs in North Central London successfully secured delegated responsibility for all eligible budgets within agreed timeframes
- All five emerging CCGs in North Central London have submitted authorisation documentation within agreed national timeframes
- Positive external assurance was received from NHS London on the progress of emerging CCGs' authorisation
- Emerging CCGs' Integrated Performance management approach in place – CCGs demonstrating leadership and financial management through monthly Integrated Performance Meetings
- Positive assurance received through internal audit of emerging CCGs development activity, management and support given by NHS North Central London PCTs.

Hosted Organisations

The PCT was host to the TB network. The network was integrated into the management structure of the Cluster and follows the governance and assurance processes of the host. In the reporting year, all employees of the network were consulted prior to transferring to Islington PCT as host employer.

Organisation:	Haringey Teaching Primary Care Trust
Peter Coates:	Director of PICD, Strategy, Finance and NHS, Department of Health

Signature: .....

Date: 5th June 2013

INDEPENDENT AUDITOR'S REPORT TO THE DEPARTMENT OF HEALTH'S ACCOUNTING OFFICER IN RESPECT OF HARINGEY TEACHING PCT

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

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

- the table of salaries and allowances of senior managers and related narrative notes on pages 49;
- the table of pension benefits of senior managers and related narrative notes on page 52; and
- the pay multiples narrative notes on page 54.

This report is made solely to the Department of Health's accounting officer in respect of Haringey Teaching PCT in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2010. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Department of Health's accounting officer and the Trust as a body, for our audit work, for this report, or for opinions we have formed.

Respective responsibilities of the signing officer and auditor

As explained more fully in the Accounts Certificate of Assurance to the Department of Health Director General, Strategy, Finance and NHS, the signing officer is responsible for overseeing the preparation of the financial statements and for being satisfied that they give a true and fair view. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

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

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

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

Opinion on regularity

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

Opinion on financial statements

In our opinion the financial statements:

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

Opinion on other matters

In our opinion:

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

Matters on which we report by exception

We report to you if:

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

We have nothing to report in these respects.

Other matters on which we are required to conclude

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

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

· our review of the annual governance statement;

· the work of other relevant regulatory bodies or inspectorates, to the extent the results of the work have an impact on our responsibilities; and

· our locally determined risk-based work on the value for money criteria specified by the Audit Commission.

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

Certificate

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

Paul Dossett

Paul Dossett
Senior Statutory Auditor, for and on behalf of Grant Thornton UK LLP

Grant Thornton House
Melton Street
Euston Square
London
NW1 2EP

5th June 2013

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	**4,027**	9,099
Other costs	5.1	**509,471**	492,299
Income	4	**(17,537)**	(11,168)
Net operating costs before interest		**495,961**	490,230
Investment income	9	**(40)**	0
Finance costs	10	**1,217**	823
Net operating costs for the financial year		**497,138**	491,053
Of which:			
Administration Costs			
Gross employee benefits	7.1	**3,271**	7,620
Other costs	5.1	**13,452**	12,671
Income	4	**(3,343)**	(7,083)
Net administration costs before interest		**13,380**	**13,208**
Investment income	9	**(40)**	0
Finance costs	10	**1,144**	823
Net administration costs for the financial year		**14,484**	**14,031**
Programme Expenditure			
Gross employee benefits	7.1	**756**	1,479
Other costs	5.1	**496,019**	479,628
Income	4	**(14,194)**	(4,085)
Net programme expenditure before interest		**482,581**	**477,022**
Finance costs	10	**73**	0
Net programme expenditure for the financial year		**482,654**	**477,022**

Other Comprehensive Net Expenditure	2012-13 £000	2011-12 £000
Impairments and reversals put to the Revaluation Reserve	**1,140**	1,781
Net (gain) on revaluation of property, plant & equipment	**(2,507)**	(1,166)
Total comprehensive net expenditure for the year*	**495,771**	**491,668**

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

The notes on pages 5 to 33 form part of these accounts.

Statement of Financial Position at 31 March 2013

	NOTE	31 March 2013 £000	31 March 2012 £000
Non-current assets:			
Property, plant and equipment	11	**40,743**	43,490
Intangible assets	12.1	**0**	213
Other financial assets	16.1	**328**	286
Total non-current assets		**41,071**	43,989
Current assets:			
Trade and other receivables	15.1	**5,705**	7,528
Cash and cash equivalents	17	**71**	58
Total current assets		**5,776**	7,586
Total assets		**46,847**	51,575
Current liabilities			
Trade and other payables	18	**(36,470)**	(37,988)
Provisions	21	**(709)**	(624)
Borrowings	19	**(299)**	(443)
Total current liabilities		**(37,478)**	(39,055)
Non-current assets plus/less net current assets/liabilities		**9,369**	12,520
Non-current liabilities			
Provisions	21	(3,269)	(2,913)
Borrowings	19	(13,123)	(13,388)
Total non-current liabilities		**(16,392)**	(16,301)
Total Assets Employed:		**(7,023)**	(3,781)
Financed by taxpayers' equity:			
General fund		(16,737)	(12,287)
Revaluation reserve		9,714	8,506
Total taxpayers' equity:		**(7,023)**	(3,781)

The notes on pages 5 to 33 form part of these accounts.

The financial statements on pages 1 to 33 were approved by the signing officer on 5 June 2013.

Peter Coates ..... Date: 05/06/13

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

	General fund	Revaluation reserve	Total reserves
	£000	£000	£000
Balance at 1 April 2012	**(12,287)**	**8,506**	**(3,781)**
Changes in taxpayers' equity for 2012-13			
Net operating cost for the year	(497,138)	0	**(497,138)**
Net gain on revaluation of property, plant, equipment	0	2,507	**2,507**
Impairments and reversals	0	(1,140)	**(1,140)**
Transfers between reserves*	159	(159)	**0**
Total recognised income and expense for 2012-13	**(496,979)**	**1,208**	**(495,771)**
Net Parliamentary funding	492,529		**492,529**
Balance at 31 March 2013	**(16,737)**	**9,714**	**(7,023)**
Balance at 1 April 2011	**(27,258)**	**9,121**	**(18,137)**
Changes in taxpayers' equity for 2011-12			
Net operating cost for the year	(491,053)	0	(491,053)
Net Gain / (loss) on Revaluation of Property, Plant and Equipment	0	1,166	1,166
Impairments and Reversals	0	(1,781)	(1,781)
Total recognised income and expense for 2011-12	(491,053)	(615)	(491,668)
Net Parliamentary funding	506,024	0	506,024
Balance at 31 March 2012	**(12,287)**	**8,506**	**(3,781)**

* The transfer between reserves relates to the realised depreciation impact upon the revaluation reserve.

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	(495,961)	(490,230)
Depreciation and Amortisation	3,611	2,337
Impairments and Reversals	2,296	741
Interest Paid	(1,144)	(759)
(Increase)/Decrease in Inventories	0	8
(Increase)/Decrease in Trade and Other Receivables	1,809	(1,524)
Increase/(Decrease) in Trade and Other Payables	(2,986)	(13,436)
Provisions Utilised	(4,385)	(1,972)
Increase/(Decrease) in Provisions	4,753	73
Net Cash Inflow/(Outflow) from Operating Activities	(492,007)	(504,762)
Cash flows from investing activities		
Interest Received	12	28
(Payments) for Property, Plant and Equipment	(112)	(913)
Net Cash Inflow/(Outflow) from Investing Activities	(100)	(885)
Net cash inflow/(outflow) before financing	(492,107)	(505,647)
Cash flows from financing activities		
Capital Element of Payments in Respect of Finance Leases and On-SoFP PFI and LIFT	(409)	(394)
Net Parliamentary Funding	492,529	506,024
Net Cash Inflow/(Outflow) from Financing Activities	492,120	505,630
Net increase/(decrease) in cash and cash equivalents	13	(17)
Cash and Cash Equivalents at Beginning of the Period	58	75
Cash and Cash Equivalents at year end	71	58

1. Accounting policies (continued)

Key sources of estimation uncertainty

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

- Land and buildings are restated at current cost using professional DV valuations. The PCT obtained an up to date revaluation at 31st March 2013 from the District Valuer. This valuation was completed on a Modern Equivalent Asset basis which is in accordance with the recent RICS guidance. The PCT has taken the option to use annual full DV valuations of its assets rather than applying any indices to index its assets and has accounted for movements mainly through its asset reserves. Assets brought into use for the first time have also been revalued with other assets and where there is an impairment any excesses over reserves are charged to the Operating Cost Statement.

- All assets are depreciated over their useful economic lives (UEL) in accordance with the PCT's depreciation policy. For equipment assets the PCT has made an assumption of the average asset life for each category of assets (see Note 12.3 on page 24). For land and building assets the UEL is determined by the District Valuer when a formal revaluation is undertaken. The PCT has reviewed the useful economic lives of IT assets and estimated that all IT assets should be depreciated over 3 years.

Although the PCT believes that its estimates of the relevant expected useful lives, its assumptions concerning the environment and developments in the industry in which the PCT operates and its estimations of the discounted future cashflows are appropriate, changes in assumptions or circumstances could require changes in the analysis. This could lead to additional impairment charges in the future or to valuation write-backs should the trends expected by the PCT reverse.

- The central costs of the north Central Cluster have been equally apportioned across all the 5 PCTs that comprise the cluster.
- The PCT has estimated a provision in respect of retrospective continuing care claims which are likely to arise, relating to episodes of care during the period 1st April 2004 to 31st March 2013.

1.2 Revenue and Funding

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

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

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

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

1.3 Pooled budgets

The PCT has entered into a pooled budget with London Borough of Haringey.Under the arrangement funds are pooled under S75 of the NHS Act 2006 for 'Mental health' activities and a memorandum note to the accounts provides details of the joint income and expenditure.

The pool is hosted by London Borough of Haringey. As a commissioner of healthcare services, the PCT makes contributions to the pool, which are then used to purchase healthcare services. The PCT accounts for its share of the assets, liabilities, income and expenditure of the pool as determined by the pooled budget agreement.

Delayed Discharges of Care is hosted by Haringey PCT. Haringey PCT also hosts the Drug Action team for Haringey incurring expenditure of the National treatment Agency.

1.4 Taxation

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

1.5 Administration and Programme Costs

Treasury has set performance targets in respect of non-frontline expenditure (administration expenditure).
From 2011-12, PCTs therefore analyse and report revenue income and expenditure by "admin and programme"
For PCTs, the Department has defined "admin and programme" in terms of running costs.
The broad definition of running costs includes any cost incurred that is not a direct payment for the provision of healthcare or healthcare related services.
Expense incurred under NHS transition redundancy programmes is however classed as "programme" under Treasury budgetary control arrrangements and so is recorded as such in the financial statements.

1.6 Capital Charges

The Department of Health no longer applies a cost of capital charge of 3.5% of the net average assets less liabilities (excluding donated assets and cash balances with the Government Banking Services), so this item of expenditure does not appear in the 2012/13 expenditure analysis. The Department continues however to apply the cost of capital charge to the PCT's resource allocation and this is reflected in the revenue resource limit shown in the accounts.

1.7 Property, Plant & Equipment

Recognition

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

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

Valuation

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

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

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

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.

1. Accounting policies (continued)

1.13 Losses and Special Payments

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

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

1.14 Clinical Negligence Costs

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

The NHSLA operates a risk pooling scheme under which the PCT pays an annual contribution to the NHSLA which in return settles all clinical negligence claims. The contribution is charged to expenditure in the year that it is due. The total value of clinical negligence provisions carried by the NHSLA on behalf of the PCT is disclosed at Note 21.

1.15 Employee benefits

Short-term employee benefits

As with previous years' accounts the cost of leave earned but not taken by employees at the end of the period is not recognised in the financial statements to the extent that it is not material as employees are only exceptionally permitted to carry forward leave into the following period. In 2012/13 the policy to allow carry forward was reviewed and payment in lieu was made instead. The overall impact was not material.

Retirement benefit costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

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

1.16 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.

1.17 Grant making

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

1. Accounting policies (continued)

1.18 Contingencies

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

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

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

1.19 Leases

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

The PCT as lessee

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

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

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

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

The PCT as lessor

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

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

1.20 Provisions

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

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

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

A restructuring provision is recognised when the PCT has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures 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. Accounting policies (continued)

1.21 Financial Instruments

Financial assets

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

Financial assets are initially recognised at fair value.

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

Financial assets at fair value through profit and loss

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

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.

The PCT's investment in LIFT is disclosed at note 20, at the total of the current carrying value of the loan and share capital, as this is considered an appropriate basis for fair value of the asset.

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.

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

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

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

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

1. Accounting policies (continued)

Financial liabilities

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

Financial liabilities are initially recognised at fair value.

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

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 Private Finance Initiative (PFI) and NHS LIFT transactions

HM Treasury has determined that government bodies shall account for infrastructure PFI schemes (including NHS LIFT) where the government body controls the use of the infrastructure and the residual interest in the infrastructure at the end of the arrangement as service concession arrangements, following the principles of the requirements of IFRIC 12. The PCT therefore recognises the PFI asset as an item of property, plant and equipment together with a liability to pay for it. The services received under the contract are recorded as operating expenses.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:
a) Payment for the fair value of services received;
b) Payment for the PFI asset, including finance costs; and
c) Payment for the replacement of components of the asset during the contract 'lifecycle replacement'.

a) Services received

The fair value of services received in the year is recorded under the relevant expenditure headings within 'operating expenses'.

b) PFI and LIFT assets, liabilities, and finance costs

The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value in accordance with the principles of IAS 17. Subsequently, the assets are measured at fair value, which is kept up to date in accordance with the PCT's approach for each relevant class of asset in accordance with the principles of IAS 16.

LIFT assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at the present value of the minimum lease payments in accordance with the principles of IAS 17. Subsequently, the assets are measured at fair value, which is kept up to date in accordance with the PCT's approach for each relevant class of asset in accordance with the principles of IAS 16."

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the fair value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

A LIFT liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the present value of the minimum lease paymentsand is subsequently measured as a finance lease liability in accordance with IAS 17.

1. Accounting policies (continued)

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the Statement of Comprehensive Net Expenditure.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the Statement of Comprehensive Net Expenditure.

c) Lifecycle replacement

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the PCT's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

Assets contributed by the PCT to the operator for use in the scheme

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the PCT's Statement of Comprehensive Net Expenditure.

Other assets contributed by the PCT to the operator

Assets contributed (e.g. cash payments, surplus property) by the PCT to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the PCT, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

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

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

IAS 27 - Separate Financial Statements - subject to consultation
IAS 28 - Investments in Associates and Joint Ventures - subject to consultation
IFRS 9 - Financial Instruments - subject to consultation
IFRS 10 - Consolidated Financial Statements - subject to consultation
IFRS 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

The PCT has no separate Operating Segments to report in 2012/13 and there were no Operating Segments reported in 2011/12.

3. Financial Performance Targets

3.1 Revenue Resource Limit

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

	2012-13 £000	2011-12 £000
Total Net Operating Cost for the Financial Year		491,053
Net operating cost plus (gain)/loss on transfers by absorption	**497,138**	
Adjusted for prior period adjustments in respect of errors	**0**	0
Revenue Resource Limit	**499,851**	473,614
Under/(Over)spend Against Revenue Resource Limit (RRL)	2,713	(17,439)

The underspend in 2012/13 (and overspend in 2011/12) against Revenue Resource limit was planned and agreed with the Department of Health and the NHS London Stategic Health Authority.

3.2 Capital Resource Limit

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

	2012-13 £000	2011-12 £000
Capital Resource Limit	**1,639**	800
Charge to Capital Resource Limit	**1,580**	174
(Over)/Underspend Against CRL	**59**	**626**

The PCT kept within its Capital Resource Limit.

3.3 Under/(Over)spend against cash limit

	2012-13 £000	2011-12 £000
Total Charge to Cash Limit	**492,529**	506,024
Cash Limit	**492,529**	506,024
Under/(Over)spend Against Cash Limit	**0**	**0**

The PCT kept within its Cash Limit.

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

	2012-13 £000
Total cash received from DH (Gross)	443,557
Sub total: net advances	**443,557**
Plus: cost of Dentistry Schemes (central charge to cash limits)	14,845
Plus: drugs reimbursement (central charge to cash limits)	34,127
Parliamentary funding credited to General Fund	**492,529**

4. Miscellaneous Revenue

	2012-13 Total £000	2012-13 Admin £000	2012-13 Programme £000	2011-12 Total £000
Dental Charge income from Contractor-Led GDS & PDS	**2,022**	0	2,022	1,659
Prescription Charge income	**1,770**	0	1,770	1,611
Strategic Health Authorities	**176**	0	176	31
NHS Trusts	**3,419**	3,343	76	2,565
NHS Foundation Trusts	**229**	0	229	(175)
Primary Care Trusts - Other	**6,678**	0	6,678	3,304
Local Authorities	**69**	0	69	231
Education, Training and Research	**1,506**	0	1,506	1,229
Other Non-NHS Patient Care Services	**0**	0	0	84
Rental revenue from finance leases	**280**	0	280	0
Rental revenue from operating leases	**594**	0	594	0
Other revenue	**794**	0	794	629
Total miscellaneous revenue	**17,537**	**3,343**	**14,194**	**11,168**

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	**43,058**	0	43,058	38,269
Non-Healthcare	**10,116**	8,189	1,927	(16)
Total	**53,174**	**8,189**	**44,985**	**38,253**
Goods and Services from Other NHS Bodies other than FTs				
Goods and services from NHS Trusts	**228,251**	0	228,251	261,130
Goods and services (other, excl Trusts, FT and PCT)	**1,210**	0	1,210	1,355
Total	**229,461**	**0**	**229,461**	**262,485**
Goods and Services from Foundation Trusts *	**79,846**	135	79,711	49,639
Purchase of Healthcare from Non-NHS bodies	**32,840**	0	32,840	28,691
Social Care from Independent Providers	**2,909**	0	2,909	4,710
Expenditure on Drugs Action Teams	**0**	0	0	4,104
Non-GMS Services from GPs	**405**	0	405	0
Contractor Led GDS & PDS (excluding employee benefits)	**17,088**	0	17,088	16,839
Chair, Non-executive Directors & PEC remuneration	**110**	110	0	43
Executive committee members costs	**516**	516	0	32
Consultancy Services	**169**	169	0	15
Prescribing Costs	**29,584**	0	29,584	29,962
G/PMS, APMS and PCTMS (excluding employee benefits)	**37,257**	0	37,257	36,591
Pharmaceutical Services	**132**	0	132	303
New Pharmacy Contract	**8,646**	0	8,646	7,236
General Ophthalmic Services	**2,328**	0	2,328	2,562
Supplies and Services - Clinical	**273**	60	213	172
Supplies and Services - General	**543**	243	300	308
Establishment	**154**	154	0	1,495
Transport	**0**	0	0	4
Premises	**2,369**	77	2,292	1,113
Impairments & Reversals of Property, plant and equipment	**2,296**	0	2,296	754
Impairments and Reversals of non-current assets held for sale	**0**	0	0	(13)
Depreciation	**3,398**	3,398	0	2,233
Amortisation	**213**	213	0	104
Impairment of Receivables	**982**	0	982	609
Audit Fees	**97**	97	0	192
Other Auditors Remuneration	**0**	0	0	35
Clinical Negligence Costs	**7**	0	7	0
Education and Training	**1,541**	0	1,541	1,226
Other **	**3,133**	91	3,042	2,602
Total Operating costs charged to Statement of Comprehensive Net Expenditure	**509,471**	**13,452**	**496,019**	**492,299**
Employee Benefits (excluding capitalised costs)				
PCT Officer Board Members	**223**	223	0	198
Other Employee Benefits	**3,804**	3,048	756	8,901
Total Employee Benefits charged to SOCNE (See note 7.1)	**4,027**	**3,271**	**756**	**9,099**
Total Operating Costs	**513,498**	**16,723**	**496,775**	**501,398**

* The increase in spend on goods and services from Foundation Trusts is due to an increased number of Trusts becoming Foundation Trusts. This is confirmed by a like reduction in goods and services from NHS Trusts.

** Increase in "Other" as it includes costs to settle early retirement and back to back provisions with the NHS Pensions Agency and NHS Trusts.

	Total	Commissioning Services	Public Health
PCT Running Costs 2012-13			
Running costs (£000s)	**14,852**	13,725	1,127
Weighted population (number in units)*	**275,792**	275,792	275,792
Running costs per head of population (£ per head)	**53.9**	**49.8**	**4.1**
PCT Running Costs 2011-12			
Running costs (£000s)	**14,772**	12,385	2,387
Weighted population (number in units)	**275,792**	275,792	275,792
Running costs per head of population (£ per head)	**53.6**	**44.9**	**8.7**

* Weighted population figures are not available for 2012-13 as the weighted capitation formula for PCT allocations was not updated for 2012-13. This was because it was decided to give all PCTs the same percentage growth in their allocations in this transitional year rather than differential growth based on a weighted capitation formula. Therefore 2011-12 weighted populations have been used when calculating the running costs per head of population in 2012-13.

5.2 Analysis of operating expenditure by expenditure classification

	2012-13 £000	2011-12 £000
Purchase of Primary Health Care		
GMS / PMS/ APMS / PCTMS	37,250	36,591
Prescribing costs	29,584	29,962
Contractor led GDS & PDS	17,088	16,839
General Ophthalmic Services	2,328	2,562
Pharmaceutical services	132	303
New Pharmacy Contract	8,646	7,236
Non-GMS Services from GPs	405	0
Total Primary Healthcare purchased	**95,433**	93,493
Purchase of Secondary Healthcare		
Learning Difficulties	9,630	10,401
Mental Illness	48,292	40,134
Maternity	16,357	18,571
General and Acute	237,536	240,969
Accident and emergency	12,589	13,038
Community Health Services	53,929	54,339
Other Contractual	2,287	7,916
Total Secondary Healthcare Purchased	**380,620**	385,368
Total Healthcare Purchased by PCT	**476,053**	**478,861**
Included above:		
Social Care from Independent Providers	2,909	4,710
Healthcare from NHS FTs included above	79,846	49,639

6. Operating Leases

6.1 PCT as lessee

	Land £000	Buildings £000	Other £000	2012-13 Total £000	2011-12 £000
Payments recognised as an expense					
Minimum lease payments				**414**	313
Total				**414**	**313**
Payable:					
No later than one year	**0**	**356**	**0**	**356**	313
Between one and five years	**0**	**1,270**	**0**	**1,270**	1,250
After five years	**0**	**3,715**	**0**	**3,715**	4,020
Total	**0**	**5,341**	**0**	**5,341**	**5,583**
Total future sublease payments expected to be received				0	0

5.2 Analysis of operating expenditure by expenditure classification

	2012-13	2011-12
	£000	£000
Purchase of Primary Health Care		
GMS / PMS/ APMS / PCTMS	37,250	36,591
Prescribing costs	29,584	29,962
Contractor led GDS & PDS	17,088	16,839
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Included above:		
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6. Operating Leases

6.1 PCT as lessee

	Land	Buildings	Other	2012-13 Total	2011-12
	£000	£000	£000	£000	£000
Payments recognised as an expense					
Minimum lease payments				**414**	313
Total				**414**	**313**
Payable:					
No later than one year	**0**	**356**	**0**	**356**	313
Between one and five years	**0**	**1,270**	**0**	**1,270**	1,250
After five years	**0**	**3,715**	**0**	**3,715**	4,020
Total	**0**	**5,341**	**0**	**5,341**	**5,583**
Total future sublease payments expected to be received				0	0

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	Prog £000
Employee Benefits - Gross Expenditure									
Salaries and wages	3,282	2,645	637	2,634	1,997	637	648	648	0
Social security costs	313	262	51	313	262	51	0	0	0
Employer Contributions to NHS BSA - Pensions Division	420	352	68	420	352	68	0	0	0
Termination benefits	12	12	0	12	12	0	0	0	0
Total employee benefits	4,027	3,271	756	3,379	2,623	756	648	648	0
Less recoveries in respect of employee benefits	0	0	0	0	0	0	0	0	0
Total - Net Employee Benefits including capitalised costs	4,027	3,271	756	3,379	2,623	756	648	648	0
Employee costs capitalised	0	0	0	0	0	0	0	0	0
Gross Employee Benefits excluding capitalised costs	4,027	3,271	756	3,379	2,623	756	648	648	0
Recognised as:									
Commissioning employee benefits	4,027			3,379			648		
Provider employee benefits	0			0			0		
Gross Employee Benefits excluding capitalised costs	4,027			3,379			648		

Islington PCT became the host payroll provider for NHS North Central London Sector in 2012/13 and host for staff providing services across NHS North Central London Sector. Staff working solely for each of the PCTs remained on their respective payrolls and are included within the employee benefits note above. Therefore, employee benefits increased considerably in 2012/13 within Islington PCT and decreased in the other Sector PCTs, Barnet PCT, Enfield PCT, Haringey PCT and Camden PCT. Islington PCT recharged Haringey PCT and the other Sector PCTs their share of the pay costs on an equal apportionment which is shown within Note 5.1, Goods and services from other PCTs - Non Healthcare.

Employee Benefits - Prior- year

	Total £000	Permanently employed £000	Other £000
Employee Benefits Gross Expenditure 2011-12			
Salaries and wages	8,161	7,672	489
Social security costs	412	412	0
Employer Contributions to NHS BSA - Pensions Division	526	526	0
Total gross employee benefits	9,099	8,610	489
Less recoveries in respect of employee benefits	0	0	0
Total - Net Employee Benefits including capitalised costs	9,099	8,610	489
Employee costs capitalised	0	0	0
Gross Employee Benefits excluding capitalised costs	9,099	8,610	489
Recognised as:			
Commissioning employee benefits	9,099		
Gross Employee Benefits excluding capitalised costs	9,099		

7.2 Staff Numbers

	Total Number	2012-13 Permanently employed Number	Other Number	Total Number	2011-12 Permanently employed Number	Other Number
Average Staff Numbers						
Medical and dental	2	2	0	4	3	1
Ambulance staff	0	0	0	0	0	0
Administration and estates	72	58	14	138	122	15
Healthcare assistants and other support staff	0	0	0	2	2	0
Nursing, midwifery and health visiting staff	7	7	0	12	12	0
Scientific, therapeutic and technical staff	3	3	0	4	4	0
TOTAL	84	70	14	160	143	16
Of the above - staff engaged on capital projects	0	0	0	0	0	0

7.3 Staff Sickness absence and ill health retirements

The rate of sickness for NHS North Central London was 2.8%.(2011/12: 2.73%) This is under the average rate for NHS England as a whole 3.9% (2011/12: 3.97%)*.

* Data taken from NHS Information Centre for sickness absence rates for the NHS in England for the calandar year January to December 2012 (2011/12: July to September 2011).

	2012-13 Number	2011-12 Number
Number of persons retired early on ill health grounds	1	1
	£000s	£000s
Total additional pensions liabilities accrued in the year	**0**	72

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 of other departures agreed**	**Total number of exit packages by cost band**	**Number of compulsory redundancies**	**Number of other departures agreed**	**Total number of exit packages by cost band**
	Number	**Number**	**Number**	**Number**	**Number**	**Number**
Lees than £10,000	**0**	**0**	**0**	2	0	**2**
£10,001-£25,000	**1**	**0**	**1**	5	0	**5**
£25,001-£50,000	**0**	**0**	**0**	4	0	**4**
£50,001-£100,000	**0**	**0**	**0**	5	0	**5**
Total number of exit packages by type (total cost)	**1**	**0**	**1**	**16**	**0**	**16**
	£000s	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**
Total resource cost	13	0	**13**	519	0	**519**

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

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

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.

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	**8,652**	**32,980**	11,357	43,917
Total Non-NHS Trade Invoices Paid Within Target	**4,758**	**24,155**	7,493	30,117
Percentage of NHS Trade Invoices Paid Within Target	54.99%	73.24%	65.98%	68.58%
NHS Payables				
Total NHS Trade Invoices Paid in the Year	**3,769**	**367,734**	3,037	348,419
Total NHS Trade Invoices Paid Within Target	**1,661**	**351,993**	1,329	325,281
Percentage of NHS Trade Invoices Paid Within Target	44.07%	95.72%	43.76%	93.36%

The Better Payment Practice Code requires the PCT to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later. The disclosure above shows the value of invoices by volume and amount paid within 30 days, with the remaining invoices being paid later than 30 days.

9. Investment Income

	2012-13 Total £000	2012-13 Admin £000	2012-13 Programme £000	2011-12 Total £000
Interest Income				
LIFT: loan interest receivable	**40**	**40**	**0**	0
Total investment income	**40**	**40**	**0**	0

10. Finance Costs

	2012-13 Total £000	2012-13 Admin £000	2012-13 Programme £000	2011-12 Total £000
Interest on obligations under LIFT contracts:				
- main finance cost	**759**	**759**	**0**	759
- contingent finance cost	**379**	**379**	**0**	0
Total interest expense	**1,138**	**1,138**	**0**	**759**
Other finance costs	**6**	**6**	**0**	0
Provisions - unwinding of discount	**73**	**0**	**73**	64
Total	**1,217**	**1,144**	**73**	**823**

11.1 Property, plant and equipment

2012-13	Land	Buildings excluding dwellings	Dwellings	Assets under construction & 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	12,073	29,926	0	0	0	1,073	5,121	691	48,884
Opening balance adjustment (Note 1 below)	1,260	0	0	0	0	0	0	0	1,260
At 1 April 2012 - Restated	13,333	29,926	0	0	0	1,073	5,121	691	50,144
Additions of Assets Under Construction				0					0
Additions Purchased	0	517	0		0	0	1,063	0	1,580
Reclassifications	0	299	0	0	0	(215)	0	(84)	0
Disposals other than for sale	0	(41)	0	0	0	0	0	0	(41)
Upward revaluation/positive indexation	1,326	1,181	0	0	0	0	0	0	2,507
Impairments/negative indexation	(658)	(482)	0	0	0	0	0	0	(1,140)
At 31 March 2013	14,001	31,400	0	0	0	858	6,184	607	53,050
Depreciation									
At 1 April 2012	(1,260)	2,837	0	0	0	751	2,532	534	5,394
Opening balance adjustment	1,260	0	0	0	0	0	0	0	1,260
At 1 April 2012 - Restated	0	2,837	0	0	0	751	2,532	534	6,654
Reclassifications		299	0		0	(215)	0	(84)	0
Disposals other than for sale	0	(41)	0		0	0	0	0	(41)
Impairments	1,300	802	0	0	0	0	194	0	2,296
Charged During the Year	0	1,100	0		0	95	2,078	125	3,398
At 31 March 2013	1,300	4,997	0	0	0	631	4,804	575	12,307
Net Book Value at 31 March 2013	12,701	26,403	0	0	0	227	1,380	32	40,743
Purchased	8,901	24,221	0	0	0	227	1,380	32	34,761
Donated	3,800	2,182	0	0	0	0	0	0	5,982
Total at 31 March 2013	12,701	26,403	0	0	0	227	1,380	32	40,743
Asset financing:									
Owned	12,701	10,045	0	0	0	227	1,380	32	24,385
Held on finance lease	0	254	0	0	0	0	0	0	254
On-SOFP PFI contracts	0	16,104	0	0	0	0	0	0	16,104
Total at 31 March 2013	12,701	26,403	0	0	0	227	1,380	32	40,743

Revaluation Reserve Balance for Property, Plant & Equipment

	Land	Buildings	Dwellings	Assets under construction and POA	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	4,461	3,969	0	0	0	52	0	24	8,506
Movements (Note 2 below)	668	574	0	0	0	(21)	0	(13)	1,208
At 31 March 2013	5,129	4,543	0	0	0	31	0	11	9,714

Note 1: Opening Balance Restatement - This relates to the re-instatement of depreciation previously charged on land as part of Finance Leases.

Note 2: Revaluation of assets - Land and buildings have been independently and externally revalued by The District Valuer as at 31 March 2013 which has been reflected in the accounts. The valuation was carried out on a Modern Equivalent Asset (MEA) basis in accordance with International Financial Reporting Standards (IFRS). This resulted in an upward revaluation of £2,507k. and impairments of £3,242k of which £1,140k was offset against the revaluation reserve and £2,102k was charged to the operating cost statement.The last valuation was also carried out by the District Valuer on 31 March 2012 on a MEA basis. Information Technology assets were also impaired in 2012/13 by £194k.

11.2 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	**12,066**	**30,548**	**0**	**0**	**0**	**1,073**	**4,947**	**691**	**49,325**
Additions - purchased	0	0	0	0	0	0	174	0	**174**
Revaluation & indexation gains	66	1,100	0	0	0	0	0	0	**1,166**
Impairments	(59)	(1,722)	0	0	0	0	0	0	**(1,781)**
At 31 March 2012	**12,073**	**29,926**	**0**	**0**	**0**	**1,073**	**5,121**	**691**	**48,884**
Depreciation									
At 1 April 2011	**(1,260)**	**867**	**0**		**0**	**676**	**1,714**	**410**	**2,407**
Impairments	0	754	0	0	0	0	0	0	**754**
Charged During the Year	0	1,216	0		0	75	818	124	**2,233**
At 31 March 2012	**(1,260)**	**2,837**	**0**	**0**	**0**	**751**	**2,532**	**534**	**5,394**
Net Book Value at 31 March 2012	**13,333**	**27,089**	**0**	**0**	**0**	**322**	**2,589**	**157**	**43,490**
Purchased	9,913	24,775	0	0	0	322	2,589	157	**37,756**
Donated	3,420	2,314	0	0	0	0	0	0	**5,734**
At 31 March 2012	**13,333**	**27,089**	**0**	**0**	**0**	**322**	**2,589**	**157**	**43,490**
Asset financing:									
Owned	13,333	9,871	0	0	0	322	2,589	157	**26,272**
Held on finance lease	0	360	0	0	0	0	0	0	**360**
On-SOFP PFI contracts	0	16,858	0	0	0	0	0	0	**16,858**
At 31 March 2012	**13,333**	**27,089**	**0**	**0**	**0**	**322**	**2,589**	**157**	**43,490**

12.1 Intangible non-current assets

2012-13	Software purchased	Total
	£000	£000
At 1 April 2012	**842**	**842**
At 31 March 2013	**842**	**842**
Amortisation		
At 1 April 2012	**629**	**629**
Charged during the year	213	**213**
In-year transfers to NHS bodies	0	**0**
At 31 March 2013	**842**	**842**
Net Book Value at 31 March 2013	**0**	**0**

12.2 Intangible non-current assets

2011-12	Software purchased	Total
	£000	£000
At 1 April 2011	**842**	**842**
At 31 March 2012	**842**	**842**
Amortisation		
At 1 April 2011	**525**	**525**
Charged during the year	104	**104**
At 31 March 2012	**629**	**629**
Net Book Value at 31 March 2012	**213**	**213**
Net Book Value at 31 March 2012 comprises		
Purchased	213	**213**
Total at 31 March 2012	**213**	**213**

12.3 Economic Lives of Non-Current Assets

	Min Life Years	Max Life Years
Intangible Assets		
Software Licences	1	3
Property, Plant and Equipment		
Buildings exc Dwellings	5	90
Transport Equipment	1	6
Information Technology	1	3
Furniture and Fittings	1	5

Open Market Value of Assets at balance sheet date	Land	Buildings excl. dwellings	Dwellings	Total
	£000s	£000s	£000s	£000s
Open Market Value at 31 March 2013	**12,701**	27,089	0	39,790
Open Market Value at 31 March 2012	13,333	**27,089**	0	40,422

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

	2012-13 Total £000	2012-13 Admin £000	2012-13 Programme £000
Property, Plant and Equipment impairments and reversals taken to SoCNE			
Total charged to Departmental Expenditure Limit	**0**	**0**	**0**
Changes in market price	2,296		2,296
Total charged to Annually Managed Expenditure	**2,296**		**2,296**
Property, Plant and Equipment impairments and reversals charged to the revaluation reserve			
Changes in market price	1,140		
Total impairments for PPE charged to reserves	**1,140**		
Total Impairments of Property, Plant and Equipment	**3,436**	**0**	**2,296**
Total Impairments charged to Revaluation Reserve	1,140		
Total Impairments charged to SoCNE - DEL	0	0	0
Total Impairments charged to SoCNE - AME	2,296		2,296
Overall Total Impairments	**3,436**	**0**	**2,296**

Impairments arose as a result of the revaluation of land & buildings by the District Valuer on a MEA basis.

14. 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	3,221	0	5,832	0
Balances with Local Authorities	272	0	2,615	0
Balances with NHS Trusts and Foundation Trusts	2,225	0	10,535	0
Balances with bodies external to government	(13)	0	17,488	0
At 31 March 2013	**5,705**	**0**	**36,470**	**0**
Prior period:				
Balances with other Central Government Bodies	3,725	0	4,104	0
Balances with Local Authorities	529	0	1,173	0
Balances with NHS Trusts and Foundation Trusts	2,816	0	16,301	0
Balances with bodies external to government	458	0	16,410	0
At 31 March 2012	**7,528**	**0**	**37,988**	**0**

15.1 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	**5,358**	6,494	**0**	0
Non-NHS receivables - revenue	**1,762**	1,530	**0**	0
Non-NHS prepayments and accrued income	**7**	702	**0**	0
Provision for the impairment of receivables	**(1,510)**	(1,079)	**0**	0
VAT	**88**	(119)	**0**	0
Total	**5,705**	7,528	**0**	0
Total current and non current	**5,705**	7,528		
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.

15.2 Receivables past their due date but not impaired

	31 March 2013 £000	31 March 2012 £000
By up to three months	**938**	1,449
By three to six months	**21**	0
By more than six months	**7**	0
Total	**966**	1,449

15.3 Provision for impairment of receivables

	2012-13 £000	**2011-12 £000**
Balance at 1 April 2012	**(1,079)**	(470)
Amount written off during the year	**551**	0
Amount recovered during the year	**128**	0
(Increase)/decrease in receivables impaired	**(1,110)**	(609)
Balance at 31 March 2013	**(1,510)**	(1,079)

16.1 Other Financial Assets - Non Current

	31 March 2013 £000	31 March 2012 £000
Opening balance 1 April	**286**	329
Additions	**42**	0
Disposals	**0**	(43)
Total Other Financial Assets - Non Current	**328**	286

16.2 Other Financial Assets - Capital Analysis

	31 March 2013 £000	31 March 2012 £000
Capital Expenditure	**42**	0
Capital Income	**0**	(43)

17. Cash and Cash Equivalents

	31 March 2013 £000	31 March 2012 £000
Opening balance	**58**	75
Net change in year	**13**	(17)
Closing balance	**71**	58
Made up of		
Cash with Government Banking Service	**71**	58
Cash and cash equivalents as in statement of financial position	**71**	58
Cash and cash equivalents as in statement of cash flows	**71**	58
Patients' money held by the PCT, not included above	**0**	0

18. Trade and other payables

	Current		Non-current	
	31 March 2013 £000	31 March 2012 £000	**31 March 2013 £000**	31 March 2012 £000
NHS payables - revenue	**17,013**	20,405	**0**	0
NHS payables - capital	**1,238**	0	**0**	0
NHS accruals and deferred income	**(2,393)**	0	**0**	0
Family Health Services (FHS) payables	**8,678**	7,106		
Non-NHS payables - revenue	**5,737**	8,597	**0**	0
Non-NHS payables - capital	**221**	(9)	**0**	0
Non_NHS accruals and deferred income	**5,453**	70	**0**	0
Social security costs	**49**	0		
Tax	**54**	0		
Other	420	1,819	0	0
Total	**36,470**	37,988	**0**	0
Total payables (current and non-current)	**36,470**	**37,988**		

19. Borrowings

	Current		Non-current	
	31 March 2013 £000	31 March 2012 £000	**31 March 2013 £000**	31 March 2012 £000
LIFT liabilities:				
Main liability	**299**	443	**12,936**	13,201
Finance lease liabilities	**0**	0	**187**	187
Total	**299**	**443**	**13,123**	**13,388**
Total other liabilities (current and non-current)	**13,422**	**13,831**		

Borrowings/Loans - Payment of Principal Falling Due in:

	DH £000s	Other £000s	Total £000s
0 - 1 Years	0	299	**299**
1 - 2 Years	0	514	**514**
2 - 5 Years	0	1,452	**1,452**
Over 5 Years	0	11,157	**11,157**
TOTAL	**0**	**13,422**	**13,422**

20. Finance lease obligations

Amounts payable under finance leases (Buildings)	Minimum lease payments		Present value of minimum lease payments	
	31 March 2013 £000	31 March 2012 £000	**31 March 2013 £000**	31 March 2012 £000
Within one year	**6**	6	**0**	0
Between one and five years	**26**	26	**1**	1
After five years	**660**	666	**186**	186
Less future finance charges	**(505)**	(511)		
Present value of minimum lease payments	**187**	187	**187**	187
Included in:				
Current borrowings			**0**	0
Non-current borrowings			**187**	187
			187	187

Finance Leases (as a Lessor)

Rental Income	**31 March 2013 £000**	31 March 2012 £000
Other	**280**	0
Total rental income	**280**	0

21. Provisions

Comprising:

	Total £000s	Pensions Relating to Other Staff £000s	Legal Claims £000s	Continuing Care £000s	Other £000s	Redundancy £000s
Balance at 1 April 2012	**3,537**	2,157	23	0	1,076	281
Arising During the Year	**4,942**	1,340	0	2,787	815	0
Utilised During the Year	**(4,385)**	(3,506)	0	0	(700)	(179)
Reversed Unused	**(189)**	(51)	(11)	0	(25)	(102)
Unwinding of Discount	**73**	60	0	0	13	0
Balance at 31 March 2013	**3,978**	**0**	**12**	**2,787**	**1,179**	**0**
Expected Timing of Cash Flows:						
No Later than One Year	**709**	**0**	**12**	**697**	**0**	**0**
Later than One Year and not later than Five Years	**1,393**	**0**	**0**	**1,393**	**0**	**0**
Later than Five Years	**1,876**	**0**	**0**	**697**	**1,179**	**0**

The closing balance of 'Other' Provisions includes Injury Benefit of £542k and Dilapidations of £637k.

Haringey Teaching PCT received claims for continuing Healthcare costs relating to episodes of care from the period 1st April 2004 to 31st March 2012 amounting to £9,291k as at 31st March 2013. The PCT has sought internal and external advice on the range of likely outcomes and success factors to determine the likelihood of claims being paid and made a provision of £2,787k (30%) included above. The PCT therefore acknowledges a contingent liability of up to £6,504k in 2012/13 (2011/12 - £500k to £1,500k).See Note 22 below.

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	44

22. Contingencies

Contingent liabilities

The PCT is acknowledging a contingent liability in respect to Continuing Care of up to £6,504k in 2012/13 (2011/12 - £500k to £1,500k). See note 21 above. Plus the PCT is acknowledging a further £4k in respect to on going legal claims, currently in the hands of the NHS Litigation Authority.

23. PFI and LIFT - additional information

The PCT has two LIFT schemes which are "on-Statement" Lordship Lane and Hornsey Central.

The Lordship Lane site was redeveloped with its LIFTCo partner, Elevate Partnerships and, from May 2007, the PCT has been paying a lease charge equivalent to £540k per annum. The leasing arrangement entered into with the Elevate Parttnership has a life of 25 years.

The Hornsey Central site was redeveloped during 2008/09 and leased to the PCT from April 2009 . The leasing arrangement entered into with the Elevate Partnership has a life span of 30 years.

Charges to operating expenditure and future commitments in respect of on and off SOFP LIFT	**31 March 2013 £000**	31 March 2012 £000
Total Charge to Operating Expenses in year - OFF SOFP LIFT	**0**	0
Service element of on SOFP LIFT charged to operating expenses in year	**371**	351
Total	**371**	351

	31 March 2013 £000	31 March 2012 £000
Payments committed to in respect of off SOFP LIFT and the service element of on SOFP LIFT.		
LIFT Scheme Expiry Date:		
No Later than One Year	**503**	415
Later than One Year, No Later than Five Years	**1,479**	1,801
Later than Five Years	**9,893**	14,394
Total	**11,875**	16,610

Imputed finance lease obligations for on SOFP LIFT Contracts due	**31 March 2013 £000**	31 March 2012 £000
No Later than One Year	**1,035**	1,202
Later than One Year, No Later than Five Years	**4,675**	4,611
Later than Five Years	**17,814**	18,879
Subtotal	**23,524**	24,692
Less: Interest Element	**(10,289)**	(11,048)
Total	**13,235**	13,644

24. Financial Instruments

Financial risk management

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

Currency risk

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

Interest rate risk

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

Credit Risk

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

Liquidity Risk

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

24.1 Financial Assets	At 'fair value through profit and loss' £000	Loans and receivables £000	Available for sale £000	Total £000
Receivables - NHS		7,882		**7,882**
Receivables - non-NHS		347		**347**
Cash at bank and in hand		71		**71**
Other financial assets	0	328	0	**328**
Total at 31 March 2013	**0**	**8,628**	**0**	**8,628**
Receivables - NHS		6,494		6,494
Receivables - non-NHS		1,034		1,034
Cash at bank and in hand		58		58
Other financial assets	0	286	0	286
Total at 31 March 2012	0	7,872	0	7,872

24.2 Financial Liabilities	At 'fair value through profit and loss' £000	Other £000	Total £000
NHS payables		18,382	**18,382**
Non-NHS payables		20,612	**20,612**
Other borrowings		13,422	**13,422**
Other financial liabilities	0	3,978	**3,978**
Total at 31 March 2013	**0**	**56,394**	**56,394**
NHS payables		20,405	20,405
Non-NHS payables		17,583	17,583
Other borrowings		13,831	13,831
Other financial liabilities	0	3,537	3,537
Total at 31 March 2012	**0**	55,356	55,356

25. Related party transactions

HM Treasury considers Government Departments and their agencies, and Department of Health Ministers, their close families and entities controlled or influenced by them, as being parties related to NHS bodies. Related party transactions are to be disclosed if material to either party.

The table below shows the relationship between Haringey PCT's Senior Managers and related parties, i.e. organisations they control or can influence. The amounts disclosed below are transactions with the related parties and not the individuals.

Name - Title	Related Party	Relationship with Related Party	Payments to Related Party £000's	Receipts from Related Party £000's	Amounts owed to Related Party £000's	Amounts due from Related Party £000's
Paula Kahn - Chair						
	Barnet PCT	Non-Executive Director and Chair	2,483	6,193	2,230	5,657
	Camden PCT	Non-Executive Director and Chair	411	0	672	0
	Enfield PCT	Non-Executive Director and Chair	176	28	741	0
	Islington PCT	Non-Executive Director and Chair	7,471	800	3,536	0
Caroline Rivett - Non-Executive Director						
	Barnet PCT	Non-Executive Director	2,483	6,193	2,230	5,657
	Camden PCT	Non-Executive Director	411	0	672	0
	Enfield PCT	Non-Executive Director	176	28	741	0
	Islington PCT	Non-Executive Director	7,471	800	3,536	0
Sue Baker - Non-Executive Director						
	Haringey Advisory Group on Alcohol	Trustee	524	0	0	0
	Enfield PCT	Non-Executive Director	176	28	741	0
Cathy Herman - Non-Executive Director						
	Enfield PCT	Non-Executive Director	176	28	741	0
Anne Weyman - Non-Executive Director						
	Islington PCT	Non-Executive Director	7,471	800	3,536	0
Sorrel Brookes - Non-Executive Director						
	Islington PCT	Non-Executive Director	7,471	800	3,536	0
	Whittington Health	Spouse Non-Executive Director	86,108	3,053	1,704	757
Caroline Taylor - Chief Executive						
	Barnet PCT	Executive Director/Chief Executive Officer	2,483	6,193	2,230	5,657
	Camden PCT	Executive Director/Chief Executive Officer	411	0	672	0
	Enfield PCT	Executive Director/Chief Executive Officer	176	28	741	0
	Islington PCT	Executive Director/Chief Executive Officer	7,471	800	3,536	0
Mayur Gor - PEC Member						
	The Crouch Hall Road Surgery	GP Principal	23	0	0	0
Andrew Williams -Borough Director						
	Options 2 Outcomes Ltd	Owner	152	0	0	0
Gino Amato - CCG Member-Elective GP Representative						
	The Morris House Group Practice	GP Principal	25	12	0	12
Peter Christian - CCG Member-Elective GP Representative						
	Dr Peter Christian	GP Principal	47		0	
	Royal Free Hampstead NHS Foundation Trust	Governor	26,174	93	96	0
John Rohan - CCG Vice Chair-Elective GP Representative						
	DRS Bilinger & Rohan	GP Principal	11	0	0	0
	DRS J & C Rohan	GP Principal	16	0	0	0
Rebecca Viney - CCG Member-Sessional/Salary GP member						
	The Vale Practice	GP Principal	24	0	0	0
	Viney, Rebecca	GP Principal	39	0	0	0
Dina Dhorajiwala - CCG Member-Elective GP Representative						
	The Vale Practice	GP Principal	24	0	0	0
Patrick Morreau - CCG Member-Patient Representative						
	Age UK Haringey	Vice Chair	80	0	0	0

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

	£000's		£000's
Whittington Hospital NHS Trust	86,108	Barnet and Chase Farm Hospitals NHS Trust	8,026
North Middlesex University Hospital NHS Trust	72,293	Barts and The London NHS Trust	7,106
Croydon PCT	42,573	Homerton University Hospital NHS Foundation Trust	4,983
Barnet, Enfield & Haringey Mental Health NHS Trust	39,057	Moorfields Eye Hospital NHS Foundation Trust	4,478
University College London Hospitals NHS Foundation Trust	35,337	Great Ormond Street Hospital NHS Trust	4,555
Royal Free Hampstead NHS Trust	19,826	Guy's And St Thomas' NHS Foundation Trust	2,245
London Ambulance Service NHS Trust	8,863	The Royal National Orthopaedic Hospital NHS Trust	1,906

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

Related party transactions 2011/12

HM Treasury considers Government Departments and their agencies, and Department of Health Ministers, their close families and entities controlled or influenced by them, as being parties related to NHS bodies. Related party transactions are to be disclosed if material to either party.

The table below shows the relationship between Haringey PCT's Senior Managers and related parties, i.e. organisations they control or can influence. The amounts disclosed below are transactions with the related parties and not the individuals.

Name	Related Party	Relationship	Payments to Related Party £000's	Receipts from Related Partv £000's	Amounts owed to Related Partv £000's	Amounts due from Related Partv £000's
Dr Mayur Gor						
	Crouch Hall Road Surgery	GP Principal	812	2	0	0
Karen Baggaley						
	South London and Maudsley NHS Foundation Trust	Spouse is Executive Medical Director	391	0	243	0
Dr Nicholas Losseff						
	University College London Hospitals NHS FT	Employee	30,259	0	1,352	0

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

	£000's
Whittington Hospital NHS Trust	86,599
North Middlesex University Hospital NHS Trust	69,945
Barnet, Enfield & Haringey Mental Health NHS Trust	41,910
Croydon PCT	37,255
University College London Hospitals NHS Foundation Trust	30,259
Royal Free Hampstead NHS Trust	28,965
London Ambulance Service NHS Trust	8,768
Barnet and Chase Farm Hospitals NHS Trust	8,610
Barts and The London NHS Trust	6,491
Homerton University Hospital NHS Foundation Trust	4,747
Moorfields Eye Hospital NHS Foundation Trust	4,506
Great Ormond Street Hospital NHS Trust	3,789
Guy's And St Thomas' NHS Foundation Trust	2,349
The Royal National Orthopaedic Hospital NHS Trust	1,963

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

26. 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 - PCT management costs	389,443	236
Total losses	389,443	236
Total special payments	0	0
Total losses and special payments	389,443	236

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
Total losses	0	0
Total special payments	0	0
Total losses and special payments	0	0

Losses - PCT management costs: Relates to debts written off in year by the PCT, after having first exhausted all methods of collection, including referral to a third party debt collection agency. All such write-offs are then the subject of pre-approval by the Audit Committee.

27. Pooled budgets

The PCT has pooled budget arrangements with London Borough of Haringey. Under the arrangements funds are pooled under S75 of the NHS Act 2006.

Three activities, 'Mental Health', 'Learning Disabilities' and 'Physical Disabilities and Community Equipment Store' are hosted by London Borough of Haringey. As a commissioner of healthcare services, the PCT makes contributions to the pool, which are then used to purchase healthcare.

Delayed Discharges of Care is hosted by Haringey TPCT. Haringey TPCT also hosts the Drug Action Team for Haringey incurring expenditure of the National Treatment Agency.

The PCT's shares of the income and expenditure handled by the pooled budget in the financial year were:

	2012-13	2011-12
Income	**£000**	£000
Expenditure	**1,083**	4,204
	1,120	4,548

28. Events after the end of the reporting period

The main functions carried out by Haringey Teaching PCT in 2012-13 are to be carried out in 2013-14 by the following public sector bodies:
NHS Haringey Clinical Commissioning Group.
NHS England (NHS Commissioning Board)
NHS Business Services Authority
The London Borough of Haringey
Public Health England
NHS Property Services

All assets and liabilities have transferred to receiver organisations as at 1st April 2013.

Fixed asset have been transferred to the following receivers:
NHS Haringey Clinical Commissioning Group.
NHS Property Services.
Community Health Partnerships Ltd
Central London Community Healthcare NHS Trust
Whittington Health Foundation Trust
Barnet Enfield & Haringey Mental Health Trust

These were considered operational at the year end, and so have not been impaired in the PCT books. It is for the successor body to consider whether, in 2013-14, it is necessary to review these for impairment.

Current assets and liabilities to be managed by the local legacy management teams to wind down these balances.

The Department of Health has made detailed arrangements for the transfer of balances (assets / liabilities / contractual commitments) at their recognised carrying value such that there will be no profit or loss arising from this transfer.

Haringey Teaching PCT has a Transfer Agreement showing the expected destination of these balances but the final details have not yet been confirmed. The Department's arrangements ensure that all assets, liabilities and contractual obligations of Haringey Teaching PCT will be transferred to other bodies that form part of the NHS controlled by the Department of Health.