



Annual Report and Accounts

2010/11

Welcome to Camden Primary Care Trust's Annual Report for 2010/11

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This year has been one of change for the NHS in England generally and Camden Primary Care Trust specifically.

While preparing the organisation for transition across to the new sector organisation, North Central London (NCL) NHS, at the end of this financial year, Camden Primary Care Trust has continued to make significant and innovative strides on behalf of the residents of Camden.

We have continued to improve access to high quality services for our patients and we have invested in new services. Borough-wide investment in areas such as provision of British Sign Language support for those with hearing impairment, talking therapies, and the community memory service are examples of where Camden Primary Care Trust has been breaking new ground.

Our forward-thinking and patient-centred approach has been nationally recognised by the Care Quality Commission, who rated Camden's stroke service as top in London and third in a survey of 151 areas across England. This service is provided by REACH, part of Camden Primary Care Trust Provider Services and in partnership with the London Borough of Camden, University College London Hospital and Royal Free Hospital, in partnerships with the voluntary and charity sectors. The service earned high scores for early supported discharge, participation in community life and involvement in planning and monitoring. We have worked hard to support the Provider side of Camden Primary Care Trust to make the transition to Central North West London NHS Foundation Trust (CNWL). We wish all our Provider staff well in this move and we are aware of the commitment of the staff to maintain and develop their services for the residents of Camden under the authority of CNWL.

As the organisation formally winds down on 31 March, we wish the new organisation the very best in continuing the work of ensuring residents of Camden have access to high quality health services across the borough.

Most importantly, our thanks go to each and every member of staff for the dedication and commitment they have shown to patients throughout the life of Camden Primary Care Trust.

Paula Kahn
Chair

John Carrier
Vice Chair

This report covers the period from April 2010 to the end of March 2011. Since then there has been considerable changes within the NHS in north central London with the separation of directly provided services from PCT commissioning as part of Transforming Community Services and with the clustering of the commissioning functions of five PCTs.

The five statutory Boards for NHS Barnet, Camden, Enfield, Haringey and Islington have, since April 2011, formed a collaborative working arrangement referred to as NHS North Central London. To support this, the separate organisations have come together into a single management structure and under a single senior leadership.

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ABOUT CAMDEN PRIMARY CARE TRUST

WHO WE ARE AND WHAT WE DO

Camden Primary Care Trust is responsible for improving the health of Camden residents and reducing health inequalities in the borough. We use our budget to commission or buy services from a wide range of health providers including GPs, dentists and community pharmacies to provide you with high quality healthcare.

There are some services we provide directly in areas such as disabilities, children's services, sexual health and care for older people. Our work also includes promoting a healthy lifestyle through programmes addressing issues such as smoking, alcohol abuse, exercise and healthy eating.

The main hospital services in our area are provided by the University College London Hospitals NHS Foundation Trust, the Royal Free Hampstead NHS Trust. Mental health services are provided by the Camden and Islington NHS Foundation Trust.

We work closely with Camden Council on social care for adults and children and on matters affecting the overall health and wellbeing of Camden residents.

THE COMMUNITY WE SERVE

Camden is vibrant and diverse inner-London borough with a population of about 220,000, which is expected to rise to more than 215,000 by 2014 and around 261,000 by 2021. We are ranked the 57th most deprived of England's 354 boroughs.

Camden is a borough of extremes. In some areas of Camden there is great wealth, while in others there are high levels of poverty. Similarly, it has some of London's healthiest people living in certain areas, while in others we have some of the unhealthiest. Male life expectancy can vary in different areas of Camden by up to 10 years. Forty eight per cent of residents have degrees yet 28% of our 16/17 year olds have no qualifications at all. Camden has a highly mobile population with the turnover of residents running at about 20% per year.

Within this, our population is relatively young. Only 10% are aged over 65 (compared to 16% nationally), while 23% of residents are aged 20-29 (compared to 12% nationally). We also have a large homeless population. The last census in 2001 showed that black and minority ethnic groups make up 28% of the population. The largest groups are Bangladeshis (6.4%) black Africans (6%) and Irish (4.6%). There are around 300 languages spoken in Camden, which makes us one of the most culturally diverse places in Britain.



COMMISSIONING REPORT

SERVICE HIGHLIGHTS

- Camden Primary Care Trust's flagship health facility, Kentish Town Health Centre (KTHC) was again recognised for its outstanding design at the prestigious Building magazine's Public Project of the Year Award 2010 and at the Civic Trust Awards 2010. The visionary building, which houses the James Wigg GP Practice, children's services, breast screening, screening, dentistry, mental health and other Camden Primary Care Trust services was given the award at a glittering ceremony held at the Grosvenor House Hotel.

Camden Primary Care Trust Acting Chief Executive Liz Wise said: "Congratulations again to Kentish Town Health Centre for this prestigious award. We are very proud that KTHC has been recognised in this way and that it continues to provide easily accessible quality health care for residents in such a wonderful architectural setting."

- The new Kentish Town Healthy Heart Centre opened in October 2010. The centre is designed to encourage the public to embrace a healthier way of living by undergoing free NHS Health Checks and taking part in a range of activities specially designed to improve physical wellbeing.

The activities are all services offered by Camden Primary Care Trust and Camden Council, along with our partners, and can all be accessed either through having a Health Check or by self-referral. These are not all of the services on offer and if you would like more information on other lifestyle services please visit Healthy Heart Centre at 173 Kentish Town Road and enquire.

For more information on Health Checks please visit:

www.camden.nhs.uk/health-check.htm

SERVICE IMPROVEMENT

Over the past year the Service Improvement team have worked together to delivery on a number of initiatives. The team led the development of clinical pathways for the North Central London (NCL) cluster, harnessing significant clinical engagement across primary, community and acute care and across all 5 boroughs. This process delivered pathways and specifications for Diabetes, COPD, Heart Failure and Gynaecology, many being implemented by local borough teams as part of the wider Care Closer to Home initiative.

The team has also worked closely with GP commissioners to commission a new community dermatology service and a Virtual Ward aimed at providing rapid assessment and treatment to patients within the community to prevent them going into hospital. The Medicines Management team continue to enable and support local GPs to prescribe deliver clinically and costs effective drugs to patients. The team has also worked closely with GP Commissioners to enable them to gain Pathfinder status as a GP Commissioning Consortium.

WORKING WITH COMMISSIONING SUPPORT FOR LONDON

In December 2008, the 31 PCTs in London agreed to establish the London Clinical and Business Support Agency. The role of the agency was to provide expertise to London PCTs to enable them to become world class commissioners, to improve the health of London's population, and to

minimise costs to the taxpayer. The agency, subsequently renamed 'Commissioning Support for London' (CSL), began operation in April 2009 and is hosted by Camden Primary Care Trust.

CSL brought together a number of existing commissioning support functions (e.g. the Healthcare for London team and the London Health Observatory) and was also resourced to provide a range of new functions such as population health needs management.

Since its establishment, CSL has delivered a wide range of valuable services to PCTs:

- The work undertaken by CSL to support the consultation on and subsequent implementation of plans for major trauma and acute stroke services.
- The London Health Observatory which provides a range of very useful reports and analyses.
- The Health Needs Assessment toolkit which has been widely used by PCT public health teams.

However, since CSL was established, the commissioning environment has changed significantly and it has been necessary to review the range of services delivered by CSL, together with the organisation itself. Most significantly, there has been a drive to substantially reduce management costs in the system in addition to the proposed changes outlined in the new Government's White Paper, 'Equity and Excellence: Liberating the NHS'. However, certain services will continue to be delivered through a new organisation, London Health Programmes, which was formed in April 2011 and which will continue to be hosted by Camden Primary Care Trust. Other services have been discontinued as they will be provided locally by the six London Clusters and CSL was wound down as a separate organisation with effect from 31 March 2011. Costs of these changes have been fully accounted for in the 10/11 Accounts.

ESTABLISHING GP CONSORTIA

The Professional Executive Committee (PEC) and the Practice Based Commissioning (PBC) group have now coordinated their activities through the shadow through the shadow GP consortium formed in December 2010. Key projects besides ensuring that the PCT is presented with good clinical advice are as follows: Camden Clinical Assessment Service (CCAS), Urgent and Unscheduled Care (UCC), Adult Community Nursing, Virtual ward, Diabetes, Chronic Obstructive Pulmonary Disease (COPD), Cardiology, Anti-coagulation, Dermatology and prescribing improvements,

The Shadow Board has thus been active and leading the Cluster in developing QIPP. The Board achieved pathfinder status with delegated responsibilities in March / April 2011 and continues with its work while a more formally elected Shadow Board is formed. The election process will take place in May / June this year and will be followed by a formal Selection Panel led by the Chair and Chief Executive of NHS North Central London. The Electoral Reform Society will help to run the election process to ensure due process is followed. It is hoped that the new Shadow Board will then be able to have their inaugural meeting in June. The PEC will continue to convene at least quarterly to meet statutory responsibilities and its activities will productively reflect and enhance the work of the Shadow Board, the NHS North Central London GP Cabinet and the Joint Boards of NHS North Central London.



PROVIDER REPORT

SERVICE HIGHLIGHTS

- Adult Community Nursing and REACH rehabilitation services worked in partnership with a local acute trust and neighbouring borough to develop a post acute enabling service (PACE). A “virtual ward” model of service delivery has also been developed, enabling patients to be treated in the community rather than in hospital.
- The Carelink service, in conjunction with REACH, expanded work around rapid early discharge for stroke patients and extended working hours to accommodate this. Carelink has also been recognised as a social care provider.
- The bed-based rehabilitation service consolidated its work around the neuro rehabilitation unit.
- The Palliative Care Service gained a contract to deliver services to Islington. Provider Services’ Head of Nursing gained the Mary Secole Leadership Award.
- In June 2010, the Sexual and Reproductive Health Service opened The Archway Centre, a new integrated sexual and reproductive health service in Islington. More than 30,000 patients are expected to attend the clinic annually with visitors benefitting from touch-screen self-registration services. Rapid HIV testing services expanded to include daily walk-in testing clinics at Mortimer Market Centre.

ESTABLISHING AN INDEPENDENT PROVIDER

On 5 April 2011, Camden’s community healthcare services, (known as Camden Provider Services), transferred from Camden Primary Care Trust to Central and North West London NHS Foundation Trust (CNWL). This move follows recent Government legislation that required physical community healthcare services to be separated from the commissioning function of Primary Care Trusts (PCTs) by April 2011.

CNWL is an established and high performing NHS foundation trust which already offers a range of physical and mental health services across nine London boroughs. Recognising the benefits of offering physical health care alongside mental health services, CNWL also recently integrated the community health services in Hillingdon. With Camden Provider Services now also integrated, the organisation aims to continue to improve the health and wellbeing of local people through a range of local NHS services.

This transition will be seamless and patients will not notice any change to service delivery immediately. Patients will however benefit as the organisation transforms, with more care closer to home and the integration of services leading to more joined up care. This integration will deliver significant substantial benefits to patients and staff. Camden Primary Care Trust will continue to strengthen clinical and management expertise as well as streamlined processes. For frontline staff, the change will lead to an increase in the skill-mix of the organisation and greater opportunities for career development.

Caroline Taylor, Chief Executive of NHS North Central London, is convinced that CNWL is the right choice for Camden: “Under the Department of Health’s Transforming Community Services agenda, PCTs were required to divest themselves of the provider function. It was of paramount importance

to Camden Primary Care Trust that this process secured the future provision of first class community health services in Camden, and NHS North Central London believes the integration with CNWL will achieve this.”

CNWL is an NHS Foundation Trust. Foundation Trusts engage with the local community to ensure that the services they provide meet locally identified needs. As a Foundation Trust, local people are encouraged to become members of CNWL and have an active involvement in shaping local health care services. For more information please visit www.cnwl.nhs.uk or email membership.cnwl@nhs.net

IMPROVING THE HEALTH OF LOCAL PEOPLE

PUBLIC HEALTH ACHIEVEMENTS AND PARTNERSHIP WORKING

Our breast screening DNA project has achieved 67% uptake of appointments to date, significantly above the average for DNA screening interventions. Another pilot project of direct contact with women who hadn't attended screening for cervical cancer took place in three local practices with an average uptake of screening appointments of 30%.

Our immunisation team, in partnership with the Royal Free Hospital piloted an innovative programme to deliver immunisation to Camden children using the hospital outpatient service. They also rolled out a new GP data transfer tool to support accurate recording of uptake.

Work with pharmacies continues to feature in the majority of our public health promotion activities and the Alcohol Team has completed two campaigns in pharmacies, during which over 2,400 people asked about alcohol consumption.

Looking forward, the second of two healthy heart centres will be opening later this summer delivering health checks in the heart of the community.

Finally, after a one year suspension the Camden and Islington diabetic retinopathy screening service restarted in December 2010.

IMPROVING ACCESS FOR DEAF PEOPLE

In response to concerns raised by Camden's Deaf community about the barriers to accessing GP services, Camden Primary Care Trust introduced a web-based communication program for British Sign Language users, Sign Translate. The service provides access to qualified British Sign Language (BSL) interpreters via web cam, without the need to book in advance.



Camden Primary Care Trust is the only PCT in the country to offer Sign Translate to GP surgeries across the borough and we hope that the widespread introduction of the service will have a very positive impact on patient health and experience of health care.

INVOLVING LOCAL PEOPLE

CONSULTATIONS

Camden Primary Care Trust is keen to involve local people in decisions which will determine how healthcare is provided in the borough. Through consultations and engagement we gain insights to help us design and deliver the health care that Camden residents need, want and deserve.

There have been a number of consultations undertaken this year to find out your views about service developments. We use our website to advertise all our public consultations, the results and next steps. This year we published our first annual report about consultations which we intend to repeat every year.

www.camden.nhs.uk/publicconsultation

WORKING WITH CAMDEN LINK

In 2009 we worked with Camden Council to set up a new organisation called Camden Local Involvement Networks (LINKs) to represent local residents. Since its start we have held regular meetings with the Camden LINK Chair to discuss commissioning plans early so that the LINK networks can be used to gather opinions and reactions to our proposals.

In 2010 we also introduced a collaborative partnership arrangement for strengthening the relationship, between the LINKs and the NHS North Central London commissioning team. This included a range of regular meetings with all five LINKs Chairs in the North Central London Cluster and LINK representation at the North Central London Board and sub-committees as well as participation at various stakeholder events where commissioning intentions and plans were discussed and input received.

If you would like more information about Camden LINK please contact Carl Mills, Facilitator:

Telephone: 020 7788 4074

Email: camden.link@shaw-trust.org.uk

Website: www.camdenlink.info

INVOLVING PEOPLE WITH LEARNING DISABILITIES

Camden Equalities team has worked closely with both Health Matters and SURGE learning disability user groups to improve access to information and reduce communication barriers for people with learning disabilities, including the introduction of easy read versions of service leaflets and public health information.

PATIENT SUPPORT SERVICE

Camden PSS provides Camden residents with a central point of contact for information and advice on local healthcare services and an easily accessible resource for resolving any problems they may have with those services. PSS staff have the skills and authority to investigate concerns and complaints. The goal is to provide help on an individual basis so that people achieve their desired outcomes as easily as possible.

Information gathered by PSS is used to help drive improvements within Camden Primary Care Trust as a whole. All contacts with PSS are recorded and communicated in quarterly analytical reports to senior staff within Camden Primary Care Trust to keep them fully aware of concerns relating to their area of responsibility. The reports also go to the Board, the Primary Care Clinical Governance group and Provider Services Patient Partnership meetings.

In 2010/2011, PSS handled a total of 4557 patient contacts (see table below), a 55% increase in total contacts in comparison to the previous year (2923).

Complaints reduced from 210 in 2009-2010 to 173 in 2010 - 2011. These figures represent an 18% decrease in the number of complaints in comparison to the previous year.

Compliments about Camden Primary Care Trust services have increased from 161 in 2009 - 2010 to 447 in 2010 - 2011.

Complaints	173
Concerns	371
Comments/advice	511
Compliments	447
Information requests	3055
Total	4557

During this year the PSS has completed an outreach and engagement project. During the course of this project 28 community centres, groups or events were attended by the PSS and approximately 1000 residents were engaged to obtain their experiences of NHS care and to create a greater awareness of the PSS role in the resolution of concerns or complaints.

Issue groups that attended included older persons groups, disability groups and ethnic minority groups, including groups aimed at mental health service users, homeless communities and carers

The Patient Support Service is available between 9am and 5pm Monday to Friday (excluding bank holidays) and can be contacted via:

Telephone:
020 3317 3003

Email:
pss@camdenpct.nhs.uk

Address:
Patient Support Service,
St Pancras Hospital,
London,
NW1 0PE



GOVERNANCE

RISK MANAGEMENT

Managing our risks helps to ensure the services we provide to our patients are safe. In order to do this effectively we need to have clear systems in place for identifying, reporting and acting on areas of risk. In Camden we have corporate risk registers that are monitored and reviewed by each responsible Director.

Our corporate risk register is a crucial part how we predict, manage and prevent the likelihood of a damaging event occurring and its impact upon patient services and staff. The Director with overall responsibility for governance is able to review the risks and their status on the register.

At Camden Primary Care Trust risks are monitored by Directorate, with Risk Owners updating the Corporate Governance Team and the Director of their area, of any changes to controls, assurance, gaps in controls, and gaps in assurance as well as progress of action being taken to mitigate the risks. All risks are then compiled into the corporate risk register which is reviewed by the Camden Board on a monthly basis.

INCIDENT REPORTING

We continued to monitor the implementation of our incident reporting policy in Camden Primary Care Trust. The purpose of the policy is to ensure there are structures in place for incidents to be reported, investigated and shared throughout the organisation for learning.

We regularly analyse reported incidents and share the results with services and committees across the organisation. This enables us to learn more and prevent incidents from reoccurring.

In 2010-11 sixteen incidents involving personal data were reported for Camden PCT and one for CSL.

FREEDOM OF INFORMATION

The Freedom of Information (FOI) Act gives everyone a general right of access to all types of recorded information held by public authorities. We've embraced the right to information under the Freedom of Information Act 2000 and are committed to being open and accountable in the spirit of this legislation.

So far this year we have received 405 requests for information under FOI which is 53 requests



more than last year. We responded to 58% of the requests within 20 working days (we must provide the information within 20 working days). The majority of requests have been for information relating to GP consortia, GP pathfinders, GP out of hours, GP policies, and GP contact details.

Requests are managed using a dedicated mailbox to ensure all FOI requests are dealt with efficiently – foi@nclondon.nhs.uk

SCOPE OF RESPONSIBILITY

The new management arrangements are a collaborative working arrangement between Barnet, Camden, Enfield, Haringey and Islington Primary Care Trusts, collectively referred to as NHS North Central London. These were outlined in the *Governance Framework for North Central London from 1 April 2011*. The framework terminated the Joint Committee of PCTs and Establishment Agreement for sector working on 31 March 2011, and proposed the adoption of the NHS North Central London Partnership Agreement from 1 April 2011.

The framework outlined the proposed cluster governance configuration, accountabilities and responsibilities, including the agreement for one Chief Executive/Accountable Officer to be Chief Executive/Accountable Officer for each of the five Primary Care Trusts in North Central London. The Board composition outlined in the framework is compliant with the 2000 Regulations and in line with the Cluster Implementation Guidance. The Joint Boards of NHS North Central London refers to the joint meeting of the Boards of Barnet, Camden, Enfield, Haringey and Islington Primary Care Trusts. The framework was adopted by Camden PCT's Board at its February 2011 meeting.

CAPACITY TO HANDLE RISK

The *Governance Framework for North Central London from 1 April 2011* outlined the new committee structure and risk reporting arrangements for NHS North Central London. The committees were confirmed in the *NHS North Central London Corporate Governance Framework Manual* along with the duties and delegated responsibilities to these committees. The committees are:

- Joint meeting of Audit Committees
- Remuneration Committee
- Five borough based Professional Executive Committees
- Financial Recovery and Quality, Innovation, Productivity and Prevention (QIPP) Committee
- Quality & Safety Committee.

The *Corporate Governance Framework Manual* and terms of reference for these committees were adopted by the Joint Boards of NHS North Central London at the 21 April meeting. Specific risk management responsibilities of the Joint Boards, its committees and executive team are described in the risk and control framework.

RISK AND CONTROL FRAMEWORK

The context in which NHS North Central London is operating is a complex one and times of transition can be inherently risky. Robust risk management arrangements are critical in this context. The Joint Boards of NHS North Central London reviewed the draft Board Assurance Framework and risk monitoring and reporting arrangements at its meeting on 19 May 2011. These were developed in line with regulation and guidance.

In summary, the risk arrangements are as follows:

- **The Assurance Framework** contains the risks to principal and strategic objectives. It will be monitored monthly at corporate level by Executive Directors; for fitness of assurances/controls at every meeting of the Audit Committees; and reviewed at every meeting of the Joint Boards whose responsibility it is to review and comment on the controls and assurances.
- **The Top Risk narrative** sets out the most significant risks to the organisation identified from the Corporate Risk Register. The risks are mapped to the Board Assurance Framework. This will be reported to the Joint Boards at every meeting.
- **The Corporate Risk Register** contains those extreme and high risks that have been identified in the Directorate risk registers. This is monitored monthly at corporate level by Executive Directors; monitored at every meeting of the Audit Committees; and extreme risks reviewed at every meeting of the Joint Boards in the Top Risk narrative.
- **The Directorate Risk Registers** contain a record of all potential risks identified within each Directorate. This is monitored monthly at directorate level; reviewed at corporate level by Executive Directors on a rolling basis; with extreme and high risks escalated to the Corporate Risk Register.

Additionally all Board Committees will consider risk as part of their routine business at every meeting and a process will be in place to capture these risks on the Risk Registers.

Detailed risk reporting arrangements are being reviewed at the 26 May Joint Meeting of the Audit Committees, including the framework for risk identification and evaluation, and the criteria for evaluating risk. The Board Assurance Framework and Risk Registers have clearly articulated controls and assurance mechanisms; they also require clear action plans to manage and minimise risk, or where there are gaps in control or assurance. Clear definitions have been provided to ensure a common understanding of risk terminology.

As it is a statutory requirement for all Primary Care Trusts to have a Board Assurance Framework including Corporate Risk Registers in place, and given that these already exist across the five Primary Care Trusts in North Central London, a process is underway to harmonise these frameworks to ensure that all legacy risks from the original Risk Registers are reviewed and reflected in the consolidated Risk Registers. The following principles are being applied:

- There will be a single Board Assurance Framework common to all five Primary Care Trusts with shared principal and strategic objectives, assurance processes and reporting arrangements.
- There will be five Corporate Risk Registers, one for each Primary Care Trust. The majority of risks will be common across the five Primary Care Trusts, so these will have shared controls and assurances removing the need for duplication. There may be additional Primary Care Trust-specific risks, such as the differential financial positions of each trust.
- Each Board will be sighted of all risks to the achievement of its objectives.

SIGNIFICANT ISSUES – YEAR-END

Extreme risks areas to principal and strategic objectives were identified on the Board Assurance Framework the 19 May meeting of the Joint Boards as follows:

- The pace and scale of change means there is a risk that there will be slippage on QIPP programme delivery
- There is a risk that the financial benefits outlined in the QIPP plan will not be delivered either to time or scale
- There is a risk that we will not deliver long term financial benefits because first year QIPP implementation is not delivered to time or scale
- There is a risk that the non-financial benefits outlined in the QIPP plan will not be delivered either to time or scale.

ENVIRONMENT AND CSR

EMERGENCY AND CONTINUITY PLANNING

Camden Primary Care Trust is a Category 1 responder in accordance with the Civil Contingencies Act 2004. As such, we have a legal duty to plan for emergencies and to ensure that we can continue to provide existing services during an emergency using robust business continuity planning.

The Care Quality Commission's Standard 24 requires us to make effective emergency plans which in the last year have been reviewed and added to, post Pandemic Flu. Our plans are also shared with the London emergency planning community and with other category 1 responders.

We have taken part in several emergency planning exercises with other organisations in Camden and the lessons learned have been considered when reviewing our plans. We also attend emergency planning forums to build stronger relationships with the emergency services and other Category 1 responders.



SUSTAINABILITY REPORT

The *NHS Carbon Reduction Strategy* commits the NHS to taking a lead role in delivering emissions reductions and further introduces interim targets for 2015. Camden Primary Care Trust has taken significant steps to meet this target, with particular success in the following areas:

- Completion of CRC (Carbon Reduction Commitment) registration and collation of Energy Performance Templates, collection of Energy Data and production of monthly Energy Performance Reports
- Camden Primary Care Trust has committed to the Mayors Cycle plan for London, and offer cycle purchase and loan schemes.
- Effective use of transport has enabled us to be one of the most efficient PCTs in London
- We are working closely with our primary partners, Local Authorities and Health Trusts, and supporting each other in knowledge and initiatives
- The table below summarises how our performance compares to our peers in London and the rest of the UK
- Good Corporate Citizenship assessment scores.

(all figures are % of available points for an assessment category)

	Camden	London	National
Travel	48	23	22
Procurement	22	21	20
Facilities management	20	31	30
Workforce	43	47	45
Community engagement	37	29	29
Buildings	52	33	32

Camden Primary Care Trust is currently performing well against its peers and has set out clear targets and processes within its Environmental Strategy and Carbon Reduction Commitment plan to meet all current legislative targets.

OUR WORKFORCE

During 2011 Camden Primary Care Trust operated its commissioning and provider functions as separate entities. This has been a year of great change for all our staff and the resilience and continued hard work of our staff is commended.

We have worked to improve workforce standards and compliance throughout the year and have been very successful in our compliance for appraisal rates within the commissioning function.

OUR STRUCTURE

THE BOARD

The PCT Board provides the strategic leadership of the organisation. It is responsible for defining a strategy for the development and provision of local health services, and ensuring that this is delivered.

The Board is also responsible for good governance, including ensuring that controls and systems of risk management are comprehensive and robust. It must ensure that the PCT always works in the best interests of the local community – the Board is accountable to the public for the services provided and for the organisation's use of public funds.

The Board is made up of Executive Directors, who are full-time officers employed by the PCT, and Non-Executive Directors, who are local people interested in the work of the NHS who have applied to join the Board and have been appointed by the national NHS Appointments Commission. The PCT Chair is a Non-Executive Director. The Chair of the Professional Executive Committee who is a local GP, also sits on the PCT Board.

The PCT Board met nine times in public during 2010/11. Following the new collaborative working arrangement between Barnet, Camden, Enfield, Haringey and Islington Primary Care Trusts on 1 April 2011, the Camden PCT Board will meet as part of the NHS North Central London Joint meeting of Primary Care Trust Boards.

BOARD MEMBERS

John Carrier, Chairman

Liz Wise, Chief Executive

Danielle Jayes, Vice Chairman

David Metz, Non-Executive Director

Deborah Oakley, Non-Executive Director

Professor David Taylor, Non-Executive Director

Dr Tom Aslan, Co-Chair GP Shadow Commissioning Board

Dr Marek Koperski, Co-Chair GP Shadow Commissioning Board

Aimee Fairbairns, Assistant Director of Service Improvement and Executive Nurse

Dr Steven Luttrell, Medical Director and Chief Operating Officer

Lorraine Robjant, Director of Finance

Dr Quentin Sandifer, Director of Public Health

Marion Stern, Non-Executive Director

Robert Sumerling, Non-Executive Director

AUDIT COMMITTEE

The Audit Committee will keep under review the arrangements for integrated governance, risk management and internal control across the whole of the PCT's activities, both clinical and non-clinical. The main functions of the Audit Committee are to:

- Review financial controls and management reporting, and review proposed changes/variations to Standing Order
- To examine the circumstances associated with any waiver of the Trust Standing Orders
- To review all reported circumstances of fraud or irregularity and to consider management actions taken in each case
- To monitor the implementation of policy on standards of business conduct for Board members and members of staff, thus offering assurances to the Board on probity in the conduct of Trust business
- To advise the Board in the requirement to give Controls Assurance statements within the Annual Accounts covering financial and organisational controls.

Following the new collaborative working arrangement between Barnet, Camden, Enfield, Haringey and Islington Primary Care Trusts on 1 April 2011, the Camden Audit Committee will be dissolved and replaced by the NHS North Central London Joint Meeting of Audit Committees.

COMMITTEE MEMBERS

Deborah Oakley, Non-Executive Director and Chair of the Audit Committee

Dani Jayes, Non-Executive Director

Marion Stern, Non-Executive Director

David Taylor, Non-Executive Director

PAY AND REMUNERATION COMMITTEE

The Pay and Remuneration Committee is responsible for ensuring that a policy or process for the performance review, appraisal, remuneration and terms and conditions of service for senior executives and senior managers is in place and that Camden PCT Board agrees these. The Committee is responsible for making recommendations on the pay and conditions of executive Board Directors and agree the elements to be included in remuneration packages for all members of staff (e.g. lease cars, season ticket loans, recruitment and retention payments) outside of national agreements.

Following the new collaborative working arrangement between Barnet, Camden, Enfield, Haringey and Islington Primary Care Trusts on 1 April 2011, the Camden Pay and Remuneration Committee will be dissolved and replaced by the NHS North Central London Remuneration Committee.

COMMITTEE MEMBERS

John Carrier, Chairman and Chair of P&R Committee

David Metz, Non-Executive Director

Danielle Jayes, Non-Executive Director and Vice Chair

PROFESSIONAL EXECUTIVE COMMITTEE (PEC)

The Professional Executive Committee (PEC) has a unique role which is to provide strong, independent and coherent professional advice and clinical leadership to the PCT Board and Management Team to help develop and plan the future direction of health services in Camden. The membership of Camden Primary Care Trust's Professional Executive Committee (PEC) includes GPs, nurses and other health and social care professionals from across the borough.

COMMITTEE MEMBERS

Dr Marek Koperski - PEC Chair

Tom Aslan – Acting PEC Chair

Monika Cleaver - Practice Manager Representative (PEC Vice Chair)

Lorraine Robjant - Director of Finance

Dr Denise Bavin - General Practitioner

Aimee Fairbairns - Assistant Director for Service Improvement

Maureen Brewster - Voluntary Sector Representative

Dr Asma Siddiqi – General Practitioner

Jo Wickens – Nurse Representative

Philip Wee - Dentist

Lyn Romeo - London Borough of Camden representative

Dr Daniel Toeg - General Practitioner

OUR STAFF – A BREAKDOWN

Camden Primary Care Trust staff breakdown

	Number of staff employed
Commissioning	421
Provider	804
Total	1225

Gender

	Whole PCT	Commissioning	Provider side
Male	340	177	163
Female	885	244	641

Ethnicity

	Whole PCT	Commissioning	Provider side
White	718	227	491
Mixed	42	16	26
Asian/Asian British	106	44	62
Black or Black British	277	94	183
Other Ethnic Group	82	40	42

SICKNESS ABSENCE

The rate of sickness for Camden Primary Care Trust (commissioning) was 2.95% for the year. This figure remains less than the average rate for the NHS as a whole and is a reduction from the previous year when the sickness absence rate was 3.08%.

STAFF SURVEY RESULTS 2010 (COMMISSIONING)

Overall we performed well in the 2010 staff survey making improvements in a number of key areas.

The results which were significantly encouraging include:

The number of staff receiving an appraisal in the last 12 months increased significantly to 73% compared to 37% in 2009.

74% of staff agreed they can make improvements happen in their area of work compared to 69% nationally.

67% of staff said they felt satisfied with the support they received from their immediate line manager.

We hope to build on these figures in the coming year. Although improvements have been made it is concerning that 11% of staff felt they had been subject to discrimination in 2010 compared to the national average of 7%. We are working with staff to raise awareness of this issue.

EQUAL OPPORTUNITIES

As an employer we are committed to equality and treat our staff with the dignity, respect and consideration they deserve, helping staff to reach their full potential at work.

We have in place equality impact assessment tools to ensure that:

- Equality impact assessments are embedded as a way of working within Camden Primary Care Trust
- Service changes are impact assessed.

Camden Primary Care Trust has also worked with the Council and local people to develop a DVD training tool for staff to illustrate good and bad customer communications with patients/customers with sensory needs (blind and partially sighted people/deaf and deaf people/people with learning disabilities). This short 12 minute DVD will be part of a training toolkit to help staff understand barriers and solutions to communicating with customers/patients with these personal experiences of disability/impairment and to help staff improve their confidence and communication/customer service skills.



CAMDEN PCT FINANCIAL SUMMARY

Camden Primary Care Trust achieved all its financial targets for the year. The PCT has continued to demonstrate strong financial governance by achieving a planned surplus on its budget which the PCT will be able to carry forward and make use of in the future.

FINANCIAL TARGETS PERFORMANCE

The PCT has a duty to meet financial targets within the financial year. The actual performance of the PCT against these targets is summarised below:

PROVIDER FULL COST RECOVERY DUTY

The Provider arm of the PCT met its duty to achieve full cost recovery generating a surplus of £2.8m. This means that the Provider arm has covered all of its operating costs and made a contribution to the overall PCT surplus.

OPERATING WITHIN RESOURCE LIMIT

The Revenue Resource Limit of the PCT is the Department of Health-approved expenditure limit for the year. The operating cost statement for the year shows that the PCT achieved an operating surplus of £11.8m against its Revenue Resource Limit of £542.2M

CAPITAL RESOURCE LIMIT

The Capital Resource Limit of the PCT is the PCT's approved allocation for capital expenditure in 2009/10. The PCT is required to keep within its Capital Resource Limit. The PCT spent £3.7m so marginally under spending against its Capital Resource Limit of £3.9m

CASH TARGET

The PCT operated within its available notified Cash Limit of £545.8m.

The PCT has four operating segments which all contribute to the overall financial targets. These segments have been identified on the approach taken to monitoring and control with the PCT. Expenditure and surplus/deficit for each of the segments is:

	Commissioning		Corporate Landlord		Provider		CSL		Total	
	2010-11	2009-10	2010-11	2009-10	2010-11	2009-10	2010-11	2009-10	2010-11	2009-10
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Expenditure	508,178	484,779	19,303	27,399	85,095	87,972	29,233	33,763	641,809	633,913
Surplus/(Deficit)										
Segment surplus/(deficit)	7,086	0	1,804	0	2,833	3	84	9	11,807	12
Common costs	0	0	0	0	0	0	0	0	0	0
Surplus/(deficit) before interest	515,264	484,779	21,107	27,399	87,928	87,975	29,317	33,772	653,616	633,925
Net Assets:										
Segment net assets	51,237	47,114	0	0	854	(1,979)	(17,217)	(5,184)	34,874	39,951

SOURCE OF FUNDS

The PCT had a Revenue Resource Limit for 2010/11 amounting to £542.2m. In addition to this, the PCT generated other income amounting to £112.2m which covered the PCT's expenditure of £641.8m and provided the surplus of £11.8m.

More detail of the £112.2m is given in the table on Miscellaneous Income later in the report.

APPLICATION OF FUNDS

During 2010/11 the PCT spent £641.8M. The majority of this spend is generated by the PCT's commissioning functions via service level agreements and contracts with trusts and PCTs.

A breakdown of what made up the expenditure of the £641.8m is given in the table on Gross Operating Costs later in the report.

BETTER PAYMENT PRACTICE CODE

The Department of Health requires PCTs to pay invoices from non-NHS creditors in accordance with the CBI (Confederation of British Industry) Prompt Payment Code and Government accounting rules. The target is to pay 95% of invoices within 30 days of receiving the goods or services (or of receiving a valid invoice for them, whichever is later), unless other payment terms have been agreed with the supplier. The same target applies to NHS creditors. In 2010/11, the PCT paid 91% of non-NHS invoices within 30 days and 86% of NHS invoices. This represents 95% and 98% respectively of the total value of payments made in each category. Full details of compliance with the code are given on page 33.

MANAGEMENT COSTS

The PCT works continually towards greater efficiency in the management and administration of the organisation, in order that maximum resources can be spent directly on patient care. Management costs for the financial year amounted to £8.4m, which works out at £32 per head of weighted population, a decrease from the 2009/10 figure of £38/head.

The table on page 30 analysis in the report analysis management costs in both the provider and commissioner element, and provides figures for running costs and total public health expenditure. Both running costs and public health expenditure are identified for the first time this year.

CHARITABLE TRUST FUNDS

Camden PCT is the corporate trustee for the North Central London NHS Charitable Funds.

A full set of Charitable Fund Accounts is available from: The Financial Controller, Camden PCT, Stephenson House, 75 Hampstead Road, London NW1 2PL

AUDIT COMMITTEE

The annual accounts are reviewed by the PCT's Audit Committee following the year-end audit, and prior to submission to the Board for formal approval at the Annual Public Meeting. The Committee has a membership of four non-executive directors, thereby ensuring independence from PCT management structures and processes. During 2010/11, the four members were Deborah Oakley

(Chair), Dani Jayes, Marion Stern and Professor David Taylor. The Committee met nine times in the year. Meetings are attended by the Chief Executive, the Director of Finance, representatives from both internal and external audit and the Local Counter Fraud Specialist.

The Committee makes a formal written report to the Board after each meeting. In addition to its responsibilities in relation to the annual accounts, the Committee:

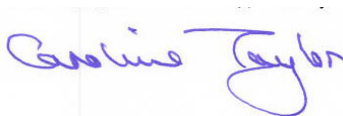
- keeps under review the arrangements for integrated governance, risk management and internal control across the whole of the PCT's activities, both clinical and non-clinical
- ensures that there is an effective internal audit function
- reviews the work and findings of the external auditor, and the PCT's response to his work
- keeps under review the arrangements in place for ensuring probity in the conduct of the PCT's business.

CHIEF EXECUTIVE'S RESPONSIBILITIES STATEMENT AS THE PCT ACCOUNTABLE OFFICER

The Secretary of State has designated the Chief Executive should be the Accountable Officer to the Primary Care Trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Department of Health.

This includes 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 Primary Care Trust
- The Expenditure and Income of the primary care Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- Effective and sound financial management systems are in place
- 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, recognized gains and losses and cash flows for the year
- To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.



Caroline Taylor

Chief Executive Officer

STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS

The directors 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. In preparing these accounts, directors are required to:

- 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.

The directors are responsible for keeping proper accounting records which disclose 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. They are also responsible for safeguarding the assets of the primary care trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

By order of the PCT Board



Ann Johnson
Director

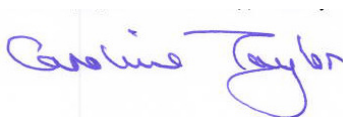
SUMMARY FINANCIAL STATEMENTS

The following Summary Financial Statements for the year ended 31 March 2011 have been prepared from information contained in the full Annual Accounts, in the form that the Secretary of State has, with the approval of the Treasury, directed. The Annual Accounts provides details of the accounting policies and conventions, on such issues as pensions, valuation of assets and provisions, and will provide a fuller understanding of the PCT's financial position and performance than the Summary Financial Statements can provide.

If you require a copy of the full Annual Accounts these can be found on our website at www.camdenpct.nhs.uk or by writing to: The Financial Controller, Camden PCT, Stephenson House, 75 Hampstead Road, London NW1 2PL

STATEMENT ON INTERNAL CONTROL

The statement on internal control is also contained within the full Annual Accounts document as above.



Caroline Taylor

Chief Executive Officer

INDEPENDENT AUDITORS' REPORT TO THE BOARD OF CAMDEN PRIMARY CARE TRUST

We have examined the summary financial statements of Camden Primary Care Trust for the year ended 31 March 2011 which comprises the Operating Cost Statement, Balance Sheet, Cash Flow Statement, Statement of Recognised Gains and Losses and the notes on Provider Full Cost Recovery Duty, Management Costs, Performance Against Revenue Resource Limit, Performance Against Capital Resource Limit, Better Payment Practice Code – measure of compliance and the part of the report on The Pay and Remuneration of PCT Directors and Senior Managers described as audited. This report is made solely to the Board of Camden Primary Care Trust, as a body, in accordance with Part II of the Audit Commission Act 1998. Our audit work has been undertaken so that we might state to the Board those matters we are required to state to them in an auditors' report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the PCT and the Board as a body, for our audit work, for this report, or for the opinions we have formed.

RESPECTIVE RESPONSIBILITIES OF DIRECTORS AND AUDITORS

The directors are responsible for preparing the Annual Report. Our responsibility is to report to you our opinion on the consistency of the summary financial 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 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board. Our report on the statutory financial statements describes the basis of our audit opinion on those financial statements.

OPINION

In our opinion the summary financial statement is consistent with the statutory financial statements of the PCT for the year ended 31 March 2011. We have not considered the effects of any events between the date on which we signed our report on the statutory financial statements and the date of this statement.

The Audit Commission

Notes: The directors are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the company and enable them to ensure that the financial statements comply with relevant requirements. They are also responsible for safeguarding the assets of the company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. The directors are responsible for the maintenance and integrity of the corporate and financial information included on the company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

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OPERATING COSTS FOR THE YEAR ENDED 31 MARCH 2011

	2010-11	2009-10
	£000	£000
Healthcare	30,670	42,411
Non-Healthcare	1,599	2,821
Total	32,269	45,232
Goods and Services from Other NHS Bodies other than FTs		
Healthcare	142,158	135,371
Non-Healthcare	1,102	760
Total	143,260	136,131
Goods and Services from Foundation Trusts	181,714	169,524
Purchase of Healthcare from Non-NHS bodies	46,044	38,988
Social Care from Independent Providers		
Expenditure on Drugs Action Teams		
Non-GMS Services from GPs		
Contractor Led GDS & PDS (excluding employee benefits)	11,568	11,220
Salaried Trust-Led PDS & PCT DS (excluding employee benefits)		
Chair, Non-executive Directors & PEC remuneration	297	211
Consultancy Services	2,056	12,243
Prescribing Costs	28,196	24,768
G/PMS, APMS and PCTMS (excluding employee benefits)	38,473	41,884
Pharmaceutical Services	3,642	1,521
Local Pharmaceutical Services Pilots		
New Pharmacy Contract		
General Ophthalmic Services	2,178	2,071
Supplies and Services - Clinical	26,748	27,091
Supplies and Services - General	2,230	2,693
Establishment	2,438	4,315
Transport	1,675	1,309
Premises	19,128	18,069
Impairments & Reversals of Property, plant and equipment	265	297
Impairments and Reversals of non-current assets held for sale		
Depreciation	3,108	3,776
Amortisation	10	37
Impairment & Reversals Intangible non-current assets		
Cost of Capital Charge		1,434
Impairment and Reversals of Financial Assets		
Impairment of Receivables	1,153	1,326
Inventory write offs		
Research and Development Expenditure	2,669	1,550
Audit Fees	181	282
Other Auditors Remuneration	166	300
Clinical Negligence Costs	157	200
Education and Training	1,010	1,671
Other	793	1,616
Total Operating costs charged to Statement of Comprehensive Net Expenditure	551,428	549,759
Employee Benefits		
Employee Benefits associated with PCTMS		
Trust led PDS and PCT DS		
PCT Officer Board Members	619	523
Other Employee Benefits	89,762	83,631
Total Employee Benefits charged to OCS	90,381	84,154
Total Operating Costs	641,809	633,913

PROVIDER FULL COST RECOVERY DUTY

	2010-11	2009-10
	£000	£000
Healthcare	30,670	42,411
Non-Healthcare	1,599	2,821
Total	32,269	45,232
Goods and Services from Other NHS Bodies other than FTs		
Healthcare	142,158	135,371

STATEMENT OF CHANGES IN TAXPAYER'S EQUITY FOR THE YEAR ENDED 31 MARCH 2011

	General Fund	Revaluation Reserve	Donated Asset Reserve	Govt. Grant Reserve	Other Reserves	Total Reserves
Changes in taxpayers' equity for 2010-11	£000	£000	£000	£000	£000	£000
Balance at 1 April 2010	5,701	33,191	1,058			39,950
Net operating cost for the year	(530,433)					(530,433)
Net gain on revaluation of property, plant, equipment		1,630	50			1,680
Net gain on revaluation of intangible assets						
Net gain on revaluation of financial assets						
Receipt of donated or government granted assets						
Movements in other reserves						
Impairments and reversals		(296)	(3)			(299)
Release of reserves to SoCNE			(27)			(27)
Non-cash charges – cost of capital						
Transfers between reserves						
Transfers to/(from) other bodies within the Resource Account Boundary	12					12
Net actuarial gain/(loss) on pension						
Total recognised income and expense for 2010-11	(530,421)	1,334	20			(529,067)
Net Parliamentary funding	523,991					523,991
Balance at 31 March 2011	(729)	34,525	1,078			34,874

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2011

	31 March 2011 £000	31 March 2010 £000
Non-current assets:		
Property, plant and equipment	80,286	78,572
Intangible assets	15	25
Other financial assets	257	225
Trade and other receivables	2,444	2,516
Total non-current assets	83,002	81,338
Current assets:		
Inventories		
Trade and other receivables	25,392	30,479
Other financial assets		
Other current assets		
Cash and cash equivalents	51	63
	25,443	30,542
Non-current assets held for sale		
Total current assets	25,443	30,542
Total assets	108,445	111,880
Current liabilities		
Trade and other payables	(45,023)	(48,014)
Other liabilities		
Provisions	(6,821)	(1,708)
Borrowings	(903)	(903)
Other financial liabilities		
Total current liabilities	(52,747)	(50,625)
Non-current assets plus/less net current assets/liabilities	55,698	61,255
Non-current liabilities		
Trade and other payables	(750)	
Provisions	(8,622)	(9,555)
Borrowings	(11,452)	(11,750)
Other financial liabilities		
Other liabilities		
Total non-current liabilities	(20,824)	(21,305)
Total Assets Employed:	34,874	39,950
FINANCED BY:		
TAXPAYERS' EQUITY		
General fund	(729)	5,701
Revaluation reserve	34,525	33,191
Donated asset reserve	1,078	1,058
Government grant reserve		
Other reserves		
Total Taxpayers' Equity:	34,874	39,950

STATEMENT OF CASHFLOWS FOR THE YEAR ENDED 31 MARCH 2011

31 March 2011

	2010-11	2009-10
	£000	£000
Cashflow from operating activities		
Net operating cost before interest	(529,621)	(518,859)
Other cash flow adjustments	8,789	5,811
Movements in Working Capital	3,188	6,338
Provisions utilised	(1,112)	(1,708)
Interest paid	(687)	(623)
Net cash outflow from operating activities	<u>(519,443)</u>	<u>(509,041)</u>
Cash flows from investing activities		
Payments to purchase property, plant and equipment	(4,048)	(5,877)
Payments to purchase intangible assets		
Proceeds of disposal of assets held for sale		
Purchase of financial investments (LIFT)		
Sale of financial investments (LIFT)		
Loans made in respect of LIFT		
Loans repaid in respect of LIFT		
Payments for other financial assets		
Proceeds from disposal of other financial assets		
Interest received		
Rental Income		
Net cash inflow/(outflow) from investing activities	<u>(4,048)</u>	<u>(5,877)</u>
Net cash inflow/(outflow) before financing	<u>(523,491)</u>	<u>(514,918)</u>
Cash flows from financing activities		
Net Parliamentary Funding	523,991	515,181
Other capital receipts surrendered		
Capital grants received	72	
Capital element of payments in respect of finance leases, on-SoFP PFI and LIFT	(584)	(287)
Cash transfers (to)/from other NHS bodies		
Net cash inflow/(outflow) from financing	<u>523,479</u>	<u>514,894</u>
Net increase/(decrease) in cash and cash equivalents	(12)	(24)
Cash (and) cash equivalents (and bank overdrafts) at the beginning of the financial year	63	87
Effect of exchange rate changes on the balance of cash held in foreign currencies		
Cash (and) cash equivalents (and bank overdrafts) at the end of the financial year	<u>51</u>	<u>63</u>

MANAGEMENT COSTS, RUNNING COSTS AND PUBLIC HEALTH EXPENDITURE

Management Costs	2010-11	2009-10	
Management costs (£000s)	8,382	10,317	
Weighted population (number in units)	264,744	273,000	
Management Cost per weighted head of population (£ per head)	32	38	
Commissioning Management Costs	2010-11	2009-10	
Management costs (£000s)	5,042	6,339	
Weighted population (number in units)	264,744	273,000	
Management Cost per weighted head of population (£ per head)	19	23	
Provider Management Costs	2010-11	2009-10	
Management costs (£000s)	3,340	3,978	
Provider Services Income	87,928	87,975	
Running Costs¹		2010-11	
		Commissioning services	Public health
		Total	
Running costs (£000s)	21,287	827	22,114
Weighted population (number in units)	264,744	264,744	264,744
Running costs per head of population (£ per head)	80.4	3.1	83.5
Total Public Health Expenditure¹			
	2010-11		
	£000		
Total public health expenditure ¹	25,136		

¹ Running costs and public health expenditure separately identified for the first time in 2010-11.

PERFORMANCE AGAINST REVENUE RESOURCE LIMIT

	2010-11	2009-10
	£000	£000
The PCTs' performance for the year ended 31 March 2011 is as follows:		
Total Net Operating Cost for the Financial Year	530,433	519,654
Non-Discretionary Expenditure ¹	-	<u>2,071</u>
Net Operating Cost less Non Discretionary Expenditure	530,433	<u>517,583</u>
Revenue Resource Limit	542,240	<u>517,595</u>
Under/(Over)spend Against Revenue Resource Limit (RRL)	<u>11,807</u>	<u>12</u>

¹ In 2010-11, due to changes in the way PCTs are funded, there is no non-discretionary expenditure

PERFORMANCE AGAINST CAPITAL RESOURCE LIMIT
Performance against Capital Resource Limit

	2010-11	2009-10
	£000	£000
The PCT is required to keep within its Capital Resource Limit.		
Total Gross Capital Expenditure	3,706	6,895
Loss in Respect of Disposals of Donated Assets		
less: Net Book Value of Non-Current Assets Disposed of to NHS Bodies		
less: Net Book Value of Non-Current Assets Disposed of to non-NHS Bodies		
less: Net Book Value of Financial Instruments (Investments) Disposed Of to NHS bodies		
less: Net Book Value of Financial Instruments (Investments) Disposed Of to Non-NHS bodies		
less: Capital Grants Received		
less: Donations		
Charge Against the Capital Resource Limit (CRL)	<u>3,706</u>	<u>6,895</u>
Capital Resource Limit (CRL)	<u>3,931</u>	<u>6,900</u>
(Over)/Underspend Against CRL	<u>225</u>	<u>5</u>

MISCELLANEOUS REVENUE

	Appropriated- In-Aid £000	Not Appropriated- In-Aid £000	2010-11 Total £000	2009-10 Total £000
Fees and Charges				
Dental Charge income from Contractor-Led GDS & PDS	1,750		1,750	1,766
Dental Charge income from Trust-Led GDS & PDS				
Prescription Charge income	1,094		1,094	
Strategic Health Authorities		705	705	1,432
NHS Trusts		145	145	90
NHS Foundation Trusts		1,530	1,530	4,981
Primary Care Trusts Contributions to DATs				
Primary Care Trusts - Other		73,081	73,081	72,998
Primary Care Trusts - Lead Commissioning				
English RAB Special Health Authorities				
Other English Special Health Authorities				
Department of Health - SMPTB				
Department of Health - Other		112	112	897
Local Authorities	3,147		3,147	2,686
Patient Transport Services				
Education, Training and Research		7,537	7,537	9,722
Non-NHS: Private Patients				
Non-NHS: Overseas Patients (Non-Reciprocal)				
NHS Injury Costs Recovery				
Other Non-NHS Patient Care Services	1,405		1,405	1,724
Charitable and Other Contributions to Expenditure	5		5	5
Transfers from the Donated Asset Reserve	27		27	36
Transfers from the Government Grant Reserve				
Contingent Rental Income from Finance Leases				
Rental Income from Operating Leases	282		282	834
Other Income	4,048	17,320	21,368	17,883
Total miscellaneous income	11,758	100,430	112,188	115,054

BETTER PAYMENT PRACTICE CODE**Better Payment Practice Code**

	2010-11 Number	2010-11 £000	2009-10 Number	2009-10 £000
Non-NHS Payables				
Total invoices paid in the year	38,506	91,372	41,419	100,273
Total invoices paid within target	34,978	87,130	<u>33,035</u>	<u>83,670</u>
Percentage of invoices paid within target	90.84%	95.36%	<u>79.76%</u>	<u>83.44%</u>
NHS Payables				
Total invoices paid in the year	3,326	379,062	2,633	374,667
Total invoices paid within target	2,855	373,233	<u>2,069</u>	<u>340,500</u>
Percentage of invoices paid within target	85.84%	98.46%	<u>78.58%</u>	<u>90.88%</u>

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.

EXIT PACKAGES FOR STAFF LEAVING IN 2010-2011

Exit package cost band (including any special payment element)	2010-11			2009-10		
	*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
<£20,001	41	31	72	0	0	0
£20,001 - £40,000	50	13	63	0	0	0
£40,001 - 100,000	12	13	25	0	0	0
£100,001- £150,000	1	5	6	0	0	0
£150,001- £200,000	1	0	1	0	0	0
>£200,001	5	0	5	0	0	0
Total number of exit packages by type (total cost	110	62	172	0	0	0
Total resource cost (£000s)	4,288	2,087	6,375	0	0	0

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Redundancy Scheme. **Exit costs in this note are accounted for in full in the year of departure.** 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.

THE PAY AND REMUNERATION OF PCT DIRECTORS AND SENIOR MANAGERS

The Pay and Remuneration of the Executive Directors is subject to the decisions of the Pay and Remuneration Committee. Non Executive Directors and Professional Executive Committee (PEC) nominees are paid according to national guidance. The terms of reference for the Pay and Remuneration Committee are as follows:

INTRODUCTION

The terms of reference and processes of the Pay & Remuneration Committee arise from an NHS Executive Letter (EL(94)40) April 1994 and subsequent 1996 guidance for Directors by National Association of Health Authorities & Trusts (NAHAT).

PAY AND REMUNERATION

A Pay and Remuneration Committee made up of Non-Executive Directors, takes decisions on the terms and conditions and pay of Senior Managers and Executive Directors.

FUNCTIONS OF THE COMMITTEE

To advise the Trust Board about appropriate remuneration and terms of service for the Chief Executive and Executive Directors. This includes advice on all aspects of salary, including performance-related elements and provisions for other benefits including pensions and cars, as well as arrangements for contractual issues.

DUTIES AND RESPONSIBILITIES

The main duties of the Committee are:

To make recommendations to the Board on the remuneration and terms of service of Executive Directors and Senior Managers, to ensure they are fairly rewarded for their individual contribution to the organisation – having proper regard to the organisation's circumstances and performance and to the provisions of any national arrangements for such staff where appropriate.

To advise on and oversee appropriate contractual arrangements for such staff, monitor performance and examine senior managers' terms in general, including the proper calculation and scrutiny of termination payments taking account of such national guidance as is appropriate. Its membership is: John Carrier (Chair), Dani Jayes, and David Metz, with the Chief Executive, Director of Finance and Director of Human Resources in attendance as required. Senior Managers, Non Executive Directors and PEC nominees are paid in line with national agreements, while Executive Directors are on local contracts and their pay and remuneration is decided by the Pay and Remuneration Committee, bearing in mind comparable salaries in other organisations and national guidance on top level remuneration. No significant awards were made to past senior managers. For the 2008/09 financial year, and subsequent year no element of pay is based on a performance-related pay scheme. Contractual details of senior managers and Directors at Board level is as follows:

REMUNERATION AND PENSIONS REPORT 2009/10

Chairman	John Carrier	
Non Executive Directors	Dani Jayes(Vice Chair)	David Metz
	Robert Sumerling	Deborah Oakley Professor David Taylor Marion Stern
	Susan Angoy	
Statutory Office	Fixed term statutory office holder	
Period of Notice	Not Specified	
Termination Payments	In line with national regulations	
PEC Nominees	¹ Dr Mark Koperski	Aimee Fairbairns
	² Dr Tom Aslan	
Contract	Fixed term	
Period of Notice	Not Specified	
Termination Payments	Not Specified	
Chief Executive, Executive Directors Contract	All permanent	
Period of Notice	³ Liz Wise (Acting Chief Executive)	tbc
	⁴ Dr Mark Atkinson (Acting Chief Executive)	6 months
	Lorraine Robjant	6 months
	Steven Luttrell	3 months as Consultant/Medical Director
	Dr Quentin Sandifer	6 months
	Graham MacDougal	
	Paul Fox	
Termination Payments	In line with section B of Whitley Council	

¹ Dr Marek Koperski commenced a six month sabbatical at the beginning of January 2010.

² Dr Tom Aslan is Acting Chair of the PEC (and attending the Board) during Dr Marek Koperski period of sabatical.

³ Liz Wise (from January 2010) is seconded from Enfield PCT.

REMUNERATION REPORT 2010/2011: SALARY AND PENSION ENTITLEMENTS OF SENIOR MANAGERS

A) Remuneration

Title	Name	2010-11			2009-10		
		Salary (bands of £5000) £000	Bonus Payments (bands of £5000) £000	Benefits in Kind nearest £100	Salary (bands of £5000) £000	Bonus Payments (bands of £5000) £000	Benefits in Kind nearest £100
Executive Directors							
Chief Executive	Mark Atkinson *	115 to 120	0 to 5	0	85 to 90	0 to 5	0
Acting Chief Executive /Chief Executive	Liz Wise **	125 to 130	0 to 5	0	85 to 90	0 to 5	0
Medical Director / Chief Operating Officer	Steven Luttrell ****	165 to 170	0 to 5	0	105 to 110	55 to 60	0
Director of Public Health	Quentin Sandifer ****	145 to 150	0 to 5	0	60 to 65	20 to 25	0
Acting Director of Contracts & Performance	Paul Fox	90 to 95	0 to 5	0	45 to 50	0 to 5	0
Acting Director of Service Improvement	Graham MacDougall	85 to 90	0 to 5	0			
Director of Finance	Lorraine Robjant	95 to 100	5 to 10	0	100 to 105	0 to 5	0
Non-Executive Directors							
Chairman	John Carrier	30 to 35	0 to 5	0	30 to 35	0 to 5	0
Vice-Chairman	Danielle Jayes	5 to 10	0 to 5	0	5 to 10	0 to 5	0
Non-Executive Director	Deborah Oakley ***	10 to 15	0 to 5	0	5 to 10	5 to 10	0
Non-Executive Director	Robert Sumerling	5 to 10	0 to 5	0	5 to 10	0 to 5	0
Non-Executive Director	David Metz	5 to 10	0 to 5	0	5 to 10	0 to 5	0
Non-Executive Director	Marion Stern	5 to 10	0 to 5	0	5 to 10	0 to 5	0
Non-Executive Director	David Taylor	5 to 10	0 to 5	0	5 to 10	0 to 5	0

B) Pension Benefits

Title	Name	Real increase in pension at age 60 (bands of £2500) £000	Real increase in related lump sum at age 60 (bands of £2500) £000	Total accrued pension at age 60 at 31 March 2011 (bands of £2500) £000	Total accrued related lump sum at age 60 at 31 March 2011 (bands of £2500) £000	Cash Equivalent Transfer Value (CETV) at 31 March 2011 £000	Cash Equivalent Transfer Value (CETV) at 31 March 2010 £000	Real increase in Cash Equivalent Transfer Value £000	Employers Contribution to Stakeholder Pension nearest £100
Chief Executive	Mark Atkinson	5 to 7.5	16 to 18.5	15 to 17.5	46 to 48.5	217	160	40	0
Acting Chief Executive /Chief Executive	Liz Wise	5 to 7.5	20 to 22.5	20 to 22.5	60 to 62.5	399	277	85	0
Medical Director / Chief Operating Officer	Steven Luttrell	2 to 4.5	6 to 8.5	36 to 38.5	109 to 111.5	619	627	-6	0
Director of Public Health	Quentin Sandifer	6 to 8.5	19 to 21.5	41 to 43.5	123 to 125.5	697	652	32	0
Acting Director of Contracts & Performance	Paul Fox	13 to 15.5	40 to 42.5	27 to 29.5	82 to 84.5	400	230	119	0
Acting Director of Service Improvement	Graham MacDougall			20 to 22.5	62 to 64.5	326			0
Director of Finance	Lorraine Robjant	0 to 2.5	1 to 3.5	30 to 32.5	91 to 93.5	451	495	-31	0

* Mark Atkinson was Chief Executive from 1st April 2010 to 30th September 2010. He was on long term sick leave and resigned on 30th September 2010.

** Liz Wise is seconded from Enfield PCT. She was acting Chief Executive from 1st April 2010 to 31st December 2010 and appointed as Chief Executive from 1st October 2010.

*** Deborah Oakley's salary includes her remuneration as Chair of the Audit Committee.

**** Remuneration for Steven Luttrell and Quentin Sandifer with respect to Clinical Excellence Awards has been presented under "Salary" in 2010-11.

Signed as Accountable Officer of the Trust

Chief Executive Caroline Taylor

GLOSSARY: FINANCIAL TERMS AND EXPLANATION OF KEY FINANCIAL INFORMATION

Expenditure: Payments made and accruals, where an accrual is a payment due to be made but not yet released

Assets: Resources, properties and possessions owned by the PCT

Current Assets: Cash and other possessions that are likely to be converted into cash or used within a year

Fixed Assets: Possessions and resources that is likely to be owned for more than a year

Tangible Assets: Physical resources and possessions

Intangible Assets: Non physical resources such as the PCT's software programmes

Liabilities: Amounts owed by the PCT including any long-term financial obligation

Provisions: Amounts retained by the PCT due to obligations to make future payments, for example ill-health and premature retirement pension payments

Taxpayer's equity: Contribution by taxpayers to the net assets of the PCT

Impairment: Reduction in value

Surplus: Excess of income or gains over expenditure or losses

Operating costs: Expenses that have arisen from the performance of the PCT's usual activities

Gross: Overall or whole figure

Net: The remaining amount after taking into account offsetting reductions

Capital: Resources, properties and possessions owned by the PCT which are likely to be owned for more than a year or used to purchase property and possessions which are likely to be owned for more than a year

Revenue: Resources and income to be used within a year

Remuneration: Salaries and allowances

Operating Cost Statement: summarises, on an accruals basis, the net operating costs of the PCT. Operating costs and miscellaneous income are shown analysed between the commissioning and provider functions of the PCT.

Balance Sheet: A quantitative summary of a company's financial condition at a specific point in time, including assets, liabilities and net worth.

IFRS: International Financial Reporting Standards: accounting standards

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

Related Party Transactions: a material transaction (i.e. a payment or a contract) between the PCT and a senior employee, other than salary or expenses. This can also extend to material transactions between the PCT and the senior employee's close family members, entities controlled by the senior employee or entities controlled by a close family member.

A full set of Annual Accounts, including the Statement on Internal Control, is available free of charge to the public at www.haringey.nhs.uk or by written request to:

Harry Turner, associate director of Financial Management

NHS North Central London, Stephenson House, 75 Hampstead Road, London NW1 2PL.

The financial statements for Haringey Teaching Primary Care Trust have been prepared in accordance with the 2010/11 Financial Reporting Manual issued by HM Treasury. The accounts have been prepared under the historical cost convention, modified by the application of current cost principles to tangible fixed assets, and in accordance with directions issued by the Secretary of State for Health and approved by Treasury