Annual Report
Broadland Primary Care Trust
2006/07

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Introduction

On the 30 September 2006 Broadland Primary Care Trust (PCT) ceased to exist under the national Commissioning a Patient-Led NHS (CPLNHS) reconfiguration. Its activities were transferred to the newly formed Norfolk Primary Care Trust (PCT) on the 1 October 2006.

This report covers the six months ending September 2006 and should be read in conjunction with the 2006/07 report for Norfolk PCT.

Overview of business activity

In common with other Norfolk PCTs, much of the activity of Broadland PCT during this period centred on preparing the organisation for its merger into Norfolk PCT and tackling financial recovery.

A challenging financial recovery plan was established which was incorporated into the emerging Norfolk wide recovery plan. Good progress was made on a number of initiatives, particularly encouraging GPs to switch to use of lower cost generic statin medications.

A major land sale of surplus land at St Michaels Hospital was concluded in partnership with the Aylsham Care Trust, which will see construction of a Housing with Care scheme on the site as well as a community centre for use by local people.

The PCT also continues to focus on delivery of key national targets, in particular the 30 and 60 day cancer targets (diagnosis and treatment respectively). Smoking cessation and moving towards an 18 week wait for elective surgery.

The three at the top of the PCT:

Mark Taylor	Chief Executive
Nigel Dixon	Chair
Gordon Bastable	PEC Chair

By 30 September 2006 the PCT was forecasting a deficit of £6,867,000 for the year, had it stayed as a separate entity. The underlying position was forecast as a surplus of £4,205,000, once non-recurring debt repayments were adjusted. In accordance with Department of Health guidance the accounts for the six months to 30 September 2006 record a balanced position against resource and cash limits. The PCT's financial results for this six month period have been included in those of Norfolk PCT for the year ended 31 March 2007. These are disclosed in Norfolk PCT's 2006/07 Annual Report.

Broadland NHS
Primary Care Trust

Accounts

For the Period

to

30 September 2006

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DIRECTORS' STATEMENTS

STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTABLE OFFICER OF THE ORGANISATION.

The Secretary of State has directed that the Chief Executive should be the Accountable Officer to the organisation. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Department of Health. These 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 PCT;

- the expenditure and income of the PCT has been applied to the purposes intended by Parliament and conform to the authorities who govern them;

- effective and sound financial management systems are in place; and

- annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the net operating cost, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Signed
Julie Garbutt
Chief Executive of Norfolk PCT

6 July 2007

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, the 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.

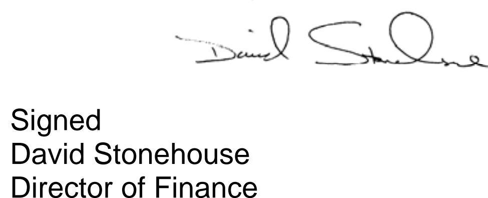
The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Primary Care Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Primary Care Trust and hence for taking reasonable steps for the prevention 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 Norfolk PCT Board

Signed
Julie Garbutt
Chief Executive

Dated: 6 July 2007



Signed
David Stonehouse
Director of Finance

Dated: 6 July 2007

STATEMENT ON INTERNAL CONTROL FOR THE SIX MONTHS ENDED 30 SEPTEMBER 2006

1. Scope of responsibility

As Chief Executive of the Board of Norfolk PCT, the successor body of Broadland PCT, I have assumed the Accountable Officer responsibility from the previous Chief Executive of Broadland PCT for making this Statement on Internal Control in respect of the six months ended 30 September 2006.

The Board of Broadland PCT (the PCT) was accountable for internal control up to the date of the PCT's disestablishment on 30 September 2006, with the Accountable Officer being personally responsible, as set out in the Accountable Officer Memorandum, for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objective and for safeguarding the public funds and the organisation's assets.

During the six months ended 30 September 2006, the PCT worked closely with other organisations through a variety of relationships, such as:

- Service Level Agreements with other NHS organisations to deliver health services to agreed specifications;
- Legal agreements with Norfolk Social Services;
- Performance management arrangements with the Norfolk, Suffolk and Cambridgeshire Strategic Health Authority;
- With patients through the Patients Forum;
- Accountability to the Secretary of State and to Parliament for the performance of functions and meeting statutory duties; and
- With local partners and wider communities, through working in partnership to promote the objectives of our local health delivery plans, the Board meeting in public, through publishing business plans and production of an annual report and accounts.

2. The purpose of the system of internal control

The system of internal control was designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it could therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control was 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 to manage them efficiently, effectively and economically;
- Manage our financial resources effectively; and
- Provide a structure for governance within the PCT.

The system of internal control was in place in Broadland PCT for the whole of the six months ended 30 September 2006.

3. Capacity to handle risk

The Accountable Officer responsibilities include ensuring that sufficient resources are invested in managing risk. The PCT's risk management process was led through executive and non-executive directors with the Director of Clinical Services working with the Director of Finance and Performance to ensure that these functions were integrated.

Staff were trained and equipped to manage risk in a way appropriate to their authority and duties and this was done through a documented system of risk assessment, training and from frequent local meetings with them to identify and manage risk. Guidance was provided to staff by the governance team, who provided templates on how to undertake risk assessments and produce risk registers. Evidence of this was presented to the Clinical Governance and Risk Management Sub Committee in order to share experience across the PCT and revise processes as necessary.

4. The risk and control framework

The risk and control framework was described in the Risk Management Strategy and Board Assurance Framework and the key features were that the organisation's risks were systematically identified throughout the organisation and a risk register is maintained to evaluate and act on these organisation-wide risks. The risk register was also developed into a plan of action to address the most significant risks. Progress against the plan was monitored and reported regularly to the risk management committee and Board.

Staff at all levels in the organisation contributed to the identification and assessment of risk. The risk management actions taken in the period by the PCT include:

- The resolution of many local risks in consultation with the staff that identify these risks. These issues were identified with staff through complaints and critical incidents and often only minor improvements have a significant improvement in working lives;
- Full implementation of the Freedom of Information Act;
- A committee structure that aligned clinical and corporate governance arrangements;
- Maintenance of accreditation against appropriate Improving Working Lives Standards;
- Increased awareness of risk management with all areas contributing to risk assessment;
- Compliance with the National Health Service Litigation Authority Risk Management Standard at level 1b; and
- The undertaking of extensive work with patients and carers using questionnaires and focus groups to identify areas for improvement resulting in better communication and achievement of targets.

The control environment was also supported by standing orders and standing financial instructions, directions on fraud, budgetary control systems, internal audit and information to support performance and risk monitoring processes.

Risk analysis is primarily concerned with quantifying risk in terms of likelihood and impact. In analysing the impact of risk, the PCT considered a wide range of factors, including effect upon patient care, staff well being, financial implications, legal obligations, the potential for impact on service provision and the possibility of claims or complaints against the PCT.

The risk analysis process highlighted key priorities and the PCT followed the national guidance in its approach to quantifying risk through a risk scoring system that allowed acceptable and unacceptable risk to be identified. This model assessed the likelihood of an event occurring combined with the possible consequences to provide a standard approach to the assessment of the risk. Calculating risk helps to prioritise action plans. It also demonstrates the reduction of risk through the risk assessment process.

An assurance framework had been established by the Board and the Clinical Governance and Risk Management Sub -Committee. Its key elements included:

- Establishing principal objectives;
- Identifying the principal risks that may threaten the achievement of these objectives. The Board had reviewed its top risks and had reviewed the remainder on a rolling basis via the Clinical Governance and Risk Management Sub -Committee ;

- Identifying and evaluating the design of key controls intended to manage these principal risks;
- Setting out the arrangements for obtaining assurance on the effectiveness of key controls across all areas of principal risk;
- Evaluating the assurance across all areas of principal risk;
- Identifying positive assurances and areas where there were gaps in controls and / or assurances;
- Putting in place plans to take corrective action where gaps had been identified in relation to principal risks; and
- Maintaining dynamic risk management arrangements including, crucially, a well founded risk register.
- Developing the ways that it involves patients and the public in managing risks which impact on them. This was done through openness of risk assessments that were shared throughout the organisation and through public participation on committees such as the Clinical Governance and Risk Management Sub -Committee.

5. Review of effectiveness

As Accountable Officer of Norfolk PCT, I have assumed responsibility for reviewing the effectiveness of Broadland PCT's system of internal control. My review is informed in a number of ways. The head of internal audit has provided me with an opinion on the overall arrangements for gaining assurance through the PCT's Assurance Framework and on the controls reviewed as part of the internal audit work. Executive managers within the organisation who had responsibility for the development and maintenance of the system of internal control have provided me with assurance and the Assurance Framework itself has provided me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives had been reviewed.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, Professional Executive Committee, Audit Committee and the Clinical Governance and Risk Management Sub -Committee. A plan to address weaknesses and ensure continuous improvement of the system was in place for the six months ended 30 September 2006. Where appropriate, elements of this plan have been taken forward in the risk management arrangements of Norfolk PCT.

The system of maintaining and reviewing the effectiveness of the system of internal control is achieved through the following committee structure:

- The Board which had ultimate responsibility for reviewing the effectiveness of the system of internal control;
- The Professional Executive Committee which gave clinical leadership and direction to the PCT;
- The Audit Committee which met quarterly to review the adequacy of the risk management system and control measures within the PCT. It coordinated the internal and external audit programmes and received the reports of the Internal and External Auditors.
- The Finance Sub-Committee which carried out an analysis of expenditure and reviewed the financial plan;
- The Clinical Governance and Risk Management Sub-Committee which took an overview of significant risks within the organisation; and
- The Senior Management Team which met frequently to support the achievement of the business plan and provide strategic advice to the Board.

Internal Audit provided an independent and objective opinion to the Accountable Officer, the Board and the Audit Committee on the degree to which risk management, control and governance supported the achievement of the organisations agreed objectives. The Head of Internal Audit Opinion covered the whole of the six month period and was one of limited assurance. It is noted that weaknesses in the design and inconsistent application of controls put the achievement of the PCT's financial objectives at risk.

6 Significant control issues

Two significant control issues specific to Broadland PCT have been identified in relation to the six months ended 30 September 2006, namely its ongoing underlying deficit financial position and the emergence in May 2006 of a number of breakdowns in the controls for forecasting full year expenditure.

The Department of Health has set the PCT's revenue resource limit for the six months ended 30 September 2006 to match its expenditure, and the accounts for this period therefore do not report an overspend against the revenue resource limit. The PCT had, however, forecast in September 2006 that it would have incurred an overspend of £6.867 million for the year ended 31 March 2007 had it continued to exist as a separate entity.

The PCT has established a Financial Recovery Plan, which has now been consolidated and further developed within the Financial Recovery Plan of the PCT's successor body, Norfolk PCT. Norfolk PCT has made progress in addressing the control weaknesses concerning the forecasting of full year expenditure in 2006/07 and is ensuring that any residual issues are remedied in 2007/08. Further information on Norfolk PCT's financial position as at 31 March 2007 and its plans for financial recovery are given in Norfolk PCT's Statement on Internal Control and its accounts for 2006/07.

This Statement on Internal Control for Broadland PCT should be read in conjunction with the 2006/07 Statement on Internal Control for Norfolk PCT, which includes a number of control issues that applied to the merged body as a whole.

To the best of my knowledge and belief, no significant internal control issues, other than those referred to above, have been identified in relation to the period ended 30 September 2006. As a result of my review, I am satisfied that this Statement on Internal Control provides a fair assessment of the PCT's control system.

Signed
Julie Garbutt
Chief Executive of Norfolk PCT

6 July 2007

Independent auditors' report to the Directors of the Board of Broadland PCT

Opinion on the financial statements

We have audited the financial statements of Broadland PCT for the 6 month period ended 30 September 2006 under the Audit Commission Act 1998, as applicable to the audit of part year financial statements. These comprise the Operating Cost Statement, the Balance Sheet, the Cashflow Statement, the Statement of Recognised Gains and Losses and the related notes. These financial statements have been prepared under the accounting policies relevant to the National Health Service set out therein. We have also audited the information in the Remuneration Report that is described as having been audited.

This report, including the opinion, has been prepared for and only for the Board of Broadland PCT in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 36 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission. We do not, in giving this opinion, accept or assume responsibility for any other purpose or to any other person to whom this report is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

Respective responsibilities of Directors and Auditors

The directors' responsibilities for preparing the financial statements and the Remuneration Report in accordance with directions made by the Secretary of State are set out in the Statement of Directors' Responsibilities. The Chief Executive's responsibility, as Accountable Officer, for ensuring the regularity of transactions is set out in the Statement of the Chief Executive's Responsibilities.

Our responsibility is to audit the financial statements and the part of the Remuneration Report to be audited in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

We report to you our opinion as to whether the financial statements give a true and fair view and whether the part of the Remuneration Report to be audited has been properly prepared in accordance with the accounting policies directed by the Secretary of State as being relevant to the National Health Service in England. We also report whether 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.

We review whether the directors' statement on internal control reflects compliance with the Department of Health's requirements "The Statement on Internal Control 2003/04" issued on 15 September 2003, "Statement on Internal Control 2005/06 – Disclosures", issued on 7 April 2006 and "Statements on Internal Control (SICs) 2006/2007 – reorganisation of SHA, PCTs and Ambulance Trusts" issued in June 2006. We report if it does not meet the requirements specified by the Department of Health or if the statement is misleading or inconsistent with other information we are aware of from our audit of the financial statements. We are not required to consider, nor have we considered, whether the directors' statement on internal control covers all risks and controls. We are also not required to form an opinion on the effectiveness of the PCT's corporate governance procedures or its risk and control procedures.

We read other information contained in the Annual Report and consider whether it is consistent with the audited financial statements. We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the financial statements. Our responsibilities do not extend to any other information.

Basis of audit opinion

We conducted our audit in accordance with the Audit Commission Act 1998 and the Code of Audit Practice issued by the Audit Commission, as applicable to the audit of part year financial statements, which requires compliance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements and the part of the Remuneration Report to be audited. It also includes an assessment of the significant estimates and judgments made by the directors in the preparation of the financial statements, and of whether the accounting policies are appropriate to the PCT's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements and the part of the Remuneration Report to be audited are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements and the part of the Remuneration Report to be audited.

Opinion

In our opinion:

- the financial statements give a true and fair view, in accordance with the accounting policies directed by the Secretary of State as being relevant to the National Health Service in England, of the state of the PCT's affairs as at 30 September 2006 and of its net operating costs for the period then ended;

- the part of the Remuneration Report to be audited has been properly prepared in accordance with the accounting policies directed by the Secretary of State as being relevant to the National Health Service in England; and

- 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.

Certificate

We certify that we have completed the audit of the accounts in accordance with the requirements of the Audit Commission Act 1998 and the Code of Audit Practice issued by the Audit Commission, as applicable to the audit of part year financial statements.

PricewaterhouseCoopers LLP
Norwich
9 July 2007

FOREWORD TO THE ACCOUNTS

Broadland Primary Care Trust

These accounts for the six months ended 30 September 2006 have been prepared by the Norfolk Primary Care Trust under the National Health Service Act 2006 in the form which the Secretary of State has, with the approval of the Treasury directed.

OPERATING COST STATEMENT FOR THE PERIOD ENDED
30 September 2006

	NOTE	1/4/06 - 30/9/06 £000	12 Months 2005/06 £000
Commissioning			
Gross Operating Costs	4	**65,753**	128,199
Less: Miscellaneous Income	3	**(1,340)**	(2,264)
Commissioning Net Operating Costs		**64,413**	125,935
Provider			
Gross Operating Costs	4	**4,070**	5,926
Less: miscellaneous income	3	**(157)**	(230)
Provider Net Operating Costs		**3,913**	5,696
Net Operating cost for the Financial Year		**68,326**	131,631

The notes on pages 16 to 46 form part of these accounts

STATEMENT OF RECOGNISED GAINS AND LOSSES FOR THE PERIOD ENDED 30 September 2006

	1/4/06 - 30/9/06	12 Months 2005/06
	£000	£000
Fixed asset impairment losses	**0**	0
Unrealised surplus / (deficit) on fixed asset revaluations/indexation	**336**	159
Reduction in the donated asset reserve due to depreciation	**(1)**	(4)
Additions in the General Fund due to the transfer of assets from NHS bodies and the Department of Health	**0**	264
Gains and losses recognised in the financial period	**335**	**419**

The notes on pages 16 to 46 form part of these accounts

BALANCE SHEET AS AT
30 September 2006

	NOTE	£000	30 September 2006 £000	31 March 2006 £000
FIXED ASSETS				
Tangible assets	10.1	**5,312**		4,917
			5,312	4,917
CURRENT ASSETS				
Debtors	12	**2,565**		5,225
Cash at bank and in hand	16.3	**321**		2
TOTAL CURRENT ASSETS			**2,886**	5,227
CREDITORS : Amounts falling due within one year	13.1		**(6,199)**	(17,840)
NET CURRENT ASSETS / (LIABILITIES)			**(3,313)**	(12,613)
TOTAL ASSETS LESS CURRENT LIABILITIES			**1,999**	(7,696)
Provisions for liabilities and charges	14		**(246)**	(246)
TOTAL ASSETS EMPLOYED			**1,753**	(7,942)
FINANCED BY:				
TAXPAYERS EQUITY				
General Fund	15		**(180)**	(9,540)
Revaluation reserve	15		**1,794**	1,466
Donated asset reserve	15		**139**	132
TOTAL TAXPAYERS EQUITY			**1,753**	(7,942)

The notes on pages 16 to 46 form part of these accounts

The financial statements on pages 11 to 46 were approved by the Board of Norfolk PCT on 6th July 2007 and signed on its behalf by

Chief Executive: Julie Garbutt **6 July 2007**

CASH FLOW STATEMENT FOR THE PERIOD ENDED
30 September 2006

	NOTE	£000	1/4/06 - 30/9/06 £000	12 Months 2005/06 £000
OPERATING ACTIVITIES				
Net cash outflow from operating activities	16.1		**(81,778)**	(129,068)
CAPITAL EXPENDITURE				
Payments to acquire tangible fixed assets		**(263)**		(444)
Receipts from sale of tangible fixed assets		**4,555**		(123)
Net cash inflow/(outflow) from capital expenditure			**4,292**	**(567)**
Net cash inflow/(outflow) before financing			**(77,486)**	(129,635)
FINANCING				
Net Parliamentary Funding		**77,805**		129,636
Net cash inflow/(outflow) from financing			**77,805**	129,636
Increase/(decrease) in cash	16.2		**319**	1

The notes on pages 16 to 46 form part of these accounts

NOTES TO THE ACCOUNTS

1. Accounting Policies

The financial statements have been prepared in accordance with the 2005/06 PCT Manual for Accounts which reflects the requirements of the 2005/6 Financial Reporting Manual (FReM) issued by HM Treasury as they are relevant to the NHS. The particular accounting policies adopted by the Primary Care Trust (PCT) are described below. They have been applied in dealing with items considered material in relation to the accounts.

These accounts have been prepared under the historical cost convention, modified to account for the revaluation of fixed assets and stock, where material, at their value to the business by reference to current costs. This is in accordance with directions issued by the Secretary of State for Health and approved by HM Treasury.

Primary Care Trusts are not required to disclose historical cost surpluses or deficits. This is a departure from UK Financial Reporting Standards directed by the Secretary of State.

As a consequence of "Commissioning a Patient Led NHS", Broadland PCT was disestablished on 30 September 2006 when its activities were transferred to its successor body, Norfolk PCT, which was established on 1 October 2006. In accordance with NHS central merger accounting guidance, Norfolk PCT has prepared accounts for the year ended 31 March 2007. Broadland PCT's assets and liabilities at 31 March 2006 have been included in Norfolk PCT's opening balance sheet as at 1 April 2006, and its transactions for the six months ended 30 September 2006 have been included in Norfolk PCT's 2006/07 accounts. Other than employment termination costs, which have been accounted for in Norfolk PCT's 2006/07 accounts, there have been no costs incurred, any impairments in asset values, or any additional provisions required as a result of Broadland PCT's disestablishment on 30 September 2006.

a) Income 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. Income disclosed in the operating cost statement reflects only the amounts other than Parliamentary Funding.

Miscellaneous income 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.

Income is accounted for applying the accruals convention. Income is recognised in the period in which services are provided. Where income has been received for a specific activity to be delivered in the following financial year, that income will be deferred.

b) 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 public sector body to another

c) 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

d) Fixed Assets

i) Capitalisation

All assets falling into the following categories are capitalised:

Tangible assets which are capable of being used for a period which exceeds one year and which :

- individually have a cost equal to or greater than £5,000; or
- collectively have a cost equal to or greater than £5,000, and individually have a cost more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates; and are anticipated to have simultaneous disposal dates; and are under single managerial control; or
- form part of the initial equipping and setting-up costs of a new building, ward or unit irrespective of their individual or collective cost; or
- form part of an IT network which collectively has a cost more than £5,000 and individually have a cost of more than £250.

The finance costs of bringing fixed assets into use are not capitalised.

ii) Valuation

Tangible fixed assets are stated at the lower of replacement cost and recoverable amount. On initial recognition they are measured at cost (for leased assets, fair value) including any costs such as installation directly attributable to bringing them into working condition. They are restated to current value each year. The carrying values of tangible fixed assets are reviewed for impairment in periods if events or changes in circumstances indicate the carrying value may not be recoverable. Tangible fixed assets are valued at current cost as follows:

Land and Buildings

Land and buildings are restated at current cost using professional valuations at five-yearly intervals in accordance with FRS 15. Between valuations price indices appropriate to the category of asset are applied to arrive at the current value. The buildings indexation is based on the All in Tender Price Index published by the Building Cost Information Service (BICS). The land index is based on the residential building and land values reported in the Property Market Report published by the Valuation Office and included in the Manual for Accounts. Valuations are carried out by the District Valuers of the Inland Revenue Government Department at five-yearly intervals. A five-yearly revaluation was carried out as at 1 April 2005.

The valuations were carried out in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual insofar as these terms are consistent with the agreed requirements of the Department of Health and HM Treasury. The Department of Health has directed certain departures from the RICS Appraisal and Valuation Manual in this and all preceding periodic NHS valuation exercises. The most significant of these are listed below. In accordance with the requirements of the Department of Health the asset valuations were undertaken in 2004 as at the prospective

valuation date on 1 April 2005 and were applied on 31 March 2005. A further valuation was carried out by an independent surveyor under instruction from the PCT as at 1 April 2005

- Specialised operational NHS assets and valued on the basis that the existing building will be replaced by an asset of similar construction, whereas the RICS Appraisal and Valuation Manual requires the valuer to have regard to a modern substitute building where the cost is lower, except in cases where there is a paramount commitment to the retention of an existing building;
- In valuing assets under construction, no deduction is made for the risk of failure to complete the project, whereas the RICS Appraisal and Valuation Manual requires such deductions to be made;
- Additional assumptions, in addition to those required by the RICS Appraisal and Valuation Manual, are required in the valuation of non-operational assets to market value;
    - The NHS body is assumed not to be in the market for the asset;
    - Regard is had to dividing properties into lots to achieve the best price;
    - No adjustments are made to reflect hypothetical "flooding of the market"
- The RICS Appraisal and Valuation Manual requires adjustments to be made to the valuation of a building in respect of dilapidations. The Department of Health has directed that such adjustments should not be made for NHS properties. However, dilapidations are still reflected in the remaining useful economic life attached to properties;
- No adjustments are made to valuations for perceived functional or economic obsolescence, whereas the RICS appraisal and Valuation Manual includes such adjustments.

The valuations have been carried out primarily on the basis of Depreciated Replacement Cost for specialised operational property and Existing Use Value for non-specialised operational property. The independent surveyor has determined the vast majority of the property is non-specialised and is therefore valued at existing Use Value.

In respect of non-operational properties including surplus land, the valuations have been carried out at Open Market Value. The value of land for existing use purposes is assessed to Existing Use Value. Land and buildings held under finance leases are capitalised at inception at the fair value of the asset but may be subsequently revalued by the District Valuer. The valuations do not include notional directly attributable acquisition costs nor have selling costs been deducted, since they are regarded as not material.

Additional Open Market Value figures have only been supplied for operational assets scheduled for imminent closure and subsequent disposal.

All adjustments arising from indexation and each revaluation are taken to the Revaluation Reserve. All impairments resulting from price changes are charged to the Statement of Recognised Gains and Loses. Falls in value when newly constructed assets are brought into use are also charged to the revaluation reserve. These falls in value result from the adoption of ideal conditions as the basis for depreciated replacement cost valuations.

Equipment

Equipment surplus to requirements is valued at net recoverable amount and assets held under finance leases are capitalised at the fair value of the assets. With those exceptions, equipment is valued at estimated net current replacement cost through annual uplift by the

change in the value of the GDP deflator other than IT which is considered to have nil inflation.

Assets in the course of construction

Assets in the course of construction are valued at current cost using the index as for land and buildings (see above). These assets include any existing land or buildings under the control of a contractor.

Residual interests in off-balance sheet Private Finance Initiative properties

The PCT has no interests in off-balance sheet Private Finance Initiative properties.

iii) Depreciation, amortisation and impairments

Depreciation is charged on a straight-line basis on each main class of fixed asset as follows:

Freehold land and land and buildings surplus to requirements are not depreciated. Assets in the course of construction and residual interests in off-balance sheet Private Finance Initiative contract assets are not depreciated until the asset is brought into use or reverts to the Primary Care Trust, respectively.

Buildings, installations and fittings are depreciated on their current value over the estimated remaining life of the asset as advised by the District Valuer.

Leaseholds are depreciated over the primary lease term.

Equipment is depreciated on current cost evenly over the estimated life of the asset.

Vehicles are depreciated over 7 years.

Impairment losses resulting from short-term changes in price that are considered to be recoverable in the longer term are taken in full to the revaluation reserve. These include impairments resulting from the revaluation of fixed assets from their cost to their value in existing use when they become operational. This may lead to a negative revaluation reserve in certain instances.

Where the useful economic life of an asset is reduced from that initially estimated due to the revaluation of an asset for sale, depreciation is charged to bring the value of the asset to its value at the point of sale.

Purchased computer software licences are capitalised as intangible fixed assets where expenditure of at least £5,000 is incurred. They are amortised over the shorter of the term of the licence and their useful economic lives.

iv) Donated assets

Donated tangible fixed assets are capitalised at their valuation on receipt and this value is credited to the donated asset reserve. Subsequent revaluations are also taken to this reserve. Each year, an amount equal to the depreciation charge on the asset is released from the Donated Asset Reserve to the Operating Cost Statement.

Donated assets are revalued and depreciated as described above for purchased assets.

e) Private Finance Initiative

The PCT does not have any PFI schemes.

f) Stocks and work-in-progress

There is no stock or work-in-progress.

g) Research and Development

Expenditure on research is not capitalised and there is no expenditure on development.

h) Provisions

The Primary Care Trust provides for legal or constructive obligations that are of uncertain timing or amount at the balance sheet date on the basis of the best estimate of the expenditure required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the Treasury's discount rate of 2.2% in real terms (2.2% in 2005/6).

Under the 'back to back' arrangement established under HSC 1999/146, PCTs are required to agree creditors with Trusts to match their unavoidable provisions (which include employer and public liability claims and early retirement costs) so that Trusts can continue to meet their duty to break even year on year.

i) Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the Primary Care Trust pays an annual contribution to the NHSLA which in return settles all clinical negligence claims. Although NHSLA is administratively responsible for all clinical negligence cases the legal liability remains with the PCT. The total value of clinical negligence provisions carried by the NHSLA on behalf of the Primary Care Trust is disclosed at Note 14.

Since financial responsibility for clinical negligence cases transferred to the NHS Litigation Authority at 1 April 2002, the only charge to operating expenditure in relation to clinical negligence in the period relates to the PCT's contribution to the Clinical Negligence Scheme for Trusts.

j) Non-clinical risk pooling

The PCT participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. The schemes commenced on 1 April 1999. Both are risk pooling schemes under which the PCT pays an annual contribution to the NHS Litigation Authority and in return receives assistance with the cost of claims arising. The annual membership contributions, and any 'excess' payable in respect of particular claims are charged to operating expenses as and when they become due.

k) Pension 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 Secretary of State, in England and Wales. As a consequence it is not possible for the PCT to identify its share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as a defined contribution scheme and the cost of the scheme is equal to the contributions payable to the scheme for the accounting period.

The Scheme is subject to a full valuation for FRS 17 purposes every four years. The last valuation took place as at 31 March 2003. The scheme is also subject to a full valuation by the Government Actuary to assess the scheme's assets and liabilities to allow a review of the employers' contribution rates. This valuation took place at 31 March 2004 and has yet to be finalised. The last published valuation covered the period 1 April 1994 to 31 March 1999.

Between valuations, the Government Actuary provides an update of the scheme liabilities on an annual basis. The latest assessment of the liabilities of the scheme is contained in the Scheme Actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Resource Account, published annually. These accounts can be viewed on the NHS Pensions Agency website at www.nhspa.gov.uk. Copies can also be obtained from The Stationery Office.

The conclusion of the 1999 valuation was that the scheme continues to operate on a sound financial basis and the notional surplus of the scheme is £1.1 billion. It was recommended that employers' contributions remain at 7% of pensionable pay until 31 March 2003 and then be increase to 14% of pensionable pay with effect from 1 April 2003. On advice from the actuary the contribution may be varied from time to time to reflect changes in the Scheme's liabilities. Employees pay contributions of 6% (manual staff 5%) of their pensionable pay.

NHS bodies are directed by the Secretary of State to charge employers pension costs contributions to operating expenses as and when they become due. Until 2002/03 HM Treasury paid the Retail Price Indexation costs of the NHS Pension scheme direct but as part of the Spending Review Statement, these costs have been devolved in full. For 2003/04 the additional funding has been retained as a Central Budget by the Department of Health and has been paid direct to the NHS Pensions Agency and the employers' contribution remained at 7%. From 2004-05 this funding has been devolved in full to NHS Pension Scheme employers and the employers' contribution rate rose to 14%.

The Scheme is a "final salary" scheme. Annual pensions are normally based on 1/80th of the best of the last three years pensionable pay for each year of service. A lump sum normally equivalent to 3 years' pension is payable on retirement. 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. On death, a pension of 50% of the member's pension is normally payable to the surviving spouse.

Early payments of a pension, with enhancements, is available to members of the Scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. For early retirements not funded by the scheme, the full amount of the liability for the additional costs is charged to the Operating Cost Statement at the time the PCT commits itself to the retirement, regardless of the method of payment.

A death gratuity of twice the final year's pensionable pay for death in service, and up to five times their annual pension for death after retirement, less pension already paid, subject to a maximum amount equal to twice the member's final year's pensionable pay less their retirement lump sum for those who die after retirement is payable.

The Scheme provides the opportunity to members to increase their benefits through money purchase of Additional Voluntary Contributions (AVCs) provided by an approved panel of

life companies. Under the arrangement employees can make contributions to enhance their pension benefits. The benefits payable relate directly to the value of the investments made.

l) Foreign currency

Transactions in foreign currencies are translated into sterling at the rates of exchange current at the dates of the transactions. Resulting exchange gains and losses are taken to the Operating Cost Statement.

m) Third Party Assets

Asset belonging to third parties (such as money held on behalf of Patients) are not recognised in the accounts since the PCT has no beneficial interest in them. The PCT holds no patient monies.

n) Cost of Capital

The cost of capital applies to all the assets and liabilities of the PCT, less cash balances held at the Office of the Paymaster General (OPG) and donated assets. The interest rate applied to capital charges in the 2006-07 financial year was 3.5% (*2005-06:3.5%*)

o) Pooled Budget Arrangements

The PCT has entered into two pooled budget arrangements with Norfolk County Council. Under the arrangements funds are pooled under section 31 of the Health Act 1999 for learning difficulties activities and medicines support services, and memorandum notes to the accounts provide details of the joint income and expenditure.

The pools are hosted by Norfolk County Council Social Services. As a commissioner of healthcare services, the PCT makes contributions to the pools, which are then used to purchase healthcare services. The PCT accounts for its share of the assets, liabilities, income and expenditure of the pool as determined by the pooled budget agreement.

p) Leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Primary Care Trust, the asset is recorded as a tangible fixed asset and a debt is recorded to the lessor of the minimum lease payment discounted by the interest rate implicit in the lease. The interest element of finance leases payments is charged to the Operating Cost Statement over the period of the lease at a constant rate in relation to the balance outstanding. Other leases are regarded as operating leases and the rentals are charged to the Operating Cost Statement on a straight line basis over the term of the lease.

q) Financial Instruments

The PCT may hold any of the following financial assets and liabilities:

Assets

- Investments
- Long term debtors and accrued income
- Short-term debtors and accrued income (not disclosed in note 23 under exemptions permitted by FRS 13)

Liabilities
- Loans and overdrafts
- Long-term creditors
- Short-term creditors (not disclosed in note 23 under exemptions permitted by FRS 13)
- Provisions arising from contractual arrangements
- Finance Lease obligations

PCTs have no powers to invest or borrow and can only draw cash from the Office of the Paymaster General when it is required. Cash, Bank and Overdraft balances are recorded at current values. Account balances are set-off only where there is a formal agreement with the bank to do so. Interest earned on bank accounts and interest charged on overdrafts are recorded as, respectively, 'Interest Receivable' and 'Interest Payable' in the periods to which they relate. Bank charges are recorded as operating expenditure in the periods to which they relate.

All financial instruments are held for the sole purpose of managing the cash flow of the PCT on a day to day basis or arise from the operating activities of the PCT. The management of risks around these financial instruments therefore relates primarily to the PCT's overall arrangements for managing risks to their financial position.

r) Losses and Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for 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 in 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).

Note 2. Financial Performance Targets

Note 2.1 Operational Financial Balance

The PCT's performance to 30 September 2006 is as follows:	**1/4/06 - 30/9/06 £000**	12 Months 2005/06 £000
Total net operating cost for the financial year	68,326	131,631
Less: Non-discretionary Expenditure	51	995
Operating Costs less non-discretionary expenditure	68,275	130,636
Revenue Resource Limit	68,275	121,414
Under/(over) spend against Revenue Resource Limit	0	(9,222)
Operational Financial Balance	**0**	(9,222)

In accordance with guidance on completion of these accounts, the PCT has matched its Revenue Resource Limit as at 30 September 2006 to its net operating costs. However, the underlying position of the PCT as at 30 September 2006 was a deficit position, with the PCT forecasting an overspend of £6.6m for the full year 2006/07. The main reason for this forecast overspend was the repayment of historical debts totalling £11.1m, with financial recovery savings of £5.0m.

In accordance with Department of Health guidance, the Revenue Resource Limit for the six months ended 30 September 2006 has been set to equal the net operating costs for the period.

Under NHS merger accounting requirements, the PCT's net operating costs for this period have, together with those of West Norfolk PCT, Norwich PCT, Southern Norfolk PCT, and North Norfolk PCT been included in the accounts of the successor body, Norfolk PCT, for the year ended 31 March 2007. Norfolk PCT's net operating costs for the year ended 31 March 2007 exceed its 2006/7 Revenue Resource Limit by £46.7 million.

Note 2. Financial Performance Targets

Note 2.2. Capital Resource Limit

The PCT is required to keep within its Capital Resource Limit

	1/4/06 - 30/9/06	12 Months 2005/06
	£000	£000
Gross Capital Expenditure	183	443
less: Net book value of assets disposed of	0	(1,795)
Charge Against the Capital Resource Limit	**183**	**(1,352)**
Capital Resource Limit	183	(1,044)
Underspend against Capital Resource Limit	**0**	**308**

In accordance with Department of Health guidance the Capital Resource Limit for the six months ended 30th September 2006 has been set to equal the charge against it.

Note 2.3. Provider full cost recovery duty

The PCT is required to recover full costs in relation to its provider functions. The performance for the period to 30 September 2006 is as follows:

	1/4/06 - 30/9/06	12 Months 2005/06
	£000	£000
Provider gross operating cost	4,070	5,926
less: Miscellaneous income relating to provider functions	(157)	(230)
Net Operating Cost	3,913	5,696
less: Costs met from PCT's own allocation	(3,913)	(5,696)
Under / (over) recovery of costs	**0**	0

Note 3. Miscellaneous Income

	£000 **Appropriated In Aid**	**£000** **Not Appropriated In Aid**	**1/4/06 - 30/9/06** **£000**	12 Months 2005/06 £000
Fees and Charges	40	0	**40**	133
PDS dental charge income	515	0	**515**	322
Prescription Charge Income	127	0	**127**	257
Strategic Health Authorities	0	134	**134**	382
NHS Trusts	0	7	**7**	118
Primary Care Trusts - other	0	141	**141**	589
Primary Care Trusts - Lead Commissioning Income	0	397	**397**	607
Local Authorities	135	0	**135**	82
Transfer from the donated asset reserve	0	1	**1**	4
TOTAL MISCELLANEOUS INCOME	817	680	**1,497**	2,494

* Appropriated in aid income is income from outside of the NHS boundary and is therefore in addition to funding from the Department of Health. Therefore, any funding from the Department of Health or income from other NHS bodies is not appropriated in aid.

Note 4. Operating Costs

Note 4.1 Analysis of gross operating costs:

	1/4/06 - 30/9/06 £000	12 Months 2005/06 £000
Goods and services from other Primary Care Trusts		
Healthcare	**9,370**	17,809
Non Healthcare	**1,059**	1,864
Total	**10,429**	19,673
Goods and services from other NHS bodies excluding Foundation Trusts		
Healthcare	**29,342**	62,370
Non Healthcare	**85**	1,661
Total	**29,427**	64,031
Goods and Services from Foundation Trusts	**1,121**	31
Purchase of healthcare from non-NHS providers	**3,963**	7,958
Expenditure on Drugs Action Teams	**241**	436
Non-GMS services from GPs	**45**	26
PDS	**721**	1,442
PCT Board members' costs	**109**	254
PCT Executive Committee non-officer members' costs	**41**	98
Staff costs	**3,391**	6,485
Prescribing costs	**9,059**	18,059
GMS/PMS/APMS/PCTMS	**7,078**	15,066
Pharmaceutical Services	**576**	1,143
General Dental Services *	**2,568**	1
General Opthalmic Services	**51**	108
Supplies and services - clinical	**255**	491
Supplies and services - general	**9**	20
Establishment	**226**	538
Transport	**6**	12
Premises	**399**	345
Depreciation and amortisation	**124**	166
(Profit)/loss on disposal of fixed assets	**0**	(2,577)
Cost of capital charge	**(119)**	(251)
Audit fees	**55**	117
Other auditor's remuneration	**8**	0
Clinical negligence costs	**7**	6
Other finance costs - unwinding of discount	**0**	6
Change in the discount rate on provisions	**0**	15
Other	**33**	426
Total	**69,823**	134,125

PCT Board members' costs above include £0 for early retirements prior to 6/3/95 (2005-06 £0).
Staff costs above include £0 for early retirements prior to 6/3/95 (2005-06 £0).

Lead commissioning arrangements between PCTs are accounted for as follows. Where Broadland PCT is the lead commissioner the expenditure in the above table includes expenditure with the providers made on behalf of other PCTs and the income received from other PCTs is shown as miscellaneous income. Similarly, where another PCT is a lead commissioner and makes payments on our behalf, our payments to them are shown as purchase of goods or services from other PCTs. Where no lead commissioning arrangement exist and the PCT directly commissions a service for its population only, this expenditure is included above.

* From 1 April 2006, PCTs became responsible for commissioning general & personal dental services. Previously this expenditure was not charged to PCTs so there is no equivalent comparator for 2005/06.

Note 4.2 Analysis of operating expenditure by expenditure classification

Note 4.2 Purchase of Health Care by PCT

	1/4/06 - 30/9/06 £000	12 Months 2005/06 £000
Purchase of Primary Health Care		
GMS / PMS/ APMS / PCTMS	7,078	15,066
Prescribing costs	9,059	18,059
Pharmaceutical services	576	1,143
General Dental Services	2,568	1
General Opthalmic Services	51	108
Personal Dental Services (PDS)	0	1,442
Non-GMS Services from GPs	38	26
Total Primary Healthcare purchased	**19,370**	35,845
Purchase of Secondary Healthcare		
Learning Difficulties	2,572	5,881
Mental Illness	6,704	15,936
Maternity	1,479	2,989
General and Acute	25,953	52,051
Accident And Emergency	598	1,778
Community Health Services	5,944	11,551
Other Contractual	3,191	4,229
Total Secondary Healthcare Purchased	**46,440**	94,415
Grants (revenue) to fund Capital Projects -outside bodies	0	222
TOTAL HEALTHCARE PURCHASED BY PCT	**65,811**	130,482
Amount of self-commissioned secondary healthcare included above*	**3,913**	5,696
Healthcare purchased from Foundation Trusts included above	**1,121**	31

* This is the total of secondary healthcare that the PCT commissioned from itself

Note 4.3 Operating Leases

4.3/1 Operating expenses include:

	1/4/06 - 30/9/06	12 Months 2005/06
	£000	£000
Other operating lease rentals	24	38
Total	**24**	38

Note 4.3/2 Annual commitments under non - cancellable operating leases are:

	1/4/06 - 30/9/06	12 Months 2005/06
	Other leases	Other leases
	£000	£000
Operating leases which expire:		
Within 1 year	5	26
Between 1 and 5 years	49	21
Total	**54**	47

Note 5. Staff numbers and related costs

Note 5.1 Staff costs

	1/4/06 - 30/9/06			12 Months 2005/06		
	Total £000	**Permanently Employed** £000	**Other** £000	Total £000	Permanently Employed £000	Other £000
Salaries and wages	2,957	2,820	137	5,561	5,038	523
Social security costs	199	199	0	363	363	0
Employer contributions to NHSPA	365	365	0	689	689	0
Other pension costs	8	8	0	0	0	0
Total	**3,529**	**3,392**	**137**	**6,613**	**6,090**	**523**

Note 5.2 Staff Numbers

	1/4/06 - 30/9/06			12 Months 2005/06		
	Total Number	**Permanently Employed Number**	**Other Number**	Total Number	Permanently Employed Number	Other Number
Medical and dental	**0**	0	0	1	1	0
Administration and estates	**36**	34	2	39	37	2
Healthcare assistants & other support staff	**1**	1	0	3	2	1
Nursing, midwifery & health visiting staff	**133**	128	5	121	118	3
Nursing, midwifery & health visiting learners	**0**	0	0	0	0	0
Scientific, therapeutic and technical staff	**34**	34	0	34	34	0
Other	**1**	1	0	1	1	0
Total	**205**	**198**	**7**	**199**	**193**	**6**

The PCT made use of agency staff during 2005/06 and 2006/07. Due to the ad hoc nature of this expenditure, it was not possible to determine the average number of agency staff engaged during the year.

Note 5.3 Employee benefits

There are no staff benefits.

Note 5.4 Retirements due to ill-health

During the period 1/4/06 - 30/9/06 there were no early retirements from the Primary Care Trust agreed on the grounds of ill-health (Full year 2005/06 0).

Note 5.5 Management costs

	1/4/06 - 30/9/06	12 Months 2005/06
Management costs (£000s)	800	1,493
Weighted population (Number)	103,100	103,100
Management cost per head of weighted population (£)	**7.76**	**14.48**

Note: weighted population figures from 06/07 exposition book. 2006 management costs figures are for half year not full year.

The PCT measures its management costs according to the definitions provided by the Department of Health in "Definition of management costs in primary care trusts 2002-03"

Note 6. Better Payment Practice Code

Note 6.1 Better Payment Practice Code - measure of compliance

Non-NHS Creditors	**1/4/06 - 30/9/06 Number**	**1/4/06 - 30/9/06 £000**	12 Months 2005/06 Number	12 Months 2005/06 £000
Total bills paid in the year	1,429	1,188	2,622	2,262
Total bills paid within target	1,314	1,081	2,279	1,977
Percentage of bills paid within target	**91.95%**	**90.99%**	**86.92%**	**87.40%**
NHS Creditors				
Total bills paid in the year	551	52,434	517	79,929
Total bills paid within target	298	38,652	384	69,114
Percentage of bills paid within target	**54.08%**	**73.72%**	**74.27%**	**86.47%**

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

Note 6.2 The Late Payment of Commercial Debts (Interest) Act 1998

No interest was paid in April to September 2006 in respect of the late payment of debts. (2005/06 : NIL)

Note 7. Profit/(Loss) on Disposal of Fixed Assets

Profit/(loss) on the disposal of fixed assets is made up as follows:

	1/4/06 - 30/9/06 £000	12 Months 2005/06 £000
Profit on disposal of land and buildings	0	2,577
Total	**0**	2,577

On 29 March 2006 the PCT exchanged contracts on the sale of surplus land and buildings at St Michaels Hospital, Aylsham to Hopkins Homes Ltd. This sale was undertaken in partnership with Aylsham Care Trust, who sold adjoining land in the same contract of sale to Hopkins Homes Ltd. The gross sale proceeds for the PCT amounted to £4.9m and incurred incidental costs of sale of £527,373 including a capital grant to Aylsham Care Trust of £221,765 on 7 April 2006 upon completion of the sale. The PCT made a profit of £2,577,243 on the sale of the above assets, the carrying value of these assets being £1,795,384. No such transactions took place in the six months to September 2006.

Note 8. Interest Payable

No interest was payable in April to September 2006. (2005/06 : NIL)

Note 9. Intangible Fixed Assets

The PCT has no intangible fixed assets.

Note 10.1 Tangible fixed assets at the balance sheet date comprise the following elements:

	Land	Buildings excluding dwellings	Assets under construction and payments on account	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2006	1,249	3,192	47	87	381	48	**5,004**
Additions - purchased	0	0	183	0	0	0	**183**
Indexation	72	259	3	2	0	1	**337**
At 30 September 2006	**1,321**	**3,451**	**233**	**89**	**381**	**49**	**5,524**
Accumulated depreciation at 1 April 2006	0	0	0	15	61	11	**87**
Provided during the year	0	72	0	9	38	5	**124**
Indexation	0	0	0	1	0	0	**1**
Accumulated depreciation at 30 September 2006	**0**	**72**	**0**	**25**	**99**	**16**	**212**
Net book value							
- Purchased at 1 April 2006	1,175	3,134	47	72	320	37	**4,785**
- Donated at 1 April 2006	74	58	0	0	0	0	**132**
Total at April 2006	**1,249**	**3,192**	**47**	**72**	**320**	**37**	**4,917**
Net book value							
- Purchased at 30 September 2006	1,243	3,318	233	64	282	33	**5,173**
- Donated at 30 September 2006	78	61	0	0	0	0	**139**
Total at 30 September 2006	**1,321**	**3,379**	**233**	**64**	**282**	**33**	**5,312**

Note 10.2 Net book value of assets held under finance leases and hire purchase contracts at the balance sheet date

The PCT has no assets held under finance leases or hire purchase contracts at the balance sheet date.

Note 10.3 The net book value of land and buildings at 30 September 2006 comprises:

	30 September 2006	**Purchased**	**Donated**	**Government Granted**	31 March 2006
	£000	**£000**	**£000**	**£000**	£000
Freehold	**4,423**	4,284	139	0	4,182
Short leasehold	**277**	277	0	0	259
TOTAL	**4,700**	**4,561**	**139**	**0**	4,441

In the 2004/05 long leasehold was determined as 15 years or more in length, but in 2005/06 this was revised to the correct definition of 50 years. All leaseholds held by Broadland PCT at 30 September 2006 are less than 50 years in length.

The refurbishment and renovation costs of the Norwich Walk In Centre incurred during the 2003-04 financial year have been capitalised as a leasehold asset. Since the lease is a peppercorn lease, the minimum lease payment due is NIL and there is no debt recorded to the lessor.

Note 11. Stock and work in progress

The PCT held no stocks or work in progress at 30 September 2006 or 31st March 2006.

Note 12. Debtors

	30 September 2006	31 March 2006
	£000	£000
Amounts falling due within one year:		
NHS debtors	**613**	430
Other prepayments and accrued income	**1,820**	21
Capital debtors	**0**	4,555
Other debtors	**132**	219
TOTAL	**2,565**	5,225

NHS Debtors include;

- no prepaid pension contributions at 30 September 2006 (31 March 2006 £0); and
- no prepayments from the buyout of early retirements (31 March 2006 £0).

Note 13. Creditors

Note 13.1 Creditors at the balance sheet date are made up of:

	30 September 2006	31 March 2006
	£000	£000
Amounts falling due within one year:		
NHS creditors	**1,844**	10,848
Family Health Services (FHS) creditors	**3,130**	2,668
Non - NHS trade creditors - revenue	**0**	2,488
Non - NHS trade creditors - capital	**42**	122
Tax and social security costs	**135**	133
Other creditors	**1,048**	1,581
Total	**6,199**	**17,840**

Other creditors includes £90,000 outstanding pension contributions at 30th September 2006 (31st March 2006 : £87,000)

Note 13.2 Finance lease obligations

There are no finance leases to which the PCT is committed

Note 14. Provisions for liabilities and charges

	Total
	£000
At 1 April 2006	**246**
Arising during the year	**0**
Utilised during the year	**0**
Reversed unused	**0**
Unwinding of discount	**0**
Change in the discount rate	**0**
Transfer in-year	**0**
At 30 September 2006	**246**
Future Payments to NHS trusts	**124**
Future Payments to Primary Care Trusts	**0**
Expected timing of cash flows:	
Within 1 year	**129**
1 - 5 years	**26**
Over 5 years	**91**

There were no material movements in provisions in the period 1/4/06 - 30/9/06. The balance on provisions at 1 April 2006 and 30 September 2006, together with movements on these provisions after 1 October 2006, are included in the accounts for Norfolk PCT for the year ended 31 March 2007.

The provisions balance is made up as follows:

• £124,000 "back to back" agreements with the PCT's NHS provider trusts to fund a share of their provisions for injury benefit and early retirements. The timing and amounts depend on events within these provider trusts.

•£54,000 for claims for continuing care packages relating to potential costs of restituition following the Coughlan judgement on responsibility for funding of continuing care. It is anticipated that these will be settled within the next year. There are further amounts related to the restituition included in note 19 "Contingencies".

•£68,000 for GP out of hours pension contributions.

£11,025 was included in the provisions of the NHS Litigation Authority as at 31st March 2006 in respect of clinical negligence provisions for Broadland Primary Care Trust. The NHS Litigation Authority has not updated this figure as at 30th September 2006.

Note 15. Movements on Reserves

Movements on reserves in the year comprised the following:

	Revaluation reserve		Donated asset reserve		General Fund	
	1/4/06 - 30/9/06 £000	12 Months 2005/06 £000	**1/4/06 - 30/9/06 £000**	12 Months 2005/06 £000	**1/4/06 - 30/9/06 £000**	12 Months 2005/06 £000
At 1 April 2006	**1,466**	1,634	**132**	132	**(9,540)**	(7,881)
Net Parliamentary Funding	**0**	0	**0**	0	**77,805**	129,636
Cost of Capital Charge	**0**	0	**0**	0	**(119)**	(251)
Transfer from the OCS	**0**	0	**0**	0	**(68,326)**	(131,631)
Surplus/(deficit) on other revaluations/indexation of fixed assets	**328**	155	**8**	4	**0**	0
Transfer of realised profits (losses)	**0**	(323)	**0**	0	**0**	323
Depreciation and disposal of donated/Government granted assets	**0**	0	**(1)**	(4)	**0**	0
Transfers from other NHS Bodies	**0**	0	**0**	0	**0**	264
At 30 September 2006	**1,794**	1,466	**139**	132	**(180)**	(9,540)

Note 16. Notes to the cash flow statement

Note 16. 1 Reconciliation of operating costs to net cash flow from operating activities:

	1/4/06 - 30/9/06 £000	12 Months 2005/06 £000
Net operating Cost	**(68,326)**	(131,631)
Depreciation charge	**124**	166
Cost of capital charge	**(119)**	(251)
(Profit)/loss on disposal of fixed assets	**0**	(2,577)
Transfer from donated asset reserve	**(1)**	(4)
(Increase)/decrease in debtors	**(1,895)**	169
Increase/(decrease) in creditors	**(11,561)**	5,057
Increase/(decrease) in provisions	**0**	3
Net cash inflow/(outflow) from operating activities	**(81,778)**	**(129,068)**

Note 16.2 Reconciliation of net cash flow to movement in net debt

	1/4/06 - 30/9/06 £000	12 Months 2005/06 £000
Increase/(decrease) in cash in the period	**319**	1
Change in net debt resulting from cash flows	**319**	1
Net debt at 1 April 2006	**2**	1
Net debt at 30 September 2006	**321**	2

Note 16.3 Analysis of changes in net debt

	At 30 September 2006 £000	Cash flows in year £000	At 1 April 2006 £000
OPG cash at bank	**308**	306	2
Cash at bank and in hand	**13**	13	0
Total	**321**	319	2

The PCT does not hold patients' monies in its accounts. (2005-06: NIL)

Note 17. Capital Commitments

Commitments under capital expenditure contracts at the balance sheet date were £nil.(31 March 2006: nil)

Note 18. Post Balance Sheet Events

To help achieve the Department of Health's objectives outlined in "The NHS Improvement Plan - Putting People at the Heart of Public Services", and following public consultation, a reconfiguration of the number and boundaries of Primary Care Trusts and Strategic Health Authorities took place in England in 2006-07.

Broadland PCT merged with Southern Norfolk PCT, North Norfolk PCT, Norwich PCT and West Norfolk PCT on 1st October 2006.

Note 19. Contingencies

The Primary Care Trust has the following contingent (losses)/gains which have not been included in the accounts:

	30 September 2006 £000	31 March 2006 £000
Gross value	(1,948)	(1,948)
Amounts recoverable (see note below)	0	0
Net Contingent Liability	**(1,948)**	(1,948)

Contingencies are as follows:

• £1,925,000 relating to the potential costs of restituition following the Coughlan judgement on responsibility for funding for continuing care. The resolution of these cases will vary according to the number and timing of cases that are taken to appeal. Furthermore, it is anticpated that financial support will be available to the PCT to cover these liabilities.

• £23,000 relates to staff who have appealed against their Agenda For Change grading. It is anticipated that these will be resolved within the next year.

There has been no material movement in the contingent liabilities in the period 1/4/06 - 30/9/06. The values of contingent liabilities at 1 April 2006 and 30 September 2006, together with movements in these contingent liabilities after 1 October 2006, are included in the accounts for Norfolk PCT for the year ended 31 March 2007.

Note 20. Related Party Transactions

Broadland Primary Care Trust is a body corporate established by order of the Secretary of State for Health.

During the period none of the Board Members or members of the key management staff or parties related to them has undertaken any material transactions with Broadland Primary Care Trust.

During the period, there were material transactions between the PCT and GP practices in which the following Professional Executive Committee members were partners:

Dr Simon Lockett (Dr Lockett and Partners)
Dr Philip Harston (Dr Varvel and Partners)
Dr Gordon Bastable (Dr Watts and Partners)
Dr Ian Tolley (Dr Stone and Partners)
Dr Alan Lee (Dr Leeming and Partners)
Dr Tom Moore (Dr Abdelmutti and Partners)
Dr Christopher Malpas (Dr Malpas and Partners)
Mr Jason Stokes (Plummers and Associates Dental Practice)

The Department of Health is regarded as a related party. During the period Broadland Primary Care Trust 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:

Norwich Primary Care Trust
Southern Norfolk Primary Care Trust
North Norfolk Primary Care Trust
West Norfolk Primary Care Trust
Great Yarmouth Primary Care Trust
Huntingdonshire Primary Care Trust
Camden Primary Care Trust
Norfolk and Norwich University Hospital NHS Trust
James Paget Healthcare NHS Trust
East Anglian Ambulance NHS Trust
Norfolk & Waveney Mental Healthcare NHS Trust
Norfolk, Suffolk and Cambridgeshire Strategic Health Authority
Various other Health Bodies

In addition, the Primary Care Trust has had a number of material transactions with other Government Departments and other central and local Government bodies. Most of these transactions have been with Norfolk County Council. Deborah Olley is the district manager for Broadland Social Services as well as being a board member and member of the Professional Executive Committee of Broadland PCT.

Joss Goodey was the designated Broadland representative who attended meetings of the Norwich Primary Care Trust Charitable Funds (Charity No.1051173)Trustee Board. He was not an actual Trustee of the Board. The accounts for the Charitable Trust are available upon application to Norfolk PCT.

Mark Taylor, Chief Executive, became a trustee of the Julian Housing Group from 28 January 2005, from which the PCTs commissioned services in relation to mental health services.

Note 21. Pooled Budgets

Note 21.1 Learning Difficulties Pooled Fund

In 2006/07, Broadland PCT ("the PCT") was party to a pooled fund agreement with Norfolk County Council ("the County Council"), West Norfolk PCT, Southern Norfolk PCT, North Norfolk PCT, Norwich PCT and Great Yarmouth PCT ("the contributing PCTs"), drawn up under the partnership provisions contained in section 31 of the Health Act 1999. The arrangements set out in the pooled fund agreement were inherited by the contributing PCTs from their predecessor body, Norfolk Health Authority, which signed the agreement with the County Council in March 2002. The purpose of the agreement is to improve the services to adult clients with learning difficulties. Under the agreement, the County Council is the host body for the pooled fund.

Details of the pooled fund's memorandum account for the period ended 30 September 2006 are as follows:

	1/4/06 - 30/9/06 £000 Unaudited	12 Months 2005/06 £000 **Unaudited**
Funding		
Norfolk PCTs*	19,013	34,448
Norfolk County Council	20,253	38,430
Total Funding	**39,266**	**72,878**
Expenditure		
Commissioner costs	89	130
Norwich PCT SLA	7,994	16,397
Norfolk County Council SLA	29,730	52,367
Other SLAs	600	1,750
Total Expenditure	**38,413**	**70,644**
Net (Underspend)	**(853)**	**(2,234)**

* The Norfolk Primary Care Trusts have contributed a total of £19,013,000 to the pooled fund for April to September 2006, of which Broadland PCT's share is £2,793,655 (2005/06 full year £5,022,181). This is shown within the PCT's operating expenses (note 4.1).

The debtors in note 12 of these accounts include the sum of £1,394,627 relating to the prepayment of pooled fund contributions for October - December 2006 (in "Other prepayments and accrued income").

The creditors in note 13 of these accounts include the following balances relating to the pooled fund (both in "Accruals and deferred income"):
- credit note due in respect of the 2005/06 underspend on the pooled fund £152,399;
- payment due in respect of the overspends in 2003/04 and 2004/05 £381,385.

Note 22 Medicine Support Service Pooled Fund

The Medicines Support pooled fund commenced 1 September 2003. Partners to the fund are Norfolk County Council and the six Norfolk PCTs. The purpose of the arrangement is to provide training and support to staff in residential homes to help them to manage patients' medication and to improve compliance and reduce wastage.

Details of the pooled fund's memorandum account for the period ended 30 September 2006 are as follows:

	1/4/06 - 30/9/06 £000 Unaudited	12 Months 2005/06 £000 **Unaudited**
Funding		
Broadland PCT	16	31
Great Yarmouth PCT	13	26
North Norfolk PCT	19	38
Norwich PCT	17	32
Southern Norfolk PCT	28	55
West Norfolk PCT	23	45
Norfolk County Council	9	18
Total Funding	**125**	**245**
Expenditure		
Specialist health care services	102	222
Specialist social care services	2	6
Total Expenditure	**104**	**228**
Net (Underspend)	**(21)**	**(17)**

The PCT's expenditure of £16,000 (2005/06 £31,000) is included within "Goods and service from other Primary Care Trusts: Healthcare" in note 4.1 to the Operating Cost Statement.

Note 23. Financial Instruments:

FRS13, Derivatives and Other Financial Instruments, requires disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities. Because of the way in which Primary Care Trusts are financed, PCTs are not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of the listed companies to which FRS 13 mainly applies. The PCT has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities, rather than being held to change the risks facing the PCT in undertaking its activities.

As allowed by FRS 13, debtors and creditors that are due to mature or become payable within 12 months from the balance sheet date have been omitted from all disclosures other than the currency profile.

Liquidity Risk

The Primary Care Trust's net operating costs are financed primarily from resources voted annually by Parliament.The Primary Care Trust largely finances its capital expenditure from funds made available from Government under an agreed resource limit. Broadland PCT is not, therefore, exposed to significant liquidity risks.

Interest Rate Risk

100% of the Trust's financial assets and 100% of its financial liabilities carry nil or fixed rates of interest. Broadland PCT is not, therefore, exposed to significant interest-rate risk. The following two tables show the interest rate profiles of the PCT’s financial assets and liabilities. All financial assets and liabilities are held in Sterling.

Note 23.1 Financial Assets

Currency	Total	Non-interest bearing
	£000	£000
At 30 September 2006		
Cash in Sterling	321	321
Gross financial assets	**321**	**321**
At 31 March 2006		
Cash in Sterling	2	2
Gross financial assets	2	2

Note 23.2 Financial Liabilities

Currency	Total	Floating rate	Fixed rate	Non-interest bearing	Fixed Rate Weighted ave interest rate
	£000	£000	£000	£000	%
At 30 September 2006					
Non-Cash Liabilities in Sterling	246	0	123	123	2.2%
Gross financial assets	**246**	**0**	**123**	**123**	
At 31 March 2006					
Non-Cash Liabilities in Sterling	246	0	123	123	2.2%
Gross financial assets	246	0	123	123	

It has not been possible to calculate the weighted average period for which the rate is fixed for financial liabilities relating to back-to-back provisions held with NHS Trusts.

Foreign Currency Risk

The PCT has no foreign currency income or expenditure.

Note 23.3 Fair Values

Set out below is a comparison, by category, of book values and fair values of the PCT's financial assets and liabilities as at 30 September 2006

	Book Value	Fair Value	Basis of fair valuation
	£000	£000	
Financial assets			
Cash	321	321	
Total	**321**	**321**	
Financial liabilities			
Provisions under contract	246	246	***Note a***
Total	**246**	**246**	

a Fair value is not significantly different from book value since, in the calculation of book value, the expected cash flows have been discounted by the Treasury discount rate of 2.2% in real terms.

Maturity profile of financial liabilities

	At 31 September 2006 and 31 March 2006
In less than 1 year	129
Between 1 - 2 years	26
Between 2 - 5 years	0
In more than 5 years	91

Note 24. Third party assets

The PCT held no third party assets at 30 September 2006. (*31 March 2006: Nil*)

Note 25 Losses and Special Payments

Losses and special payments are transactions 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, and special notation in the accounts to draw them to the attention of Parliament. They are divided into different categories, which govern the way each individual case in handled.

These payments are charged to the income and expenditure account in accordance with UK GAAP but are recorded in the losses and special payments register when payment is made. Therefore, this note is compiled on a cash basis.

Clinical negligence cases are managed by the National Health Service Litigation Authority and transactions relating to such cases are held in their accounts. The PCT pays a premium for their services and excesses on some cases. Therefore, these cases have not been accounted for in the PCT's accounts.

There were no case of losses and special payments (2005-06: 2 cases, £128) approved during the period.

No cases exceeded £250,000 in the period or the year to 31 March 2006.

Note 26 Intra-government balances

	Debtors Amounts falling due within one year	**Debtors Amounts falling due after more than one year**	**Creditors Amounts falling due within one year**	**Creditors Amounts falling due after more than one year**
	£000	**£000**	**£000**	**£000**
Balances with other central government bodies	280	0	1,638	0
Balances with local authorities	1,831	0	229	0
Balances with NHS Trusts/FTs	341	0	206	0
Balances with public corporations and trading funds	99	0	4,126	0
Balances with bodies external to Government	14	0	0	0
At 30 September 2006	**2,565**	**0**	**6,199**	**0**
Balances with other central government bodies	356	0	4,445	0
Balances with local authorities	60	0	1,517	0
Balances with NHS Trusts/FTs	74	0	6,761	0
Balances with public corporations and trading funds	0	0	31	0
Balances with bodies external to Government	4,735	0	5,086	0
At 31 March 2006	**5,225**	**0**	**17,840**	**0**

Note 27 Drug Action Team Memorandum Account

In April - Septamber 2006 the PCT was party to a pooled budget for the provision of a Drug Action Team (DAT). Partners to the fund are Norfolk County Council and the six Norfolk PCTs, and the fund is hosted by Norwich PCT.

The majority of expenditure for this period was with Norfolk County Council, who have used the funds managed by them to:

develop services in Thetford and rural areas and for people under 19;
enhance clinical services for all substance misuse providers in Norfolk;
implement Drug Treatment and Testing Orders;
perform a crack cocaine needs assessment;
establish treatment bases;
develop substance misuse services for homeless people and sex workers;
continue the development of structured day care services;
implement the Criminal Justice Intervention Programme;
develop IT networks and administration capacity to meet data collection requirements;
provide training for working with crack cocaine users;
provide enhanced training for substance misuse workers with UEA; and
provide a diversity and young peoples' substance misuse needs assessments.

Details of the pooled fund's memorandum account for the period ended 30 September 2006 are as follows:

	1/4/06 - 30/9/06 £000	12 Months 2005/06 £000
	Unaudited	Unaudited
Main income from Department of Health	303	589
Contributions from other pooled budget members		
Broadland PCT	241	436
North Norfolk PCT	238	431
Southern Norfolk PCT	428	775
Great Yarmouth PCT	230	418
West Norfolk PCT	335	608
Total Income	**1,775**	3,257
Expenditure by Norwich PCT in respect of DAT		
Norfolk County Council	1,614	2,375
Norfolk Mental Healthcare Trust	103	200
Pharmacies (Supervised consumption)	70	50
Shared Care Protocols	11	4
Various Voluntary Agencies	27	53
Southern Norfolk PCT	9	18
West Norfolk PCT	72	140
AIDS (GT Yarmouth PCT)	166	324
Other costs	0	14
Total Expenditure	**2,072**	3,178
Underspend brought forward from previous year	126	47
Surplus Income over Expenditure	(171)	126

Broadland Remuneration Report

The Primary Care Trust decided that for this disclosure "Senior Managers" is defined as the PCT Board members including non-statutory appointments and members of the Professional Executive Committee.

The Remuneration Committee consisted of the Chair of the Trust Board and two non executive members (see below). The Chief Executive also attended except when his salary was being considered, and the Head of Human Resources attended in a secretarial capacity.

Determination of Remuneration

The remuneration of the following posts was set by the Secretary of State for Health:

Board Chairman
Non Executive Board Directors
Professional Executive Committee (PEC) Chairman
PEC members

The remuneration for the executive directors of the PCT, which includes the Chief Executive Officer, the Director of Finance and the Director of Public Health, was determined by the PCT's Remuneration Committee. The pay award to them however, followed that awarded to all other staff in the PCT. The members of this committee were:

Nigel Dixon	Chairman
Chris Gowman	Non Executive Director
Shirley Peters	Non Executive Director

There was no performance pay. Performance was measured through appraisals which monitored and identified objectives for Directors which followed from the Corporate Objectives of the Trust. All Directors were on substantive contracts with a three month notice period.

The Chief Executive was appointed by the Board as a result of an intensive, comprehensive recruitment process. Interviewers were invited to participate on the recruitment panel from key stakeholder organisations such as the Strategic Health Authority for this and for all Senior Executive appointments. The Chief Executive was appointed on an 'open ended' basis, with formal performance reviews taking place at Remuneration Committee for this and other senior executives. The Secretary of State/delegated nominee on behalf of the Secretary's office may remove the Chief Executive from post, as well as other Senior Executives.

Salaries and Allowances (Audited Information)

Name and Title	April – September 2006			2005-2006		
	Salary (bands of £5,000)	Other Remuneration (bands of £5,000 £000	Benefits in kind (rounded to the nearest £00) £00	Salary (bands of £5,000) £000	Other Remuneration (bands of £5,000) £000	Benefits in kind (Rounded to the nearest £00) £00
Broadland PCT Board Members						
Nigel Dixon (Chair)	5-10	0	1	15-20	0	5
Jocelyn Goodey (NED)	0-5	0	0	5-10	0	0
Chris Gowman (NED) (Left June 2006)	0-5	0	1	5-10	0	0
Shirley Peters (NED)	0-5	0	0	5-10	0	0
Rosemary Praill (NED)	0-5	0	0	5-10	0	0
Peter Hargrave (NED)	0-5	0	1	5-10	0	1
Mark Taylor (Chief Exec)	40-45	0	15	85-90	0	21
John Harris (Acting Director of Finance)	35-40	0	0	60-65	0	0
Helen Adcock (Director of Public Health)	20-25	0	0	75-80	0-5	1
Maureen Carson (Director of Clinical Services)	25-30	0	3	50-55	0-5	8
Mandy Hall (Director of Primary Care & Commissioning)	15-20	0	0	35-40	0	0
Christine Macrae (Director of Prescribing)	25-30	0	2	55-60	0-5	4
Professional Executive Committee (PEC)						
Dr Simon Lockett	0-5	0	0	0-5	0	0
Gordon Bastable (Chair)	5-10	0	0	15-20	0	0
Philip Harston	0-5	0	0	5-10	0	0
Dr Tom Moore	0-5	0	0	5-10	0	0
Paul Fox (Left February 2006)	0	0	0	Consent not given	Consent not given	Consent not given
Vivian Aldridge (Left August 2006)	0	20-25	3	0-5*	35-40	8
Dr Alan Lee	0-5	0	0	0-5	0	0
Dr Chris Malpas	0-5	0	0	0-5	0	0
Jason Stokes	0-5	0	0	0-5	0	0
Ian Tolley	0-5	0	0			

* For the periods from April 2005 to October 2005 and April 2006 to August 2006 Vivien Aldridge waived her entitlement to the allowance for PEC membership.

Pension Benefits (Audited Information)

Name & Title	Real increase in pension at age 60 (bands of £2,500) £000	Lump sum at aged 60 related to real increase in pension (bands of £2,500 £000	Total accrued pension at age 60 at 30 Sept 2006 (bands of £5,000) £000	Lump sum at age 60 related to accrued pension at 30 Sept 2006 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2006 £000	Cash Equivalent Transfer Value at 30 Sept 2006 £000	Real increase in Cash Equivalent Transfer Value £000
Broadland PCT Board Members							
Mark Taylor	0-2.5	0-2.5	20-25	70-75	272	286	11
Christine Macrae	0-2.5	0-2.5	5-10	15-20	74	85	10
Maureen Carson	0-2.5	0-2.5	15-20	50-55	241	248	4
Helen Adcock	0-2.5	0-2.5	15-20	45-50	176	187	9
Mandy Hall	0-2.5	2.5-5	15-20	55-60	238	261	19
John Harris	0-2.5	0-2.5	0-5	5-10	31	36	5

Details are not required of non executive directors, non pensionable managers and independent GPs who are on the professional executive committees of PCTs/LHBs since pension disclosures are not required for these groups.

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

Real Increase in CETV

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

Julie Garbutt 6 July 2007