Department of Health

NHS

Nottinghamshire County Teaching Primary Care Trust

2012-13 Annual Report and Accounts

Published to gov.uk, in PDF format only.

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Nottinghamshire County Teaching Primary Care Trust

2012-13 Annual Report

NHS
Nottinghamshire County

NHS Nottinghamshire County

Annual Report 2012-2013

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Joint statement from the Chairman, Chief Executive and Professional Executive Committee Chair

As we come to the end of another year, this annual report gives us an opportunity to reflect on our successes, and to assure ourselves that the good work of the primary care trust will continue in the future NHS landscape.

2012/13 has been another year of achievement across the local NHS, and we have seen improvements in the health and wellbeing of local people across the county. This has been a year of significant change in the NHS, both nationally and locally. The publication of the Health and Social Care Bill and its subsequent passage through Parliament have initiated far-reaching reform in how NHS services are planned, paid for and provided to our patients.

The local NHS will continue to change and develop in the coming year, as clinical commissioning groups pick up the reins and become responsible for planning and commissioning healthcare, and patients are given a stronger voice in shaping their local NHS.

This report is made more significant as it will be our last.

As the PCT closes its doors on 31 March, five new clinically-led commissioning groups will become responsible for planning and paying for the majority of healthcare services for our local population. This is something we have been preparing for since 2011, and we are confident that this will be a smooth transition.

The Clinical Commissioning Groups (CCGs) are already well established in their local populations; they have robust structures in place to ensure the continuation of high quality and efficient services. This is reflected in their success through the 'authorisation process' to become statutory bodies; they have all been authorised and remain on track to be fully compliant by 1 April 2013.

Our Public Health colleagues will become part of the local authority, Nottinghamshire County Council. This will further strengthen the relationship between health and social care, and, with the development of the Health and Wellbeing Board, ensure strong links with clinical commissioning groups and, therefore, influence local commissioning.

The Greater East Midlands Commissioning Support Service has been developed over the last year, and offers a comprehensive range of services to support the local clinical commissioning groups.

The area team of the NHS Commissioning Board has been operating in shadow form since October 2012. The area team will provide oversight across the whole healthcare system in Nottinghamshire and Derbyshire, as well as directly commissioning primary care services. The Nottinghamshire and Derbyshire area team will also be responsible for commissioning offender health and military health services for the East Midlands.

We have continued to work with key partners and stakeholders to improve the health and wellbeing of the local population. This has been particularly important over the last year, as budgets have been squeezed, to ensure continuity of quality services for our patients.

Whilst this annual report focuses on the achievements over the last year, we must remember that our legacy as a PCT goes back much further. Since becoming NHS Nottinghamshire County in 2006, we have made tremendous improvements to the health and wellbeing of local people, and we're proud of the impressive legacy the PCT will leave. We have improved and sustained access to primary care services, including investment in a number of new state-of-the-art buildings for health centres and GP practices; we consistently have amongst the highest rates of women taking part in cervical screening in England; and we have successfully commissioned services in the local community, making it easier for patients to access services and reducing the need for hospital admissions.

As ever, none of this would have been possible without the hard work and commitment of our colleagues. This year has been particularly challenging, yet they have continued to deliver in a period of flux and personal uncertainty, ensuring that our patients continue to access services across the local NHS, whilst preparing the groundwork for a smooth transition. We are indebted to them all for this, and would like to thank them sincerely for their dedication.

Derek Bray, Joint Chief Executive, NHS Nottingham City and Nottinghamshire County
Ron Buchanan, Joint Chairman, NHS Nottingham City and Nottinghamshire County
Dr Stephen Shortt, Professional Executive Committee (PEC) Chairman, NHS Nottinghamshire County

About us

NHS Nottinghamshire County is a primary care trust (PCT). We plan and pay for the health care of 660,000 people in the districts of Ashfield, Mansfield, Newark and Sherwood, Broxtowe, Gedling and Rushcliffe. In doing so, we fund most of the local NHS.

Formed in 2006 following the merger of six smaller PCTs, NHS Nottinghamshire County has a budget of just over £1billion to spend on local health services.

This includes spending on primary care services. In Nottinghamshire County, we have:

- 74 opticians
- 145 pharmacies
- 82 dental practices
- 425 GPs in 95 GP practices.

We are separate from hospitals and other NHS trusts which provide services. Our role is to pay for those services and to monitor their performance.

Locally, the main organisations that we pay to provide services are:

- Nottingham University Hospitals NHS Trust – Queen's Medical Centre and City Hospital.
- Sherwood Forest Hospitals NHS Foundation Trust – King's Mill Hospital and Newark Hospital.
- Nottinghamshire Healthcare NHS Trust.
- County Health Partnerships – provider of our community services.

The changing NHS landscape

As part of the Government's healthcare reforms, primary care trusts across the country will close on 31 March 2013. Much of their responsibility for commissioning local healthcare services will be handed over to clinical commissioning groups, while public health functions transferred to the Local Authority during 2012. Nottinghamshire County Council will take over full responsibility for public health from 1 April 2013.

The reforms set out the intention for local Health and Wellbeing Boards to be established as a vehicle for local government to work in partnership with commissioning groups to develop robust joint health and wellbeing strategies. This will set the local framework for commissioning of health care, social care and public health. Nottinghamshire's Health and Wellbeing Board has been operating in shadow form since 2012.

Our transition

Transitional governance is the process by which NHS Nottinghamshire County has ensured the effective and appropriate transfer of responsibility for commissioning health services from the PCT to the clinical commissioning groups.

In line with guidance issued by the Department of Health, we joined with NHS Nottingham City in 2011 to create a 'PCT Cluster' to cover the whole of Nottinghamshire. This approach means that there has been a single executive team to effectively manage the transition to the new arrangements. Being a PCT Cluster has helped us to manage resources, prevent duplication and ensure a more efficient and effective approach to coordinating the changes required to implement the reforms within the local health community.

Throughout this year, we have supported our clinical commissioning groups through the process of authorisation to become statutory bodies in April. A commissioning support service for the East Midlands has also been developed to offer support to CCGs.

We have also been developing the area team of the national NHS Commissioning Board; which will be responsible for a direct commissioning and assurance of the wider healthcare system from April 2013.

Establishing Clinical Commissioning Groups in the county

One of the most significant health reforms contained within the Health and Social Care Act is the move towards 'clinical commissioning'. Clinical commissioning will see doctors and other health professionals being heavily involved in the planning, monitoring and buying of NHS services for local people. They will ensure the services are high quality and value for money.

Clinical Commissioning Groups (CCGs) are being established all over the country, and in April 2013 will replace primary care trusts as the lead commissioners for local health services. Within the Nottingham City and Nottinghamshire County PCT Cluster area, there will be six Clinical Commissioning Groups; one covering the City of Nottingham, and five covering Nottinghamshire County (excluding Bassetlaw).

Made up of local GPs, nurses and other health care professionals, the clinical commissioning groups will manage their local budgets and commission services for patients directly with other NHS colleagues and local authorities that best meet local need.

The five Clinical Commissioning Groups (CCGs) within NHS Nottinghamshire County are:

- NHS Mansfield and Ashfield CCG
- NHS Newark and Sherwood CCG
- NHS Nottingham West CCG
- NHS Nottingham North and East CCG
- NHS Rushcliffe CCG

The NHS Nottinghamshire County PCT Board gave its approval for responsibility for most of its commissioning budget to be delegated to the emerging CCGs in April 2011. All five CCGs are now working in shadow form and have undertaken a period of authorisation to become statutory NHS organisations by no later than April 2013. All CCGs have a Governance Committee, which currently operate as sub-committees of the PCT Board.

The CCG Governing Bodies will meet in public from April. Members on the Governing Bodies include GPs, lay members, an independent nurse and secondary care doctor.

The new clinically-led CCGs have many different roles and responsibilities. Alongside the planning and buying of local health services, CCGs have a significant role in engaging with local people and improving the health and wellbeing of their local populations. This will involve the CCGs working closely with a number of partners and organisations including other NHS trusts and provider organisations, Nottinghamshire County Council, voluntary sector groups, patients, carers and the wider public.

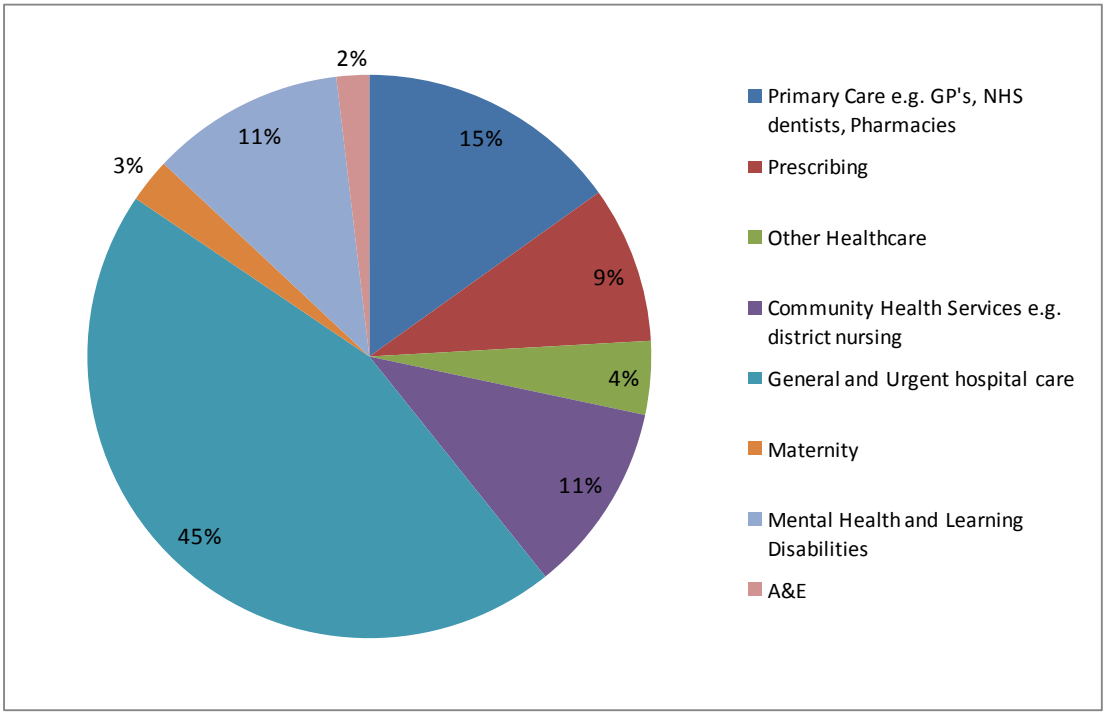
The clinical commissioning groups have all developed individual plans for the coming year that are based on the needs of their local population. They have each identified key priorities that will help to improve the health and wellbeing of their local communities and patients. There are a number of common priority areas that the Nottinghamshire CCGs will focus on, including:

- Reducing emergency admissions to hospital
- Supporting people with long term conditions, helping them to better manage their condition, either in their own home or in the local community
- Supporting people with mental health conditions by increasing access to services
- Developing and further supporting community services, including expanding the range of services available for older people, and increasing the number of people who are cared for in the community
- Increasing support and services for carers.

How we spend our money

In 2012/13, NHS Nottinghamshire County spent £1.06 billion on health services. The diagram shows how much of each pound was spent on different health services locally.

Healthcare Category	%	Total £000
Primary Care e.g. GP's, NHS dentists, Pharmacies	15%	161,027
Prescribing	9%	95,870
Other Healthcare	4%	44,965
Community Health Services e.g. district nursing	11%	116,566
General and Urgent hospital care	45%	481,655
Maternity	3%	26,940
Mental Health and Learning Disabilities	11%	118,594
A&E	2%	19,964
	100%	1,065,581



Quality, Innovation, Productivity and Prevention (QIPP)

Using our money wisely is a top priority. We have continued to use an approach to help make our services as efficient as they can be; this is called QIPP:

- **Quality** – a determination to drive up standards on patient safety, experiences and outcomes.
- **Innovation** – a recognition that to meet its challenges, the NHS has to work differently.
- **Productivity** – an emphasis on increased efficiency and best value for money.
- **Prevention** – an increased focus on maintaining wellbeing as well as treating illness.

This approach is being used across the healthcare community in Nottinghamshire. We work with them all to make quality improvements to services whilst maintaining high levels of patient and staff satisfaction across the local health community.

In completing the financial plans for 2012/13, the PCT identified a QIPP challenge for the year of £31.4million. As an organisation, and in partnership with the emerging CCGs, we identified schemes to deliver against this financial target and set ourselves monthly targets to ensure we remained on track to deliver against our plans. This has been led by a QIPP Programme Management Office (PMO), which had oversight on the delivery of a number of areas of work across the organisation. The PCT has delivered savings of £34.5 million, above the planned target for the year.

A QIPP legacy document has been produced by the PMO to share learning with CCGs, as they will continue to use QIPP moving forward and work in partnership with local providers and key stakeholders.

Making a difference…across the county

Choosing the right care
During the winter of 2012/13, we ran an advertising campaign to educate people across the county about appropriate use of Accident and Emergency (A&E) departments, and to tell them about alternative primary care services and how to access them. In partnership with the five County CCGs, Nottingham City CCG and Nottingham University Hospitals NHS Trust, the campaign used the key principles of the national 'Choose Well' brand, which asked people to think 'Where should you be' when choosing a health service to access. The campaign included advertising on buses, poster sites, pharmacy bags and within the local media.

Supporting patients with Dementia
Dementia was a key priority for NHS Nottinghamshire County in 2012/13. It is estimated that there are almost 10,000 people in Nottinghamshire with dementia and this is projected to increase to 18,000 by 2030. This represents an 88% increase between 2010 and 2030.

The main areas of work have been driven by the *National Dementia Strategy* and focused on:

- Good quality early diagnosis and intervention for all
- Improved quality of care in general hospitals
- Living well with dementia in care homes and at home

We have demonstrated our commitment to dementia by making significant investment to improve services this year, specifically:

- Investing in a new memory assessment service to enable timely referral and increase diagnosis rates across the County
- Working with Nottingham University Hospitals NHS Trust and Sherwood Forest Hospitals NHS Foundation Trust to ensure training of clinical staff and implementation of the national dementia CQUIN (Commissioning for Quality and Innovation)
- Investing in Mental Health Intermediate Care in Nottingham North and East and Mansfield and Ashfield CCGs, ensuring that this service will be available across the

whole county. The aim of this service is to enable people with dementia to live at home for longer.

- Working in partnership with Nottinghamshire County Council to improve social care support
- Individual CCGs are signing up to the Dementia Action Alliance and publishing their plans for creating local dementia friendly communities going forward into 2013/14.

NHS Health Check campaign

In the final quarter of 2012-13 we ran a high profile advertising and communications campaign to build awareness of NHS Health Checks, promote their benefits in relation to identifying risk and preventing long term illness, and encouraging eligible patients to book an appointment.

The campaign, which was ran jointly with NHS Nottingham City, used evidence to target the areas within the county where take up of NHS Health Checks has been lowest, and featured a combination of outdoor, local transport, radio and print advertising, alongside media relations and social media activity. Results for the campaign are expected to start being seen from early 2013-14.

One of many…new builds

The new Bingham Health Centre will be open for business in November 2013 after work on the 12-month build began on schedule. The new health centre will be home for the Bingham Surgery and a range of community services, including:

- District Nursing Service, Leg Ulcer Clinic
- Health Visiting Service, Child Health Drop-in Clinic and development reviews
- Hearing Aid Clinic
- Let's Talk
- Midwifery Service
- New Leaf Smoking Cessation Clinic
- Paediatric Physiotherapy
- Podiatry
- School Nursing Service
- Speech and Language Therapy

The new centre will also accommodate a Rushcliffe Borough Council customer contact point.

This new build is just one of many that are in currently in development across the county, ensuring that our patients access high quality care in high quality buildings.

Flu fighters

For the second year running, we won a national Flu Fighter award for being the most improved trust 2012/13.

NHS employers received 44 nominations from trusts across England who wanted to share the innovative and exciting ways they had been fighting flu.

NHS Nottinghamshire County almost doubled GP staff uptake from 2011/12 by encouraging in-house vaccination at GP practices across the county. An uptake of 80.5% of GP staff were vaccinated this season, a huge increase from 40.8% in 2011/12.

The final flu vaccination uptake figure for frontline healthcare workers in England for 2012/13 was 45.9%, almost two per cent higher than 2011/12.

Making a difference…locally

Alongside the formal arrangements to become statutory bodies, the shadow CCGs have been working in their localities to commission local services for local people.

NHS Mansfield and Ashfield CCG – Consultation on Ashfield Health Village

An investment of £2.6 million is planned to create much-needed new services and longer opening hours at Ashfield Health Village (AHV). This will provide additional benefits to older people, young families, carers and people with dementia that will make a significant difference to their health and quality of life.

After eight months of formal and informal public consultation, four local wards were transferred from AHV to other local hospitals and an array of services for the care and support of an additional 3,034 people each year - a six-fold increase in patients – are being introduced.

Extra facilities include a one stop service approach to care for the elderly, services for dementia patients and carers, a focus on those with long term conditions such as diabetes, additional support for young mothers and a range of preventative services.

NHS Nottingham West CCG – Recognised at national level

NHS Nottingham West Clinical Commissioning Group received a national award at the General Practice Awards in 2012.

The CCG won the 'Commissioners of the Year' category at the ceremony which was attended by more than 650 healthcare professionals from across the country. The event celebrated the GPs, nurses and healthcare professionals who work tirelessly to improve patient care.

NHS Rushcliffe CCG – Developing services in the community

Working to reduce their number of avoidable admissions and unnecessary stays in hospital, NHS Rushcliffe has commissioned a number of services within its local community.

This includes the Urgent Community Support Service – a crisis response service that is run jointly by health and social care – that allows patients to be proactively managed in the community by an integrated care team. This initiative won a 2012 NHS Alliance Vision Award.

Increasing services in the community has helped patients to remain in their own homes.

NHS Newark and Sherwood CCG – supporting long-term conditions

The CCG has established 'PANNASH ' - a Pulmonary Advancement Network which was set up to provide innovative solutions to meeting the needs of the growing number of patients in Newark and Sherwood with respiratory disease.

The programme has seen new ways of working for clinicians and a new community respiratory disease team has been commissioned to support patients in their own homes.

Additional Pulmonary Rehabilitation sessions have been provided, and a new self-management plan has been developed to support patients to manage their condition more effectively.

Over the last six months, the number of patients being admitted to hospital as a result of their respiratory disease has fallen by over 17%, and patients are reporting feeling more confident at managing their own condition, or know where to seek the most appropriate help if their condition is worsening.

NHS Nottingham North and East CCG

Nottingham North and East (NNE) CCG led a successful project to improve the quality of care for patients in a local community hospital, recognising the importance of integrated care to ensure co-ordinated and seamless care for patients.

A utilisation review of a Ling's Bar Hospital indicated that a number of patients could be more effectively managed. Almost 46% of patients admitted did not meet the criteria for an in-patient stay at some point. The majority of these patients could have been managed in a homecare/community care setting giving an opportunity to develop integrated model of care as an alternative.

NNE CCG therefore worked with key stakeholders to design a community model of integrated care, improve the interface with social care in order to reduce length of stay, and explore alternative uses for community hospital space.

As a result:

- The length of stay at the community hospital has reduced by 20% since the project began in November 2011
- In May 2012 a haemodialysis unit was opened in the empty ward following work across the health community to identify how best to utilise the empty space. This has avoided a new build spend of £7m which was planned before the space at the community hospital was identified
- An enhanced community support model has started in the South of the County. The community hospital discharge team, the community geriatrician and community matron identify patients who could be managed at home with extra support. To date, 80 patients have been discharged earlier) and a package of nursing, therapy and personal care has supported the patient at home for an average of 11 days.

Patient feedback on the community model has been overwhelmingly positive.

Engaging with patients, carers and the public

The role of patients, carers and the public in the commissioning and delivery of health care services has been placed at the heart of the NHS reforms and the ambition is to ensure that there is 'no decision about me, without me'.

NHS Nottinghamshire County was keen to ensure this became a reality, and adapted its approach to engagement as quickly as possible. Clinical Commissioning Groups have dedicated engagement leads, who are working with local groups to deliver CCG-wide initiatives and to gather views on local commissioning decisions. This has already had an impact, with CCGs getting good feedback from local communities on their future plans.

We continue to support the development of Patient Participation Groups and many have become more involved in the CCGs and their decision-making processes. CCGs have established patient groups as part of their governance structures to ensure patient and public engagement is embedded into the local healthcare system.

We have an excellent and open relationship with the County Council's Overview and Scrutiny Committee and ensure that they are kept up to date with our plans and any proposed service changes, including during formal consultations.

We have a positive and constructive relationship with Nottinghamshire LINk which provides us with an independent view of services and gives recommendations for changes to improve outcomes for patients. This has included LINk representatives being involved in care homes visits, and supporting Question Time events.

Take a Healthy Interest – our membership scheme has continued to grow in numbers, and has been embraced by the Nottinghamshire CCGs. The membership scheme provides us with a way of reaching out to a wide variety of people across our county to seek their views and keep them updated on what is happening across the health care community. This will transfer to the CCGs in April 2013, who will continue to use this useful tool to engage with their local communities on key issues.

Having your say

The CCGs are keen to hear your views on how your local NHS could be developed and improved. To find out how to get involved in the NHS in your local area, go to the CCG website for the area you live in:

www.mansfieldandashfieldccg.nhs.uk
www.newarkandsherwood.nhs.uk
www.nottinghamnortheastccg.nhs.uk
www.nottinghamwestccg.nhs.uk
www.rushcliffeccg.nhs.uk

You can also call the Patient Advice and Liaison Service (PALS) on 0800 028 3693 to find out more.

Clinical audit and effectiveness

Clinical audit seeks to improve patient care and outcomes by reviewing care against standards and taking actions to change practice if necessary; clinical effectiveness measures the extent to which a particular intervention works.

In 2012/13 we were involved in a number of national, pathway and local audits as listed below:

- National Diabetes Audit
- Industry and Nottingham NHS Focus on Reducing COPD Exacerbations (INFORCE)
- NHS Nottingham City and Industry Maximising Resources and Outcomes in Diabetes (NIMROD)
- Glaucoma audit
- Dental recall audit

During this year we reviewed, improved and enhanced our processes to ensure that the services that we provide or commission have adequate arrangements in place for dissemination, implementation, and monitoring of national clinical guidance.

Governance

Our governance
Our Board is committed to ensuring the efficient and effective management of the inherent risks associated with the commissioning and provision of a high quality system for the care and treatment of patients. In addition to this, our Board has been conscious of ensuring that appropriate governance arrangements are in place during the transition period from Primary Care Trusts (PCTs) to the CCGs which will inherit the PCTs functions after 31 March 2013.

Our governance framework is responsive to the complex and changing environment in which the organisation is operating and has been designed to drive continuous quality improvement. It has been kept under review and regularly amended throughout the transition period.

Corporate Assurance

The assurance framework is a crucial element of governance and is fundamental in assuring the Board that key risks to the achievement of strategic objectives are being successfully managed. It plays an important role in supporting the Annual Governance Statement and the Head of Internal Audit Opinion.

An Audit and Governance Committee has been established and is responsible for reviewing the formation and maintenance of an effective system of integrated governance, risk management and internal control across the whole of the organisation's activities.

A Finance and Performance Committee has also been established this year and is responsible for receiving assurance from and holding the shadow clinical commissioning groups to account in respect of their delegated authority for finance and performance matters; monitoring key performance indicators and financial targets relating to the PCT and/or cluster-wide CCG matters; reviewing the PCT's performance and providing scrutiny over financial matters.

Transitional Governance
A Transition Board was established in 2012 to ensure the effective transfer of the PCT's functions, assets and liabilities. The Transition Board has a number of different work streams which consist of: employment, estates, IT, information governance, legal and corporate governance, quality and clinical governance, public health, contracts and commissioning support.

During the year, the structure, terms of reference and memberships of relevant committees have been reviewed to ensure appropriate input to the monitoring of transitional risks and to ensure that regular assurance reports are provided. The Audit and Governance Committee receives monthly updates regarding progress against the Transition Plan, which highlights significant risk issues by exception.

Meet the Board and Executive Directors

The executive directors are responsible for the daily management of NHS Nottinghamshire County and for acting on the decisions of the Board.

The Board is made up of both the executive directors and non-executive directors.

There is also a Professional Executive Committee (PEC), made up of healthcare professionals. This committee offers clinical guidance and ensures our services are patient-centred.

Executive Board members

- **Alison Treadgold,** Executive Lead for Transition
  Declarations of interest: Nil
- **Dawn Atkinson**, Executive Lead for QIPP
  Declarations of interest: Nil
- **Dr Doug Black**, Medical Director
- **Julie Bolus**, Director of Nursing
- **Emily Birkett,** Company Secretary and Executive Lead for Governance
  Declarations of interest: Currently seconded from Browne Jacobson LLP
- **Helen Pledger**, Director of Finance
  Declarations of interest: Husband is youth worker at Nottinghamshire County Council
- **Chris Kenny**, Director of Public Health
- **Martin Whittle**, Director of Operations and Delivery
  Declarations of interest: Nil
- **Mike Walker**, Director of Human Resources
  Declarations of interest: Nil
- **Dr Stephen Shortt,** Professional Executive Committee Chair (County)
- **Rhiannon Pepper,** Head of Change Management
  Declarations of interest: Nil
- **Barbara Stuttle**, Interim Director of Transition
  Declaration of interest – Director, Barbara Stuttle Enterprise Ltd; Chair, Association of Nurse Prescribing
- **Dr Trevor Mills,** Executive Lead for Estates
- **Dr Ian Trimble,** Professional Executive Committee Chair (City)
- **Vikki Taylor**, Director of Commissioning
  Declarations of interest: Nil

Non – Executive Board Members

- **Ron Buchanan**, Chair
  Declarations of interest: Nil
- **Graham Ward**
- **Ian Shaw**
- **John Taylor**
- **Mike Wilkins**
- **Pat Higham**
  Declarations of interest: Member of Transition Board, The College of Social Work; Chair of Relate Nottinghamshire; Trustee of Child Migrant Trust; Trustee of Accent Nene Housing Society; Professor (emeritus) at Nottingham Trent University; Visiting Professor, University of Northampton; Part time lecturer/tutor BA (Hons) De Montfort University,

Leicester; External Examiner, Postgraduate Diploma Leadership and Management, Keele University; Independent Consultant, Isle of Man Government for post qualifying social work development; Part time Review Coordinator, for Review of Educational Oversight at privately funded colleges, for the Quality Assurance Agency for Higher Education (QAA); Member, Association of University Professors of Social Work

- **Peter Murphy**
  Declarations of interest: Full time employment at Nottingham Business School, Nottingham Trent University and consultant at Nottingham Consultants Limited (the consultancy arm of Nottingham Trent University.

How have we performed?

Every year we are assessed against a range of performance indicators to ensure that we are delivering high quality, safe and accessible services for people in Nottinghamshire.

We monitor our key performance indicators to ensure that any issues that arise are highlighted with our partner organisations. We work with our partners to develop effective plans to improve performance, where appropriate.

Performance Indicators for 2012/13

Please Note: The RAG-rating in the table relates to the performance against that year's plan.

Indicator/Target	Period for 12/13	Plan for period	12/13 position	11/12 position	10/11 position	09/10 position	08/09 position
90% of outpatient appointments, following a GP referral, should be made using the Choose & Book (C&B) system.	Oct 2012	**90%**	**G 93%⇧**	**A 89.9%**	**A** 87%	98.5%	97.0%
90% of patients admitted to a hospital for treatment should wait no more than 18 weeks from their GP's referral.	Dec 2012	**90%**	**G 95.2%⇧**	**G 93.5%**	**G 94.4%**	94.1%	96.5%
95% of patients treated within an outpatient setting should wait no more than 18 weeks from their GP's referral.	Dec 2012	**95%**	**G 97.0%⇧**	**G 98.1%**	**G 98.4%**	98.5%	99.0%
92% of patients should not wait longer than 18 weeks on an incomplete pathway.	Dec 2012	**92%**	**G 94.1%⇔**				
Number of patients waiting 52+ weeks on an incomplete pathway	Dec 2012	**March 2013 zero**	**Jan 23**				
95% of patients being treated under audiology should wait no more than 18 weeks from their GP's referral.	Dec 2012	**95%**	**G 100%⇔**	**G 99.6%**	**G 99.8%**	100%	97.1%
No more than 1% of patients should wait more than 6 weeks for one of the Key Diagnostic tests	End of Dec 2012	**1%**	**G 23 (0.4%) ⇩**	**R 113**	**R 6**	66	25
% of GP practices in the PCT offering extended opening in compliance with Department of Health guidelines	End of Oct 2011	**78/97 80.4%**		**A 67.37%**	**A 73/96 76.04%**	74/96 77.1%	70/96 72.9%

Access to primary care dental services: number of people seen within a 24-month period	Dec 2012 YTD	**Dec 405,114**	**R 385,584 ⇩**	**R 384,552**	**R 381,804**	377,019	N/A
% of smokers attending an NHS Smoking Cessation Service who had successfully quit at their 4-week follow-up appointment	Oct 2012 YTD	**Oct YTD 3569**	**A 3524 (-1%)⇧**	**G 6033**	**G 6080**	5420	4631
Achieve year-on-year reductions in MRSA levels – Nottinghamshire County patients at any hospital	Monthly (Dec YTD)	**3**	**R 4 ⇩**	**G 10**	**G 9**	35	46
Achieve year-on-year reductions in Clostridium Difficile levels – Nottinghamshire County patients at any hospital	Monthly (Dec YTD)	**171**	**G 155 ⇩**	**R 235**	**R 335**	331	452
Patients attending Sexual Health clinics should be offered an appointment within 48 hours of contacting the service.	Nov YTD	**98%**		**G 100%**	**G 99.96%**	100%	99.96%
% of eligible 15-24 year olds screened for Chlamydia within a given year	2011/12	**18.6%**		**G 18.8%**	**R 23.4%**	26.4%	14.0%
Teenage Pregnancy Rate per 1000/population	2009	**2009 26.67**		**R 2009 34.6⇧**	**R 2008 39.7**	2007 35.3	N/A

Indicator/Target	**Period for 12/13**	**Plan for period**	**12/13 position**	**11/12 position**	**10/11 position**	**09/10 position**	**08/09 position**
Cancer Waiting Times: Maximum of 14 days from GP referral to first outpatient appointment	Monthly (Q3 YTD)	**93%**	**G 94.73% ⇔**	**G 95.71%**	**G 95.04%**	94.38%	*
Cancer Waiting Times: Maximum of 31 days from diagnosis (decision to treat) to treatment, for all cancers	Monthly (Q3 YTD)	**96%**	**G 98.04% ⇔**	**G 97.45%**	**G 97.88%**	97.68%	*

Cancer Waiting Times: Maximum of 62 days from urgent referral to treatment for all cancers	Monthly (Q3 YTD)	**85%**	**G 87.46% ⇔**	**G 87.02%**	**G 88.25%**	83.58%	*
Cancer Waiting Times: New Breast Symptom 2ww (by 31/12/09)	Monthly (Q3 YTD)	**93%**	**G 94.39% ⇔**	**G 95.20%**	**G 95.88%**	94.12%	*
Cancer Waiting Times: New CRS 62 Day Upgrade Standard (admitted & non-admitted)	Monthly (Q3 YTD)	No published target	**92.71%⇩**	89.10%	**90.45%**	92.76%	*
Cancer Waiting Times: New CRS 62 Day Screening Standard (admitted - breast)	Monthly (Q3 YTD)	**90%**	**G 98.13%⇧**	**G 99.49%**	**G 96.52%**	99.07%	*
Cancer Waiting Times: New CRS 62 Day Screening Standard (admitted - all types)	Monthly (Q3 YTD)	**90%**	**G 94.47% ⇔**	**G 94.53%**	**G 92.68%**	91.73%	*
Cancer Waiting Times: New 31-Day Subsequent Treatment - Surgery	Monthly (Q3 YTD)	**94%**	**G 94.04% ⇔**	**G 96.32%**	**G 95.01%**	94.90%	*
Cancer Waiting Times: New 31-Day Subsequent Treatment - Drug	Monthly (Q3 YTD)	**98%**	**G 99.67% ⇔**	**G 99.56%**	**G 98.97%**	99.02%	*
Cancer Waiting Times: New 31-Day Subsequent Treatment – Radiotherapy	Monthly (Q3 YTD)	**94%**	**G 99.56% ⇔**	**G 97.45%**	**G 98.27%**	72.66%	*
% of mothers initiating breastfeeding at delivery	Quarterly (Q3 YTD)	N/A	**63.19% ⇔**	**70.02%**	**71.81%**	75.9%	72.2%
% of mothers who are smokers at the time of delivery	Quarterly (Q3 YTD)	15%	**R 24.6% ⇔**	**G 17.84%**	**G 16.67%**	15.7%	15.3%

% of children with a breastfeeding status recorded	Quarterly (Q3 YTD)	Q3 YTD 95.1%	G 97.9%⇧	G 98.22%	G 98.3%	98.4%	83.3%
% of children totally or partially breastfed	Quarterly (Q3 YTD)	Q3 YTD 40.8%	A 39.3% ⇔	A 39.41%	A 39.2%	39.04%	N/A

Indicator/Target	Period for 12/13	Plan for period	12/13 position	11/12 position	10/11 position	09/10 position	08/09 position
% of women who have seen a midwife or a maternity healthcare professional and had a health and social care assessment of needs, risks and choices by 12 weeks and six days of pregnancy.	Quarterly (Q3 YTD)	N/A	93.6% ⇔	G 92.28%	G 90.12%	87.9%	N/A
Childhood Obesity: % of children in Reception with height & weight recorded	2010/11	**2010/11 86.5%**		**G 2010/11 89.7%**	**G 91%**	2008/09 90.2%	2007/08 88%
Childhood Obesity: % of children in Reception with height & weight recorded who are obese	2010/11	**2010/11 8.75%**		**G 2010/11 7.9%**	**G 8.5%**	2008/09 8.86%	2007/08 9.8%
Childhood Obesity: % of children in Year 6 with height & weight recorded	2010/11	**2010/11 86.5%**		**G 2010/11 87.0%**	**G 90.4%**	2008/09 84.3%	2007/08 90%
Childhood Obesity: % of children in Year 6 with height & weight recorded who are obese	2010/11	**2010/11 17.4%**		**G 2010/11 16.1%**	**A 17.3%**	2008/09 17.32%	2007/08 17.6%
Immunisation coverage for DtaP/IPV/Hib – aged 1	Q2 2012/13	95%	G 96.6% ⇧	G 96.0%	A 95.2%	95.5%	93.5%
Immunisation coverage for PCV – aged 2	Q2 2012/13	95%	A 94.9% ⇧	R 92.9%	A 90.7%	90.8%	85.2%

Immunisation coverage for Hib/Men C – aged 2	Q2 2012/13	95%	G 95.8% ⇧	A 93.8%	A 94.0%	94.1%	87.4%
Immunisation coverage for MMR – aged 2	Q2 2012/13	95%	A 93.5% ⇧	R 92.0%	A 89.9%	90.7%	86.1%
Immunisation coverage for DtaP/IPV – aged 5	Q2 2012/13	91%	A 91.1% ⇔	A 89.8%	R 89.3%	90.6%	87.7%
Immunisation coverage for MMR – aged 5	Q2 2012/13	90%	R 90.7% ⇧	A 88.2%	R 87.1%	88.4%	84.6%

Indicator/Target	**Period for 12/13**	**Plan for period**	**12/13 position**	**11/12 position**	**10/11 position**	**09/10 position**	**08/09 position**
% of eligible patients who have been offered health checks	Quarterly (Q3 YTD)	Q3 YTD 19.0%	R 14.6% ⇧	A 7.59%	*	N/A	N/A
% of eligible patients who have received health checks	Quarterly (Q3 YTD)	Q3 YTD 13.1%	R 6.6% ⇧	A 5.31%	*	N/A	N/A
% of patients offered who have received health checks	Quarterly (Q3 YTD)	Q3 YTD 69.1%	R 45.3%⇧	G 69.93%	*	N/A	N/A
The proportion of people who have depression and/or anxiety disorders who are referred for psychological therapies	Quarterly (Q3 YTD)	**March 2014** 15%	G 13.75% ⇧	A 14.98%	N/A	N/A	N/A
The proportion of people who have depression and/or anxiety disorders who receive psychological therapies	Quarterly (Q3 YTD)	Q3 YTD 15.99%	R 7.32% ⇧	A 9.4%	N/A	N/A	N/A
The proportion of people who have completed treatment who are moving to recovery	Quarterly (Q3 YTD)	Q3 YTD 51.58%	A 49.4% ⇔	N/A	N/A	N/A	N/A

Commissioning a comprehensive CAMHS Services	March 2013	Score 16		**G 16**	**G 16**	N/A	N/A
Proportion of people who spend at least 90% of their time on a stroke unit	Quarterly (Q3 YTD)	Q3 YTD 82.7%	**G 91.8% ⇔**	**G 87.04%**	**A 77.09%**	N/A	N/A
Proportion of people who have a TIA who are scanned and treated within 24 hours	Quarterly (Q3 YTD)	Q3 YTD 93.3%	**A 90.0% ⇔**	**A 89.62%**	**G 82.69%**	N/A	N/A

Keeping people safe

NHS Nottinghamshire County puts the safety and welfare of children and vulnerable adults at the forefront of local planning, commissioning and governance arrangements. During 2012-13 the Nottinghamshire Safeguarding sub-committee was hosted by Newark and Sherwood CCG as part of a memorandum of understanding which supported the transition arrangements from PCT to CCGs. This committee oversees safeguarding arrangements and monitors strategic safeguarding plans through the transition and beyond. A safeguarding strategy and associated policies are in place and are monitored through this group.

The PCT was represented on both Nottinghamshire Safeguarding Children and Adult Boards and their sub-committees. Statutory safeguarding roles continued to be commissioned, including Designated Nurse and Doctors for Safeguarding Children and Children in Care, and Designated Paediatricians for Unexpected Deaths. These roles provide clinical leadership and specialist advice to the PCT, as well as to commissioned and contracted services.

A Safeguarding Annual Report is produced which provides more detailed information on how the Trust fulfils its safeguarding responsibilities.

Security and Confidentiality

At NHS Nottinghamshire County, we take the confidentiality and security of person identifiable information seriously. All staff are trained and encouraged to report incidents and near misses. This is to ensure that we can investigate the reason for the incident occurring and take measures to prevent similar incidents happening again.

NHS Nottinghamshire County has not reported any Serious Untoward Incidents through 2012-13 involving information confidentiality or security and there were no cases reported to the Information Commissioners Office.

The PCT Board provides leadership to ensure that risk management is embedded within the organisation. This includes development of the Integrated Plan which identifies the key objectives and related risks.

The Senior Information Risk Owner (SIRO) ensures that sufficient resources are invested in managing risk, and is supported in this task by the Medical Director (Caldicott Guardian) who holds Board-level responsibility for clinical risk.

NHS Nottinghamshire County continues its commitment to ensuring that information governance is an integral part of the PCT's Risk Management Strategy and operational planning. The Information Governance Management and Technology Sub-committee prioritises its work programme and provides regular exception reporting to the Governance Committee.

We are maintaining our compliance with national information governance requirements and ensure that our external partner organisations also comply with the Department of Health standards on information handling. Throughout 2012/13, work has continued to improve the PCT's compliance with the Information Governance Toolkit levels and strengthen the processes around mapping of information flows and understanding risks associated with transfer of information to other organisations.

The Statement on Internal Controls summarises the system employed to manage risks to the achievement of secure data handling and reviews its effectiveness.

NHS Nottinghamshire County continues to receive requests for information and processes on average 30 Freedom of Information requests every month. For 2012 we had a response rate of 94% within the legal timeframe for responding to these requests.

We continue to publicise much of the work that we do on the PCT website, including performance reports, to enable greater openness and transparency about how we operate, manage and make decisions about health priorities.

Complaints

Increasing national concerns regarding the quality of NHS services have placed an enhanced responsibility on the complaints teams in Nottinghamshire to ensure they provide an accessible, responsive and robust service.

In August 2011 the complaints service was transferred into the Clinical Commissioning Groups (CCGs) seeing the creation of two regional teams, one in the north and one in the south of Nottinghamshire County. Evidence suggests that the transition has worked well with both regional teams forging closer links with NHS staff already working at local level within the CCGs.

The 2009 NHS Complaint regulations require complaint investigations to be simple and patient focussed, with a lead investigator facilitating the investigation of multi-agency complaints. This has ensured any potential obstacles presented by regional diversity are overcome, with close inter-team working and clear lines of accountability.

The Nottinghamshire South Complaints Team has investigated a broad spectrum of complaints relating to primary and secondary care, with the re-contracted patient transport service giving the public particular cause for concern. The highest proportion of complaints continues to be with regard to GP practices, whilst the number of dental complaints appears to have reduced.

The Nottinghamshire North Complaints Team has worked hard to achieve the expected standards for complaints handling with the Regulations and during the year has seen a steady improvement in response times and the quality of response letters.

The current complaints team is currently achieving the three-working day target for sending the initial acknowledgement (100%) whereas for Quarters 1 and 2, the percentage achievement was 67% and 94% respectively.

The NHS Complaints Regulations do not require complaints to be responded to within a set timescale. The final response date is negotiated between the complainant, the provider and the complaints team. NHS Nottinghamshire County works to 30 working days and complainants are usually happy with this timescale provided they are kept informed if there is going to be a delay.

During Quarter 1, the complaints team (North) only achieved 27% of response letters being sent by the negotiated response date; however, the team achieved 90% during Quarter 2 and is confident that for Quarters 3 and 4 the % achievement will be further improved.

Patient Advice and Liaison Service (PALS)

PALS is a service that aims to provide patients, carers and families with information, advice and support on local NHS services in Nottinghamshire.

From 1 April 2012 this service was split across the county with a PALS officer providing services to South Clinical Commissioning Groups, Nottingham North and East, Nottingham West and Rushcliffe. Newark and Sherwood CVS took responsibility for Patient and Public Engagement and Patient Advice and Liaison functions for Newark and Sherwood and Mansfield and Ashfield Clinical Commissioning Groups.

The PALS team's successes include:

- Helping 2,711 people with queries about the local NHS
- Actively promoting access to NHS dentistry across the county
- Liaising between patients and NHS services to secure a seamless treatment pathway.
- Monitoring trends to highlight issues that help to inform service improvement.
- Providing the right information to patients in the right format and ensuring patients know where to source information.

Principles for Remedy

'Principles for Remedy' is guidance published by the Parliamentary and Health Service Ombudsman. For information log on to: http://www.ombudsman.org.uk/improving-public-service/ombudsmansprinciples/principles-for-remedy. The guidance aims to secure suitable remedies when a complaint is upheld by the Ombudsman and where appropriate for others who have suffered injustice or hardship from the same poor practice. This may include both financial and non-financial remedies. There are six principles and they are briefly described below:

- **Getting it right** – by quickly putting right the poor service that has led to injustice or hardship
- **Being customer focused –** understanding expectations and saying sorry for poor service
- **Being open and accountable -** being open about how the organisation has decided on the remedy including documentation
- **Acting fairly and proportionately -** treating people equally, fair and proportionately to the hardship caused
- **Putting things right –** where possible returning the person to the position they would have been in if the poor service hadn't occurred.

Emergency preparedness and business continuity

Major incident plans

NHS Nottinghamshire County has a statutory responsibility under the Civil Contingencies Act 2004 in planning response and recovery for emergencies. Each year we review and update our major incident plans; the current version is the NHS Nottingham City and Nottinghamshire County Cluster Major Incident Plan 2012. This was approved by the PCT Board and has since been validated by an exercise called *Exercise Argon Shield* (which considered the issues of a chemical attack on Nottingham City Centre. This was a multi-agency live exercise and, as part of this, the PCT tested the communications cascade mechanism and the self-presenters plan for primary care at the Walk In Centre on London Road).

The Cluster PCT has participated in a number of incidents and events requiring input from the Emergency Planning Team during 2012 and the following list is only a snapshot of these:

- Snow and Cold Weather — January 2012 & January 2013
- Olympic Torch Relay — June 2012
- Olympic Resilience Planning — March – July 2012
- The Queen's visit to Nottingham — June 2012
- Escalation of Fuel Disruption — April 2012
- Industrial Action — May 2012
- Severe weather and Flooding — June, November and December 2012

The Emergency Planning function is currently in transition to the NHS Commissioning Board Area Team for Derbyshire and Nottinghamshire and this transition is being well supported by the Cluster PCT resources. As part of this transition the Nottinghamshire Emergency Planning Team led an emergency planning exercise, *Exercise Inception* in January 2013 to test the future arrangements for Nottinghamshire. This demonstrated the resilience of the new arrangements and highlighted levels of the confidence in them.

Business continuity planning

NHS Nottingham City and Nottinghamshire County has an approved Business Continuity Policy in place for the Cluster arrangements and the Cluster PCT has been supporting Clinical Commissioning Groups in the development of their arrangements. The Cluster PCT has an Operational Business Continuity Planning Group and a Strategic Business Continuity Monitoring Group in place responsible for monitoring business continuity arrangements across the Cluster. All Directorates of the Cluster PCT have business continuity plans in place which support the overarching Cluster PCT business continuity response.

The Cluster PCT Resilience Manager has audited all GP Practice Business Continuity Plans during 2012 which has provided assurance to the Cluster PCT that practices have resilient plans in place.

The business continuity lead is supporting the development of future business continuity arrangements during the transitional period to ensure there is a seamless transition to the arrangements for the NHS Commissioning Board Area Team for 2013/14.

Partnership working
The Nottingham and Nottinghamshire Local Resilience Forum (LRF) working group, risk advisory group, plus all other standing and task and finish groups are fully supported by NHS Nottingham City and Nottinghamshire County.

Our staff

This year has seen the transition of all staff to the new organisations – clinical commissioning groups, the commissioning support unit, NHS Commissioning Board, and Local Authority (for public health staff).

Whilst this has been a challenging time for everyone, the resilience and dedication of all staff has once again come to the fore and they all deserve huge praise for their response and continued efforts.

The number of staff employed by NHS Nottinghamshire County at 31 March 2013 was 537, a Whole Time Equivalent of 410.99.

Staff support

Throughout this period of transition, on-going support has been provided by the Human Resources team and executive team. There has also been on-going liaison with Staffside and the Joint Staff Consultative Committee – their advice and input has been invaluable.

Staff communications have been prioritised, and regular face-to-face briefing sessions, hosted by the chief executive, have been held over the year to keep everyone up to date. Information has been carried in our weekly Team Talk email briefings, and a People Transition dedicated section of the intranet is regularly updated with policies and briefings from the new organisations.

Staff sickness absence

NHS Nottinghamshire County annual sickness rate for the year up to and including March 2013 is 2.70%

The Manager Self Service facility in the Electronic Staff Record (ESR) was introduced in pilot form to improve the quality of sickness reporting. This supports managers to monitor and manage sickness absence levels in their Directorates, and encourage more accurate recording of sickness absence data at a local level. This is continued to be rolled out at CCG level.

	2012/13 number	**2011/12 number**	**2010/11 number**
Days lost (long term)	2,265	2,817	0
Days lost (short term)	2,076	2,395	28,683
Total days lost	**4,341**	**5,212**	**28,683**
Total staff years	**411**	**372**	**2,815**

Average working days lost	10.56	14.01	10.19
Total staff employed in period (headcount)	537	442	3808
Total staff employed in period with no absence (headcount)	287	206	1148
Percentage staff with no sick leave	53.44%	46.61%	30.1%

Equality, Diversity and Human Rights

NHS Nottingham City and Nottinghamshire County PCT Cluster has been committed to ensuring that Equality & Diversity is central to Nottinghamshire business planning, staff and workforce experience including service delivery and community and patient outcomes. This has continued to increase leadership and board strategy during the transition of NHS reforms.

The PCT Cluster has been recognised by Regional and National Inclusion Leads for its hard work and implementation of the Equality Agenda, including the rollout of the NHS Equality & Delivery System (EDS), with the Cluster as a national case study on a recent East Midlands evaluation.

The work carried out has been pivotal in supporting authorisation for six Clinical Commissioning Groups, assisting them to meet their CCG Equality objectives and work as public sector bodies to understand and proactively implement the Equality Act 2010.

During this time, the outgoing Executive Lead for Equalities and Equalities Project Manager has delivered a comprehensive programme of work including:

Disabled Go - Refresh of Disability Access guides for all Nottinghamshire GP practices and PCT owned premises, including rollout to Nottingham City venues and securing of funding for a further two years.

Welcome to the NHS pack translated into five different languages for refugee and asylum seekers in conjunction with Nottingham Refugee Forum.

Equality Qualification - pilot and rollout of award winning and nationally recognised qualification for service users and staff with North Nottingham Collage.

Putting the 'E' into Quality Report and **Race Equality Recommendations** published following engagement and consultation with BME and minority groups.

Workforce and Employment Annual Equality Data Report – to ensure compliance with Public Sector Equality Duty and **Equality Analysis** of the PCT Transition Plan to ensure equality and inclusion is considered and reviewed at a time of organisational and staff changes.

Traveller Awareness training with GypsyLife for Primary Care and Community Providers with demonstrable results and changed behaviour.

Translation and Interpretation services commissioned

Development of collaborative working across the region and commitment to a **Nottinghamshire Network** taking existing work delivered by Community In Unity and the existing Nottinghamshire QIPP Group**.**

Development and delivery of the comprehensive **Equalities Essentials** training programme for all staff - CCG, PCT Cluster/ Area Team, HUB and Public Health through classroom taught sessions or online to ensure continuity and embedding of equalities.

PCT Cluster Equality and Inclusion Legacy Plan developed to capture the outgoing position of Equality work areas, with plans for continuity and future leads ensuring progression of the equality agenda and legacy post 2013.

Sustainability

The mandate for sustainability reporting

Sustainability has been recognised at a national level as an integral part of delivering high quality healthcare efficiently[1]. The Department of Health Manual for Accounts[2] states that all NHS bodies are required to produce a Sustainability Report (SR) as part of their wider Annual Report, to cover their performance on greenhouse gas emissions, waste management, and use of finite resources, following HM Treasury guidance[3].

The key principle behind this type of reporting is that it provides trusts with an opportunity to demonstrate how sustainability has been used to drive continuous environmental, health and wellbeing improvements in their organisation, and in doing so, unlock money to be better spent on patient treatment and care. Sustainability reporting which is published also enables trusts to showcase their achievements with staff, patients and other stakeholders, providing an opportunity to inspire positive behaviours in the wider community. Furthermore, once established across the board, trust-wide reporting can constitute a transparent, comparable and consistent framework for assessing their own environment and benchmark it against that of other trusts and public sector bodies, a commonplace practice in the private sector.

A framework for reporting sustainability information as part of the annual NHS financial reporting process has been developed by the NHS SDU and the Department of Health, to support trusts in meeting the above mandate and to help monitor how every NHS organisation is contributing towards meeting the national target of a 10% cut in NHS-wide carbon emissions by 2015, and a 34% cut in the overall national carbon footprint by 2020, in line with the Government commitment made in the Climate Change Act 2008[4].

Performance and achievements

Last year, NHS Nottinghamshire County co-launched an electric vehicle pilot project for use by community nurses in their daily trips to private and residential care home visits. The use of this electric vehicle can have a significant impact on costs for short journeys and the air quality in built up areas and, being far quieter, the electric vehicle also reduces urban noise pollution.

The Trust has assessed the Energy Performance of their estates, produced energy performance certificates (EPC) to transfer to the future occupants of the estates and has also actively engaged with them on sustainability issues by providing back energy and waste data to assess the energy and carbon intensity of the estates and to identify areas for improvement.

Building on previous efforts, the Trust's sustainability performance in terms of energy used in buildings, waste arising and subsequent greenhouse gas emissions has been

[1] NHS SDU: http://www.sdu.nhs.uk/publications-resources/34/Sustainable-Development-in-Annual-Reports/
[2] Chapter 2, Section 2.8, in DH (2012). *Manual of Financial Accounts* 2011/12.
[3] http://www.hm-treasury.gov.uk/frem_sustainability.htm
[4] A summary of the UK Climate Change Act (2008) key implications for the NHS is available at: http://www.sdu.nhs.uk/documents/publications/1232893824_kmNp_3_summary_of_the_main_provisions_of_the_climate_c.pdf#search=%22climate%20dhange%20act%22

carefully recorded throughout 2012/13, a summary of which can be found in the tables which follow. Overall, the Trust is on track towards meeting most of the targets laid out in its Board-approved Carbon Management Plan (2010).

The on-going process of measuring, monitoring and targeting efforts has enabled the Trust to undertake lighting surveys across 14 sites to ascertain the feasibility of LED lighting upgrades to improve the energy efficiency of the buildings. This will save considerable amounts of energy and carbon emissions across the estate and the savings realised will be reinvested into patient care.

NHS Nottinghamshire County's sustainability work to date has enabled the Trust to continue to save money at a time of financial constraint, whilst reducing its environmental impacts and ensuring legal compliance. It has also resulted in the Trust developing a ground-breaking and leading role within the health community and the public sector locally, regionally, and in some indices nationally, by meeting and exceeding targets on carbon reduction, corporate sustainability and use of natural resources in line with its aims to inspire others and share lessons with peers.

Over the last year the Trust has been an active partner in both the 'Energy in NHS Estates' and 'Sustainable Procurement' pilots of the Phase II East Midlands NHS Carbon Reduction Project[5].

NHS Nottinghamshire County has worked closely with its partners and stakeholders to embed sustainability and carbon reduction into everything it does, from internal activities to delivering frontline services in the communities served. In our wider sustainable development and Corporate Social Responsibility work, we have actively engaged with the new occupants of the estate to ensure that they inherit our low-carbon legacy.

[5] http://www.tin.nhs.uk/innovation-nhs-east-midlands/innovation-in-practice/regional-innovation-fund-projects-2009-10/identifying-and-reducing-the-regional-carbon-footprint-of-the-nhs-in-the-east-midlands/?locale=en?

Summary of sustainability performance

Area (totals)		Performance (2009-10)	Performance (2010-11)	Performance (2011-12)	Performance (2012-13)
GHG emissions (tCO2e gross)		7,046.5	6,708.3	6,128.81	**6,098.7**
Energy in buildings	**Consumption** (1000x kWh)	23,619.2	23,323.4	19,755.0	**20,616.6**
	Expenditure (£)	1,167,287.0	1,307,100.00	989,586.35	£1,305,862.42
Waste	**Amount** (tonnes)	373.3	338.6	273.4	**281.9**
	Expenditure (£)	384,032.7	402,000.0	363,061.0	£202,657.30
Water	**Consumption** (m^3)	38,437.0	38,772.1	33,165.0	
	Expenditure (£)	103,824.0	171,873.7	147,021	**135,792**

NOTES:

1. This report has been prepared in accordance with guidelines laid down by HM Treasury's Financial Reporting Manual (FReM), available at: http://www.hm-treasury.gov.uk/frem_sustainability.htm

2. Our GHG emissions accounting includes Scope 1 and 2 emissions, along with Scope 3 emissions from water use and waste arisings. It should be noted that scope 1 and 2 emissions across all years have been updated to now include the complete carbon impact, encompassing the direct emissions resulting from combustion and the use of grid-supplied electricity, together with the indirect emissions associated with the extraction, refining, distribution, storage and retail of finished fuels. These have all been calculated annually using the methodology in DEFRA and DECC (2009). *Guidance on how to measure and report your greenhouse gas emissions*. Available at: http://www.defra.gov.uk/environment/economy/business-efficiency/reporting/

3. Our GHG emissions accounting methodology uses the most recently published DEFRA and DECC GHG conversion factors for company reporting, in this case those of 2012, which are available at: http://www.defra.gov.uk/publications/files/pb13773-ghg-conversion-factors-2012.pdf. Also, the carbon emissions for the previous years in this report have been updated using DEFRA guidance on GHG accounting methodology.

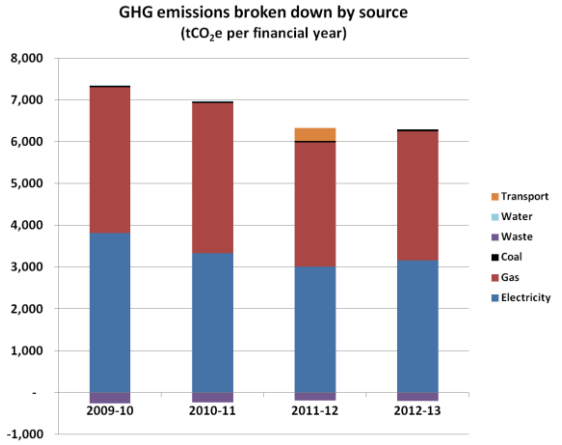
Exceptions to this include Scope 3 carbon conversion factors for waste, which were based on ERPHO's calculations and assumptions for NHS Scope 3 emissions using the DH Carbon Indicator values:

- High temperature disposal / incineration: 220 $kgCO_2e$ per tonne of waste
- Landfill disposal: 243.9 $kgCO_2e$ per tonne of waste
- Recycling: -1,300.90 $kgCO_2e$ per tonne of waste
- Non-burn / alternative treatment: 71.7 $kgCO_2e$per tonne of waste

Source: NHS SDU and ERPHO, available at: www.sdu.nhs.uk/sd_and_the_nhs/measuring.aspx

Sustainability Performance for year ending 31/03/13

Greenhouse Gas (GHG) Emissions		2009-10	2010-11	2011-12	2012-13
Non-Financial Indicators (tCO_2e)	**Total emissions *(Gross)***	7,046.5	6,708.3	6,128.81	**6,087.10**
	Scope 1 emissions	3,530.5	3,627.4	3,037.0	**3,128.5**
	Scope 2 emissions	3,812.0	3,333.3	3,014.4	**3,175.3**
	Scope 3 emissions	-252.8	-229.7	91.9	**-205.1**
Financial indicators (£k)	Total expenditure on CRCEES	*Not applicable*	*Not applicable*	*Not applicable*	*Not applicable*



TARGETS AND COMMENTARY

We are committed to reducing the Greenhouse Gas emissions from all our operations by at least 10% by 2015, over a 2007 baseline and in line with national NHS targets. Our operational emissions have fallen consistently since 2008-9 we have achieved a 19% reduction since our emissions peaked in 2008.

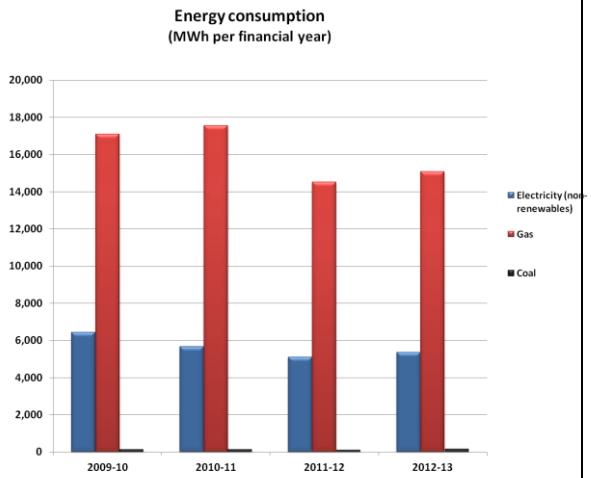
DIRECT IMPACTS COMMENTARY

Our core GHG emissions include those from buildings energy consumption, waste arisings, water and sewage. The main direct impacts for us in terms of our core GHG emissions continue to be from our buildings energy consumption, and we are actively working to measure, monitor and reduce each site's individual carbon intensity. This year we have piloted the use of electric vehicles by district nurses. This technology, if rolled-out across the workforce, could make considerable financial and carbon savings in transport. Electric vehicles also reduce the trusts contribution to harmful exhaust emissions. These emissions are responsible for around 50,000 respiratory illness related deaths each year, as well as many other serious health impacts. 14 sites have also been surveyed for the feasibility of upgrading the lighting to LED; this will save about £27k each year and about 168tonnes of CO_2.

OVERVIEW OF INDIRECT IMPACTS

Through our sustainable procurement and low-carbon commissioning work, we continue to apply expectations on carbon management in our contractual work with external suppliers and providers, contributing to building resilience and making reductions in the embodied carbon of our supply chain and hence our wider Scope III emissions. Over the last year we have integrated sustainability and carbon reduction measures into our procurement of the continence products services for the County.

Energy in buildings			**2009-10**	**2010-11**	**2011-12**	**2012-13**
Non-Financial Indicators (MWh)	Energy consumption	Total consumption	23,619.2	23,323.4	19,755	**20,616.6**
		Electricity (renewable)	n/a	n/a	21.9	**20.5**
		Electricity (non-renewable)	6,421	5,651.3	5,110	**5,383.5**
		Gas	17,083.6	17,557.4	14,529.2	**15,071.4**
		Coal	114.7	114.7	93.3	**141.2**
Financial Indicators (£k)		Total expenditure	£1,167.3	£1,307.0	£990	£1,305,862.42

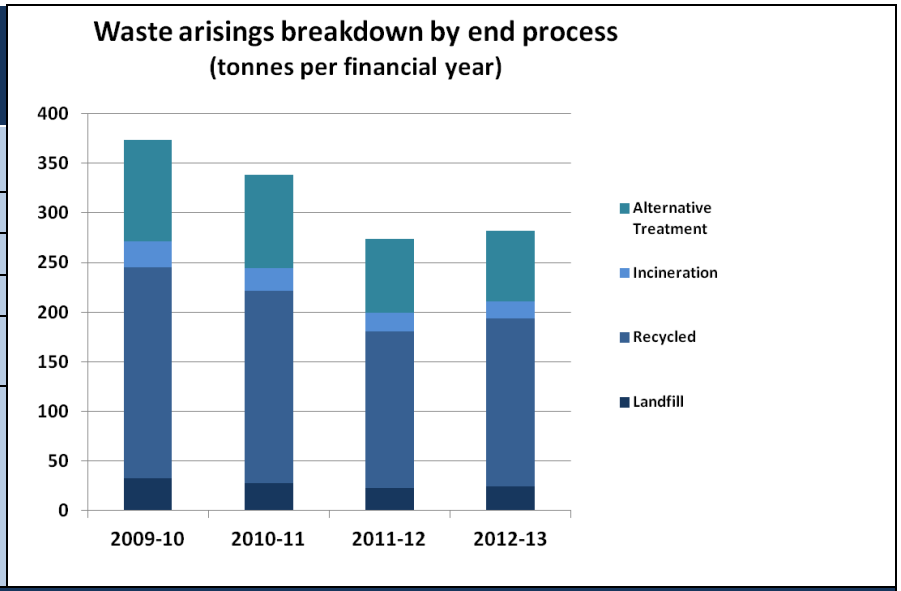


TARGETS AND COMMENTARY

A significant amount of data has had to be estimated this year with the contracted reporting timescales and changes in energy suppliers interrupting the flow of data. While energy consumption in our building has fallen from 07/08 and significantly from its peak in 08/09 there has been an apparent slight increase in energy used over the last year. The energy consumed in our buildings is one of our main environmental impact areas. We aimed to achieve a 25% reduction in the energy and carbon intensity of our owned estate by the end of 2012/13 over our 2007-08 baseline, as per our Carbon Management Plan's aims. Over the last four years,

we have cut our overall use and expenditure on energy despite rising utility costs and high energy requirements due to cold weather. We have also improved the space utilisation of our estates which has the consequence of increasing energy use per m2. Our total operational floor area has fallen from 59,644m2 in 07/08 to 53,002m2 in 2012/13. Over the same period our total energy use has increased from 20,411MWh to 20,617 MWh and scope 1, 2 and 3 estates carbon emissions from 6,393 tCO2e to 6,303tCO2e. This means that our overall energy and carbon intensity across owned and leased sites has increased slightly since 07/08 though fallen since 08/09. Again this is in part due to colder weather and property rationalisation, leading to more intensive use of the Trust's buildings. 20,500 KWh this year was generated onsite by our installed solar panel systems.
DIRECT IMPACTS COMMENTARY
The trust has solar PV panels installed across 6 health centres. These systems generated 20,549kWh of electricity saving 12,120 kgCO_2 this year. Over their 25-year life, these systems will generate around £200,000 from FITs payments, and a further £47,602 will be saved from utility bills, due to a reduction in grid electricity demand. We have carried out lighting surveys across 14 sites to assess the feasibility of upgrading the building lightings to LEDs, thereby improving the energy efficiency of the estate and cutting emissions.
OVERVIEW OF INDIRECT IMPACTS
As a community leader we have ensured that we not only work on our own emissions and energy costs but we also support visitors and patients to do the same at home. We have worked with The Nottingham Energy Partnership to ensure that people attending health centre's have information and guidance on energy saving and renewable energy. Reduction of fuel poverty has significant public health benefits and reducing domestic carbon emissions is essential to mitigating climate change.

Waste minimisation and management		2009-10	2010-11	2011-12	2012-13
Non-Financial Indicators (tonnes)	Total (all waste) arisings	373.3	338.6	273.4	**281.9**
	Landfill	32.4	27.2	22.5	**24.3**
	Recycled	212.9	193.9	157.8	**169.1**
	Incineration	25.60	23.51	18.6	**17.7**
	Alternative Treatment	102.42	94.06	74.5	**70.8**
Financial Indicators (£k)	Total (all waste) disposal cost	£384.1	£402	£363	£202,657.30



TARGETS AND COMMENTARY

In 2012/13 our recycling rate for general waste reached 87%, which is still one of the highest rates across the NHS. Of this 40% is recycled in house. And of all waste generated, our recycling rate is 60% and the waste sent to landfill is 9%.

DIRECT IMPACTS COMMENTARY

Since 2009/10, our overall waste generated has fallen by 24% and waste sent to landfill by 25%, this is probably as a result of behavioural change training conducted over the years on better segregation of waste. After conducting a detailed analysis into total site-by-site waste arisings over 2 years and performance benchmarking across both the clinical and non-clinical waste streams, we have identified significant opportunities to improve waste management practices across the Trust. By raising awareness about correct disposal procedures amongst staff and site users, especially around clinical waste, diverting non-infectious waste to more appropriate waste streams such as offensive waste, and optimising receptacle size, type and collection frequency, we will be able to save ~£45k p.a. By reducing the amount of waste being generated in the first place, and by increasing the amount of trade waste recycled in-house (by segregating better and avoiding disposal via landfill), further savings could be made.

OVERVIEW OF INDIRECT IMPACTS

Finite Resources		2009-10	2010-11	2011-12	2012-13
Non-Financial Indicators (m^3)	Water consumption	38,437	38,772	33,165.0	
Financial Indicators (£k)	Total expenditure on water	£103.8	£171.8	£147	**£136**

TARGETS AND COMMENTARY

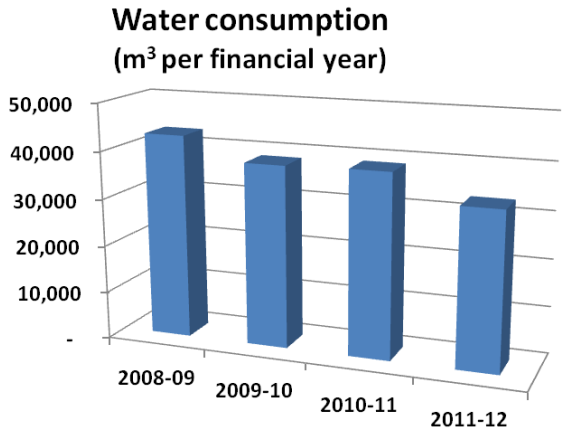
Water expenditure has fallen by 7% in the last year.

DIRECT IMPACTS COMMENTARY

Water continued to represent less than 1% of total carbon emissions.
However water resources are increasingly under pressure and increasingly expensive thus this is an area the trust will consider work in the future.

OVERVIEW OF INDIRECT IMPACTS

As climate change alters weather patterns, increasing drought and flood events. Sustainable use of limited clean water resources is becoming an increasingly important area to the trust.



Updates on key areas

Quality and Outcomes Framework

The Quality & Outcomes Framework (QOF) is an incentivised, quality improvement framework, introduced in 2004. It is an integral voluntary part of the Contract for General Medical Services. Its purpose is to benefit patients with chronic disease where responsibility for on-going management lies with general practice. It rewards practices for delivering evidence-based care and as such is a powerful tool in improving the quality of Primary Care.

The QOF process also provides a wide range of comparative data which can be used to identify opportunities for service improvement. All practices in NHS Nottinghamshire County participate in the scheme and aspire to all of the QOF indicators. There is a maximum of 1,000 points available and practices are paid in respect of points achieved by 31 March each year. The QOF achievement data is not available annually until June.

Pre-Payment Verification: Changes to Practice visits and the submission of evidence
It was agreed that no practice visits would be undertaken for 2012/13 but that instead evidence supporting achievement of indicators would be requested from all practices. This evidence is currently being assessed for achievement. In previous years practices have been required to take part in audits for the summarising and medicines management indicators but it was discovered that some practices were not auditing random samples of records. For 2012/13 practices are therefore required to submit a number of screenshots from their clinical system which will confirm their achievement of these indicators beyond doubt.

Post-Payment Verification Visits
Post Payment verification visits are still to take place; 5% of practices were chosen for the assessment by internal audit visit - the PCT will determine which indicators are to be reviewed at these visits. Where it has been found that practices over claimed for 2011 – 2012 practice visits have been undertaken and action plans implemented to ensure that further inaccurate claims are not submitted.

Current responsibility for the management of QOF sits with the PCT Cluster Medical Directorate and the Performance, Quality & Safety Team and Primary Care Contracting Team have continued to support practices regarding the QOF. This collaborative approach has been an effective way to provide support, clarification and guidance, in order to support practices to achieve their QOF points.

From 1 April 2013 QOF will be the responsibility of the Primary Care Contracting Team within the Commissioning Directorate of the Area Team of the NHS Commissioning Board.

Director of Finance commentary

The accounts for the final year of NHS Nottinghamshire County are summarised from a full set of accounts for the year 1 April 2012 - 31 March 2013.

Despite operating within a challenging financial economic climate, NHS Nottinghamshire County has achieved all key financial duties for the year, including remaining within resources available and delivering against the Better Payment Practice Code target.

Our thanks go to all the staff and managers for their support in delivering these targets.

The accounts have been completed on a going concern basis, as the functions of the PCT will transfer to the new NHS structure of Clinical Commissioning Groups, National Commissioning Board and some transfers to Local Authorities for public health services.

Looking ahead to 2013-14 and beyond, the NHS local health community continues to respond to the challenging economic environment which it operates within, as it receives less funding growth than would be required to meet the continuing increases in demand for healthcare services.

The National Commissioning Board and Clinical Commissioning Groups will continue to respond to these financial challenges by planning and preparing under a QIPP (Quality, Innovation, Productivity and Prevention) approach to financial planning. This will ensure that resources are committed as effectively as possible on the right services, and those services are delivered as efficiently as possible, whilst maintaining and improving the quality of services provided to our population.

Together, the PCT Cluster, Clinical Commissioning Groups and Public Health Local Authority will continue to work with all local stakeholders, including healthcare and social care providers, to ensure that we make the best possible use of our resources to improve the health and wellbeing of the people of Nottinghamshire.

Helen Pledger
Director of Finance
NHS Nottingham City and Nottinghamshire County PCT Cluster

Statutory Duties	**Target**		**2012/13**	
Remain within Revenue Limit / Financial Balance Achieved	£11.3 million surplus		**£11.3 million surplus**	
Remain within Capital Resource Limit	Breakeven		**£14 thousand surplus**	
Remain within Cash Limit	Breakeven		**£11.3 million surplus**	
Departmental Duties	**Target**		**Actual**	
Better Payments Practice Code –Non NHS	*Value*	*Number*	***Value***	***Number***
	95%	95%	**98.3%**	**98.9%**
Better Payments Practice Code – NHS	*Value*	*Number*	***Value***	***Number***
	95%	95%	**99.9%**	**99.1%**

The PCT has signed up to the Confederation of British Industry (CBI) Better Payments 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.

INDEPENDENT AUDITOR'S REPORT TO THE DIRECTORS OF NOTTINGHAMSHIRE COUNTY TEACHING PRIMARY CARE TRUST

We have examined the summary financial statement for the year ended 31 March 2013 [set out in Appendices A to D].

This report is made solely to the Responsible Officer of Nottinghamshire County Teaching PCT in accordance with Part II of the Audit Commission Act 1998. Our audit work has been undertaken so that we might state to the Responsible Officer of the Nottinghamshire County Teaching PCT those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Responsible Officer of the Nottinghamshire County Teaching PCT for our audit work, for this report or for the opinions we have formed.

Respective responsibilities of directors and auditor

The Responsible 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.

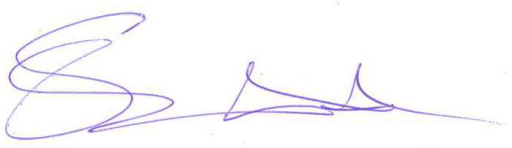
We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statement.

Basis of opinion

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 Nottinghamshire County Teaching PCT for the year ended 31 March 2013 on which we have issued an unqualified opinion.



Sue Sunderland for and on behalf of KPMG LLP, Statutory Auditor

Chartered Accountants
St Nicholas House
31 Park Row
Nottingham
NG1 6FQ

6th June 2013

Miscellaneous

Operating Financial Review
We have taken the approach of combining the Operating Financial Review (OFR) into the main body of the annual report so that the OFR requirements are met within the general text.

Annual Governance Report 2012/13
The Board is accountable for internal control and governance and has produced a statement setting out the systems which were in place during the financial year 2012/13. The Annual Governance Report can be found with the full accounts.

External Audit Services
Our external audit service for the financial year was carried out by KPMG. Total costs for the year were as follows:

- Statutory Audit £152,064 (including VAT)
- Transition Review £12,306 (including VAT)
- Governance Workshop £13,800 (including VAT)

Value for Money
We work closely with the wider Nottinghamshire health community, supported by internal review processes, to ensure services are efficiently and effectively commissioned and provided for residents.

Local Constraints and key dependencies
We work in partnership with Nottinghamshire County Council, the wider health community and external agencies to provide best value patient-focused services.

Charitable Funds
We do not hold any charitable funds.

Donations
We have not paid any charitable or political donations during 2012/13.

Capital Expenditure
We spent £4.3 million on capital items in 2012/13, which was used for the following:

- Essential capital maintenance works on PCT buildings

- Relocation of a General Practitioner into a PCT building
- GP Premises improvements
- IT and infrastructure upgrades

In year the PCT also disposed of 3 surplus properties.

Income Generation
We have not participated in any income generation activities.

Company Directorships
There are no company directorships held by members of the Board where those companies are likely to do, or are actively seeking to do, business with the NHS.

Summary Financial Statements 2012-13

Statement of Accounting Officer responsibilities
The Chief Executive is deemed to be the Accountable Officer to the primary care trust. These responsibilities include ensuring that:

- 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 authority;
- The expenditure and income of the authority 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.

Appendices (in excel table accompanying the Annual report)

- A - Statement of Comprehensive Net Expenditure for the year ended 31 March 2013
- B - Statement of Financial Position
- C - Statement of Changes in Taxpayers Equity
- D - Statement of Cash Flows

Going Concern

Under the provisions of *The Health and Social Care Act 2012 (Commencement No. 4 Transitional, Savings and Transitory Provisions) Order 2013*, Nottinghamshire County PCT was dissolved on 1st April 2013. The PCT's functions, assets and liabilities transferred to other public sector entities as outlined in Note 42 *Events After the Reporting Period*. Where reconfigurations of this nature take place within the public sector, Government

accounting requires that the activities concerned are to be considered as continuing operations, and so the closing entity prepares accounts on a "going concern" basis.

The Statement of Financial Position has therefore been drawn up at 31st March 2013 on the same basis as in previous years, reporting balances on the same basis as would a continuing entity. In particular, there have been no disclosures made under IFRS 5 *Non Current Assets Held for Sale and Discontinued Operations*. Revaluations and impairments recognised within this financial year, have been undertaken as routine annual cycle, of the PCT.

As a result the Board of Nottinghamshire County Teaching PCT have prepared these financial statements on a going concern basis.

Remuneration and Terms of Service Committee

All executive directors are appointed by the PCT through an open, national process. All have substantive contracts and performance is managed through the PCTs Personal Development Review process. The outcome of these appraisals are reported to the Remuneration and Terms of Service Committee. Notice periods are three months and there is no provision for early termination.

Terms of Reference for a joint Committee were agreed following the coming together of NHS Nottingham City and NHS Nottinghamshire County Boards as a PCT Cluster. Members of the Remuneration Committee are the non-executive directors on the joint Cluster Board. All executive director remuneration has been determined in compliance with NHS guidelines.

Non-executive directors are appointed by the NHS Appointments Commission following an open selection procedure. Non-executive director appointments are usually for a fixed four-year period. Remuneration is fixed in accordance with the terms and conditions required by the Secretary of State for Health.

Remuneration report

This report provides details of the arrangements governing the pay and terms of service of directors and senior managers of the PCT and summarises their remuneration and pension status for the year ended 31 March 2013.

The summarised information relates to all individuals who have held office as a director or senior manager of the PCT during the year. It is irrelevant that:

- The individual was not substantially appointed
- The individual was ‘temporary’ or ‘alternate’
- The individual was engaged via a corporate body rather than directly employed.

Appendices (in excel table accompanying the Annual report)

E – Directors Remuneration Report

F - Pension report

G – Pay Multiplier

Off Payroll arrangements

In relation to off payroll engagements at a cost of over £58,200 per annum that were in place as of 31 January 2012

	Nos.
The number that were in place as of 31 January 2012:-	6
Of which, (between 31 January 2012 and 31 March 2013)	
No. that have since come onto the organisation's payroll:	2
Of which, (between 31 January 2012 and 31 March 2013)	
No. that have since been re-negotiated/re-engaged to include to include contractual clauses allowing the (department) to seek assurance as to their tax obligations	1
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	3
No that have come to an end	0
TOTAL	6

As part of the initial implementation of the guidance the PCT has requested assurance from all of the above individuals where contracts do not include the new clause. The PCT has received assurance from all contractors who fall within the scope of IR35, and assurance from the contractors as to the reasons why their appointment was outside the scope of IR35. As all contracts were ceasing on the 31.3.13 due to the demise of the PCT, re-negotiation of contracts were not pursued in all cases where assurance was agreed to be provided.

For all new off-payroll engagements between 23 Aug 2012 & 31 March 2013, for more than £220 per day and more than six months

	Nos.
The number of new engagements.	2
Of which, (between 31 January 2012 and 31 March 2013)	
No. of new engagements which include contractual clauses giving the department the right to request assurance in relation to income tax and National Insurance obligat	1
Of which, (between 31 January 2012 and 31 March 2013)	
No. for whom assurance has been accepted and received	1
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
TOTAL	2

Assurance has been sought and received in both cases.

Disclosure Policy on Disabled Employees and on Equal Opportunities

The PCT has proactively supported and developed its commitment as an NHS employer to Equality, Diversity and Human Rights, this has included signing up to Mindful Employer (the Charter for Employers who are Positive About Mental Health) and being awarded the 'two ticks' disability symbol by Directgov. This demonstrates this organisation's commitment to positively employing disabled people.

The work of the PCT Workforce and Equality Subgroup, working to the Equality, Diversity and Human Rights Committee, has included:

■ Reviewing all policies and recruitment in line with the Equality Act 2010.
■ Publishing of annual reports in workforce and recruitment equality data.
■ Supported the roll out of hidden disability screening for staff.
■ Equality Impact Assessment and review workforce and employment in the new NHS landscape and transition of staff to new providers and staff reductions.
■ Support staff networks for BME, Disabled and Lesbian Gay Bi-sexual Transsexual (LGBT) staff, including an intranet staff network site.

APPENDIX A

Nottinghamshire County Teaching PCT Q33 5N8 - Annual Accounts 2012-13

Statement of Comprehensive Net Expenditure for year ended 31 March 2013

	2012-13 £000	2011-12 £000
Administration Costs and Programme Expenditure		
Gross employee benefits	**18,703**	18,075
Other costs	**1,120,568**	1,096,453
Income	**(44,902)**	(39,538)
Net operating costs before interest	**1,094,369**	1,074,990
Investment income	**(140)**	(180)
Other (Gains)/Losses	**(40)**	10
Finance costs	**5,341**	5,252
Net operating costs for the financial year	**1,099,530**	1,080,072
Transfers by absorption -(gains)	**0**	
Transfers by absorption - losses	**0**	
Net (gain)/loss on transfers by absorption	**0**	
Net Operating Costs for the Financial Year including absorption transfers	**1,099,530**	**1,080,072**
Of which:		
Administration Costs		
Gross employee benefits	**14,903**	15,361
Other costs	**11,330**	12,242
Income	**(2,141)**	(4,755)
Net administration costs before interest	**24,092**	**22,848**
Investment income	**0**	0
Other (Gains)/Losses	**0**	0
Finance costs	**0**	196
Net administration costs for the financial year	**24,092**	**23,044**
Programme Expenditure		
Gross employee benefits	**3,800**	2,714
Other costs	**1,109,238**	1,084,211
Income	**(42,761)**	(34,783)
Net programme expenditure before interest	**1,070,277**	**1,052,142**
Investment income	**(140)**	(180)
Other (Gains)/Losses	**(40)**	10
Finance costs	**5,341**	5,056
Net programme expenditure for the financial year	**1,075,438**	**1,057,028**

Other Comprehensive Net Expenditure	2012-13 £000	2011-12 £000
Impairments and reversals put to the Revaluation Reserve	**666**	(292)
Net (gain) on revaluation of property, plant & equipment	**(3,683)**	(8,297)
Net (gain) on revaluation of intangibles	**0**	0
Net (gain) on revaluation of financial assets	**0**	0
Net (gain)/loss on other reserves	**0**	0
Net (gain)/loss on available for sale financial assets	**0**	0
Net (gain) /loss on Assets Held for Sale	**(15)**	
Release of Reserves to Statement of Comprehensive Net Expenditure	**0**	
Net actuarial (gain)/loss on pension schemes	**5**	0
Reclassification Adjustments		
Reclassification adjustment on disposal of available for sale financial assets	**0**	0
Total comprehensive net expenditure for the year*	**1,096,503**	**1,071,483**

*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 45 form part of this account.

APPENDIX B

Nottinghamshire County Teaching PCT Q33 5N8 - Annual Accounts 2012-13

Statement of Financial Position at 31 March 2013

	31 March 2013	31 March 2012
	£000	£000
Non-current assets:		
Property, plant and equipment	**103,662**	105,094
Intangible assets	**126**	242
investment property	**0**	0
Other financial assets	**956**	967
Trade and other receivables	**0**	376
Total non-current assets	**104,744**	106,679
Current assets:		
Inventories	**0**	0
Trade and other receivables	**14,587**	17,442
Other financial assets	**0**	0
Other current assets	**0**	0
Cash and cash equivalents	**309**	21
Total current assets	**14,896**	17,463
Non-current assets held for sale	**75**	1,033
Total current assets	**14,971**	18,496
Total assets	**119,715**	125,175
Current liabilities		
Trade and other payables	**(63,382)**	(63,572)
Other liabilities	**0**	0
Provisions	**(5,446)**	(5,823)
Borrowings	**(1,419)**	(2,533)
Other financial liabilities	**0**	0
Total current liabilities	**(70,247)**	(71,928)
Non-current assets plus/less net current assets/liabilities	**49,468**	53,247
Non-current liabilities		
Trade and other payables	(28)	(74)
Other Liabilities	0	0
Provisions	(11,598)	(7,150)
Borrowings	(61,329)	(62,761)
Other financial liabilities	0	0
Total non-current liabilities	**(72,955)**	(69,985)
Total Assets Employed:	**(23,487)**	(16,738)
Financed by taxpayers' equity:		
General fund	(46,206)	(36,534)
Revaluation reserve	22,719	19,796
Other reserves	0	0
Total taxpayers' equity:	**(23,487)**	(16,738)

The notes on pages 5 to 45 form part of this account.

The financial statements on pages 1 to 4 were approved by the Audit Committee on *6th June 2013* and signed on its behalf by

Designated Signing Officer: Date:

APPENDIX C

Nottinghamshire County Teaching PCT Q33 5N8 - Annual Accounts 2012-13

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

	General fund	Revaluation reserve	Other reserves	Total reserves
	£000	£000	£000	£000
Balance at 1 April 2012	**(36,534)**	**19,796**	**0**	**(16,738)**
Changes in taxpayers' equity for 2012-13				
Net operating cost for the year	(1,099,530)			**(1,099,530)**
Net gain on revaluation of property, plant, equipment		3,683		**3,683**
Net gain on revaluation of intangible assets		0		**0**
Net gain on revaluation of financial assets		0		**0**
Net gain on revaluation of assets held for sale		15		**15**
Impairments and reversals		(666)		**(666)**
Movements in other reserves			0	**0**
Transfers between reserves*	109	(109)		**0**
Release of Reserves to SOCNE		0		**0**
Reclassification Adjustments				
Transfers between Revaluation Reserve & General Fund in respect of assets transferred under absorption	0	0		**0**
Net actuarial gain/(loss) on pensions	(5)		0	**(5)**
Total recognised income and expense for 2012-13	**(1,099,426)**	**2,923**	**0**	**(1,096,503)**
Net Parliamentary funding	1,089,754			**1,089,754**
Balance at 31 March 2013	**(46,206)**	**22,719**	**0**	**(23,487)**

Balance at 1 April 2011	**-30990**	**12518**	**0**	**(18,472)**
Changes in taxpayers' equity for 2011-12				
Net operating cost for the year	(1,080,072)			(1,080,072)
Net Gain / (loss) on Revaluation of Property, Plant and Equipment		8,297		8,297
Net Gain / (loss) on Revaluation of Intangible Assets		0		0
Net Gain / (loss) on Revaluation of Financial Assets		0		0
Net Gain / (loss) on Assets Held for Sale		0		0
Impairments and Reversals		(923)		(923)
Movements in other reserves			0	0
Transfers between reserves*	96	(96)		0
Release of Reserves to Statement of Comprehensive Net Expenditure		0		0
Reclassification Adjustments				
Transfers to/(from) Other Bodies within the Resource Account Boundary	(114)	0	0	(114)
On disposal of available for sale financial assets	0	0	0	0
Net actuarial gain/(loss) on pensions	0		0	0
Total recognised income and expense for 2011-12	(1,080,090)	7,278	0	(1,072,812)
Net Parliamentary funding	1,074,546			1,074,546
Balance at 31 March 2012	**(36,534)**	**19,796**	**0**	**(16,738)**

APPENDIX D

Nottinghamshire County Teaching PCT Q33 5N8 - Annual Accounts 2012-13

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	**(1,094,369)**	(1,074,990)
Depreciation and Amortisation	**8,155**	6,163
Impairments and Reversals	**950**	2,005
Other Gains / (Losses) on foreign exchange	**0**	0
Donated Assets received credited to revenue but non-cash	**0**	0
Government Granted Assets received credited to revenue but non-cash	**0**	0
Interest Paid	**(5,303)**	(5,252)
Release of PFI/deferred credit	**0**	0
(Increase)/Decrease in Inventories	**0**	0
(Increase)/Decrease in Trade and Other Receivables	**3,231**	(3,745)
(Increase)/Decrease in Other Current Assets	**0**	0
Increase/(Decrease) in Trade and Other Payables	**(1,767)**	2,164
(Increase)/Decrease in Other Current Liabilities	**0**	0
Provisions Utilised	**(6,333)**	(3,407)
Increase/(Decrease) in Provisions	**10,404**	6,526
Net Cash Inflow/(Outflow) from Operating Activities	**(1,085,032)**	**(1,070,536)**
Cash flows from investing activities		
Interest Received	**140**	180
(Payments) for Property, Plant and Equipment	**(2,821)**	(1,743)
(Payments) for Intangible Assets	**0**	0
(Payments) for Other Financial Assets	**0**	0
(Payments) for Financial Assets (LIFT)	**0**	0
Proceeds of disposal of assets held for sale (PPE)	**782**	4
Proceeds of disposal of assets held for sale (Intangible)	**0**	0
Proceeds from Disposal of Other Financial Assets	**0**	0
Proceeds from the disposal of Financial Assets (LIFT)	**0**	0
Loans Made in Respect of LIFT	**0**	0
Loans Repaid in Respect of LIFT	**11**	14
Rental Revenue	**0**	0
Net Cash Inflow/(Outflow) from Investing Activities	**(1,888)**	**(1,545)**
Net cash inflow/(outflow) before financing	**(1,086,920)**	**(1,072,081)**
Cash flows from financing activities		
Capital Element of Payments in Respect of Finance Leases and On-SoFP PFI and LIFT	**(2,546)**	(2,454)
Net Parliamentary Funding	**1,089,754**	1,074,546
Capital Receipts Surrendered	**0**	0
Capital grants and other capital receipts	**0**	0
Cash Transferred (to)/from Other NHS Bodies (free text note required)	**0**	(115)
Net Cash Inflow/(Outflow) from Financing Activities	**1,087,208**	**1,071,977**
Net increase/(decrease) in cash and cash equivalents	**288**	**(104)**
Cash and Cash Equivalents (and Bank Overdraft) at Beginning of the Period	**21**	**125**
Effect of Exchange Rate Changes in the Balance of Cash Held in Foreign Currencies	**0**	0
Cash and Cash Equivalents (and Bank Overdraft) at year end	**309**	**21**

APPENDIX E

Annual Report Senior Manager Disclosures
Salaries and Allowances

Name	Title	Appointed	Appointment ended	Salary (bands of £5,000) £'000	Other Remuneration (bands of £5,000)	2012-2013 Bonus payments (bands of £5,000) £'000	Benefits in kind (bands of £100) £'00	Salary (bands of £5,000) £'000	Other Remuneration (bands of £5,000)	2011-2012 Bonus payments (bands of £5,000) £'000	Benefits in kind (bands of £100) £'00
NHS England (Notts/Derbys)/PCT Cluster Joint Appointments											
D Bray	PCT Cluster Chief Executive / NHS England (Derbys/N	21/11/2011		55-60			31-32	35-40			49-50
H Pledger[1]	PCT Cluster Dir of Finance / NHS England (Derbys/Not	01/06/2010		40-45				80-85			
R Buchanan	Chairman	01/07/2011		25-30				10-15			
M Walker	Director of Workforce and Organisational Development	01/05/2008		5-10				55-60			
R Pepper	Executive Lead for Change Management	01/02/2012		40-45				5-10			
T Mills	Medical Director	01/09/2011		55-60				40-45			
D Black	Director of Commissioning Development	01/10/2007		25-30				65-70		0-5	
A Treadgold	Executive Lead for Change Management	01/04/2011		15-20				20-25			
KA Davies	Executive Lead for Equality & Diversity	01/04/2011		75-80				60-65			
D Atkinson	QIPP Strategic Lead	01/12/2011		80-85				25-30			
A Sullivan[2]	Director of Quality and Governance	26/02/2007		95-100				90-95		5-10	
B Stuttle	Acting Director of Nursing / Transition Director	01/10/2012		15-20				****			
M Whittle	Director of Operations & Delivery	01/01/2013		5-10				oooo			
V Taylor	Director of Commissioning	01/10/2012		10-15				oooo			
County PCT Appointments											
V Bailey	Chief Operating Officer - Rushcliffe CCG	01/04/2011		80-85				75-80			
S Walters	Chief Operating Officer - Nottingham North & East CCC	01/07/2011		85-90				75-80			
O Newbould	Chief Operating Officer - Nottingham West CCG	13/10/2009		80-85				85-90			
D Jaines	Chief Operating Officer - Mansfield & Ashfield CCG	28/07/2008		85-90				100-105		5-10	
M Jefford	CCG Clinical Lead (PEC)/ CCG Clinical Rep (PCT boar	01/01/2012		50-55				10-15			
Jeremy Griffiths	Rushcliffe CCG Clinical Lead	01/04/2012		15-20							
AJ Marsh	CCG Clinical Lead (PEC)/ CCG Clinical Rep (PCT boar	01/04/2012	31/03/2013	80-85				0-5			
G Mansford	CCG Clinical Lead (PEC)/ CCG Clinical Rep (PCT boar	01/04/2011		70-75							
R Sheikh	CCG Clinical Lead (PEC)/ CCG Clinical Rep (PCT boar	01/04/2011		70-75							
S Shortt	Professional Executive Committee (PEC) Chair	01/12/2006		50-55				50-55			
S Crowther	Chief Finance Officer (North)	21/01/2013		15-20							
J Bemrose	Chief Finance Officer (South)	03/01/2013		20-25							
Julie Bolus	Director of Nursing	01/12/2012		30-35			21-22				
C Kenny	Director of Public Health	01/10/2006	31/03/2013	115-120				125-130			
P Higham	Non Executive Director	01/01/2007		5-10				5-10			
K Wilkins	CCG Clinical Rep (PCT board)	01/04/2011		15-20							
G Derbyshire	CCG Clinical Rep (PCT board)	01/04/2011		5-10							

The following posts were joint appointments between Nottinghamshire County PCT and Nottingham City PCT

Name	Title	Paid by Notts County PCT unless stated Total Salary	Details
D Bray	PCT Cluster Chief Executive / NHS England (Derbys/Notts) Chief Exec	135-140	Months 1 - 6 = 60% County 40% City, Months 7 - 12 = 25% County, 25% City 25% Derbys County, 25 5 Derby City
H Pledger[1]	PCT Cluster Dir of Finance / NHS England (Derbys/Notts) Dir of Finance	100-105	Months 1 - 6 = 60% County 40% City, Months 7 - 12 = 25% County, 25% City 25% Derbys County, 25 5 Derby City
R Buchanan	Chairman	Nottm City PCT	60% County, 40% City
M Walker	Director of Workforce and Organisational Development	80-85	4 days to NHS CBA, Months 1 - 12 =60% of Bal County 40% City,
T Mills	Medical Director	Nottm City PCT	60% County, 40% City
D Black	Director of Commissioning Development	95-100	Months 1 - 6 = 50% NHS CBA 60% of Bal County 40% City, Months 7 - 12 = 25% County, 25% City 25% Derbys County, 25 5 Derby City
A Treadgold	Executive Lead for Transition	Nottm City PCT	3 days per week for DOH 2 days for the Cluster,60% County, 40% City
A Sullivan[2]	Director of Quality and Governance	95-100	100% County PCT
B Stuttle	Acting Director of Nursing / Transition Director	65-70	Months 7 - 12 = 25% County, 25% City 25% Derbys County, 25% Derby City
M Whittle	Director of Operations & Delivery	Derbyshire PCT	Appointed 01/01/2013 = 25% County, 25% City 25% Derbys County, 25% Derby City
V Taylor	Director of Commissiong	Leicestershire PCT	Months 7 - 12 = 25% County, 25% City 25% Derbys County, 25% Derby City

oooo	2011-12 information is not available for comparative increase assessment for these senior managers
****	Not employed by the PCT
1	NHS England (Notts/Derbys) Director of Finance from 1/10/12 PCT Cluster Director of Finance from 1/1/12
2	A Sullivan is also Chief Operating Officer - Newark & Sherwood CCG

The entries within this element of the remuneration report have been audited in accordance with the independent auditors report.

APPENDIX F

Pension entitlements of senior managers

This report shows the pension entitlements of those senior managers who held office in Nottinghamshire County Teaching PCT on 31 March 2013

Name	Title	Appointed	Appointment ended	Real increase in pension at age 60 (bands of £2,500) £000	Real increase in pension lump sum at age 60 (bands of £2,500) £000	Total accrued pension at age 60 at 31 march 2013 (bands of £5,000) £000	Lump sum at age 60 related to accrued pension at 31 march 2013 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2013 £000	Cash Equivalent Transfer Value at 31 March 2012 £000	Real increase in Cash Equivalent Transfer Value £000	Employer's contribution to stakeholder pension (rounded to nearest £00) £
NHS England (Notts/Derbys)/PCT Cluster Joint Appointments											
D Bray	PCT Cluster Chief Executive / NHS England (Derbys/Notts) Chi	21/11/2011		0.0 - 2.5	0.0 - 2.5	10 - 15	40 - 45	245	222	13	8,800
H Pledger	PCT Cluster Dir of Finance / NHS England (Derbys/Notts) Dir o	01/06/2010		2.5 - 5.0	7.5 - 10.0	5 - 10	25 - 30	137	85	47	33,200
M Walker	Director of Workforce and Organisational Development	01/05/2008		0.0 - 2.5	0.0 - 2.5	0 - 5	5 - 10	31	26	4	3,000
R Pepper	Head of Change Management	01/02/2012		0.0 - 2.5	0.0 - 2.5	5 - 10	15 - 20	61	51	7	4,900
T Mills	Medical Director	01/09/2011		####	####	####	####	####	####	####	####
D Black	Medical Director	01/10/2007		0.0 - 2.5	0.0 - 2.5	15 - 20	,50 - 55	392	360	14	10,000
A Treadgold	Executive Lead for Transition	01/04/2011		####	####	####	####	####	####	####	####
K Davies	Executive Lead for Equality and Diversity	01/04/2011		0.0 - 2.5	2.5 - 5.0	15 - 20	,50 - 55	330	288	28	19,500
D Atkinson	QIPP Strategic Lead	01/12/2011		oooo	oooo	30 - 35	95 - 100	529	oooo	oooo	oooo
A Sullivan	Director of Quality and Governance	26/02/2007		0.0 - 2.5	5.0 - 7.5	20 - 25	70 - 75	409	346	45	31,700
Barbara Stuttle	Acting Director of Nursing / Transition Director	01/10/2012		****	****	****	****	****	****	****	****
Martin Whittle	Director of Operations & Delivery	01/01/2013		-0.0 - -2.5	-0.0 - -2.5	0 - 5	5 - 10	59	55	1	1
NHS Nottinghamshire County Specific Appointments											
V Bailey	Chief Operating Officer - Principia	01/04/2011		0.0 - 2.5	2.5 - 5.0	25 - 30	85 - 90	525	467	35	24,700
S Walters	Chief Operating Officer - Nottingham North & East CCG	01/07/2011		####	####	####	####	####	####	####	####
O Newbould	Chief Operating Officer - Nottingham West CCG	13/10/2009		-0.0 - -2.5	-0.0 - -2.5	20 - 25	65 - 70	361	335	10	6,700
D Jaines	Chief Operating Officer - Mansfield & Ashfield CCG	28/07/2008		-5.0 - -10.0	-15.0 - -17.5	25 - 30	85 - 90	485	533	-75	-52,200
M Jefford	N&S CCG Clinical Lead	01/01/2012		0.0 - 2.5	0.0 - 2.5	20 - 25	70 - 75	360	308	36	25,100
Jeremy Griffiths	Rushcliffe CCG Clinical Lead	01/04/2012		oooo	oooo	35 - 40	105 - 110	608	oooo	oooo	oooo
G Mansford	CCG Clinical Lead (PEC)/ CCG Clinical Rep (PCT board)	01/04/2011		oooo	oooo	55 - 60	170 - 175	1097	oooo	oooo	oooo
R Sheikh	CCG Clinical Lead (PEC)/ CCG Clinical Rep (PCT board)	01/04/2011		oooo	oooo	0	0	0	oooo	oooo	oooo
S Crowther	Chief Finance Officer (North)	21/01/2013		oooo	oooo	25 - 30	75 - 80	346	oooo	oooo	oooo
J Bemrose	Chief Finance Officer (South)	03/01/2013		oooo	oooo	5 - 10	25 - 30	156	oooo	oooo	oooo
Julie Bolus	Director of Nursing	01/12/2012		oooo	oooo	30 - 35	90 - 95	526	oooo	oooo	oooo
C Kenny	Director of Public Health	01/10/2006	31/03/2013	-2.5 - 5.0	-10.0 - 12.5	35 - 40	105 - 110	694	711	-51	0
AJ Marsh	CCG Clinical Lead (PEC)/ CCG Clinical Rep (PCT board)	01/04/2012	31/03/2013	Not a member of the Pension scheme							
S Shortt	Professional Executive Committee (PEC) Chair	01/12/2006		Not a member of the Pension scheme							

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

####	Joint post with Nottingham City PCT - full costs are disclosed within Nottingham City PCT accounts
oooo	2011-12 information is not available for comparative increase assessment for these senior managers
****	Not employed by the PCT

V Taylor is employed by Leicester PCT and no information has been received

Cash Equivalent 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 members' accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefit accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figure, and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.
Self-employed GPs who are members of the Professional Executive Committee (PEC) have pension entitlements. However, the proportion of those entitilements that relates to their membership of the PEC is not significant compared to the proportion that relates to their work as practitioners independent of the PCT. It is not, therefore, appropriate to disclose their pension entitlements.

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 period.
The CETV values have been used at the start of the accounting period, rather than at the end.

The entries within this element of the remuneration report have been audited in accordance with the independent auditors report.

APPENDIX G

Nottingham County Teaching Primary Care Trust - Annual Accounts 31/03/13

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 organisations workforce.

The banded remuneration of the highest paid director in NHS Nottinghamshire County PCT in the financial year 2012-13 was £115-120 (2011-12 £125-130).

This was 3.59 times (2011-12 4.33 times) the median remuneration of the workforce, which was £32,573 (2011-12, £29,464)

There were no employees paid greater than the Highest Paid Director

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind as well as severence payments. It does not include employers pension contributions and the cash equivalent transfer value of pensions.

Explanation of changes

	2012/13		2011/12
Band of Highest Paid Directors Total Remuneration (£000)	115-120	Band of Highest Paid Directors Total Remuneration (£000)	125-130
Median Total Remuneration	32,573	Median Total Remuneration	29,464
Ratio	3.59	Ratio	4.33

The entries within this element of the remuneration report have been audited in accordance with the independent auditors report.

Department of Health

NHS

Nottinghamshire County Teaching Primary Care Trust

2012-13 Accounts

Published to gov.uk, in PDF format only.

www.gov.uk/dh

Nottinghamshire County Teaching Primary Care Trust

2012-13 Accounts

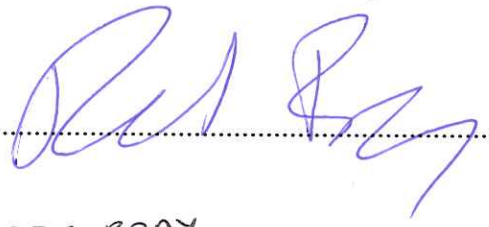
STATEMENT OF THE RESPONSIBILITIES OF THE SIGNING OFFICER OF THE PRIMARY CARE TRUST

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

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

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

nb: sign and date in any colour ink except black

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

Name: DEREK BRAY

Date.....4/6/13.....

STATEMENT OF RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS

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

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;

- make judgements and estimates which are reasonable and prudent;

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

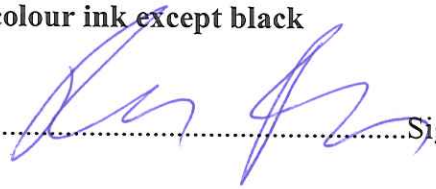
- ensure that the PCT kept proper accounting records which disclosed with reasonable accuracy at any time the financial position of the primary care trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State.

- have taken reasonable steps for the prevention and detection of fraud and other irregularities.

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

By order of the Permanent Secretary.

nb: sign and date in any colour ink except black

6/6/13 .....Date.....  .....Signing Officer

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

ANNUAL GOVERNANCE STATEMENT 2012/13
NHS NOTTINGHAMSHIRE COUNTY
Organisation Code 5N8

1. Scope of responsibility

This Governance Statement has been prepared within the context of continuing significant change in the NHS. The changes to the NHS, arising from the publication in July 2010 of the NHS White Paper, *Equity and Excellence: Liberating the NHS* and the coming into force of the Health and Social Care Act 2012 in March 2012 continued to have a major impact in the final year of these organisations. Revised Governance structures have been put in place to enable the PCT to continue to delegate the majority of their commissioning functions to the emerging Clinical Commissioning Groups **("CCGs")** and significant work has been undertaken to support them through the authorisation process. The PCT also continued the work of the Transition Board whose purpose was to ensure the effective handover and closedown of the PCT .

The Joint Board of the PCTs of NHS Nottingham City and NHS Nottinghamshire County **(the "Board")** was accountable for internal control. As Accountable Officer, and Chief Executive of the Board, I had responsibility during 2012-2013 for maintaining a sound system of internal control that supported the achievement of the organisation's policies, aims and objectives. I also had responsibility for safeguarding the PCT's public funds and the organisation's assets for which I am personally responsible as set out in the Accountable Officer Memorandum.

Since the 2011/2012 annual governance statement the CCGs have continued to develop and have undergone a rigorous authorisation process in order to become authorised as organisations in their own right by the new NHS Commissioning Board **("NHS England")**. In September NHS England finalised its appointments to the Nottinghamshire and Derbyshire Area Team and these appointments took effect on 1 October 2012. These appointments were designed to mitigate key risks affecting delivery and the transition and specifically to:

- Provide resilience for delivery given the PCTs were losing staff as the new organisations take on leadership roles and appoint staff from the current system

- Minimise the risk associated with so much transition across the system – functions and staff – on 1 April 2013

- Provide the new Area Team with opportunities to build their teams and structures, and plan effectively, while taking on real functions

I have continued to work closely with NHS Midlands and East participating fully in the performance management framework operated by the Strategic Health Authority Cluster, which includes review of the PCT Cluster's objectives, management and internal control

arrangements, to ensure progress is being made in key policy areas. We have also worked with all partner organisations in the local community to ensure the achievement of our operational plan and targets. The PCT also engaged with local partners through Local Area Agreements, Local Strategic Partnerships, the East Midlands Specialised Commissioning Group and other local network groups including Productive Nottinghamshire.

2. The Governance Framework

The Governance system has continued to be reviewed and amended to ensure it has remained fit for purpose during the transition period from PCTs to CCGs. The Cluster Committee was abolished and its business incorporated into the business of the Board and a new Finance and Performance Committee was established to ensure that the PCT had cluster wide oversight of the PCTs financial and performance position. The committee structure played a key role in ensuring that the PCT maintained and improved its internal control systems. Attendance and engagement at Board and Committee meetings remained high throughout the year.

The Board set the strategy and policy relating to internal controls. It also managed the Cluster Assurance Framework. It was compliant with the UK Corporate Governance Code and had collective responsibility for the delivery of the organisation's vision. There was a clear division of responsibilities between the Chairman and Chief Executive with the Non-Executive Directors providing constructive challenge and scrutiny. A formal programme of Board development sessions is delivered on an annual basis in order to ensure members are suitably updated and able to refresh their skills and knowledge and to provide the Board with time for reflect on its own effectiveness. In relation to 2012/13, specific sessions have been held to consider the impact on the Board's operation and structure in light of proposed system reforms, the future structure of the NHS and the arrangements being put in place for the handover and closedown of the PCT's functions. The Board has also held a number of board to board sessions with the new clinical commissioning groups to ensure that they are fully prepared to take on the functions they will inherit.

The Audit and Governance Committee was a joint committee of NHS Nottingham City and NHS Nottinghamshire County and the Non-Executive Directors who sat on that committee provided advice to the Board on the assurances it received to assess the internal controls. It also ensured the implementation, monitoring and review of appropriate systems for managing risk within the organisations, including co-ordination of all aspects of corporate and clinical governance.

The Cluster Committee was a joint Committee of NHS Nottingham City and NHS Nottinghamshire County which provided support and assurance to the Board by looking at the details of the transition assurance including the delivery of QIPP. This Committee was abolished in April 2012 and its business was incorporated into the business of the Board after the Board began to meet jointly with NHS Nottingham City.

The Clinical Commissioning Groups were established as committees of the Board with delegated budget responsibility and specific responsibility for certain areas of day to day operations such as Quality and Safeguarding. Their functions were agreed in a memorandum of understanding between the PCTs and the Clinical Commissioning Groups in July 2011 (revised June 2012). Although not statutorily responsible for managing risk as 'shadow' organisations, the five Nottinghamshire CCGs did nevertheless hold Governing Body (GB) meetings throughout 2012/13 and assurances were received by the GBs in respect of the management of risk at least twice a year through the receipt of either the Board Assurance Frameworks or high level risk registers. The Cluster Board received minutes of all CCG Governing Body meetings as assurance that each CCG was preparing itself to assume responsibility for the PCT's statutory duties from the 1st of April 2013.

The Cluster Executive Directors and the Executive Team provided direction to the organisation on the management of risk and continuous improvement. The Executive Directors and Executive Team met weekly to share information and discuss on-going and new issues including those relating to governance and risk management.

Also:

Internal Audit through East Midlands Internal Audit Service has provided assessment, assurance and advice on areas for improvement.

External Audit through KPMG has provided reports to the Audit Committee, Chief Executive and Director of Finance with the Annual Audit Letter being presented at a public Board Meeting.

All of these committees had specific delegated authority on which they reported to the Board to provide the required assurance.

In addition the Audit and Governance Committee established the **Transition Board**, a working group of key individuals, who held responsibility for ensuring the effective closedown of key work streams related to the PCT's functions including employment, quality and clinical governance, corporate governance and IT. The Transition Board's function was to support:

- Business as usual
- Handover and Closure
- Establishment of new arrangements

The work of the Transition Board included ensuring that appropriate handover meetings took place with receivers and that handover documents such as the Quality in Transition Handover document were prepared, reviewed by the Board and shared with receivers prior to 1 April 2013.

The Transition Board reported to the Audit and Governance Committee on key issues and the Board on more general issues related to the handover and closedown of the PCTs to provide assurance that there were appropriate arrangements in place for the discharge of the PCT's statutory functions.

During the year there was regular reporting to the Board from its committees to provide assurance. The Board received a number of assurance reports as a standing agenda item. These reports identified key issues that had been discussed/decided at each of the main committees. The front sheets for Board reports were also revised to ensure greater assurance was provided by individual authors and committees. In the case of committees of the Board (which included the Clinical Commissioning Groups) the amended front sheets incorporated a requirement that the committee evidence the fact it had acted within its delegated powers. The Board also continued to receive the minutes of all its committees as well as those of the Health and Wellbeing Boards.

During the year the Board undertook development sessions on a variety of subjects including:

- Board and Committee Governance and Assurance
- Transitional Governance
- Financial Management and QIPP
- Safeguarding

The Non-Executive Directors were represented on all committees and sub-committees of the Board, ensuring an integrated and holistic approach to risk management activities.

This system of internal control is designed to manage risk to an acceptable level rather than to eliminate all risk of failure to achieve the agreed strategic aims and objectives. The system of internal control is based on an ongoing process designed to:

- identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives;
- evaluate the likelihood of those risks being realised and the impact should they be realised; and
- manage risks efficiently, effectively and economically.

This system of internal control was in place in the PCT for the year ended 31 March 2013. It was designed to provide maximum assurance to the Accountable Officer and the Board.

3. Risk assessment

Risk management is the business of all staff employed by the PCT. Training and development was a key element of the organisation's approach to risk management, ensuring that all staff are aware of, and discharge, their roles and responsibilities in the

management of risk. This includes referencing the need for risk assessment, explanation of the risk management process, description of the risk assessment forms, more detailed information about the types of risks that require assessment, how risks are communicated throughout the organisation, and the importance of feedback.

The Directors were accountable for the effective management of risk within their areas of responsibility, which includes ensuring that appropriate controls are in place and that appropriate risk identification and mitigation actions are progressed and monitored. The Director of Finance had specific overall Board level responsibility for the identification and management of all financial risks to the PCT. The PCT has an excellent history of managing financial risks and has achieved its statutory financial duties every year since it was established. This has been achieved as a result of regular monitoring of the risks and opportunities that are identified on a monthly basis with the support of the senior managers and budget holders.

The PCT has continued to manage strategic risks via the Cluster Assurance Framework. Progress on the action plans for each risk was reported to the Audit and Governance Committee meeting on a regular basis. An exercise was undertaken in the latter half of 2012 to ensure that the CCG's Board Assurance Frameworks were linked to the Cluster Assurance Framework and that those risks were effectively escalated to the Board.

Main risks

The main risks facing the PCT during 2012/2013 have been associated with system reform:

- **The transition to clinically-led commissioning** – The CCGs had fully delegated responsibilities for all relevant commissioning activities since April 2011. The Board, committees of the Board and the Executive Team were instrumental in supporting the CCGs through the authorisation process and ensuring they were fit for purpose.

- **The transfer of the public health function** – This was progressed in line with a Local Public Health Transition Plan for the transfers to Nottinghamshire County Council in collaboration with the Local Authorities, and in line with national guidance.

- **The transitional governance issues associated with the close-down of the PCT** – A transitional governance work programme was established to ensure the safe closedown of the PCT, whilst ensuring there was a continued focus on business continuity as the new healthcare system was established.

- **Non transition related risks included**:

    - **Failure to meet QIPP targets will impact on the financial performance** - this was monitored via the Finance and Performance Committee and a review of all QIPP schemes which was led by the Director of Finance.

- **Care homes not meeting CQC standard** – the CCGs developed a regular review process and action plan to address this and regular reports were provided to the Board.

- **Non compliance with CQC regulations and essential standards, infection control and health and safety in offender health** – fortnightly meetings were put in place to address this.

In addition to the specific actions detailed above the PCT has:

- Reviewed the governance structure to ensure assurance was maintained especially as transition and the authorisation process progress;
- Worked with other PCTs in the Midlands and East footprint to develop transition plans and to learn from best practice.

The PCT required risk management to be integrated into every activity the organisation or its directors and employees undertook. This means that the Cluster had a robust risk management process in place which included active leadership from the Board. This was achieved through the Board having a key role in the monitoring of the Cluster Assurance Framework, identification of risk in papers presented to the Board and through Board involvement in the chairmanship of its committees. Additionally the detailed monitoring of the Cluster Assurance Framework was delegated to the Audit and Governance Committee. This committee had responsibility for challenging the Board Assurance Frameworks being produced by the CCGs to ensure they were accurate, linked with the Cluster Assurance document and that the actions plans were in place and achievable.

Information governance

An established framework for information governance was in place within the PCT, which ensured that risks to data security are effectively managed and controlled. The roles of Caldicott Guardian and Senior Information Risk Officer (SIRO) are assigned at an appropriately senior level within the organisation and the required training has been completed.

There were no reported lapses in data security during the year and no reports to the Information Commissioner.

Risk management leadership was further provided in the organisation through the Executive Lead for Governance. This individual provided advice, support, training, and the management of the organisational wide risk management arrangements and risk registers. Their team supported the Cluster Assurance Framework process, policy development and had responsibility for reviewing and amending the corporate governance arrangements as appropriate during the transition.

Members of staff throughout the PCT and CCG were actively involved in identifying, assessing and managing risk. Each directorate and CCG developed and managed its own risk register. Each register was then fed into the Cluster Assurance Framework.

The PCT had a Board endorsed Risk Management Policy which covered structures, attitudes, arrangements for reviewing risks and maintenance of the Cluster Risk Register. The Cluster had policies and procedures in place to ensure that we identified and learnt lessons from complaints, incidents, claims and enquiries dealt with by the Patient Advice and Liaison Service. The Audit and Governance Committee reviewed trends relating to these areas and ensured appropriate action was taken to address any areas of concern highlighted by that information. This information was reported to the Board as part of the Committee – Board reporting as identified in the Governance structure.

The PCT provided new staff with an induction programme which covered health and safety, fire and other advice necessary to enable to staff to work safely within the organisation. Members of staff were also required to attend mandatory update training covering all of the areas identified above along with Information Governance, Customer Care, Safeguarding and Infection Prevention and Control which are all aimed at managing risk.

We also produced a number of guidance documents which set out for staff the key actions they could take to reduce risk. Further the Transition Board released a number of internal briefings which were focussed on ensuring staff were fully informed about the arrangements being made to close down the PCT and the actions they needed to take to support this.

Financial governance

Despite the abolition of SHAs and PCTs, a letter to all Accountable Officers from Janet Perry NHS Chief Financial Controller (Gateway ref 18561) made clear that the PCT needed to ensure robust arrangements are maintained for:

- Preparation and sign off of PCT accounts for 2012/13;
- Support for the completion of the Department's resource account;
- Transfer of closing balances to residual organisations;
- Management of local discharge of balances transferred to the Department;
- Management of payroll queries and other related payroll issues; and
- Handover of residual balances managed on behalf of the Department.

In order to ensure sufficient resource to secure effective accounts preparation and an audit process arrangements have been made to construct teams from the new organisations including;

- The Clinical Commissioning Groups within Nottinghamshire
- The Derbyshire and Nottinghamshire Area Team
- Greater East Midlands Commissioning Support Unit
- NHS Property Services Limited

The PCT has also made arrangements to secure some interim appointments and use current staff, retained under Retention and Exit Terms Schemes (RETS).

The NHS England Derbyshire and Nottinghamshire Area Team Directors, as PCT accountable officers will have responsibility for signing accounts and the supporting statements.

To maintain rigour in the process and ensure there is some local scrutiny of the accounts a sub-committee of the Department of Health's own Audit and Risk Committee has been created and 3 existing Audit and Governance Committee members have been appointed as members. This approach is designed to draw on the expertise of current audit committee members and will provide a mechanism with the appropriate status to discharge the function.

The draft accounts will be reviewed in an Audit and Risk Committee meeting in May 2013 with final sign off taking place in June 2013.

The NHS England Derbyshire and Nottinghamshire Area Team Director of Finance will have responsibility for securing local teams to manage the discharge of balances that will be transferred to the Department of Health by the PCT and will manage the process of handover of the balances to receiver organisations. This responsibility will last from 1 April to 31 July 2013.

Provider Performance – Commissioner Risks

Sherwood Forest Hospitals FT is situated in the north of Nottinghamshire County and provides services to a significant proportion of the PCT population. However, Monitor have formally identified the Trust as in significant breach of its provider license and has financial pressures along with being one of a small number of Trust's under review for its Hospital Standardised Mortality Ratio.

The PCT has adopted a clear strategy with the Trust that aims to be supportive and transparent about its financial pressures whilst clearly ensuring that these issues do not overlap or interfere with the commissioning and contracting arrangements with the Trust. Therefore, as a result, the PCT has not veered away from paying national tariff or agreed local tariffs to the Trust as a result of these pressures nor has it subsidised the Trust in any other way in recognition of its financial position. Where payments have been made outside the standard contract, this has been transacted in line with PCT process and with receipt of evidence of the activities and costs to be undertaken or incurred by the Trust.

Commissioners became aware that the annual re-basing of HSMRs would show a deteriorating position for SFHFT when compared to other trusts. This was detected through proactive monitoring of HSMRs and enabled commissioners to take prompt action. This issue was discussed at a board-to-board meeting between commissioners (CCG and PCT) and the trust. Both boards agreed to instigate a review. This was initiated and overseen by the CCG Chief Officer and the trust Chief Executive. Relevant parties were briefed by the CCG, including the SHA, PCT, CQC and Monitor.

In October 2012, a steering group was established to ensure that the review progressed in a timely and effective manner. The CCG Governing Bodies have also monitored progress against HSMR actions.

The Steering Group has continued to meet in order to monitor progress against outstanding actions and to identify further action areas.

4. The Risk and Control Framework

The Risk Management Policy covered identification, quantification, reduction or elimination of risk across clinical (including patient safety issues), health and safety, information and data, organisational, financial, workforce and reputational risks.

Risk was identified through a wide range of sources including: individual team reviews, directorate assessments, risks to the delivery of organisational objectives, performance data, business plans and risk identified in papers presented to the Audit and Governance Committee.

Evaluation was undertaken using an organisational-wide tool based on a 5 by 5 matrix which utilises the assessment of likelihood and impact to produce a risk score. Risks assessed as significant (over 16) to the achievement of the Corporate objectives were included in the Cluster Assurance Framework. In order to reduce or eliminate risk a lead was identified for each risk and current controls were reviewed and an action plan developed as appropriate.

Risk Management was embedded through ensuring that all employees were engaged in assessing and managing risk as set out above. The Cluster Assurance Framework provided the organisation with a comprehensive method for the effective and focused management of the strategic risks to meeting the PCT's objectives. The Framework covered the organisation's risks, which could affect the achievement of the objectives, control measures, and gaps which are translated into an action plan.

There were also significant support in place for prevention and deterrence. This included communication at all levels including team briefs and the active involvement of the Local Counter Fraud Specialist in investigations. They also provided training and regular reports to the Audit and Governance Committee on activity.

The Cluster Assurance Framework was a crucial process for the management of risk. It was the Board's process for managing the achievement of its strategic objectives, ensuring it achieves sufficient assurance on progress against those objectives and managing the associated risks. The Cluster Assurance Framework provided evidence to support the Governance Statement by demonstrating control by the Board in those areas.

During 2012/13 the Cluster Assurance Framework was regularly reviewed to ensure that specific risks associated with the development of CCGs and the overall transition process were monitored.

The functions which were delegated to the CCGs were managed via a memorandum of understanding between the PCT and the CCGs agreed in July 2011 (revised in June 2012) to ensure it was clear as to the division of responsibility and that it was fit for purpose.

These controls were all part of the overall PCT Governance structure and were supported by PCT staff and independent associates most of whom have previously served as Non Executive Directors.

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

Control measures were in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation especially the Equality Delivery Scheme (EDS) were complied with.

5. Review of Effectiveness of Risk Management and Internal Control

As Accountable Officer, I had responsibility for reviewing the effectiveness of the system of risk management and internal control. My review is informed in a number of ways. The Head of Internal Audit provided me with an opinion on the overall arrangements for gaining assurance through the Cluster and Board Assurance Frameworks and on the controls reviewed as part of the internal audit work. Executive Directors within the organisation who have responsibility for the development and maintenance of the system of internal control provided me with assurance. The Cluster Assurance Framework itself provided me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. My view is also informed by:

- Internal Audit reports;
- Cluster Assurance Framework;
- work undertaken by the KPMG in giving an opinion on the annual accounts and other audit reports;
- reports from external bodies such as the Care Quality Commission (CQC);
- the NHS Litigation Authority assessment against risk management standards; and
- CQC essential standards of quality and safety.

I have been advised in my review of the effectiveness of the system of internal control by the Board, the Audit and Governance Committee, the Finance and Performance Committee, other committees of the Board and my Executive Directors.

6. Head of internal audit opinion

The 2012-13 year has seen significant change for the organisations as they have prepared for their abolition on 31 March 2013 and handover of functions to the new commissioning organisations detailed in the Health and Social Care Act 2012. The delivery of the PCT's statutory functions and arrangements for closedown were achieved whilst the PCT sought to develop, prepare, support and engage with those organisations emerging as a result of the Act so that they were in the best position possible to continue the legacy of the PCTs. These challenges have been reviewed regularly by the PCT and the changing risk profile reflected within the audit plan and the type of work that has been delivered by EMIAS during the year.

The overall opinion of the head of Internal Audit for 2012/2013 was as follows, *"I am pleased to report that the organisation has achieved **Significant Assurance** as there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently."*

7. Overall Opinion

In providing an opinion for the 2012/2013 financial year, it is important to reflect on the environment in which the PCT has been required to function and the impact such an unprecedented period of change has had on the operation of control.

The PCT has continued to meet their statutory functions despite significant reductions in staff and the related loss of organisational knowledge. The cluster arrangements and subsequent delegation of management responsibility to the new Nottinghamshire and Derbyshire Area Team of NHS England has enabled the PCT to make the best use of the resources available to it and also support the continuity of work and retention of key employees. This has taken place alongside the Clinical Commissioning Group being authorised by NHS England and unanticipated issues arising as a result of the transition period. Each of these issues had the potential to impact on the overall control environment; collectively they created a volatility that inherently increased the level of risk being faced by all PCTs, arguably in spite of any additional control mechanisms that may be implemented. However, the system of internal control was designed to manage risk to a reasonable level rather than eliminate all risk of failure. From EMIAS's review of our systems of internal control, primarily through the operation of our Assurance Framework and the individual assignments they have undertaken they have provided a **Significant Assurance** that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently.

8. Significant Issues

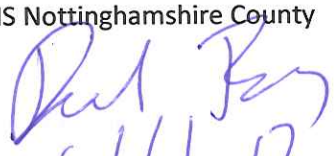
National guidance defines significant issues as those that:

- Could have a material impact on the accounts;
- may prejudice the achievement of the business plan or other priorities;
- could undermine the integrity or reputation of the organisation;
- are of concern to the organisation's Audit and Governance Committee;
- have been highlighted as significant by the organisation's internal or external auditors;
- could impact on the delivery of the standards expected of the Accountable Officer;
- may make it harder to resist fraud or other misuse of resources;
- put a significant programme or project at risk;
- could divert resources from another significant aspect of the business; and
- may put national security or data integrity at risk.

The PCT did not have any significant control issues during 2012/13.

Designated Signing Officer for the PCT
and Accountable Office for the PCT until 31st March 2013: Derek Bray

Organisation: NHS Nottinghamshire County

Signature 

Date 6/6/13

INDEPENDENT AUDITOR'S REPORT TO THE SIGNING OFFICER FOR NOTTINGHAMSHIRE COUNTY TEACHING PRIMARY CARE TRUST

We have audited the financial statements of Nottinghamshire County Teaching PCT for the year ended 31 March 2013 on pages 1 to 45. 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.

This report is made solely to the Signing Officer for Nottinghamshire County Teaching PCT in accordance with Part II of the Audit Commission Act 1998. Our audit work has been undertaken so that we might state to the Signing Officer for the PCT those matters we are required to state to him in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Signing Officer for the PCT for our audit work, for this report or for the opinions we have formed.

Respective responsibilities of Signing Officer and auditor

As explained more fully in the Statement of Signing Officer's Responsibilities, the Signing Officer is responsible for the preparation of financial statements which 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 PCT's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the PCT; 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.

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the financial position of Nottinghamshire County Teaching PCT as at 31 March 2013 and of its expenditure and income 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 regularity prescribed by the Code of Audit Practice 2010 for local NHS bodies

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 other matters prescribed by the Code of Audit Practice 2010 for local NHS bodies

In our opinion:

- the part of the Remuneration Report subject to audit has been properly prepared 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; and

- the information given in the director's report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Code of Audit Practice 2010 for local NHS bodies requires us to report to you if:

- In our opinion, the Governance Statement does not reflect compliance with the Department of Health's requirements;
- any referrals to the Secretary of State have been made under section 19 of the Audit Commission Act 1998; or
- any matters have been reported in the public interest under the Audit Commission Act 1998 in the course of, or at the end of, the audit.

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

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

We have undertaken our audit in accordance with the Code of Audit Practice 2010 for local NHS bodies, having regard to the guidance issued by the Audit Commission in November 2012. We have considered the results of the following:

- our review of the Governance Statement; and

- the work of other relevant regulatory bodies or inspectorates, to the extent that the results of this work impact on our responsibilities at the PCT; and

- our review of the PCT's closedown and transition plans.

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

Certificate

We certify that we have completed the audit of the accounts of Nottinghamshire County Teaching PCT in accordance with the requirements of the Audit Commission Act 1998 and the Code of Audit Practice 2010 for local NHS bodies issued by the Audit Commission.

Sue Sunderland for and on behalf of KPMG LLP, Statutory Auditor

Chartered Accountants
St Nicholas House
31 Park Row
Nottingham
NG1 6FQ

7th 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	**18,703**	18,075
Other costs	5.1	**1,120,568**	1,096,453
Income	4	**(44,902)**	(39,538)
Net operating costs before interest		**1,094,369**	1,074,990
Investment income	9	**(140)**	(180)
Other (Gains)/Losses	10	**(40)**	10
Finance costs	11	**5,341**	5,252
Net operating costs for the financial year		**1,099,530**	1,080,072
Transfers by absorption -(gains)		**0**	
Transfers by absorption - losses		**0**	
Net (gain)/loss on transfers by absorption		**0**	
Net Operating Costs for the Financial Year including absorption transfers		**1,099,530**	**1,080,072**
Of which:			
Administration Costs			
Gross employee benefits	7.1	**14,903**	15,361
Other costs	5.1	**11,330**	12,242
Income	4	**(2,141)**	(4,755)
Net administration costs before interest		**24,092**	**22,848**
Investment income	9	**0**	0
Other (Gains)/Losses	10	**0**	0
Finance costs	11	**0**	196
Net administration costs for the financial year		**24,092**	**23,044**
Programme Expenditure			
Gross employee benefits	7.1	**3,800**	2,714
Other costs	5.1	**1,109,238**	1,084,211
Income	4	**(42,761)**	(34,783)
Net programme expenditure before interest		**1,070,277**	**1,052,142**
Investment income	9	**(140)**	(180)
Other (Gains)/Losses	10	**(40)**	10
Finance costs	11	**5,341**	5,056
Net programme expenditure for the financial year		**1,075,438**	**1,057,028**

Other Comprehensive Net Expenditure	2012-13 £000	2011-12 £000
Impairments and reversals put to the Revaluation Reserve	**666**	(292)
Net (gain) on revaluation of property, plant & equipment	**(3,683)**	(8,297)
Net (gain) on revaluation of intangibles	**0**	0
Net (gain) on revaluation of financial assets	**0**	0
Net (gain)/loss on other reserves	**0**	0
Net (gain)/loss on available for sale financial assets	**0**	0
Net (gain) /loss on Assets Held for Sale	**(15)**	
Release of Reserves to Statement of Comprehensive Net Expenditure	**0**	
Net actuarial (gain)/loss on pension schemes	**5**	0
Reclassification Adjustments		
Reclassification adjustment on disposal of available for sale financial assets	**0**	0
Total comprehensive net expenditure for the year*	**1,096,503**	**1,071,483**

Statement of Financial Position at 31 March 2013

	NOTE	31 March 2013 £000	31 March 2012 £000
Non-current assets:			
Property, plant and equipment	12	103,662	105,094
Intangible assets	13	126	242
investment property	15	0	0
Other financial assets	21	956	967
Trade and other receivables	19	0	376
Total non-current assets		104,744	106,679
Current assets:			
Inventories	18	0	0
Trade and other receivables	19	14,587	17,442
Other financial assets	36	0	0
Other current assets	22	0	0
Cash and cash equivalents	23	309	21
Total current assets		14,896	17,463
Non-current assets held for sale	24	75	1,033
Total current assets		14,971	18,496
Total assets		119,715	125,175
Current liabilities			
Trade and other payables	25	(63,382)	(63,572)
Other liabilities	26,28	0	0
Provisions	32	(5,446)	(5,823)
Borrowings	27	(1,419)	(2,533)
Other financial liabilities	36.2	0	0
Total current liabilities		(70,247)	(71,928)
Non-current assets plus/less net current assets/liabilities		49,468	53,247
Non-current liabilities			
Trade and other payables	25	(28)	(74)
Other Liabilities	28	0	0
Provisions	32	(11,598)	(7,150)
Borrowings	27	(61,329)	(62,761)
Other financial liabilities	36.2	0	0
Total non-current liabilities		(72,955)	(69,985)
Total Assets Employed:		(23,487)	(16,738)
Financed by taxpayers' equity:			
General fund		(46,206)	(36,534)
Revaluation reserve		22,719	19,796
Other reserves		0	0
Total taxpayers' equity:		(23,487)	(16,738)

The notes on pages 5 to 45 form part of this account.

The financial statements on pages 1 to 4 were approved by the Audit Committee on *6th June 2013* and signed on its behalf by

Designated Signing Officer:

Date: 6/6/2013

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

	General fund	Revaluation reserve	Other reserves	Total reserves
	£000	£000	£000	£000
Balance at 1 April 2012	**(36,534)**	19,796	0	**(16,738)**
Changes in taxpayers' equity for 2012-13				
Net operating cost for the year	(1,099,530)			**(1,099,530)**
Net gain on revaluation of property, plant, equipment		3,683		**3,683**
Net gain on revaluation of intangible assets		0		**0**
Net gain on revaluation of financial assets		0		**0**
Net gain on revaluation of assets held for sale		15		**15**
Impairments and reversals		(666)		**(666)**
Movements in other reserves			0	**0**
Transfers between reserves*	109	(109)		**0**
Release of Reserves to SOCNE		0		**0**
Reclassification Adjustments				
Transfers between Revaluation Reserve & General Fund in respect of assets transferred under absorption	0	0		**0**
Net actuarial gain/(loss) on pensions	(5)		0	**(5)**
Total recognised income and expense for 2012-13	**(1,099,426)**	**2,923**	**0**	**(1,096,503)**
Net Parliamentary funding	1,089,754			**1,089,754**
Balance at 31 March 2013	**(46,206)**	**22,719**	**0**	**(23,487)**

Balance at 1 April 2011	**-30990**	**12518**	**0**	**(18,472)**
Changes in taxpayers' equity for 2011-12				
Net operating cost for the year	(1,080,072)			(1,080,072)
Net Gain / (loss) on Revaluation of Property, Plant and Equipment		8,297		8,297
Net Gain / (loss) on Revaluation of Intangible Assets		0		0
Net Gain / (loss) on Revaluation of Financial Assets		0		0
Net Gain / (loss) on Assets Held for Sale		0		0
Impairments and Reversals		(923)		(923)
Movements in other reserves			0	0
Transfers between reserves*	96	(96)		0
Release of Reserves to Statement of Comprehensive Net Expenditure		0		0
Reclassification Adjustments				
Transfers to/(from) Other Bodies within the Resource Account Boundary	(114)	0	0	(114)
On disposal of available for sale financial assets	0	0	0	0
Net actuarial gain/(loss) on pensions	0		0	0
Total recognised income and expense for 2011-12	(1,080,090)	7,278	0	(1,072,812)
Net Parliamentary funding	1,074,546			1,074,546
Balance at 31 March 2012	**(36,534)**	**19,796**	**0**	**(16,738)**

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	**(1,094,369)**	(1,074,990)
Depreciation and Amortisation	**8,155**	6,163
Impairments and Reversals	**950**	2,005
Other Gains / (Losses) on foreign exchange	**0**	0
Donated Assets received credited to revenue but non-cash	**0**	0
Government Granted Assets received credited to revenue but non-cash	**0**	0
Interest Paid	**(5,303)**	(5,252)
Release of PFI/deferred credit	**0**	0
(Increase)/Decrease in Inventories	**0**	0
(Increase)/Decrease in Trade and Other Receivables	**3,231**	(3,745)
(Increase)/Decrease in Other Current Assets	**0**	0
Increase/(Decrease) in Trade and Other Payables	**(1,767)**	2,164
(Increase)/Decrease in Other Current Liabilities	**0**	0
Provisions Utilised	**(6,333)**	(3,407)
Increase/(Decrease) in Provisions	**10,404**	6,526
Net Cash Inflow/(Outflow) from Operating Activities	**(1,085,032)**	**(1,070,536)**
Cash flows from investing activities		
Interest Received	**140**	180
(Payments) for Property, Plant and Equipment	**(2,821)**	(1,743)
(Payments) for Intangible Assets	**0**	0
(Payments) for Other Financial Assets	**0**	0
(Payments) for Financial Assets (LIFT)	**0**	0
Proceeds of disposal of assets held for sale (PPE)	**782**	4
Proceeds of disposal of assets held for sale (Intangible)	**0**	0
Proceeds from Disposal of Other Financial Assets	**0**	0
Proceeds from the disposal of Financial Assets (LIFT)	**0**	0
Loans Made in Respect of LIFT	**0**	0
Loans Repaid in Respect of LIFT	**11**	14
Rental Revenue	**0**	0
Net Cash Inflow/(Outflow) from Investing Activities	**(1,888)**	**(1,545)**
Net cash inflow/(outflow) before financing	**(1,086,920)**	**(1,072,081)**
Cash flows from financing activities		
Capital Element of Payments in Respect of Finance Leases and On-SoFP PFI and LIFT	**(2,546)**	(2,454)
Net Parliamentary Funding	**1,089,754**	1,074,546
Capital Receipts Surrendered	**0**	0
Capital grants and other capital receipts	**0**	0
Cash Transferred (to)/from Other NHS Bodies (free text note required)	**0**	(115)
Net Cash Inflow/(Outflow) from Financing Activities	**1,087,208**	**1,071,977**
Net increase/(decrease) in cash and cash equivalents	**288**	**(104)**
Cash and Cash Equivalents (and Bank Overdraft) at Beginning of the Period	**21**	**125**
Effect of Exchange Rate Changes in the Balance of Cash Held in Foreign Currencies	**0**	0
Cash and Cash Equivalents (and Bank Overdraft) at year end	**309**	**21**

1. Accounting policies

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

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

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

1.1 Accounting Conventions

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

Transforming Community Services (TCS) transactions

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

Acquisitions and Discontinued Operations

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

Critical accounting judgements and key sources of estimation uncertainty

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

Critical judgements in applying accounting policies

The following are the critical judgements, apart from those involving estimations (see below) that management has made in the process of applying the entity's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

-Determining whether a substantial transfer of risks and rewards has occurred in relation to leased assets.

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

a) Provisions

Provisions in respect of the ISTC Nations contract have used price inflation foracasts based on Bank of England projected CPI rates.

Provisions in respect of early retirements have used expectation of life tables as produced by the Office of National Statistics to estimate future pension liabilities. These have been discounted by 2.80% to determine the provision at the balance sheet date.

b) Property valuations

The valuations will be undertaken by an independent external valuer. Valuations will be based on "Fair Value."

Where the buildings are specialised in terms of fit-out and use the valuation basis will generally be based upon a Depreciated Replacement Cost with this cost based on a Modern Equivalent Building. As a consequence these values may vary as the costs of the replacement vary, i.e. as build costs (material prices etc.) and labour costs change. The values will also reflect changes in land prices which will be stated separately.

For non specialised buildings will be valued to "Fair Value." However for those non specialised assets, valuations will be based on their Market Velues within their existing use. For example an office building would be velued as an office with reference to prevailing market values, but on the assumption that it will continue to be used as an office. These velues will therefore be subject to changes in market conditions and market values.
Details of Property values can be found in note 12

c) Indices used for valuation

The PCT arranged for the whole estate to be valued at 31st March 2012 in preparation for transfer to successor organisations in April 2013.

d) Asset lives

Estimated asset lives and residual values are reviewed each year.
Details of Asset lives can be found in note 12 and 13

e) Partially completed Healthcare Spells

The PCT includes estimations for partially completed spells which span the end of the financial year .
The provider trusts provide the PCT with activity information on which to base the estimation value.

1. Accounting policies (continued)

1.2 Revenue and Funding

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

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

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

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

1.3 Care Trust Designation

Nottinghamshire County Primary Care Trust is not a designated Care Trust.

1.4 Pooled budgets

The PCT has entered into one pooled budget arrangement for Integrated Community Equipment Schemes, on the 1st April 2011, for 3 years, ending March 2014.

The PCT has entered into a pooled budget with Nottinghamshire County Council, Nottingham City Council, Nottingham City PCT and Bassetlaw PCT. Under the arrangement funds are pooled under S75 of the NHS Act 2006 for Integrated Community Equipment Scheme activities and a memorandum note to the accounts provides details of the joint income and expenditure.

The pool is hosted by Nottinghamshire County Council. As a commissioner of healthcare services, the Primary Care Trust makes contributions to the pool, which is then used to purchase healthcare services. The Primary Care Trust accounts for its share of the assets, liabilities, income and expenditure of the pool as determined by the pooled budget agreement.

1.5 Taxation

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

1.6 Administration and Programme Costs

Treasury has set performance targets in respect of non-frontline expenditure (administration expenditure).
From 2011-12, PCTs therefore analyse and report revenue income and expenditure by "admin and programme"
For PCTs, the Department has defined "admin and programme" in terms of running costs.

The broad definition of running costs includes any cost incurred that is not a direct payment for the provision of healthcare or healthcare related services.
Expense incurred under NHS transition redundancy programmes is however classed as "programme" under Treasury

1. Accounting policies (continued)

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.

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

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

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

Subsequent expenditure

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

1. **Accounting policies (continued)**

1.8 Intangible Assets

Recognition

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

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

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

Measurement

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

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

1.9 Depreciation, amortisation and impairments

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

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

The PCT's policy is to charge excess depreciation at the point an asset is disposed, rather than an annual adjustment.

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

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

Impairments are analysed between Departmental Expenditure Limits (DEL) and Annually Managed Expenditure (AME) from 2011-12. This is necessary to comply with Treasury's budgeting guidance. DEL limits are set in the Spending Review and Departments may not exceed the limits that they have been set.
AME budgets are set by the Treasury and may be reviewed with departments in the run-up to the Budget. Departments need to monitor AME closely and inform Treasury if they expect AME spending to rise above forecast. Whilst Treasury accepts that in some areas of AME inherent volatility may mean departments do not have the ability to manage the spending within budgets in that financial year, any expected increases in AME require Treasury approval.

1. Accounting policies (continued)

1.10 Donated assets

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

1.11 Government grants

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

1.12 Non-current assets held for sale

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

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

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

1.13 Inventories

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

1.14 Cash and cash equivalents

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

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

1.15 Losses and Special Payments

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

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

1.16 Clinical Negligence Costs

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

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

1. Accounting policies (continued)

1.17 Employee benefits

Short-term employee benefits

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

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

Retirement benefit costs

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

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

No PCT employees are members of the Local Government Superannuation Scheme.

1.18 Research and Development

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

1.19 Other expenses

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

1.20 Grant making

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

1.21 EU Emissions Trading Scheme

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

1. **Accounting policies (continued)**

1.22 Contingencies

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

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

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

1.23 Leases

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

The PCT as lessee

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

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

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

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

The PCT as lessor

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

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

1.24 Foreign exchange

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

1.25 Provisions

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

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

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

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

1.26 Financial Instruments

Financial assets

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

Financial assets are initially recognised at fair value.

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

Financial assets at fair value through profit and loss

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

Held to maturity investments

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

Available for sale financial assets

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

Loans and receivables

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

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques which are in accordance with relevant guidance.

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.

Financial liabilities at fair value through profit and loss
Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the Statement of Comprehensive Net Expenditure. The net gain or loss incorporates any interest earned on the financial asset. The PCT has no embedded derivatives. Fair value is based on historical cost in accordance with IAS 39 guidance.

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

1.27 Private Finance Initiative (PFI) and NHS LIFT transactions

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 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."

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 same amount as the fair value of the PFI assets and 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. Accounting policies (continued)

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

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

IAS 1 Presentation of financial statements (Other Comprehensive Income) - subject to consultation
IAS 12 - Income Taxes (amendment) - subject to consultation
IAS 19 Post-employment benefits (pensions) - subject to consultation
IAS 27 Separate Financial Statements - subject to consultation
IAS 28 Investments in Associates and Joint Ventures - subject to consultation
IFRS 7 - Financial Instruments: Disclosures (annual improvements) - effective 2012-13
IFRS 9 Financial Instruments - subject to consultation - subject to consultation
IFRS 10 Consolidated Financial Statements - subject to consultation
IFRS 11 Joint Arrangements - subject to consultation
IFRS 12 Disclosure of Interests in Other Entities - subject to consultation
IFRS 13 Fair Value Measurement - subject to consultation
IPSAS 32 - Service Concession Arrangement - subject to consultation

1.29 Going Concern

Under the provisions of *The Health and Social Care Act 2012 (Commencement No. 4 Transitional, Savings and Transitory Provisions) Order 2013*, Nottinghamshire County PCT was dissolved on 1st April 2013. The PCT's functions, assets and liabilities transferred to other public sector entities as outlined in Note 42 *Events After the Reporting Period*. Where reconfigurations of this nature take place within the public sector, Government accounting requires that the activities concerned are to be considered as continuing operations, and so the closing entity prepares accounts on a "going concern" basis.

The Statement of Financial Position has therefore been drawn up at 31st March 2013 on the same basis as in previous years, reporting balances on the same basis as would a continuing entity. In particular, there have been no disclosures made under IFRS 5 *Non Current Assets Held for Sale and Discontinued Operations*. Revaluations and impairments recognised within this financial year, have been undertaken as routine annual cycle, of the PCT.

As a result the Board of Nottinghamshire County Teaching PCT have prepared these financial statements on a going concern basis.

2 Operating segments

Nottinghamshire County PCT operates two reporting segments, PCT Cluster Commissioner and Clinical Commissioning Groups (CCG's), for its decision making and performance monitoring arrangements.

This level of segmental commissioning reporting, has arisen due to the PCT adopting shadow CCG Board Arrangements as a response to the Health and Social Care Bill requirements. They have operated in shadow form during 2011-2012 and 2012-13.

The PCT has identified a range of services which are due to transfer to the CCG's frpm 1st April 2013, and has developed the reporting to enable performance management at that level.

PCT Cluster
The PCT Cluster segment derives its funding from a share of the PCT Department of Health allocation, and is responsible for securing the provision of specialised healthcare and primary care services for the resident population. The PCT Cluster Is also responsible for the PCT Estate, Public Health, Social Healthcare and Drug & Alcohol services.

The main areas of healthcare expenditure during 2012/13 were across the following healthcare areas:

Primary & General Medical Services	£81 million	(£92 million in 2011/12)
Dental Services	£24 million	(£23 million in 2011/12)
Pharmacy Services	£24 million	(£23 million in 2011/12)
Health & Social Care Arrangements (Nottinghamshire County Council)	£8 million	(£10 million in 2011/12)
Specialised Commissioning (Leicestershire County & Rutland PCT)	£106 million	(£96 million in 2011/12)

Clinical Commissioning Groups
The Clinical Commissioning Group segment derives its funding from a share of the PCT Department of Health allocation, and is responsible for securing the provision of general acute, emergency and community healthcare services and prescribing spend for the resident population.

The main areas of healthcare expenditure during 2012/13 were with the following healthcare providers:

Nottingham University Hospitals	£200 million	(£206 million in 2011/12)
Sherwood Forest Hospitals	£167 million	(£165 million in 2011/12)
Prescriptive Pricing Authority	£95 million	(£101 million in 2011/12)

Segmental Performance

	PCT Cluster		CCG's		Total	
	2012-13	2011-12	**2012-13**	2011-12	**2012-13**	2011-12
	£000	£000	**£000**	£000	**£000**	£000
Net Expenditure	**324,565**	285,001	**774,966**	795,071	**1,099,531**	1,080,072
Segment Surplus/(deficit)	**4,947**	786	**6,401**	2,586	**11,348**	3,372

Prior Year Comparators
Prior Year Comparators have been provided as it is the second year of CCG's operating in shadow form, in preparation for the transition to full responsibility from 1st April 2013.

Some areas of spend have moved across commissioner during the year as the PCT has reflected the changing guidance from the Department of Health.

Accounting Transactions
The accounting transactions for the segments operate under an 'Internal Coding' arrangements, whereby the Statutory PCT holds the overall contracts for healthcare services, and allocates out the expenditure according to activity performance schedules.

Common Costs
The PCT reviews common support and administrative costs, and has ensured that appropriate values are apportioned between the segments. These

Net Assets

The PCT does not routinely report on segmented assets, or use this as a basis to allocate resources or assess performance. One overall Statement of Financial Position is reported to the Board, and so Net Assets have not been allocated to operating segments for the purposes of these accounts.

3. Financial Performance Targets

3.1 Revenue Resource Limit

	2012-13 £000	2011-12 £000
The PCTs' performance for the year ended 2012-13 is as follows:		
Total Net Operating Cost for the Financial Year	1,099,530	1,080,072
Net operating cost (gain)/loss on transfers by absorption	0	0
Adjusted for prior period adjustments in respect of errors	0	0
Revenue Resource Limit	1,110,878	1,083,444
Under/(Over)spend Against Revenue Resource Limit (RRL)	11,348	3,372

3.2 Capital Resource Limit

	2012-13 £000	2011-12 £000
The PCT is required to keep within its Capital Resource Limit.		
Capital Resource Limit	3,581	1,868
Charge to Capital Resource Limit	3,567	1,853
(Over)/Underspend Against CRL	14	15

3.3 Provider full cost recovery duty

	2012-13 £000	2011-12 £000
The PCT is required to recover full costs in relation to its provider functions.		
Provider gross operating costs	0	0
Provider Operating Revenue	0	0
Net Provider Operating Costs	0	0
Costs Met Within PCTs Own Allocation	0	0
Under/(Over) Recovery of Costs	0	0

3.4 Under/(Over)spend against cash limit

	2012-13 £000	2011-12 £000
Total Charge to Cash Limit	1,089,755	1,074,546
Cash Limit	1,101,088	1,077,879
Under/(Over)spend Against Cash Limit	11,333	3,333

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

	2012-13 £000
Total cash received from DH (Gross)	956,705
Less: Trade Income from DH	0
Less/(Plus): movement in DH working balances	0
Sub total: net advances	956,705
(Less)/plus: transfers (to)/from other resource account bodies (free text note required)	0
Plus: cost of Dentistry Schemes (central charge to cash limits)	23,036
Plus: drugs reimbursement (central charge to cash limits)	110,013
Parliamentary funding credited to General Fund	1,089,754

4 Miscellaneous Revenue

	2012-13 Total	2012-13 Admin	2012-13 Programme	2011-12
	£000	£000	£000	£000
Fees and Charges	8	0	8	27
Dental Charge income from Contractor-Led GDS & PDS	9,403		9,403	8,931
Dental Charge income from Trust-Led GDS & PDS	0		0	0
Prescription Charge income	5,816		5,816	5,542
Strategic Health Authorities	4,913	20	4,893	5,983
NHS Trusts	5,646	67	5,579	6,397
NHS Foundation Trusts	4,188	38	4,150	3,853
Primary Care Trusts Contributions to DATs	0		0	0
Primary Care Trusts - Other	8,793	1,399	7,394	3,016
Primary Care Trusts - Lead Commissioning	782	0	782	789
English RAB Special Health Authorities	232	232	0	0
NDPBs and Others (CGA)	0	0	0	0
Department of Health - SMPTB	0	0	0	0
Department of Health - Other	0	0	0	0
Recoveries in respect of employee benefits	0	0	0	0
Local Authorities	41	0	41	815
Patient Transport Services	0		0	0
Education, Training and Research	34	34	0	415
Non-NHS: Private Patients	0		0	0
Non-NHS: Overseas Patients (Non-Reciprocal)	0		0	0
NHS Injury Costs Recovery	0		0	0
Other Non-NHS Patient Care Services	269	0	269	0
Charitable and Other Contributions to Expenditure	0		0	0
Receipt of donated assets	0		0	0
Receipt of Government granted assets	0		0	0
Rental revenue from finance leases	0	0	0	0
Rental revenue from operating leases	1,384	0	1,384	1,278
Other revenue	3,393	351	3,042	2,492
Total miscellaneous revenue	**44,902**	**2,141**	**42,761**	**39,538**

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	133,723		133,723	125,325
Non-Healthcare	390	390	0	860
Total	134,113	390	133,723	126,185
Goods and Services from Other NHS Bodies other than FTs				
Goods and services from NHS Trusts	378,962	193	378,769	377,406
Goods and services (other, excl Trusts, FT and PCT))	32	0	32	1,160
Total	378,994	193	378,801	378,566
Goods and Services from Foundation Trusts	202,593	33	202,560	195,105
Purchase of Healthcare from Non-NHS bodies	95,947		95,947	89,425
Social Care from Independent Providers	0		0	0
Expenditure on Drugs Action Teams	0		0	0
Non-GMS Services from GPs	437	0	437	311
Contractor Led GDS & PDS (excluding employee benefits)	33,160		33,160	31,916
Salaried Trust-Led PDS & PCT DS (excluding employee benefits)	0		0	0
Chair, Non-executive Directors & PEC remuneration	161	160	1	56
Executive committee members costs	101	101	0	78
Consultancy Services	3,932	2,258	1,674	1,275
Prescribing Costs	95,870		95,870	100,540
G/PMS, APMS and PCTMS (excluding employee benefits)	93,709	0	93,709	92,917
Pharmaceutical Services	1,280		1,280	1,161
Local Pharmaceutical Services Pilots	0		0	0
New Pharmacy Contract	26,437		26,437	27,403
General Ophthalmic Services	6,012		6,012	5,943
Supplies and Services - Clinical	5,428	10	5,418	3,969
Supplies and Services - General	2,533	7	2,526	2,764
Establishment	4,356	2,702	1,654	3,312
Transport	90	44	46	36
Premises	11,366	1,324	10,042	11,851
Impairments & Reversals of Property, plant and equipment	950	0	950	1,796
Impairments and Reversals of non-current assets held for sale	0	0	0	209
Depreciation	8,039	6	8,033	6,072
Amortisation	116	0	116	91
Impairment & Reversals Intangible non-current assets	0	0	0	0
Impairment and Reversals of Financial Assets	0	0	0	0
Impairment of Receivables	600	599	1	21
Inventory write offs	0	0	0	0
Research and Development Expenditure	504	504	0	725
Audit Fees	152	152	0	241
Other Auditors Remuneration	45	19	26	0
Clinical Negligence Costs	33	6	27	43
Education and Training	466	409	57	686
Grants for capital purposes	854	0	854	895
Grants for revenue purposes	0	0	0	0
Impairments and reversals for investment properties	0	0	0	0
Other	12,290	2,413	9,877	12,859
Total Operating costs charged to Statement of Comprehensive Net Expenditure	1,120,568	11,330	1,109,238	1,096,453
Employee Benefits (excluding capitalised costs)				
Employee Benefits associated with PCTMS	0	0	0	0
Trust led PDS and PCT DS	0	0	0	0
PCT Officer Board Members	852	852	0	856
Other Employee Benefits	17,851	14,051	3,800	17,219
Total Employee Benefits charged to SOCNE	18,703	14,903	3,800	18,075
Total Operating Costs	1,139,271	26,233	1,113,038	1,114,528
Analysis of grants reported in total operating costs				
For capital purposes				
Grants to fund Capital Projects - GMS	854	0	854	0
Grants to Local Authorities to Fund Capital Projects	0	0	0	130
Grants to Private Sector to Fund Capital Projects	0	0	0	0
Grants to Fund Capital Projects - Dental	0	0	0	0
Grants to Fund Capital Projects - Other	0	0	0	765
Total Capital Grants	854	0	854	895
Grants to fund revenue expenditure				
To Local Authorities	0	0	0	0
To Private Sector	0	0	0	0
To Other	0	0	0	0
Total Revenue Grants	0	0	0	0
Total Grants	854	0	854	895

	Total	Commissioning Services	Public Health
PCT Running Costs 2012-13			
Running costs (£000s)	24,092	20,392	3,700
Weighted population (number in units)*	654,960	654,960	654,960
Running costs per head of population (£ per head)	37	31	6
PCT Running Costs 2011-12			
Running costs (£000s)	22,988	19,687	3,301
Weighted population (number in units)	654,960	654,960	654,960
Running costs per head of population (£ per head)	35	30	5

5.2 Analysis of operating expenditure by expenditure classification	2012-13 £000	2011-12 £000
Purchase of Primary Health Care		
GMS / PMS/ APMS / PCTMS	93,710	92,917
Prescribing costs	95,870	100,540
Contractor led GDS & PDS	33,151	31,917
Trust led GDS & PDS	0	0
General Ophthalmic Services	6,012	5,943
Department of Health Initiative Funding	0	0
Pharmaceutical services	1,280	1,161
Local Pharmaceutical Services Pilots	0	0
New Pharmacy Contract	26,437	27,403
Non-GMS Services from GPs	437	310
Other	0	0
Total Primary Healthcare purchased	**256,897**	260,191
Purchase of Secondary Healthcare		
Learning Difficulties	25,938	28,555
Mental Illness	92,656	89,025
Maternity	26,940	27,103
General and Acute	481,655	489,615
Accident and emergency	19,964	18,800
Community Health Services	116,566	115,198
Other Contractual	44,965	18,077
Total Secondary Healthcare Purchased	**808,684**	786,373
Grant Funding		
Grants for capital purposes	854	895
Grants for revenue purposes	0	0
Total Healthcare Purchased by PCT	**1,066,435**	**1,047,459**
PCT self-provided secondary healthcare included above	0	0
Social Care from Independent Providers	0	0
Healthcare from NHS FTs included above	200,016	192,405

6. Operating Leases

The significant operating lease arrangements relate to Birch House (Rainworth), which ends on the 08th May 2033 with no option to purchase. The lease arrangement requires this building to be used as office accomodation.

The annual rental is determined in accordance with the recommendations of local valuers. Expenditure incurred during the year for the Birch House premises was £507,797 (£479,342 2011/12)

The contingent rent for these properties has been calculated using the difference between the rent paid in 2012/13 and the initial value detailed in the lease arrangements.

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		1,197	141	1,338	1,491
Contingent rents		488	0	488	405
Sub-lease payments		0	0	0	0
Total	0	1,685	141	1,826	1,896
Payable:					
No later than one year	0	1,567	74	1,641	1,801
Between one and five years	0	5,170	28	5,198	5,919
After five years	0	17,064	0	17,064	12,020
Total	0	23,801	102	23,903	19,740
Total future sublease payments expected to be received				0	0

6.2 PCT as lessor

The PCT is currently Lessor in respect of Operating Leases only at it's LIFT sites.

There are 10 individual leases in respect of 6 premises. 9 of these leases relate to GP practices and 1 relates to a Dental practice.

7 of the leases were renewed with effect from 1 February 2013 and has caused the significant increase in future lease income.

	2012-13 £000	2011-12 £000
Recognised as income		
Rental Revenue	1,384	1,278
Contingent rents	0	0
Total	1384	1,278
Receivable:		
No later than one year	1,384	939
Between one and five years	4,947	164
After five years	986	0
Total	7,317	1,103

7. Employee benefits and staff numbers

7.1 Employee benefits

2012-13			Permanently employed			Other		
	Total £000	Admin £000	Programme £000	Total £000	Admin £000	Programme £000	Total £000	Admin £000	Programme £000
Employee Benefits - Gross Expenditure									
Salaries and wages	15,294	12,186	3,108	14,846	11,783	3,063	448	403	45
Social security costs	1,394	1,111	283	1,394	1,111	283	0	0	0
Employer Contributions to NHS BSA - Pensions Division	2,015	1,606	409	2,015	1,606	409	0	0	0
Other pension costs	0	0	0	0	0	0	0	0	0
Other post-employment benefits	0	0	0	0	0	0	0	0	0
Other employment benefits	0	0	0	0	0	0	0	0	0
Termination benefits	0	0	0	0	0	0	0	0	0
Total employee benefits	18,703	14,903	3,800	18,255	14,500	3,755	448	403	45
Less recoveries in respect of employee benefits (table below)	0	0	0	0	0	0	0	0	0
Total - Net Employee Benefits including capitalised costs	18,703	14,903	3,800	18,255	14,500	3,755	448	403	45
Employee costs capitalised	0	0	0	0	0	0	0	0	0
Gross Employee Benefits excluding capitalised costs	18,703	14,903	3,800	18,255	14,500	3,755	448	403	45
Recognised as:									
Commissioning employee benefits	18,703			18,255			448		
Provider employee benefits	0			0			0		
Gross Employee Benefits excluding capitalised costs	18,703			18,255			448		

2012-13			Permanently employed			Other		
	Total £000	Admin £000	Programme £000	Total £000	Admin £000	Programme £000	Total £000	Admin £000	Programme £000
Employee Benefits - Revenue									
Salaries and wages	0	0	0	0	0	0	0	0	0
Social Security costs	0	0	0	0	0	0	0	0	0
Employer Contributions to NHS BSA - Pensions Division	0	0	0	0	0	0	0	0	0
Other pension costs	0	0	0	0	0	0	0	0	0
Other Post Employment Benefits	0	0	0	0	0	0	0	0	0
Other Employment Benefits	0	0	0	0	0	0	0	0	0
Termination Benefits	0	0	0	0	0	0	0	0	0
TOTAL excluding capitalised costs	0	0	0	0	0	0	0	0	0

Employee Benefits - Prior- year

	Total £000	Permanently employed £000	Other £000
Employee Benefits Gross Expenditure 2011-12			
Salaries and wages	13,720	13,588	132
Social security costs	1,260	1,260	0
Employer Contributions to NHS BSA - Pensions Division	2,234	2,234	0
Other pension costs	0	0	0
Other post-employment benefits	0	0	0
Other employment benefits	0	0	0
Termination benefits	861	861	0
Total gross employee benefits	18,075	17,943	132
Less recoveries in respect of employee benefits	0	0	0
Total - Net Employee Benefits including capitalised costs	18,075	17,943	132
Employee costs capitalised	0	0	0
Gross Employee Benefits excluding capitalised costs	18,075	17,943	132
Recognised as:			
Commissioning employee benefits	18,075		
Provider employee benefits	0		
Gross Employee Benefits excluding capitalised costs	18,075		

7.2 Staff Numbers

	2012-13 Total Number	2012-13 Permanently employed Number	2012-13 Other Number	2011-12 Total Number	2011-12 Permanently employed Number	2011-12 Other Number
Average Staff Numbers						
Medical and dental	8	8	0	7	7	0
Ambulance staff	0	0	0	0	0	0
Administration and estates	180	180	0	181	181	0
Healthcare assistants and other support staff	0	0	0	0	0	0
Nursing, midwifery and health visiting staff	23	23	0	27	27	0
Nursing, midwifery and health visiting learners	0	0	0	0	0	0
Scientific, therapeutic and technical staff	27	27	0	28	28	0
Social Care Staff	0	0	0	0	0	0
Other	128	128	0	105	105	0
TOTAL	368	368	0	348	348	0
Of the above - staff engaged on capital projects	0	0	0	0	0	0

7.3 Staff Sickness absence and ill health retirements

	2012-13 Number	2011-12 Number
Total Days Lost	2,437	15,587
Total Staff Years	384	1,720
Average working Days Lost	6.35	9.06

	2012-13 Number	2011-12 Number
Number of persons retired early on ill health grounds	0	2
	£000s	£000s
Total additional pensions liabilities accrued in the year	0	195

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**	3	4	7
£10,001-£25,000	**4**	**0**	**4**	1	2	3
£25,001-£50,000	1	**0**	**1**	2	1	3
£50,001-£100,000	**0**	**0**	**0**	1	4	5
£100,001 - £150,000	**0**	**0**	**0**	0	2	2
£150,001 - £200,000	**0**	**0**	**0**	0	0	0
>£200,000	**2**	**0**	**2**	0	0	0
Total number of exit packages by type (total cost	**7**	**0**	**7**	7	13	20
	£000s	£000s	£000s	£000s	£000s	£000s
Total resource cost	732	0	**732**	175	549	724

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

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

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

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	**29,913**	**140,600**	31,789	146,215
Total Non-NHS Trade Invoices Paid Within Target	**29,581**	**138,213**	31,184	144,098
Percentage of NHS Trade Invoices Paid Within Target	98.89%	98.30%	98.10%	98.55%
NHS Payables				
Total NHS Trade Invoices Paid in the Year	**3,972**	**744,068**	4,634	732,900
Total NHS Trade Invoices Paid Within Target	**3,935**	**743,449**	4,543	731,538
Percentage of NHS Trade Invoices Paid Within Target	99.07%	99.92%	98.04%	99.81%

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

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

	2012-13 £000	2011-12 £000
Amounts included in finance costs from claims made under this legislation	0	0
Compensation paid to cover debt recovery costs under this legislation	0	1
Total	**0**	1

9. Investment Income

	2012-13 Total £000	2012-13 Admin £000	2012-13 Programme £000	2011-12 £000
Rental Income				
PFI finance lease revenue (planned)	0	0	0	0
PFI finance lease revenue (contingent)	0	0	0	0
Other finance lease revenue	0	0	0	0
Subtotal	0	0	0	0
Interest Income				
LIFT: equity dividends receivable	0	0	0	0
LIFT: loan interest receivable	140	0	140	180
Bank interest	0	0	0	0
Other loans and receivables	0	0	0	0
Impaired financial assets	0	0	0	0
Other financial assets	0	0	0	0
Subtotal	140	0	140	180
Total investment income	140	0	140	180

10. Other Gains and Losses

	2012-13 Total £000	2012-13 Admin £000	2012-13 Programme £000	2011-12 £000
Gain/(Loss) on disposal of assets other than by sale (PPE)	0	0	0	(10)
Gain/(Loss) on disposal of assets other than by sale (intangibles)	0	0	0	0
Gain/(Loss) on disposal of Financial Assets - other than held for sale	0	0	0	0
Gain/(Loss) on disposal of assets held for sale	40	0	40	0
Gain/(loss) on foreign exchange	0	0	0	0
Change in fair value of financial assets carried at fair value through the SoCNE	0	0	0	0
Change in fair value of financial liabilities carried at fair value through the SoCNE	0	0	0	0
Change in fair value of investment property	0	0	0	0
Recycling of gain/(loss) from equity on disposal of financial assets held for sale	0	0	0	0
Total	40	0	40	(10)

11. Finance Costs

	2012-13 Total £000	2012-13 Admin £000	2012-13 Programme £000	2011-12 £000
Interest				
Interest on obligations under finance leases	170	0	170	289
Interest on obligations under PFI contracts:				
- main finance cost	783	0	783	749
- contingent finance cost	206	0	206	194
Interest on obligations under LIFT contracts:				
- main finance cost	3,322	0	3,322	3,394
- contingent finance cost	860	0	860	626
Interest on late payment of commercial debt	0	0	0	0
Other interest expense	0	0	0	0
Total interest expense	5,341	0	5,341	5,252
Other finance costs	0	0	0	0
Provisions - unwinding of discount	0		0	0
Total	5,341	0	5,341	5,252

12.1 Property, plant and equipment

2012-13	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation:									
At 1 April 2012	12,379	88,212	300	0	4,912	563	5,475	3,825	113,666
Additions of Assets Under Construction				0					0
Additions Purchased	0	3,382	0		239	0	414	317	4,352
Additions Donated	0	0	0	0	0	0	0	0	0
Additions Government Granted	0	0	0	0	0	0	0	0	0
Additions Leased	0	0	0		0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Reclassifications as Held for Sale	155	33	0	0	0	0	0	0	188
Disposals other than for sale	0	0	0	0	0	0	0	0	0
Upward revaluation/positive indexation	0	3,676	7	0	0	0	0	0	3,683
Impairments/negative indexation	(1)	(761)	0	0	0	0	0	0	(762)
Reversal of Impairments	0	96	0	0	0	0	0	0	96
Transfers (to)/from Other Public Sector Bodies	0	0	0	0	0	0	0	0	0
At 31 March 2013	12,533	92,638	307	0	5,151	563	5,889	4,142	121,223
Depreciation									
At 1 April 2012	0	0	0	0	2,467	562	3,344	2,199	8,572
Reclassifications	0	0	0		0	0	0	0	0
Reclassifications as Held for Sale	0	0	0		0	0	0	0	0
Disposals other than for sale	0	0	0		0	0	0	0	0
Upward revaluation/positive indexation	0	0	0		0	0	0	0	0
Impairments	0	607	0	0	120	0	341	6	1,274
Reversal of Impairments	0	(324)	0	0	0	0	0	0	(324)
Charged During the Year	0	6,488	7		375	1	714	454	8,039
Transfers (to)/from Other Public Sector Bodies	0	0	0	0	0	0	0	0	0
At 31 March 2013	0	8,971	7	0	2,962	563	4,399	2,659	17,561
Net Book Value at 31 March 2013	12,533	85,667	300	0	2,189	0	1,490	1,483	103,662
Purchased	12,511	83,643	300	0	2,189	0	1,490	1,483	101,616
Donated	0	73	0	0	0	0	0	0	73
Government Granted	22	1,951	0	0	0	0	0	0	1,973
Total at 31 March 2013	12,533	85,667	300	0	2,189	0	1,490	1,483	103,662
Asset financing:									
Owned	7,245	27,719	300	0	2,189	0	1,490	1,483	40,426
Held on finance lease	0	5,185	0	0	0	0	0	0	5,185
On-SOFP PFI contracts	2,288	43,985	0	0	0	0	0	0	46,273
PFI residual interests	3,000	8,778	0	0	0	0	0	0	11,778
Total at 31 March 2013	12,533	85,667	300	0	2,189	0	1,490	1,483	103,662

Revaluation Reserve Balance for Property, Plant & Equipment

	Land	Buildings	Dwellings	Assets under construction & payments on account	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
At 1 April 2012	2,068	17,557	145	0	0	0	0	0	19,770
Movements (specify)	14	2,913	7	0	0	0	0	0	2,934
At 31 March 2013	2,082	20,470	152	0	0	0	0	0	22,704

12.2 Property, plant and equipment

2011-12	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation:									
At 1 April 2011	**14,584**	**98,740**	**356**	**0**	**4,571**	**563**	**5,310**	**3,594**	**127,718**
Additions - purchased	0	1,107	0	0	330	0	185	231	**1,853**
Additions - donated	0	0	0	0	0	0	0	0	**0**
Additions - government granted	0	0	0	0	0	0	0	0	**0**
Reclassifications	0	0	0	0	0	0	0	0	**0**
Reclassified as held for sale	(207)	(5)	0	0	11	0	0	0	**(201)**
Disposals other than by sale	0	0	0	0	0	0	(20)	0	**(20)**
Revaluation & indexation gains	276	6,583	13	0	0	0	0	0	**6,872**
Impairments	(534)	(583)	0	0	0	0	0	0	**(1,117)**
Reversals of impairments	0	1,409	0	0	0	0	0	0	**1,409**
In-year transfers to/from NHS bodies	0	0	0	0	0	0	0	0	**0**
Cumulative dep netted off cost following revaluatic	(1,740)	(21,039)	(69)	0	0	0	0	0	**(22,848)**
At 31 March 2012	**12,379**	**86,212**	**300**	**0**	**4,912**	**563**	**5,475**	**3,825**	**113,666**
Depreciation									
At 1 April 2011	**94**	**16,114**	**63**		**2,109**	**554**	**2,839**	**1,786**	**23,559**
Reclassifications		0	0		0	0	0	0	**0**
Reclassifications as Held for Sale	0	0	0		0	0	0	0	**0**
Disposals other than for sale	0	0	0		0	0	(7)	0	**(7)**
Upward revaluation/positive indexation	0	0	0		0	0	0	0	**0**
Impairments	1,646	3,523	0	0	0	0	0	0	**5,169**
Reversal of Impairments	0	(3,373)	0	0	0	0	0	0	**(3,373)**
Charged During the Year	0	4,775	6		358	8	512	413	**6,072**
In-year transfers to/from NHS bodies	0	0	0	0	0	0	0	0	**0**
Cumulative dep netted off cost following revaluatic	(1,740)	(21,039)	(69)	0	0	0	0	0	**(22,848)**
At 31 March 2012	**0**	**0**	**0**	**0**	**2,467**	**562**	**3,344**	**2,199**	**8,572**
Net Book Value at 31 March 2012	**12,379**	**86,212**	**300**	**0**	**2,445**	**1**	**2,131**	**1,626**	**105,094**
Purchased	12,357	84,052	300	0	2,445	1	2,131	1,626	**102,912**
Donated	0	76	0	0	0	0	0	0	**76**
Government Granted	22	2,084	0	0	0	0	0	0	**2,106**
At 31 March 2012	**12,379**	**86,212**	**300**	**0**	**2,445**	**1**	**2,131**	**1,626**	**105,094**
Asset financing:									
Owned	7,091	25,776	300	0	2,445	1	2,131	1,626	**39,370**
Held on finance lease	0	5,581	0	0	0	0	0	0	**5,581**
On-SOFP PFI contracts	2,288	45,891	0	0	0	0	0	0	**48,179**
PFI residual: interests	3,000	8,964	0	0	0	0	0	0	**11,964**
At 31 March 2012	**12,379**	**86,212**	**300**	**0**	**2,445**	**1**	**2,131**	**1,626**	**105,094**

12.3 Property, plant and equipment

No donated assets have been received by the PCT during 2012-13

Revaluation Policy

The PCT Building and Land assets are held at revalued amounts. The PCT estate is usually revalued as part of a rolling 3 year programme, however due to the closure of the PCT at 31st March 2013, it was decided to revalue the entire estate again for 2012/13.
This is instead of a indexation factor being applied.

For 2012/13, the effective date of the revaluation is as at 31st March 2013 and was undertaken by the District valuers.
The properties were revalued at Fair Value using Depreciated Replacement Cost for a Modern Equivalent Asset.

The Modern Equivalent Asset (MEA) revaluation methodology was applied, and as the PCT changed it's valuation methodology to MEA during the 2008/09 financial year, there has been no impact from a change in approach during the year.

Asset Lives Used
The PCT has the following range of asset lives for each class of asset:

Asset Type	Years
Computer Software	0-2
Buildings	0-67
Dwellings	42
Plant & Machinery	0-17
Transport Equipment	0
Information Technology	0-6
Furniture & Fittings	0-9

All residual values are zero in accordance with the PCT Asset Accounting Policy.

Impairments
The PCT has not received any compensation from Third Parties in relation to assets impaired or given up.
As part of the annual revaluation of the PCT Building and Land asset, the PCT has written down several amounts for land and buildings down to recoverable amounts, as determined by the District Valuer, details of which can be found at Note 14 to the Accounts.

Assets Held for Sale
The following assets are being 'Held for Sale' in the PCT accounts:

Hawtonville Health Centre
The Hawtonville Health Centre land is being held for sale with a carrying value in the accounts of £75,000.

Assets Held by Third Parties
There are no assets held by third parties in 2011/12.

13.1 Intangible non-current assets

2012-13	Software internally generated £000	Software purchased £000	Licences & trademarks £000	Patents £000	Development expenditure £000	Total £000
At 1 April 2012	532	0	0	0	0	532
Additions - purchased	0	0	0	0	0	0
Additions - internally generated	0	0	0	0	0	0
Additions - donated	0	0	0	0	0	0
Additions - government granted	0	0	0	0	0	0
Additions Leased	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	0
Revaluation & indexation gains	0	0	0	0	0	0
Impairments	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0
In-year transfers to/from NHS bodies	0	0	0	0	0	0
At 31 March 2013	532	0	0	0	0	532
Amortisation						
At 1 April 2012	290	0	0	0	0	290
Reclassifications	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	0
Revaluation or indexation gains	0	0	0	0	0	0
Impairments charged to operating expenses	0	0	0	0	0	0
Reversal of impairments charged to operating expenses	0	0	0	0	0	0
Charged during the year	116	0	0	0	0	116
In-year transfers to NHS bodies	0	0	0	0	0	0
At 31 March 2013	406	0	0	0	0	406
Net Book Value at 31 March 2013	126	0	0	0	0	126
Net Book Value at 31 March 2013 comprises						
Purchased	126	0	0	0	0	126
Donated	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0
Total at 31 March 2013	126	0	0	0	0	126

Revaluation reserve balance for intangible non-current assets

	Software internally generated £000's	Software purchased £000's	Licences & trademarks £000's	Patents £000's	Development expenditure £000's	Total £000's
At 1 April 2012	0	0	0	0	0	0
Movements (specify)	0	0	0	0	0	0
At 31 March 2013	0	0	0	0	0	0

13.2 Intangible non-current assets

2011-12	Software internally generated £000	Software purchased £000	Licences & trademarks £000	Patents £000	Development expenditure £000	Total £000
At 1 April 2011	**532**	**0**	**0**	**0**	**0**	**532**
Additions - purchased	0	0	0	0	0	**0**
Additions - internally generated	0	0	0	0	0	**0**
Additions - donated	0	0	0	0	0	**0**
Additions - government granted	0	0	0	0	0	**0**
Reclassifications	0	0	0	0	0	**0**
Reclassified as held for sale	0	0	0	0	0	**0**
Disposals other than by sale	0	0	0	0	0	**0**
Revaluation & indexation gains	0	0	0	0	0	**0**
Impairments	0	0	0	0	0	**0**
Reversal of impairments	0	0	0	0	0	**0**
In-year transfers to/from NHS bodies	0	0	0	0	0	**0**
Cumulative dep netted off cost following revaluation	0	0	0	0	0	**0**
At 31 March 2012	**532**	**0**	**0**	**0**	**0**	**532**
Amortisation						
At 1 April 2011	**199**	**0**	**0**	**0**	**0**	**199**
Reclassifications	0	0	0	0	0	**0**
Reclassified as held for sale	0	0	0	0	0	**0**
Disposals other than by sale	0	0	0	0	0	**0**
Revaluation or indexation gains	0	0	0	0	0	**0**
Impairments charged to operating expenses	0	0	0	0	0	**0**
Reversal of impairments charged to operating expenses	0	0	0	0	0	**0**
Charged during the year	91	0	0	0	0	**91**
In-year transfers to NHS bodies	0	0	0	0	0	**0**
Less cumulative dep written down on revaluation	0	0	0	0	0	**0**
At 31 March 2012	**290**	**0**	**0**	**0**	**0**	**290**
Net Book Value at 31 March 2012	**242**	**0**	**0**	**0**	**0**	**242**
Net Book Value at 31 March 2012 comprises						
Purchased	242	0	0	0	0	**242**
Donated	0	0	0	0	0	**0**
Government Granted	0	0	0	0	0	**0**
Total at 31 March 2012	**242**	**0**	**0**	**0**	**0**	**242**

13.3 Intangible non-current assets

The PCT has not undertaken revaluations on its intangible assets during 2012-13.

The PCT has internally generated intangible assets. The software within this class of asset is considered to have finite useful lives.

In accordance with the PCT Asset Accounting Policy, computer software, capitalised as an Intangible Asset, is amortised over a period of 5 years.

The PCT has no assets considered to have indefinite useful lives.

The PCT has no intangible assets acquired by way of a Government Grant.

The PCT carries no Revaluation Reserve in relation to intangible assets.

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

	2012-13 Total £000	2012-13 Admin £000	2012-13 Programme £000
Property, Plant and Equipment impairments and reversals taken to SoCNE			
Loss or damage resulting from normal operations	570	0	570
Over-specification of assets	0	0	0
Abandonment of assets in the course of construction	0	0	0
Total charged to Departmental Expenditure Limit	570	0	570
Unforeseen obsolescence	0		0
Loss as a result of catastrophe	0		0
Other	486		486
Changes in market price	(96)		(96)
Total charged to Annually Managed Expenditure	390		390
Property, Plant and Equipment impairments and reversals charged to the revaluation reserve			
Loss or damage resulting from normal operations	0		
Over Specification of Assets	0		
Abandonment of assets in the course of construction	0		
Unforeseen obsolescence	0		
Loss as a result of catastrophe	0		
Other	0		
Changes in market price	866		
Total impairments for PPE charged to reserves	866		
Total impairments of Property, Plant and Equipment	1,816	0	960
Intangible assets impairments and reversals charged to SoCNE			
Loss or damage resulting from normal operations	0	0	0
Over-specification of assets	0	0	0
Abandonment of assets in the course of construction	0	0	0
Total charged to Departmental Expenditure Limit	0	0	0
Unforeseen obsolescence	0		0
Loss as a result of catastrophe	0		0
Other	0		0
Changes in market price	0		0
Total charged to Annually Managed Expenditure	0		0
Intangible Assets impairments and reversals charged to the Revaluation Reserve			
Loss or damage resulting from normal operations	0		
Over-specification of assets	0		
Abandonment of assets in the course of construction	0		
Unforeseen obsolescence	0		
Loss as a result of catastrophe	0		
Other	0		
Changes in market price	0		
Total impairments for Intangible Assets charged to Reserves	0		
Total impairments of Intangibles	0	0	0
Financial Assets charged to SoCNE			
Loss or damage resulting from normal operations	0	0	0
Total charged to Departmental Expenditure Limit	0	0	0
Loss as a result of catastrophe	0		0
Other	0		0
Total charged to Annually Managed Expenditure	0		0
Financial Assets impairments and reversals charged to the Revaluation Reserve			
Loss or damage resulting from normal operations	0		
Loss as a result of catastrophe	0		
Other	0		
TOTAL impairments for Financial Assets charged to reserves	0		
Total impairments of Financial Assets	0	0	0
Non-current assets held for sale - impairments and reversals charged to SoCNE.			
Loss or damage resulting from normal operations	0	0	0
Abandonment of assets in the course of construction	0	0	0
Total charged to Departmental Expenditure Limit	0	0	0
Unforeseen obsolescence	0		0
Loss as a result of catastrophe	0		0
Other	0		0
Changes in market price	0		0
Total charged to Annually Managed Expenditure	0		0
Total impairments of non-current assets held for sale	0	0	0
Inventories - impairments and reversals charged to SoCNE			
Loss or Damage Resulting from Normal Operations	0	0	0
Total charged to Departmental Expenditure Limit	0	0	0
Unforeseen Obsolescence	0		0
Loss as a Result of a Catastrophe	0		0
Other (Free text note required)*	0		0
Changes in Market Price	0		0
Total charged to Annually Managed Expenditure	0		0
Total impairments of inventories	0	0	0
Investment Property impairments charged to SoCNE			
Loss or Damage Resulting from Normal Operations	0	0	0
Total charged to Departmental Expenditure Limit	0	0	0
Unforeseen Obsolescence	0		0
Loss as a Result of a Catastrophe	0		0
Other (Free text note required)*	0		0
Changes in Market Price	0		0
Total charged to Annually Managed Expenditure	0		0
Total investment Property impairments charged to SoCNE	0	0	0
Investment Property impairments and reversals charged to the Revaluation Reserve			
Loss or Damage Resulting from Normal Operations	0		
Over Specification of Assets	0		
Abandonment of Assets in the Course of Construction	0		
Unforeseen Obsolescence	0		
Loss as a Result of a Catastrophe	0		
Other (Free text note required)*	0		
Changes in Market Price	0		
TOTAL impairments for investment Property charged to Reserves	0		
Total investment Property impairments	0	0	0
Total impairments charged to Revaluation Reserve	866		
Total impairments charged to SoCNE - DEL	570	0	570
Total impairments charged to SoCNE - AME	380		380
Overall Total impairments	1,816	0	950
Of which:			
Impairment on revaluation to "modern equivalent asset" basis	0	0	0
Donated and Gov Granted Assets, included above -			
PPE - Donated and Government Granted Asset Impairments amount charged to SoCNE - DEL*	0	0	0
Intangibles - Donated and Government Granted Asset Imparments amount charged to SoCNE -AME*	0	0	0

In preparation for the transition of the PCT to successor organisations, all fixed assets have been reviewed and verified to ensure all is in order for the legal transfer of assets to the receiver organisations.
As a result of this detailed review some impairments have been actioned in addition to the impairments arising from the District Valuers report.

15 Investment property

	31 March 2013 £000	31 March 2012 £000
At fair value		
Balance at 1 April 2012	**0**	0
Additions Through Subsequent Expenditure	**0**	0
Other Acquisitions	**0**	0
Disposals	**0**	0
Property Reclassified as Held for Sale	**0**	0
Loss from Fair Value Adjustments - Impairments	**0**	0
Gain from Fair Value Adjustments - Reversal of Impairments	**0**	
Gain from Fair Value Adjustments	**0**	0
Transfers (to)/from Other Public Sector Bodies	**0**	
Other Changes	**0**	0
Balance at 31 March 2013	**0**	0
Investment property capital transactions in 2012-13		
Capital expenditure	**0**	0
Capital income	**0**	0
	0	0

16 Commitments

16.1 Capital commitments

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

	31 March 2013 £000	31 March 2012 £000
Property, plant and equipment	**3,033**	1,350
Intangible assets	**0**	0
Total	**3,033**	1,350

16.2 Other financial commitments

The PCT has entered into non-cancellable contracts (which are not leases or PFI contracts or other service concession arrangements), for financial and administrative services, Nottingham Treatment Centre, Integrated Community Equipment Services and for building management services. The payments to which the PCT is committed are as follows:

	31 March 2013 £000	31 March 2012 £000
Not later than one year	**10,169**	25,546
Later than one year and not later than five year	**1,278**	11,589
Later than five years	**0**	0
Total	**11,447**	37,135

The reduction in commitments less than one year are due to the Nottingham Treatment Centre contract ceasing on the 27th July 2013.

17 Intra-Government and other balances

	Current receivables £000s	Non-current receivables £000s	Current payables £000s	Non-current payables £000s
Balances with other Central Government Bodies	5,929	0	1,652	0
Balances with Local Authorities	0	0	4,792	0
Balances with NHS bodies outside the Departmental Group	0	0	0	0
Balances with NHS Trusts and Foundation Trusts	4,289	0	12,613	0
Balances with Public Corporations and Trading Funds	0	0	0	0
Balances with bodies external to government	4,369	0	44,325	28
At 31 March 2013	**14,587**	**0**	**63,382**	**28**
prior period:				
Balances with other Central Government Bodies	2,091	30	3,435	0
Balances with Local Authorities	521	0	2,251	0
Balances with NHS Trusts and Foundation Trusts	6,960	0	6,238	0
Balances with Public Corporations and Trading Funds	0	0	0	0
Balances with bodies external to government	7,870	346	51,648	74
At 31 March 2012	17,442	376	63,572	74

18 Inventories

	Drugs £000	Consumables £000	Energy £000	Work in progress £000	Loan Equipment £000	Other £000	Total £000
Balance at 1 April 2012	0	0	0	0	0	0	0
Additions	0	0	0	0	0	0	0
Inventories recognised as an expense in the period	0	0	0	0	0	0	0
Write-down of inventories (including losses)	0	0	0	0	0	0	0
Reversal of write-down previously taken to SoCNE	0	0	0	0	0	0	0
Transfers (to)/from other public sector bodies	0	0	0	0	0	0	0
Balance at 31 March 2013	0	0	0	0	0	0	0

19.1 Trade and other receivables

	Current		Non-current	
	31 March 2013 £000	31 March 2012 £000	31 March 2013 £000	31 March 2012 £000
NHS receivables - revenue	5,582	3,955	0	30
NHS receivables - capital	0	0	0	0
NHS prepayments and accrued income	4,636	4,813	0	0
Non-NHS receivables - revenue	1,923	2,395	244	677
Non-NHS receivables - capital	0	0	0	0
Non-NHS prepayments and accrued income	1,948	5,241	0	0
Provision for the impairment of receivables	(399)	(139)	(244)	(331)
VAT	545	238	0	0
Current/non-current part of PFI and other PPP arrangements prepayments and accrued income	0	0	0	0
Interest receivables	0	0	0	0
Finance lease receivables	0	0	0	0
Operating lease receivables	0	0	0	0
Other receivables	352	939	0	0
Total	14,587	17,442	0	376
Total current and non current	14,587	17,818		
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.

19.2 Receivables past their due date but not impaired

	31 March 2013 £000	31 March 2012 £000
By up to three months	869	223
By three to six months	214	75
By more than six months	6	523
Total	1,089	821

19.3 Provision for impairment of receivables

	2012-13 £000	2011-12 £000
Balance at 1 April 2012	(470)	(449)
Amount written off during the year	427	0
Amount recovered during the year	64	0
(Increase)/decrease in receivables impaired	(664)	(21)
Balance at 31 March 2013	(643)	(470)

Receivables impaired include £448k for GPs premises recharges, £139k for council debts and £56k for other debtors. Most of these debts are over 12 months old and every effort has been made to collect these debts without success.

20 NHS LIFT investments

	Loan £000	Share capital £000	Total £000
Balance at 1 April 2012	962	5	967
Additions	0	0	0
Disposals	0	0	0
Loan repayments	(11)	0	(11)
Revaluations	0	0	0
Loans repayable within 12 months	0	0	0
Balance at 31 March 2013	951	5	956
Balance at 1 April 2011	976	5	981
Additions	0	0	0
Disposals	0	0	0
Loan repayments	(14)	0	(14)
Revaluations	0	0	0
Loans repayable within 12 months	0	0	0
Balance at 31 March 2012	962	5	967

21.1 Other financial assets - Current

	31 March 2013 £000	31 March 2012 £000
Opening balance 1 April	0	0
Transfers (to)/from Other Public Sector Bodies in year	0	0
Other Movements	0	0
Closing balance 31 March	0	0

21.2 Other Financial Assets - Non Current

	31 March 2013 £000	31 March 2012 £000
Opening balance 1 April	967	981
Additions	0	0
Revaluation	0	0
Impairments	0	0
Impairment Reversals	0	0
Transferred to current financial assets	(11)	0
Disposals	0	0
Loan repayments		(14)
Transfers (to)/from Other Public Sector Bodies in year	0	0
Total Other Financial Assets - Non Current	956	967

21.3 Other Financial Assets - Capital Analysis

	31 March 2013 £000	31 March 2012 £000
Capital Expenditure	0	0
Capital Income	(11)	0

22 Other current assets

	31 March 2013 £000	31 March 2012 £000
EU Emissions Trading Scheme Allowance	0	0
Other Assets	0	0
Total	0	0

23 Cash and Cash Equivalents

	31 March 2013 £000	31 March 2012 £000
Opening balance	21	125
Net change in year	288	(104)
Closing balance	309	21
Made up of		
Cash with Government Banking Service	309	20
Commercial banks	0	1
Cash in hand	0	0
Current investments	0	0
Cash and cash equivalents as in statement of financial position	309	21
Bank overdraft - Government Banking Service	0	0
Bank overdraft - Commercial banks	0	0
Cash and cash equivalents as in statement of cash flows	309	21
The PCT does not hold any patient monies	0	0

24 Non-current assets held for sale

	Land	Buildings, excl. dwellings	Dwellings	Asset Under Construction and Payments on Account	Plant and Machinery	Transport and Equipment	Information Technology	Furniture and Fittings	Intangible Assets	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Balance at 1 April 2012	675	358	0	0	0	0	0	0	0	1,033
Plus assets classified as held for sale in the year	110	102	0	0	0	0	0	0	0	212
Less assets sold in the year	(460)	(325)	0	0	0	0	0	0	0	(785)
Less impairment of assets held for sale	0	0	0	0	0	0	0	0	0	0
Plus reversal of impairment of assets held for sale	0	0	0	0	0	0	0	0	0	0
Less assets no longer classified as held for sale, for reasons other than disposal by sale	(265)	(135)	0	0	0	0	0	0	0	(400)
Transfers (to)/from other public sector bodies	0	0	0	0	0	0	0	0	0	0
Revaluation	15	0	0	0	0	0	0	0	0	15
Balance at 31 March 2013	**75**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	75
Liabilities associated with assets held for sale at 31 March 2013	**0**	0	**0**	**0**	**0**	0	**0**	0	0	0
										0
Balance at 1 April 2011	468	353	0	0	0	0	11	0	0	832
Plus assets classified as held for sale in the year	407	117	0	0	0	0	0	0	0	524
Less assets sold in the year	0	0	0	0	0	0	0	0	0	0
Less impairment of assets held for sale	0	0	0	0	0	0	0	0	0	0
Plus reversal of impairment of assets held for sale	0	0	0	0	0	0	0	0	0	0
Less assets no longer classified as held for sale, for reasons other than disposal by sale	(200)	(112)	0	0	0	0	(11)	0	0	(323)
Balance at 31 March 2012	**675**	358	**0**	**0**	**0**	**0**	**0**	0	0	1,033
Liabilities associated with assets held for sale at 31 March 2012	0	0	0	0	0	0	0	0	0	0

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

At 31 March 2012	26
At 31 March 2013	15

25 Trade and other payables

	Current		Non-current	
	31 March 2013 £000	31 March 2012 £000	**31 March 2013 £000**	31 March 2012 £000
Interest payable	**0**	0		
NHS payables - revenue	**6,519**	849	**0**	33
NHS payables - capital	**0**	0	**0**	0
NHS accruals and deferred income	**7,746**	8,712	**0**	0
Family Health Services (FHS) payables	**22,224**	23,315		
Non-NHS payables - revenue	**2,912**	3,387	**28**	41
Non-NHS payables - capital	**2,104**	573	**0**	0
Non_NHS accruals and deferred income	**17,755**	25,300	**0**	0
Social security costs	**265**	36		
VAT	**0**	0	**0**	0
Tax	**300**	4		
Payments received on account	**5**	1	**0**	0
Other	3,552	1,395	0	0
Total	**63,382**	63,572	**28**	74
Total payables (current and non-current)	**63,410**	**63,646**		

Other payables include £0 (2011-12: £0) in respect of payments due in future years under arrangements to buy out the liability for [number] early retirements over 5 instalments; and £0 (2011-12: £x) in respect of outstanding pensions contributions at 31 March 2013 (31 March 2012: £0).

26 Other liabilities

	Current		Non-current	
	31 March 2013 £000	31 March 2012 £000	**31 March 2013 £000**	31 March 2012 £000
PFI/LIFT deferred credit	**0**	0	**0**	**0**
Lease incentives	**0**	0	**0**	**0**
Other	**0**	0	**0**	**0**
Total	**0**	0	**0**	0
Total other liabilities (current and non-current)	**0**	**0**		

27 Borrowings

	Current		Non-current	
	31 March 2013 £000	31 March 2012 £000	**31 March 2013 £000**	31 March 2012 £000
Bank overdraft - Government Banking Service	**0**	0		
Bank overdraft - commercial banks	**0**	0		
PFI liabilities:				
Main liability	**373**	360	**19,944**	20,331
Lifecycle replacement received in advance	**0**	0	**0**	0
LIFT liabilities:				
Main liability	**448**	447	**41,385**	41,832
Lifecycle replacement received in advance	**0**	0	**0**	0
Finance lease liabilities	**598**	1,726	**0**	598
Other (describe)	**0**	0	**0**	0
Total	**1,419**	**2,533**	**61,329**	**62,761**
Total other liabilities (current and non-current)	**62,748**	**65,294**		

28 Other financial liabilities

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

29 Deferred Income

	Current		Non-current	
	31 March 2013 £000	31 March 2012 £000	31 March 2013 £000	31 March 2012 £000
Opening balance at 1 April 2012	6	36	0	0
Deferred income addition	0	0	0	0
Transfer of deferred income	(6)	(30)	0	0
Current deferred income at 31 March 2013	0	6	0	0
Total other liabilities (current and non-current)	0	6		

30 Finance lease obligations

The finance lease obligation relates to the ISTC Nations at Nottingham

The lease is over 5 years and will cease on the 30th June 2013.
At the end of the lease period the asset will be transferred back to Nottingham City PCT. Nottinghamshire County Teaching PCT does not have a purchase option at the end of the lease.

The total future minimum lease payments are £931,116 (2011/12 £2,527,110) which reconciles to the total outstanding creditor of £598,330 (2011/12 £2,324,491) and the future interest charges of £32,786 (2011/12 £202,619)

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	631	1,890	598	1,726
Between one and five years	0	631	0	598
After five years	0	0	0	0
Less future finance charges	(33)	(203)		
Present value of minimum lease payments	598	2,324	598	2,324
Included in				
Current borrowings			598	1,726
Non-current borrowings			0	598
			598	2,324

Amounts payable under finance leases (Land)	Minimum lease payments		Present value of minimum	
	31 March 2013 £000	31 March 2012 £000	31 March 2013 £000	31 March 2012 £000
Within one year	0	0	0	0
Between one and five years	0	0	0	0
After five years	0	0	0	0
Less future finance charges	0	0		
Present value of minimum lease payments	0	0	0	0
Included in				
Current borrowings			0	0
Non-current borrowings			0	0
			0	0

Amounts payable under finance leases (Other)	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	0	0	0	0
Between one and five years	0	0	0	0
After five years	0	0	0	0
Less future finance charges	0	0		
Present value of minimum lease payments	0	0	0	0
Included in				
Current borrowings			0	0
Non-current borrowings			0	0
			0	0

Finance leases as lessee	31 March 2013 £000	31 March 2012 £000
Future Sublease Payments Expected to be received	0	0
Contingent Rents Recognised as an Expense	0	0

31 Finance lease receivables as lessor

Amounts receivable under finance leases (buildings)	Gross investments in leases		Present value of minimum	
	31 March 2013 £000	31 March 2012 £000	31 March 2013 £000	31 March 2012 £000
Within one year	0	0	0	0
Between one and five years	0	0	0	0
After five years	0	0	0	0
Less future finance charges	0	0	-	-
Present value of minimum lease payments	0	0	0	0
Less allowance for uncollectible lease payments	0	0	0	0
Total finance lease receivable recognised in the statement of financial position	0	0	0	0
Included in				
Current finance lease receivables			0	0
Non-current finance lease receivables			0	0
			0	0

Amounts receivable under finance leases (land)	Gross investments in leases		Present value of minimum	
	31 March 2013 £000	31 March 2012 £000	31 March 2013 £000	31 March 2012 £000
Within one year	0	0	0	0
Between one and five years	0	0	0	0
After five years	0	0	0	0
Less future finance charges	0	0	-	-
Present value of minimum lease payments	0	0	0	0
Less allowance for uncollectible lease payments	0	0	0	0
Total finance lease receivable recognised in the statement of financial position	0	0	0	0
Included in				
Current finance lease receivables			0	0
Non-current finance lease receivables			0	0
			0	0

Amounts receivable under finance leases (other)	Gross investments in leases		Present value of minimum	
	31 March 2013 £000	31 March 2012 £000	31 March 2013 £000	31 March 2012 £000
Within one year	0	0	0	0
Between one and five years	0	0	0	0
After five years	0	0	0	0
Less future finance charges	0	0	-	-
Present value of minimum lease payments	0	0	0	0
Less allowance for uncollectible lease payments	0	0	0	0
Total finance lease receivable recognised in the statement of financial position	0	0	0	0
Included in				
Current finance lease receivables			0	0
Non-current finance lease receivables			0	0
			0	0

Finance Leases (as a Lessor)	31 March 2013 £000	31 March 2012 £000
The unguaranteed residual value accruing to the PCT is	0	0
Accumulated allowance for uncollectible minimum lease payments receivable	0	0

Rental Income	31 March 2013 £000	31 March 2012 £000
Contingent rent	0	0
Other	0	0
Total rental income	0	0

Finance Lease Commitments	31 March 2013 £000s	31 March 2012 £000s
Lease (finance note required)	0	0

32 Provisions

		Comprising								
	Total £000s	Pensions to Former Directors £000s	Pensions Relating to Other Staff £000s	Legal Claims £000s	Restructuring £000s	Continuing Care £000s	Equal Pay £000s	Agenda for Change £000s	Other £000s	Redundancy £000s
Balance at 1 April 2012	12,973	0	2,343	61	0	47	0	0	7,926	2,596
Arising During the Year	12,214	0	222	31	0	8,615	0	0	2,846	300
Utilised During the Year	(6,333)	0	(218)	(18)	0	(454)	0	0	(4 876)	(767)
Reversed Unused	(1,810)	0	0	(38)	0	(25)	0	0	(257)	(1,490)
Unwinding of Discount	0	0	0	0	0	0	0	0	0	0
Change in Discount Rate	0	0	0	0	0	0	0	0	0	0
Transferred (to)/from otherPublic Sector bodies	0	0	0	0	0	0	0	0	0	0
Balance at 31 March 2013	17,044	0	2,347	36	0	8,383	0	0	5,639	639
Expected Timing of Cash Flows:										
No Later than One Year	5,446	0	217	36	0	1,286	0	0	3,486	499
Later than One Year and not later than Five Years	8,613	0	667	0	0	7,175	0	0	431	140
Later than Five Years	2,985	0	1,263	0	0	0	0	0	1,722	0
Amount included in the Provisions of the NHS Litigation Authority in Respect of Clinical Negligence Liabilities:										
As at 31 March 2013	666									
As at 31 March 2012	938									

**Included within 'Other Provisions' £5 639,000 is £3,419 000 in respect of the Independent Treatment Centre, £2,173,454 for PFI contractual liability and £48,126 for Beech House Lease obligations

Provisions for staff pensions arise under contract and so give rise to only limited uncertainty

£666 000 is included in the provisions of the NHS Litigation Authority at 31/3/2013 in respect of clinical negligence liabilities of the PCT (31/03/2012 £938,000)

	£000	£000
Contingent liabilities		
Equal Pay	0	0
Other *(see detail below)*	(7,783)	(4,696)
Amounts Recoverable Against Contingent Liabilities	0	0
Net Value of Contingent Liabilities	(7,783)	(4 696)
Contingent Assets		
Contingent Assets	0	0
Net Value of Contingent Assets	0	0

The £7,775 573 Contingent Liability for Continuing Care is related to the provision reported in Note 32 The contingent liability relates to Continuing Care appeals which have been brought to the attention of the PCT and are in varying stages of being processed and reviewed but have not been through an appeal panel This means there is some uncertainty over timing and likelihood of payment. Potential costs reported are estimated maximum payments dependent upon a successful appeal

The Department of Health issued a deadline of 30th September 2012 for Retrospective claims, which has led to a large increase in the number of claims received in year This in turn has led to an increase in the contingent liability compared to previous years

The £6,500 Contingent Liability for legal claims is related to the provision reported in Note 32 The contingent liability relates to legal claims which have been brought to the attention of the PCT through NHSLA and are in varying stages of being settled This means there is some uncertainty over timing and likelihood of payment Potential costs reported are estimated maximum payments dependent upon a successful claim

34 PFI and LIFT - additional information

	31 March 2013 £000	31 March 2012 £000
34.1 Charges to operating expenditure and future commitments in respect of ON and OFF SOFP PFI		
Total charge to operating expenses in year - OFF SOFP PFI	0	0
Service element of on SOFP PFI charged to operating expenses in year	2,477	2,101
Total	2,477	2,101
Payments committed to in respect of off SOFP PFI and the service element of on SOFP PFI		
No Later than One Year	2,217	2,148
Later than One Year, No Later than Five Years	9,416	9,074
Later than Five Years	79,310	80,600
Total	90,943	91,822

The estimated annual payments in future years are expected to be materially different from those which the Trust is committed to make materially different from those which the Trust is committed to make during the next year. The likely financial effect of this is:

	31 March 2013 £000	31 March 2012 £000
Estimated Capital Value of Project - off SOFP PFI	0	0
Value of Deferred Assets - off SOFP PFI	0	0
Value of Reversionary Interest - off SOFP PFI	0	0
34.2 Imputed "finance lease" obligations for on SOFP PFI contracts due		
Analysed by when PFI payments are due		
No Later than One Year	1,109	1,109
Later than One Year, No Later than Five Years	4,438	4,438
Later than Five Years	27,735	28,845
Subtotal	33,282	34,392
Less: Interest Element	(12,965)	(13,701)
Total	20,317	20,691

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	927	907
Total	927	907

	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	992	927
Later than One Year, No Later than Five Years	4,310	4,157
Later than Five Years	20,676	21,879
Total	25,978	26,963

The estimated annual payments in future years are expected to be materially different from those which the NHS Trust is committed to make during the next year. The likely financial effect of this is:

	31 March 2013 £000	31 March 2012 £000
Estimated capital value of project - off SOFP LIFT	0	0
Value of Deferred Assets - off SOFP LIFT	0	0
Value of Residual Interest - off SOFP LIFT	0	0

Imputed "finance lease" obligations for on SOFP LIFT Contracts due	31 March 2013 £000	31 March 2012 £000
No Later than One Year	3,705	3,774
Later than One Year, No Later than Five Years	14,603	14,704
Later than Five Years	78,246	81,850
Subtotal	96,554	100,328
Less: Interest Element	(54,722)	(58,049)
Total	41,832	42,279

35 Impact of IFRS treatment - 2012-13

	Total £000	Admin £000	Programme £000
Revenue costs of IFRS: Arrangements reported on SoFP under IFRIC12 (e.g LIFT/PFI)			
Depreciation charges	4,981	0	4,981
Interest Expense	5,333	0	5,333
Impairment charge - AME	237		237
Impairment charge - DEL	0	0	0
Other Expenditure	3,328	0	3,328
Revenue Receivable from subleasing	0	0	0
Total IFRS Expenditure (IFRIC12)	13,879	0	13,879
Revenue consequences of LIFT/PFI schemes under UK GAAP / ESA95 (net of any sublease income)	(12,094)	0	(12,094)
Net IFRS change (IFRIC12)	1,785	0	1,785

Capital Consequences of IFRS : LIFT/PFI and other items under IFRIC12	
Capital expenditure 2012-13	0
UK GAAP capital expenditure 2012-13 (Reversionary Interest)	0

36 Financial Instruments

Financial risk management

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

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.

36.1 Financial Assets	At 'fair value through profit and loss' £000	Loans and receivables £000	Available for sale £000	Total £000
Embedded derivatives	0			**0**
Receivables - NHS		5,582		**5,582**
Receivables - non-NHS		2,167		**2,167**
Cash at bank and in hand		309		**309**
Other financial assets	0	1,031	0	**1,031**
Total at 31 March 2013	**0**	9,089	**0**	**9,089**
Embedded derivatives	0			0
Receivables - NHS		8,027		8,027
Receivables - non-NHS		3,049		3,049
Cash at bank and in hand		21		21
Other financial assets	0	962	5	**967**
Total at 31 March 2012	0	12,059	5	12,064

36.2 Financial Liabilities	At 'fair value through profit and loss' £000	Other £000	Total £000
Embedded derivatives	0		**0**
NHS payables		14,265	**14,265**
Non-NHS payables		48,575	**48,575**
Other borrowings		0	**0**
PFI & finance lease obligations		62,748	**62,748**
Other financial liabilities	0	0	**0**
Total at 31 March 2013	**0**	**125,588**	**125,588**
Embedded derivatives	0		0
NHS payables		9,094	9,094
Non-NHS payables		54,005	54,005
Other borrowings		0	0
PFI & finance lease obligations		65,294	65,294
Other financial liabilities	0	2,239	2,239
Total at 31 March 2012	**0**	130,632	130,632

37 Related party transactions

Nottingamshire County Teaching PCT is a corporate body established by order of the Secretary of State for Health

During the year to 31 March 2013 the PCT has undertaken a number of material transactions with Primary Care practitioners where partners, salaried GPs or Practice Managers sit on the the PCT Professional Executive Committee or the Clinical Commissioning Group Governing Bodies

	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£	£	£	£
Dr K Butt - Oakwood Surgery, Mans Woodhouse	1,585,368	0	78,677	
Dr L Cambell - Barnby Gate Surgery	1,363,803	0	59,546	
Dr E Chyu - The Surgery, Blidworth	1,529,260	0	46,179	
Dr T Daniel - Orchard Surgery	946,721	0	33,740	
Dr G Derbyshire - Musters Medical Practice	925,936	0	15,228	
Dr K Doig- Clipstone Health Centre	1,031,439	0	70,998	
Dr M Doig - Clipstone Health Centre	1,031,439	0	70,998	
Dr N Foster - Orchard Surgery	946,721	0	33,740	
Dr N Fraser - East Leake Medical Group	1,298,419	0	31,837	
Dr J Griffiths - Ludlow Hill Surgery	562,891	0	9,638	
Dr J Griffiths - Wife - H Griffiths Deputy COO Rushcliffe CCG	38,726	0	0	
Dr D Hannah - Torkard Medical Centre	1,628,657	0	36,986	
Dr J Hopkinson - Calverton Practice	1,300,686	0	26,628	
Dr A Hopwood - Bramcote Surgery	423,715	0	9,445	
Dr R Hull - Lombard Street Medical Practice	2,136,868	0	0	13,219
Dr M Jefford - Fountain Medical Centre	1,495,386	0	57,744	
Dr M Jelpke - St George's Medical Practice	1,012,658	0	18,757	
Dr J Law - Kirkby Community Primary Care Centre	845,779	0	51,646	
Dr H Lovelock - Huthwaite Health Centre	909,815	0	45,262	
Dr P Macdougall - Ashfield House Medical Practice	772,480	0	22,742	
Dr G Mansford - The Oaks Medical Practice	796,046	0	38,527	
Dr T Marsh - Netherfield Medical Surgery	1,391,647	0	22,415	
Dr I McCulloch - Musters Medical Practice	925,936	0	15,228	
Dr A McDonald - Belvoir Health Group	2,837,442	0	117,067	
Dr J Mills - Orchard Medical Practice	1,511,700	0	22,631	
Dr S Nyatsuro - Willows Medical Centre	494,077	0	19,661	
Dr P Oliver - The Peacock Practice	526,955	0	57,436	
Dr H Patel - Wife of Dr P Oliver - The Peacock Practice	526,955	0	57,436	
Dr M O'Neil - Saxon Cross Surgery	930,176	214 705	12,788	
Dr S Otley - West Bridgford Health Centre	362,047	0	2,406	
Dr L Ovenden - Southview Surgery	631,172	0	16,881	
Dr P Oza - Healthcare complex, Kirkby	545,226	0	9,902	
Dr N Page - Ludlow Hill Surgery	562,891	0	9,638	
Dr P Panesar - Lambley Lane Surgery	590,551	0	8,622	
Dr B Patel - Compton Acres Surgery	393,367	0	4,998	
Dr R Patel - Radcliffe-on-Trent Health Centre	1,019,873	0	37,177	
Dr J Read - Manor Surgery	1,288,463	0	39,792	
Dr R Sheikh - Orchard Medical Practice	1,511,700	0	22,631	
Dr S Shortt - East Leake Medical Group	1,298,419	0	31,837	
Dr J Langridge - Wife of Dr S Shortt - Keyworth Medical Practice	1,585,246	0	14,633	
Dr M Spencer - Ruddington Medical Practice	738,254	0	13,987	
Dr M Tadpatrikar - Roundwood Surgery Medical Practice	1,435,974	0	44,137	
Dr D Temple -Orchard Medical Practice	1,511,700	0	22,631	
Dr P Temple - Woodside Surgery	544,353	0	13,549	
Dr J Treffall - The Valley Surgery	1,624,759	0	89,188	
Dr K Wilkins - Rainworth Primary Care Centre	757,335	137,275	31,616	
Dr A Wood - The Surgery, Carlton	945,091	0	28,444	

The Department of Health is regarded as a related party. During the year Nottinghamshire County Teaching 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

East Midlands Strategic Health Authority
Nottingham University Hospitals NHS Trust
Sherwood Forest Hospitals Foundation Trust
Nottinghamshire Healthcare NHS Trust
Nottingham City PCT

In addition the PCT has had a significant number of material transactions with other Government Departments and other Central and Local Government bodies Most of these transactions have been with Nottinghamshire County Council and Nottingham City Council

Prior Year Comparators

Nottingamshire County Teaching PCT is a corporate body established by order of the Secretary of State for Health

During the year to 31 March 2012 the PCT had undertaken a number of material transactions with Primary Care practitioners where partners sat on the the PCT Professional Executive Committee or the Practice Based Commissioning Operations Group.

	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£	£	£	£
Dr L Cambell - Barnby Gate Surgery	1,389,622	0	0	9,345
Dr E Chyu - The Surgery, Blidworth	1,478,290	0	0	13,752
Dr T Daniel - Orchard Surgery	1,026,007	0	0	7,257
Dr G Derbyshire - Musters Medical Practice	882,593	0	0	12,124
Dr K Doig- Clipstone Health Centre	1,000,634	0	0	13,352
Dr M Doig - Clipstone Health Centre	1,000,634	0	0	13,352
Dr N Fraser - East Leake Medical Group	1,259,267	0	0	
Dr J Griffiths - Ludlow Hill Surgery	555,444	0	0	5,461
Dr D Hannah - Torkard Medical Centre	1,656,151	0	5,766	0
Dr J Hopkinson - Calverton Practice	1,293,778	0	0	6,147
Dr R Hull - Lombard Street Medical Practice	2,132,307	0	0	26,076
Dr M Jefford - Fountain Medical Centre	1,560,323	0	1,081	0
Dr M Jelpke - St George's Medical Practice	946,762	0	1,373	0
Dr J Law - Kirkby Community Primary Care Centre	823,646	0	0	21,273
Dr H Lovelock - Huthwaite Health Centre	915,044	0	29,302	0
Dr P Macdougall - Ashfield House Medical Practice	838,768	0	10,199	0
Dr G Mansford - The Oaks Medical Practice	887,148	0	1,895	0
Dr T Marsh - Netherfield Medical Surgery	1,341,370	0	0	182
Dr I McCulloch - Musters Medical Practice	882,593	0	0	
Dr S Nyatsuro - Willows Medical Centre	473,999	0	0	7,461
Dr P Oliver - The Peacock Practice	516,842	0	0	4,328
Dr M O'Neil - Saxon Cross Surgery	889,438	0	2,045	0
Dr P Oza - Healthcare complex, Kirkby	554,381	0	0	4,106
Dr P Panesar - Lambley Lane Surgery	556,936	0	0	9,894
Dr R Patel - Radcliffe-on-Trent Health Centre	1,090,176	0	3,333	0
Dr J Read - Manor Surgery	1,309,103	0	0	5,619
Dr R Sheikh - Orchard Medical Practice	1,351,962	0	0	21,206
Dr S Shortt - East Leake Medical Group	1,259,267	0	0	2,562
Dr M Spencer - Ruddington Medical Practice	837,094	0	2,566	0
Dr D Temple -Orchard Medical Practice	1,351,962	0	0	21,206
Dr J Treffall - The Valley Surgery	1,654,102	0	22,448	0
Dr K Wilkins - Rainworth Primary Care Centre	808,259	0	13,406	0

38 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	2,631	1
Special payments - PCT management costs	4,052	1
Losses in respect of the provision of family practitioner services	0	0
Special payments in respect of he provision of family practitioner services	0	0
Total losses	2,631	1
Total special payments	4,052	1
Total losses and special payments	6,683	2

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

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

Details of cases individually over £250,000
The PCT had no cases which individually were over £250,000.

39 Third party assets

The PCT held £Nil cash and cash equivalents at 31 March 2013 on behalf of patients (£Nil at 31 March 2012). This is not an asset of the PCT and has been excluded from the balances reported in the accounts.

40 Integrated Community Equipment Scheme Pooled Budget

The PCT entered into one pooled budget arrangement for Integrated Community Equipment Schemes, on the 1st April 2011, for 3 years, ending March 2014.

The PCT has entered into a pooled budget with Nottinghamshire County Council, Nottingham City Council, Nottingham City PCT and Bassetlaw PCT. Under the arrangement funds are pooled under 275 of the NHS Act 2006 for Integrated Community Equipment Scheme activities and a memorandum note to the accounts provides details of the joint income and expenditure.

The pool is hosted by Nottinghamshire County Council. As a commissioner of healthcare services, the Primary Care Trust makes contributions to the pool, which is then used to purchase healthcare services.

The made a contribution of £3,097,000 into the pool contract 2012-13.

The memorandum account for the pooled budget as at 31st March 2013 is as follows:

	2012-13 £000	2011-12 £000
Income from Partnership		
Nottingham City Council	**1,736**	1,655
Nottinghamshire County Council	**949**	926
Bassetlaw PCT	**497**	288
Nottinghamshire County PCT	**3,306**	1,817
Nottingham City PCT	**1,560**	718
Other	**331**	17
	8,379	5,421
Expenditure		
Partnership Management & Administration Costs	**291**	328
Contract Management Fee	**1,076**	799
ICES Equipment	**5,506**	4,173
Continuing Healthcare Specialist Equipment	**225**	
Minor Adaptations	**634**	498
Project Provision Expenditure		1
	7,732	5,799
Remaining Balance under / (overspend)	**647**	-378 *

* the overspend balance was paid in year 2012/13 as a one off charge to the commissioners

41 Cashflows relating to exceptional items

There were no exceptional cash items in 2012-13 or 2011-12.

42.1 Events after the end of the reporting period

Nottinghamshire County PCT was dissolved on 1st April 2013. The main functions carried out by the PCT in 2012-13 are to be carried out in 2013-14 by the following public sector bodies, the revenue values disclosed are based on 2012-13 revenue positions:

	£000
NHS England - functions including Public Health England commissioning, including screening services and health visiting, Specialised services, Primary Care Contracting, Secondary and Community Dental Services	**£276,115**
Clinical Commissioning Groups - functions including acute and community healthcare services commissioning (public and private sector), ambulance services and prescribing.	
Mansfield & Ashfield CCG	**£231,397**
Newark & Sherwood CCG	**£148,981**
Nottingham North East CCG	**£166,134**
Nottingham West CCG	**£104,046**
Rushcliffe CCG	**£126,166**
Local Authority - Public Health Prevention function	**£27,619**

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