

Flintshire Local Health Board

FOREWORD

These accounts have been prepared by the Local Health Board under section 98(2) of the National Health Service Act 1977 (as amended) in the form in which the National Assembly for Wales has, with the approval of the Treasury, directed.

Statutory background

The Local Health Board was one of 22 which came into existence on 1st April 2003. As a statutory body governed by Acts of Parliament the LHB is responsible for :

- agreeing the action which is necessary to improve the health and health care of the population of [Flintshire](#)
- supporting and financing General Practitioner-led purchasing of the services needed to meet agreed priorities, including charter standards and guarantees;
- supporting and funding the contractor professions;
- the commissioning of health promotion, emergency planning and other regulatory tasks;
- the stewardship of resources including the financial management and monitoring of performance in critical areas;
- eliciting and responding to the views of local people and organisations and changing and developing services at a pace and in ways that they will accept.

Performance Management and Financial Results

Local Health Boards in Wales must comply fully with the Treasury's Financial Reporting Manual to the extent that it is applicable to them. As a result the Primary Statement of in-year income and expenditure is the Operating Cost Statement, which shows the net operating cost incurred by the LHB which is funded by the Assembly. This funding is allocated on receipt directly to the General Fund in the Balance Sheet.

The statutory duty for Local Health Boards is enacted in the 2002 NHS Reform and Health Care Professionals Act. Net Operating Costs incurred by Local Health Boards should not exceed their allocated Resource Limit.

The primary performance measure for Local Health Boards is note 2.1 Achievement of Operational Financial Balance on page 13. This note compares net operating costs expended against Resource Limits allocated by the Assembly and measures whether operational financial balance has been achieved in year.

OPERATING COST STATEMENT FOR THE YEAR ENDED 31 MARCH 2007

	Note	Total £000	2005-06 Total £000
Expenditure	4.1,4.2,4.3, 4.4	172,628	157,027
Miscellaneous income	3.1	2,268	1,315
Net operating costs		<u>170,360</u>	<u>155,712</u>

**STATEMENT OF RECOGNISED GAINS AND LOSSES
FOR THE YEAR ENDED 31 MARCH 2007**

	£000	£000
Unrealised surplus on revaluation / indexations of fixed assets	0	0
Net increases / reductions in General Fund due to transfers of assets	0	0
Fixed asset impairment losses	0	0
Recognised gain / (loss) for the year	<u>0</u>	<u>0</u>

BALANCE SHEET AS AT 31 MARCH 2007

	Note	£000	31 March 2006 £000
TOTAL FIXED ASSETS			
Intangible fixed assets	5.1	0	0
Tangible fixed assets	5.2	66	86
CURRENT ASSETS			
Debtors	6.1	844	496
Cash at bank and in hand		63	40
Total Current Assets		907	536
Creditors: amounts falling due within one year	6.2	12,020	11,177
Net current assets / (liabilities)		(11,113)	(10,641)
Creditors: amounts falling due after more than one year	6.3	0	0
Provisions for liabilities and charges	6.4	583	1,236
TOTAL NET ASSETS		(11,630)	(11,791)
FINANCED BY:			
General fund	6.5	(11,630)	(11,791)
Donated Assets Reserve	6.6	0	0
Revaluation Reserve	6.7	0	0
TOTAL		(11,630)	(11,791)

Signed for and on behalf of the Board

Director of Finance Chief Executive

Date Date.....

Adopted by the Board on.....

CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2007

	£000	2005-06 £000
Net operating costs	(170,360)	(155,712)
Adjust for non-cash transactions	(171)	(128)
Adjust for movements in working capital other than cash	495	1,648
Utilisation of provisions	(873)	(22)
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Net cash outflow from operating activities	(170,909)	(154,214)
CAPITAL EXPENDITURE AND FINANCIAL INVESTMENT:		
Payments to acquire fixed assets	0	(88)
Receipts from the sale of fixed assets	0	0
	<hr/>	<hr/>
Net cash inflow / (outflow) from investing activities	0	(88)
Net cash inflow / (outflow) before financing	(170,909)	(154,302)
FINANCING:		
Net Assembly funding (including capital)	170,932	154,329
Surrender of income from sale of fixed assets	0	0
Donations	0	0
Capital element of finance lease rental payments	0	0
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Net cash inflow / (outflow) from financing	170,932	154,329
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Increase / (decrease) in cash	23	27

Notes to the cash flow statement

Adjust for non-cash transactions

	£000	2005-06 £000
Depreciation and other write-offs	20	10
Impairment of fixed assets	0	0
(Profit) / Loss on disposal of fixed assets	0	0
Non-cash provisions	220	226
Capital charge interest	(411)	(364)
	<u>(171)</u>	<u>(128)</u>

Adjust for movements in working capital other than cash

	£000	2005-06 £000
(Increase)/decrease in debtors	(348)	231
Increase/(decrease) in creditors	843	1,417
	<u>495</u>	<u>1,648</u>

Reconciliation of net cash flow to movement in net debt

	£000
Increase/(decrease) in cash in the period	23
Cash outflow from debt repaid and finance lease capital payments	<u>0</u>
Change in net debt resulting from cash flows	23
Non cash changes in debt	0
Net debt at 1 April 2006	<u>40</u>
Net debt at 31 March 2007	<u>63</u>

Analysis of changes in net debt

	As at 1 April 2006	Cash flows	Other changes	As at 31 March 2007
	£000	£000	£000	£000
Cash at bank and in hand	40	23	0	63
Bank overdraft	0	0	0	0
Debt due within one year	0	0	0	0
Debt due after one year	0	0	0	0
	<u>40</u>	<u>23</u>	<u>0</u>	<u>63</u>
Total	<u>40</u>	<u>23</u>	<u>0</u>	<u>63</u>

Amount held in Office of Paymaster General bank accounts as at 31 March 2007 was £62,912.

Analysis of capital expenditure, financial investments and associated receipts

	Capital		Loans		Net Total
	Additions £'000	Disposals £'000	Issues £'000	Repayments £'000	£'000
Total cash payment and receipts	0	0	0	0	0

Reconciliation of loan issues and repayments to cash movements

	Issues	2005-06 Repayments	Net Movement
	£'000	£'000	£'000
Total issues and repayments (per creditors note 6.3)	0	0	0
Accrued movement in loan capital	0	0	0
Non-cash adjustments	0	0	0
Total financial investment and associated receipts	0	0	0

Reconciliation of fixed assets and disposals

	Additions	2005-06 Disposals	Net Movement
	£'000	£'000	£'000
Total assets and disposals (per fixed assets note 5.1 5.2)	0	0	0
Accrued movement in fixed asset additions	0	0	0
Non-cash adjustments	0	0	0
Total cash movement on asset additions and disposals	0	0	0

Notes to the Account

1. Accounting Policies

1.1 The financial statements have been prepared in accordance with the Financial Reporting Manual (FReM) issued by HM Treasury to the extent that the National Assembly for Wales has directed as being appropriate to LHB'S. The particular accounting policies adopted by the Local Health Board (LHB) 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 by the application of current cost principles to tangible fixed assets, and in accordance with directions issued by the National Assembly for Wales (the Assembly) and approved by Treasury.

LHB's are not required to provide a reconciliation between current cost and historical cost surpluses and deficits.

Acquisitions and Discontinued Operations

Activities are considered to be "acquired" and disclosed as such, only if they are acquired from outside the public sector. Activities are considered to be "discontinued" and disclosed as such, only if they cease entirely or are transferred outside the public sector.

1.2 Income and funding

The main source of funding for the LHB is resource allocations from the Assembly within an approved cash limit, which is credited to the general fund when the associated cash is received. Income disclosed in the Operating Cost Statement reflects only the amounts other than Assembly Funding.

Miscellaneous income is income which relates directly to the operating activities of the LHB. It comprises principally of fees and charges for services provided on a full cost basis to external customers, (or any other other material types of income if this disclosure would not be sufficient).

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 by applying the accruals convention. Income is recognised in the period in which services are provided.

1.3 Taxation

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

1.4 Intangible fixed assets

Intangible assets which can be valued, are capable of being used in a LHB's activities for more than one year and have a cost equal to or greater than £5,000;

Intangible fixed assets held for operational use are valued at historical cost and are depreciated over the estimated life of the asset on a straight line basis. The carrying value of intangible assets is reviewed for impairment at the end of the first full year following acquisition and in other periods if events or changes in circumstances indicate the carrying value may not be recoverable.

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.

1.5 Tangible fixed assets

a. Capitalisation

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

- individually have a cost equal to or greater than £5,000; or
- collectively have a cost equal to or greater than £5,000, 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 setting - up cost of a new building, irrespective of their individual or collective cost.
- form part of an IT network which collectively has a cost more than £5,000 and individually have a cost of more than any under or over achievement against contracted activity is multiplied by a factor of 0.439, (the standard superannuation assumption for the profit element of gross earnings within the dental sector.)

b. Valuation

Tangible fixed assets are stated at the lower of replacement cost and recoverable amount. On initial recognition they are measured at costs (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 value of tangible fixed assets are reviewed for impairment in periods if events or changes in circumstances indicate the carrying value may not be recoverable.

Land and Buildings

Land and buildings are restated at current cost using professional valuations every five years and appropriate indices in intervening years. 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. 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 30 September 2003.

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.

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

All adjustments arising from indexation and five - yearly revaluations 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 there. 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 Depreciated Replacement Cost.

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.

c. 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 LHB, 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.

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

1.6 Donated assets

Donated tangible fixed assets are capitalised at their valuation on receipt and are valued and depreciated as described above for purchased assets.

The value of donated tangible fixed assets and the donated element of part - donated assets are reflected in a donated asset reserve. This reserve is credited with the value of the original donation and any subsequent revaluation and indexation; an amount equal to the depreciation charge is released from this reserve each year to the Operating Cost Statement.

1.7 Research and development

Research and development expenditure is charged to the Operating Cost Statement in the year in which it is incurred, except insofar as it is separately identifiable development expenditure relating to a clearly defined project and benefits therefrom can reasonably be regarded as assured.

Expenditure so deferred is limited to the value of future benefits expected and is amortised through the Operating Cost Statement on a systematic basis over the period expected to benefit from the project.

1.8 Pension Costs

Past and present employees are covered by the provisions of the NHS Pension Scheme. The Scheme is an unfunded, defined benefit scheme that covers NHS employees, 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 LHB 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 as at 31 March 2004 and has yet to be finalised. The last published valuation on which contributions are based 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 Stationary Office.

The conclusion from 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 are set at 14% of pensionable pay 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.

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 members pension is normally payable to the surviving spouse.

Early payments of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice 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 for those who die after retirement is, payable.

The scheme provides the opportunity to members to increase their benefits through money purchase Additional Voluntary Contributions (AVC's) provided by an approved panel of life companies. Under the arrangement the LHB can make contributions to enhance an employee's pension benefits. The benefits payable relate directly to the value of the investments made.

Additional pension liabilities arising from early retirements are not funded by the scheme, which 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 LHB commits itself to the retirement, regardless of the method of payment.

1.9 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.

1.10 Cost of Capital

The cost of capital applies to all the assets and liabilities of the LHB, less cash balances held at the OPG and donated assets. The interest rate applied to capital charges in the 2006/07 financial year was 3.5%.

1.11 Provisions

The LHB 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. Provisions are only recognised where the amount of economic benefit is probable, and the amount of the transfer can reasonably be estimated.

1.12 Liquid resources

Deposits and other investments that are readily convertible into known amounts of cash at or close to their carrying amounts are treated as liquid resources in the cashflow statement. The LHB does not hold any investments with maturity dates exceeding one year from the date of purchase.

1.13 Leases

Where substantially all the risks and rewards of ownership of a leased asset are borne by the LHB, the asset is recorded as a tangible fixed asset and a debt is recorded to the lessor of the minimum lease payments discounted by the interest rate implicit in the lease. The interest element of the finance lease payment is charged to the OCS 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 OCS on a straight line basis.

1.14 Contingent liabilities

- a possible obligation arising from past events whose existence will be confirmed by the occurrence of future events not wholly within the LHB's control;
- a present obligation arising from past events for which it is not probable that a transfer of economic benefits will be required to settle the obligation; or
- a present obligation where the amount of the obligation cannot be measured with sufficient accuracy.

Contingent liabilities are not disclosed where the probability of them becoming liabilities is considered to be remote.

Contingent assets are disclosed where a possible asset exists as a result of past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the LHB's control. Contingent assets are disclosed only where the future outflow of economic benefit is considered to be probable.

1.15 Deferred Income

Deferred income is recognised where income has been received with an obligation to use the monies for a specific purpose, but these monies have not yet been spent.

1.16 Expenditure

Interest payable arises from the unwinding of discount on provisions, as the value is restated to reflect the present value of the provision at the closing balance sheet date. Interest payable also arises on bank overdrafts and finance leases and is recognised on the accruals basis. Interest payable is not shown separately on the face of the Operating Cost Statement, but is included within expenditure.

Certain expenditure relating to reimbursement of General Practitioners for the provision of Family Health Services defined by the National Assembly as "non-discretionary" and is deducted from net operating costs for the purpose of assessing outturn against revenue resource limit in note 2.1.

Programme expenditure is defined as costs relating directly to the provision of healthcare, social care and other services relating to the LHB's functions provided directly to the public.

1.17 New Dental Contract

On 1 April 2006 a new dental contract was introduced in England and Wales. LHB's are now responsible for commissioning dental services and organising payment through the Dental Practice Division of the Business Services Authority.

Contractors who have underperformed against their contracted level of Units of Dental Activity, (UDA's) by a margin of 5% or less, are contractually allowed to retain their payments for the year and deliver the underperformance of UDA's within the new financial year 2007-08.

The valuation in the annual accounts is based on an estimate provided by the Dental Practice Division in May 2006. The final outturn will not be available until after the publication of the annual accounts, and any variance will be recognised in the accounts for 2007-08.

The LHB's superannuation liability is contingent upon :
the actual UDA performance against the annual contracted target to arrive at a final gross earnings for the year;
the declared split of the gross final earnings over the performers registered on each individual contract.

To calculate the LHB's liability in respect of year end under or over performance, the baseline financial value of any under or over achievement against contracted activity is multiplied by a factor of 0.439, (the standard superannuation assumption for the profit element of gross earnings within the dental sector) and 0.14. (the superannuation employee contribution rate.)

2.1 Achievement of Operational Financial Balance

	£000	2005-06 £000
Net operating costs for the financial year	170,360	155,712
Non-discretionary expenditure	785	969
Operating costs less non-discretionary expenditure	169,575	154,743
Revenue Resource Limit	169,601	154,748
Under / (over) spend against Revenue Resource Limit	26	5
Unplanned resource brokerage received	0	0
Operational Financial Balance	26	5

Local Health Boards are required to achieve a breakeven financial position each and every year except where a Service Change and Efficiency Plan (SCEP) has been approved by the Welsh Assembly Government in accordance with WHC (2004) 34, statutory Financial Duties of NHS Trusts and Local Health Boards. Where an approved SCEP is in place achievement of the breakeven duty will be measured over the life of the plan.

Flintshire LHB is within 2 Health Economy areas, namely North East Wales and Conwy & Denbighshire.

The North East Wales and Conwy & Denbighshire Health Economy SCEPs have been agreed by the Welsh Assembly Government subject to some conditions outlined in a letter to the Health Economy Chief Executives on 27 March 2007.

Negotiations in respect of the Service and financial Frameworks (Annual Operating Framework) within the health economies are still to be concluded in relation to the financial gap in relation to the Access 2009 targets. Discussions are being held with the Regional Office of WAG to agree the presentation of this gap which is currently less than £1 million for each of the Health Economies.

The North East Wales and Conwy & Denbighshire partnerships are currently forecasting recurrent balance at the end of 2007/2008 in line with the agreed SCEP excluding the impact of Access 2009 and Grogan Continuing Health Care which is discussed under note 6.8.

The LHB is currently forecasting breakeven in 2007/2008 (excluding Grogan).

3.1 Miscellaneous income

	£000	2005-06 £000
Fees & Charges	0	0
Prescription charge income	1,915	1,172
Income for trust impairments	0	0
Deferred Income released to revenue	0	0
Other	353	143
Total	2,268	1,315

Due to the introduction of the new General Dental Services Contract from 1st April 2006, dental patient charges are now accounted as being received by the LHB and are treated as being prescription income. Up to 31st March 2006, dental patient charges were accounted as being received by Welsh Assembly Government and hence did not appear in the LHB accounts.

The breakdown of Prescription charge income is shown below:

	£000	2005-06 £000
Drugs - Prescription charges	1,043	1,172
Dental - Patient charges	872	0
Total Prescription charge income	1,915	1,172

Expenditure:
4.1 Primary health care

	Cash limited	Non cash limited	Total	2005-06 Total
	£000	£000	£000	£000
General Medical services	20,463	0	20,463	20,656
Pharmaceutical services	3,943	(104)	3,839	3,943
General Dental services	5,332	0	5,332	761
General Ophthalmic services	0	889	889	782
Other Primary health care expenditure	2,207	0	2,207	2,434
Prescribed drugs and appliances	20,526	0	20,526	20,224
Total	52,471	785	53,256	48,800

4.2 Secondary and Community health care

	Total	2005-06 Total
	£000	£000
NHS Trusts:		
Provider 1 - .. North East Wales	58,881	52,809
Provider 2 - .. Conwy and Denbighshire	25,346	23,002
Provider 3 - .. Countess of Chester	16,571	15,795
Provider 4 - .. Robert Jones and Agnes Hunt Orthopaedic	1,980	1,262
Provider 5 - .. Mental Health Care Group (Private)	706	714
Provider 6 - .. Coed Du Hall Ltd (Private)	608	481
Provider 7 - .. Royal Liverpool and Broadgreen	571	482
Provider 8 - .. North West Wales	549	473
Provider 9 - .. Wirral Hospitals	428	412
Provider 10 - Cheshire and Wirral Partnership	342	641
Other Welsh NHS trusts	234	207
Other non Welsh NHS trusts	1,156	760
Local Authorities	0	216
Voluntary Organisations	221	176
NHS Funded Nursing Care	1,149	1,267
Continuing Care	4,661	4,271
Private providers	694	710
Specific projects funded by Welsh Assembly Government	0	0
Other	0	0
Total	114,097	103,678

Footnote to Note 4.1

£20,000 of expenditure under Cash limited General Medical Services relates to Capital charges (depreciation) on fixed assets purchased by the Local Health Board for the Local Health Board run General Medical Service Out of Hours Service.

4.3 Other programme expenditure

	£000	2005-06 £000
Salaries and wages	1,570	1,288
National Public Health Service	792	724
Losses, special payments and irrecoverable debts	0	0
Research and development	0	0
Other	1,035	630
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Total	3,397	2,642

4.4 Administration expenditure

	£000	2005-06 £000
Non-officer members' remuneration	103	95
Other salaries and wages	1,023	1,003
Establishment expenses	185	155
Transport and moveable plant	2	17
Premises and fixed plant	45	52
External contractors	26	(22)
Auditors' remuneration - audit fee	72	87
Auditors' remuneration - other fees	0	0
Business Services Centre recharge	828	850
Interest payable- unwinding of discount	0	0
Interest payable -other	0	0
Capital - depreciation	0	10
Amortisation	0	0
Capital charge interest	(414)	(364)
Impairment	0	0
(Profit) / loss on disposal of fixed assets	0	0
Other	8	24
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Total	1,878	1,907

**4.5 Losses, special payments and irrecoverable debts:
charges to operating expenses**

	Total	2005-06 Total
	£000	£000
Clinical negligence	0	0
Personal injury	0	0
All other losses and special payments	0	0
Defence legal fees and other administrative costs	0	0
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Gross increase / decrease in provision for future payments	0	0
Contributions to Welsh Risk Pool/insurance premiums	0	0
Irrecoverable debts	0	0
Less: income received/due from Welsh Risk Pool	0	0
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Total	0	0
	<hr/>	<hr/>

Personal injury includes £ nil in respect of permanent injury benefits

4.6 Hire and operating lease rentals

	2005-06 £000	2005-06 £000
Hire of plant and machinery	0	0
Other operating leases	12	19
Total	12	19

Commitments under non-cancellable operating leases:

	Land and Buildings £000	Other Leases £000	2005-06 Land and Buildings £000	2005-06 Other Leases £000
Operating leases which expire:				
Within 1 year	0	5	0	7
Between 1 and 5 years	0	10	0	10
After 5 years	0	0	0	0

4.7 Executive Directors and staff costs

	Total £000	2005-06 Total £000
Salaries and wages	2,769	2,710
Social security costs	224	222
Employer contributions to NHSPA	366	345
Other pension costs	0	0
Agency / seconded staff	320	26
Total	3,679	3,303

The total Executive Director and staff costs of £3,679,000 are engaged within the Administrative, Programme and Primary Care functions of the Local Health Board as disclosed in Notes 4.1 (on Page 15) and Notes 4.3 and 4.4 on page 16, as follows:

	2005-06 £000	2005-06 £000
Note 4.1 Primary Health care - (part of) General Medical Services	1,086	1,012
Note 4.3 Other programme Expenditure - Salaries & Wages	1,570	1,288
Note 4.4 Administration Expenditure - Other Salaries & Wages	1,023	1,003
Total LHB Executive Directors and staff costs	3,679	3,303

The LHB staff costs within Primary Health care services (Note 4.1 - page 15) of £1,086,000 are for doctors, nurses and administrative staff engaged within the LHB provided GP Out of Hours Service and an LHB managed GP Practice. There are other staff employed within Primary Health Care General Medical Services but as these are directly employed by General Practitioners they are not included within Note 4.7 above.

4.8 Board Directors' remuneration

	£000	2005-06 £000
Non-officer members' remuneration	96	95
Executive Directors' remuneration:		
basic salaries	230	259
benefits	1	2
performance related bonuses	0	0
pension contributions	37	30
Compensation for loss of office	0	0
Pensions to former directors (early retirees)	0	0
Total	364	386

	Chief Chairman £000	Executive £000
Basic Salary	38	76
Benefits	0	0
Compensation for loss of office	0	0
Performance related bonuses	0	0
Pension contributions	0	11
Total	38	87

Remuneration waived by directors and allowances paid in lieu:

	Number	£000
Directors' remuneration waived	0	0
Allowances paid in lieu of remuneration	0	0

The basis on which performance related bonuses are calculated is as follows:

Not applicable

4.9 Average number of employees

The average number of employees during the year was:

	Permanent staff	Agency, temporary and contract staff	Staff on inward secondment	Total	2005-06
	Number	Number	Number	Number	Number
Executive Board Members	3	0	0	3	4
Other Local Health Board Staff	69	7	10	86	73
Recharged staff	0	0	0	0	0
Total	72	7	10	89	77

The average number of employees is calculated as the total number of employees under contract of service in each week in the financial year divided by the number of weeks in the financial year.

Expenditure on staff benefits

	£	£
Nature of expenditure:		
a.	0	0
b.	0	0
c.	0	0
d.	0	0
Total	0	0

4.10 Retirements due to ill-health

During 2006-07 there were NIL early retirements from the LHB agreed on the grounds of ill-health. The estimated additional pension costs of these ill-health retirements (calculated on an average basis and borne by the NHS Pension Scheme) will be £nil.

4.11 Public Sector Payment Policy - Measure of Compliance

The National Assembly for Wales requires LHB's to pay non-NHS trade creditors in accordance with the CBI prompt payment code and Government Accounting rules. The target is to pay all trade creditors within 30 days of receipt of goods or a valid invoice (whichever is the later) unless other payment terms have been agreed with the supplier.

	Number	£000	2005-06 £000
Non- NHS			
Total bills paid 2006-2007	2,958	12,022	3,036
Total bills paid within target	2,947	11,927	3,035
Percentage of bills paid within target	99.6%	99.2%	100.0%

In addition, the National Assembly for Wales require LHB's to pay other NHS bodies in accordance with Government Accounting rules. The target is to pay all other NHS bodies within 30 days of receipt of goods or a valid invoice by the authority (whichever is the later) unless other payment terms have been agreed with the NHS body.

	Number	£000	2005-06 £000
NHS			
Total bills paid 2006-2007	638	102,101	97,842
Total bills paid within target	635	102,076	97,841
Percentage of bills paid within target	99.5%	100.0%	100.0%

	Number	£000	2005-06 £000
Total			
Total bills paid 2006-2007	3,596	114,123	100,878
Total bills paid within target	3,582	114,003	100,876
Percentage of bills paid within target	99.6%	99.9%	100.0%

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

	£	2005-06 £
Amounts included within Interest Payable arising from claims made by small businesses under this legislation (see note 4.4).	0	0
Compensation payable to cover debt recovery costs	0	0

5.1 Intangible Fixed Assets

	Software licences £000	Licenses and trademarks £000	Patents £000	Development expenditure £000	Total £000
Gross cost at 1 April 2006	0	0	0	0	0
Additions	0	0	0	0	0
Disposals	0	0	0	0	0
Gross replacement cost at 31 March 2007	0	0	0	0	0
Accumulated amortisation at 1 April 2006	0	0	0	0	0
Provided during the year	0	0	0	0	0
Additions	0	0	0	0	0
Disposals	0	0	0	0	0
Accumulated amortisation at 31 March 2007	0	0	0	0	0
Net book value at 1 April 2006	0	0	0	0	0
Net book value at 31 March 2007	0	0	0	0	0

Tangible fixed assets
5.2 Tangible assets at the balance sheet date:

Cost or valuation	Land £000	Buildings, excluding dwellings £000	Dwellings £000	Assets under construction and payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture and fittings £000	Total £000
At 1 April 2006	0	0	0	0	0	0	0	96	96
Indexation	0	0	0	0	0	0	0	0	0
Additions - purchased	0	0	0	0	0	0	0	0	0
Additions - donated government granted	0	0	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Other in-year revaluations	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0
At 31 March 2007	0	0	0	0	0	0	0	96	96
Depreciation									
At 1 April 2006	0	0	0	0	0	0	0	10	10
Indexation	0	0	0	0	0	0	0	0	0
Additions - purchased	0	0	0	0	0	0	0	0	0
Additions - donated government granted	0	0	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Other in-year revaluations	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0
Provided during the year	0	0	0	0	0	0	0	20	20
At 31 March 2007	0	0	0	0	0	0	0	30	30
Net book value									
at 1 April 2006	0	0	0	0	0	0	0	86	86
Net book value									
at 31 March 2007	0	0	0	0	0	0	0	66	66
Net book value of assets held under finance leases and hire purchase contracts									
Total	0	0	0	0	0	0	0	0	0
The total amount of depreciation charged in the Operating Cost Statement in respect of assets held under finance leases and hire purchase contracts:									
Total	0	0	0	0	0	0	0	0	0
Value of assets held at open market value	0	0	0	0	0	0	0	0	0

Tangible Fixed Assets (continued)

The net book value of land and buildings at 31 March 2007 comprises:

	£000	2005-06 £000
Freehold	0	0
Long leasehold	0	0
Short leasehold	0	0
	<hr/>	<hr/>
Total	0	0
	<hr/>	<hr/>

Net profit/(loss) on disposal of fixed assets

	£000	2005-06 £000
During the year the LHB disposed of fixed assets with the net book value of,	0	0
The gross proceeds from the sale(s) were	0	0
giving a net profit/(loss) on disposal of	<hr/> 0	<hr/> 0
The LHB paid over to the National Assembly for Wales the net proceeds from disposal of and retained the costs of disposal, met of,	0	0
	0	0

6.1 Debtors

Amounts falling due within one year:	£000	2005-06 £000
National Assembly for Wales	222	23
Health Commission Wales	0	0
Local Health Boards	29	0
Primary Care Trusts	0	0
NHS Trusts	72	50
Welsh Risk Pool	0	0
Capital debtors	0	0
Other debtors	401	324
Provision for irrecoverable debts	0	0
Pension Prepayments:	0	0
Other prepayments and accrued income	120	88
Sub total	844	485
Amounts falling due after more than one year:	£000	£000
National Assembly for Wales	0	0
Health Commission Wales	0	0
Local Health Boards	0	0
Primary Care Trusts	0	0
NHS Trusts	0	0
Welsh Risk Pool	0	0
Capital debtors	0	0
Other debtors	0	11
Provision for irrecoverable debts	0	0
Pension Prepayments	0	0
Other prepayments and accrued income	0	0
Sub total	0	11
Total	844	496

6.2 Creditors

Amounts falling due within one year:	2005-06	
	£000	£000
National Assembly for Wales	0	8
Health Commission Wales	0	0
Local Health Boards	26	142
NHS Trusts	713	933
Primary Care Trusts	0	7
Income tax and social security	75	63
Non-NHS creditors	6,448	4,876
Capital Creditors	0	0
Overdraft	0	0
Rentals due under operating leases	0	0
Obligations under finance leases and HP contracts	0	0
GPFH savings	0	0
Pensions: staff	0	0
Accruals	4,758	5,148
Deferred Income	0	0
Other creditors	0	0
Total	12,020	11,177

6.3 Creditors

Amounts falling due after more than one year:	2005-06	
	Total £000	Total £000
Obligations under finance leases and HP contracts	0	0
NHS creditors	0	0
Assembly loans	0	0
Pensions: staff	0	0
Other	0	0
Total	0	0

6.4 Provisions for liabilities and charges

	At 1 April 2006	Structured settlement cases trans- ferred to WRP	Transfer of prov- isions to creditors	Arising during the year	Reversed unused	Utilised during the year	Unwind- ing of discount	At 31 March 2007
	£000	£000	£000	£000	£000	£000	£000	£000
Clinical negligence	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0
Defence legal fees and other administration costs.	0	0	0	0	0	0		0
Sub-total	0	0	0	0	0	0	0	0
Pensions	0			0	0	0	0	0
Other	1,236			220	0	(873)		583
Total	1,236	0	0	220	0	(873)	0	583

Expected timing of cash flows:

	Within 1 year £000	Between 2 and 5 years £000	After 5 years £000	Total £000
Clinical negligence	0	0	0	0
Personal injury	0	0	0	0
All other losses and special payments	0	0	0	0
Defence legal fees and other administration costs	0	0	0	0
Pensions	0	0	0	0
Other	583	0	0	583
Total	583	0	0	583

The LHB estimates that in 2007-08 it will receive £nil, and in 2008-09 and beyond £nil from the Welsh Risk Pool in respect of losses and special payments.

Other provisions of £583,000 relate to Continuing Healthcare costs subject to further review. No provisions in the accounts have yet been made for the financial implications of the "Grogan" High Court Judgement of January 2006 as advised by the Welsh Assembly Government in Welsh Health Circular (2006) 046 as no healthcare assessments and hence no evaluation of individual patient costs have yet been made. However, an estimation of the possible costs that may arise from April 2007 onwards is disclosed in Note 6.8, Contingent Liabilities on page 29.

In February 2003 the report by the Ombudsmen on NHS funding for long term care concluded that departmental guidance on who should receive financial support for nursing care had been misinterpreted and misapplied by Health Authorities. As a consequence claims for recompense are expected and where following a full examination of the facts it is accepted that someone had been wrongly denied care and incurred costs as a result recompense may be due.

The provision for claims for continuing care of £583,000 included in the accounts relates only to those costs for continuing care occurring after 1st April 2003. All costs for which a provision has been established relating to periods pre 1st April 2003 will be accounted for elsewhere in the Wales health economy (in accordance with National Assembly requirements) as although they relate to residents in the Flintshire LHB area, they were incurred before Flintshire LHB was established.

6.5 General fund

The movement on the General fund in the year comprised:

	£000
At 1 April 2006	(11,791)
Net operating cost for the financial year	(170,360)
Net Assembly funding (including capital)	170,932
Capital charge interest	(411)
Transfers to NHS bodies	0
Transfer to general fund of realised elements of the revaluation reserve	0
	<hr/>
Balance at 31 March 2007	<u>(11,630)</u>

6.6 Donated asset reserve

The movement on the donated asset reserve in the year comprised:

	£000
Balance at 1 April 2006	0
Additions	0
Impairments	0
Revaluation and indexation	0
Disposals and write-offs	0
Depreciation	0
	<hr/>
Balance at 31 March 2007	<u>0</u>

6.7 Revaluation reserve

The movement on the revaluation reserve in the year comprised:

	£000
Balance at 1 April 2006	0
Revaluation	0
Indexation	0
Transfer to general fund - realised revaluation	0
	<hr/>
Balance at 31 March 2007	<u>0</u>

6.8 Contingent liabilities -

The following contingent losses/gains have not been included in the accounts

Nature:	2005-06	
	£000	£000
Legal claims for third parties liabilities	0	0
Doubtful debts	0	0
Other	0	0
Total	0	0

Uncertainties affecting outcome:

In January 2006 the High Court concluded that if, following a health care assessment, a person's health care needs formed the primary reason for their residence in a nursing home the NHS should fund the totality of their care (Grogan v Bexley NHS PCT). The judgement will also apply to retrospective views where requested.

No provision has been made in these accounts in respect of cases arising specifically from the Grogan judgement. The LHB has limited knowledge of the value or extent of potential cases. This means that, at this stage, it is not possible for a reliable estimate to be made of the financial impact of the judgement.

6.9 Intra Government balances

	Debtors: Amounts falling due within one year £000	Debtors: Amounts falling due after more than one year £000	Creditors: Amounts falling due within one year £000	Creditors: Amounts falling due after more than one year £000
Balances with other central government bodies	239	0	114	0
Balances with local authorities	123	0	0	0
Balances with NHS trusts and Foundation trusts	72	0	713	0
Balances with Local Health Boards	29	0	26	0
Balances with public corporations and trading funds	0	0	0	0
Balances with bodies external to government	381	0	11,167	0
Total at 31 March 2007	844	0	12,020	0
Balances with other central government bodies	55	0	119	0
Balances with local authorities	50	0	536	0
Balances with NHS trusts and Foundation trusts	50	0	940	0
Balances with Local Health Boards	0	0	142	0
Balances with public corporations and trading funds	0	0	0	0
Balances with bodies external to government	330	11	9,440	0
Total at 31 March 2006	485	11	11,177	0

6.10 Post balance sheet events

Post balance sheet events having a material effect on the accounts are:

1.	0
	
2.	0
	
Total		0

There were no material post balance sheet events.

6.11 Capital commitments

The Local Health Board has the following capital commitments:

	2005-06	
Contracted	0	0
Authorised but not contracted	0	0
Total	0	0

There were no capital commitments outstanding at the end of the financial year.

6.12 Related Party transactions

£000

Total value of transactions with Board members and key senior staff in 2006-2007 **0**

Flintshire LHB is a body corporate established by order of the National Assembly.

The Assembly is regarded as a related party. During the year Flintshire LHB has had a significant number of material transactions with the Assembly and with other entities for which the Assembly, together with the Department of Health for England, is regarded as the parent body.

NHS providers with which the LHB has had material transactions are disclosed in note 4.2 to the accounts. Transactions with the All Wales Risk Pool are outlined in note 4.5.

Other related entities with which the LHB has had material transactions include:

	Income £'000	Expenditure £'000
Powys LHB	0	925
Velindre NHS Trust	0	792
Flintshire County Council	133	3,522

A number of the LHB's Board members have interests in related parties as follows:

Name	Details	Interests
Dr J Fells	Medical Director	GP - Queensferry Medical Practice
Dr A Tinkler	Associate Director of Public Health	Employee of National Public Health Service (Velindre NHS Trust)
Mr R B Harrison,	LHB Chairman	Locum Pharmacist
Cllr H McGuill	Non Officer Board Member	Flintshire County Councillor
Cllr D Wilkes	Non Officer Board Member	Flintshire County Councillor
Mrs S Lewis	Non Officer Board Member	Director of Adult Social Services, Flintshire CC
Mr M Horton	Non Officer Board Member	Dental Practitioner, Caergwrle
Dr E Beckett	Non Officer Board Member	GP - Grosvenor Street Practice, Mold
Mr J Smith	Non Officer Board Member	Optician, Mold
Mr H Crook	Non Officer Board Member	Pharmacist, Shotton
Mr N Bradshaw	Non Officer Board Member	Director of Planning, North East Wales NHS Trust
Mr I Bellingham	Non Officer Board Member	Exec Director of Operations, Conwy & Denbighshire NHS Trust
Dr P Rutherford	Non Officer Board Member	Medical Director, North East Wales NHS Trust
Mr G Evans	Non Officer Board Member	Therapy Services Manager, North East Wales NHS Trust
Mrs E Prestidge	Non Officer Board Member	Clwyd Community Health Council member
Mrs V Coleman	Non Officer Board Member	Community Sister, North East Wales NHS Trust
Dr D Muckle Jones	Non Officer Board Member	GP - Pendre Surgery, Mold
Dr R Neal	Associate Non Officer Board Member	Senior Lecturer, North Wales Clinical School

The General Practitioners who are Local Health Board Members are also practising GPs within the county of Flintshire and some Nurse members are NHS Trust employees. The Ophthalmic and Pharmaceutical Local Health Board members receive reimbursement for the provision of services from the Board whilst Dental Members receive reimbursement via the Dental Practice Division of the NHS Business Services Authority for the LHB.

6.12 Related Party transactions

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6.13 Losses and special payments

Losses and special payments are transactions that the National Assembly for Wales would not have contemplated when it allocated and distributed funding for the National Health Service. By their nature they items that 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 the National Assembly for Wales. They are divided into different categories, which govern the way each individual case is handled. These payments are charged to the Operating Cost Statement 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.

	Number of cases	Value of cases £
Personal injury	0	0
Fraud cases	0	0
All other losses and special payments	136	4,910
Total losses and special payments	136	4,910

Analysis of cases which exceed £250,000 and all other cases

	Amounts paid out in year £	Cumulative amount £	Approved to write-off in year £
Cases exceeding £250,000			
None	0	0	0
.....	0	0	0
.....	0	0	0
.....	0	0	0
.....	0	0	0
.....	0	0	0
.....	0	0	0
.....	0	0	0
.....	0	0	0
.....	0	0	0
Sub-total	0	0	0
All other cases	4,910	0	27,863
Total cases	4,910	0	27,863

6.14 Financial Instruments

FRS 13, 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. Due to the way that LHB's in Wales are financed, they 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 LHB's have no power 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 LHB's in undertaking their activities.

Liquidity Risk

The LHB's income allocations and capital expenditure are financed from resources voted annually by Parliament. Therefore, they are not exposed to significant liquidity risks.

Interest-rate Risk

All the LHB's financial assets and financial liabilities carry nil or fixed rates of interest. Therefore, they are not exposed to interest-rate risk.

Foreign Currency Risk

The LHB's have negligible foreign currency income or expenditure. Therefore, they are not exposed to significant foreign currency risk.

6.15 Finance lease obligations

The future minimum lease payments under finance leases to which the Local Health Board was committed at the balance sheet date were as follows:

	£000	2005-06 £000
Within 1 year	0	0
Between 1 and 5 years	0	0
After 5 years	0	0
	<hr/>	<hr/>
Subtotal	0	0
	<hr/>	<hr/>
Less finance charges allocated to future periods	0	0
	<hr/>	<hr/>
Total	0	0

The total net obligation under finance leases can be analysed as follows:

Creditors: amounts due within one year	0	0
Creditors: amounts due after more than one year	0	0

6.16 Pooled Budgets

The LHB had no pooled budget arrangements during the year.

7 Additional Information

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**STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES
AS ACCOUNTABLE OFFICER OF THE LOCAL HEALTH BOARD**

The National Assembly has directed that the Chief Executive should be the Accountable Officer to the LHB. The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officer's Memorandum issued by the Assembly.

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.

Date: 27th June 2007

..... Chief Executive

**STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF
THE ACCOUNTS**

The directors are required under the National Health Service Act 1977 to prepare accounts for each financial year. The National Assembly, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the LHB and of the income and expenditure of the LHB for that period. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Assembly with the approval of the Treasury.
- make judgements and estimates which are responsible and prudent.
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the account.

The directors confirm that they have complied with the above requirements in preparing the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the authority and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction by the Assembly.

By Order of the Board

Signed:

Chairman: Dated: 27th June 2007

Chief Executive: Dated: 27th June 2007

Director of Finance: Dated: 27th June 2007

STATEMENT ON INTERNAL CONTROL

1. Scope of responsibility

The Board is accountable for internal control. As Accountable Officer and Chief Executive of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and this organisation's assets for which I am personally responsible, in accordance with the responsibilities assigned by the Accounting Officer of NHS Wales.

The performance of Flintshire Local Health Board is held to account via the Welsh Assembly Local Health Economy reviews.

2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to:

- Identify and prioritise the risks to the achievement of organisational policies, aims and objective
- Evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in the organisation for the year ended 31st March 2007 and up to the date of approval of the annual report and accounts and accords with Welsh Assembly Government Guidance.

3. Capacity to handle risk

Flintshire Local Health Board has developed arrangements to implement the Welsh Assembly Government risk management and operational control standards. The WAG guidance identifies the core controls assurance standards which effectively define the governance framework required by a Local Health Board to manage its overall business.

The Risk Management Strategy sets out the responsibility and role of the Chief Executive, Executive Officers and Non-Officers in relation to Risk Management.

3. Capacity to handle risk - continued

The Director of Finance has been delegated the responsibility for Risk Management, supported by Executive and Operational Leads for each of the Risk Management Standards.

The organisation has adopted a top down approach whereby the principle risks that could potentially threaten the achievement of the organisations primary objectives have been systematically identified. High level potential risks have been documented (mapped to objectives).

The identification and continuous review of potential risks that threaten the achievement of the organisations primary objectives is a standing agenda item for all directorates within the Local Health Board. Controls in place are critically evaluated to mitigate risk and to assure that the systems are in place and working effectively.

The Risk Management Committee embraces the Risk Management Framework and monitors and controls the implementation of the Risk Management Strategy, the prioritising and monitoring of the Risk Management Action Plans and all other risk management assurance groups and committees including all Risk Management Standards. Its focus is on the continuing development of an integrated clinical and non-clinical risk management system.

The LHB has introduced a risk management tool to collate all sources of risks (and associated actions) and is continuing to develop these across all areas of the organisation. This enables risk management decision making to occur as near as practicable to the risk source and for those risks that cannot be dealt with locally to be passed upwards to the appropriate level.

4. The risk and control framework

The risk management framework is set out in the Risk Management Strategy that was reviewed during the year and approved by the Board. The key elements of the strategy include:

- An executive summary from the Chief Executive that sets out the commitment to risk management and key indicators.
- Mission Statement that identifies the support for employees in providing services that are safe for patients and recognises that Risk Management is everyone's business.
- Strategic Objectives.
- Philosophy.
- Designated responsibilities.
- Risk Management Processes that includes the identification, evaluation, analysis, risk control, review and follow up.
- Training arrangements.
- Dissemination to key stakeholders.
- Further reading and relevant policies.
- Risk Management Objectives.

4. The risk and control framework - continued

- Accountability arrangements.
- Principle Committees for managing risks, including summarised Terms of Reference.
- Risk Management Standard Leads.

The risk management framework process has been debated and agreed at Board level which covers the following:

- Main activities.
- Objectives and targets which the LHB is striving to achieve.
- Identification of the risks to the achievement of objectives and targets.
- Identifies and examines the system of internal control in place to manage the risks.

Welsh Risk Management Standards have been self-assessed during the year and Executive/ Management Leads present their progress to the Risk Management Committee on a cyclical basis.

The Director of Finance has reviewed the evidence portfolios of the nine Standards. The Welsh Risk Pool have externally assessed 7 of the standards and the Internal Audit Department have internally assessed the other 2 standards.

The Local Health Board performance against the Standards in 2006/07 were as follows:

	2006/07	Required	
	Performance	Standard	Assessment
Risk Management Strategy and Policy	70%	75%	External
Risk Assessment and Treatment	91%	75%	External
Incident and Hazard Reporting	96%	75%	External
Policies & Procedures	93%	75%	External
Governance	94%	75%	Internal
Financial Management	95%	75%	Internal
Facilitating Safe Provision of Primary Care	95%	75%	External
Claims and Complaints	84%	75%	External
Records Management	64%	75%	External
OVERALL	85%	75%	

4. The risk and control framework - continued

Formal action plans have been defined to further enhance the Framework in respect of:

- * Balancing the framework across all of the organisation's principle activities, in particular services that are not part of the main focus of the LHB such as Shared Financial Services hosted by the Business Services Centre.
- * Sources of assurance indicated in the Framework which will be subject to systematic review in order to establish key controls on which the board is not presently receiving assurances. Gaps in assurance will be documented and action plans developed.
- * The gap analysis in respect of inadequate controls and or assurance will be systematically reviewed by the Risk Management Committee.
- * The prioritisation of risk following the assessment of the adequacy of the assurances obtained.
- * To review the existing risk register both in terms of further developing it as a Risk Management Tool and to ensure strong links the Risk Management Framework. Progress on this is formally reported to the Risk Management Committee.
- * To review and refine all wording in the Risk Management Framework to ensure objectives, control, assurances and gaps are sufficiently clear and specific to enable the Board to appropriately consider the impact and likelihood of risks identified and the actions being taken to address risks.
- * To review the mechanisms the LHB has to roll out the Risk Management Framework to all directorates and to communicate any updates to the Framework. In particular relevance of objectives may change from year to year.
- * The development of a continuous briefing and training process throughout the LHB.
- * As an employer with staff entitled to membership of the NHS Pension Scheme control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with.

5. Review of Effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed by the work of the internal auditors and the executive officers within the organisation who have responsibility for the development and maintenance of the internal control framework, and comments made by the external auditors in their management letter and other reports. 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, the Audit Committee (and Risk Committee, if appropriate) and a plan to address weaknesses and ensure continuous improvement of the system is in place.

5. Review of Effectiveness - continued

The Director of Internal Audit's opinion provides me with an opinion on the overall arrangements for gaining assurance through the Risk Management Framework and on the controls reviewed as part of the internal audit work.

Executive managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance.

The Risk Management Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principle objectives have 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 receiving the minutes of the key functions for promoting risk management, for example Audit Committee, The Clinical Governance committee, Risk Management Committee and Complaints Panel. The process provides that:

- The Audit Committee, as part of an intergrated committee structure, is pivotal in advising the Board on the effectiveness of the system of internal control.
- The Clinical Governance Committee supports the development of services by ensuring continuous quality improvement, safeguarding high standards of care and creating an environment in which excellence in clinical care will flourish.
- The Risk Management Committee provides the Board with the overall assurance on the effectiveness of the Risk Management Framework and continually monitors, reviews and prioritises the Risk Management Programme.
- A new Dental Contract was implemented from 1st April 2006, with payments being made on LHBs' behalf by the Business Services Authority Dental Practice Division (DPD). In addition to the checks required to obtain assurance on the adequacy of the payment systems - undertaken by both the DPD and LHBs' internal auditors - there are also checks to ensure the probity of dental expenditure. In 2006/07 the following work was undertaken on the probity of dental expenditure:
 - a.) Work done by the DPB: 10 out of 28 Provider contracts monitored; 26 out of 58 Performers monitored; 2,836 claimant checks, 503 patient questionnaires.
 - b.) The LHB regularly monitored information provided by the DPD, in particular giving attention to performance outliers.
 - c.) Internal Audit undertook a systems audit of the dental contract and the Local Counter Fraud Service reviewed the annual DPD Probity Activity Report for the LHB.

Although this work does not indicate that any material irregular dental expenditure occurred during 2006/07, it is not sufficient to provide the LHB with assurance that the risk of irregular payments to dentists are minimised. The LHB plans to increase the work undertaken in future years to identify and minimise any risk of irregular payments to dentists.

Any significant internal control issues would be reported to the Board via the Audit Committee. There has been no significant internal control issues identified during 2006/07. However, Internal Audit gave an opinion of limited assurance on the reviews of the new Dental Contract and Wanless Schemes.

Signed:.....
Chief Executive
(on behalf of board)

Date: 27th June 2007

AUDITORS' REPORT

The Certificate and Report of the Auditor General for Wales to the National Assembly for Wales

I certify that I have audited the financial statements on pages 2 to 36 under Section 61 of the Public Audit (Wales) Act 2004. These financial statements have been prepared under the accounting policies set out on pages 7 to 12.

I certify that I have audited that part of the remuneration report to be audited.

Respective responsibilities of Directors, the Chief Executive and Auditor

As described on page 38 the Directors and the Chief Executive are responsible for the preparation of the financial statements in accordance with Section 98(2) of the National Health Service Act 1977 and Welsh Ministers' directions made there under and for ensuring the regularity of financial transactions. The Directors and the Chief Executive are also responsible for the preparation of the Foreword and contents of the Annual Report. My responsibilities, as independent auditor, are established by statute and I have regard to the standards and guidance issued by the Auditing Practices Board and the ethical guidance applicable to the auditing profession.

I report my opinion to you as to whether the financial statements give a true and fair view and whether the financial statements and the part of the Remuneration Report to be audited have been properly prepared in accordance with the National Health Service Act 1977 and Welsh Ministers' directions made there under, and whether in all material respects the expenditure and income have been applied to the purposes intended by the National Assembly for Wales and the financial transactions conform to the authorities which govern them. I also report if, in my opinion, the Foreword is not consistent with the financial statements, if the Board has not kept proper accounting records, if I have not received all the information and explanations I require for my audit, or if information specified by relevant authorities regarding remuneration and other transactions is not disclosed.

I have been unable to read the other information contained in the Annual Report and consider whether it is consistent with the audited financial statements as it was unavailable at the time of my audit.

I review whether the statement on pages 39 to 43 reflects the Board's compliance with the Treasury and Welsh Ministers' guidance on the Statement on Internal Control and I report if it does not, or if it is misleading or inconsistent with other information I am aware of from my audit of the financial statements. I am not required to consider, nor have I considered whether the Statement on Internal Control covers all risks and controls. I am also not required to form an opinion on the effectiveness of the Board's corporate governance procedures or its risk and control procedures.

Basis of Audit Opinion

I conducted my audit in accordance 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, disclosures and regularity of financial transactions included in the financial statements and that part of remuneration report to be audited. It also includes an assessment of the significant estimates and judgements made by the Directors and the Chief Executive in the preparation of the financial statements, and of whether the accounting policies are appropriate to the Board's circumstances, consistently applied and adequately disclosed.

I planned and performed my audit so as to obtain all the information and explanations which I considered necessary in order to provide me with sufficient evidence to give reasonable assurance that the financial statements and that part of remuneration report to be audited are free from material misstatement, whether caused by fraud or other irregularity or error and that, in all material respects, the expenditure and income have been applied to the purposes intended by the National Assembly for Wales and the financial transactions conform to the authorities which govern them. In forming my opinion I have also evaluated the overall adequacy of the presentation of information in the financial statements and that part of remuneration report to be audited.

Without qualifying my opinion, I draw your attention to note 2.1, which sets out the financial position of the LHB and the actions being taken to achieve financial balance.

Opinion

In my opinion:

- the financial statements give a true and fair view of the state of affairs of Flintshire Local Health Board as at 31 March 2007 and of its net operating costs, recognised gains and losses and cash flows for the year then ended and have been properly prepared

- the financial statements and the part of the remuneration report to be audited have been properly prepared in accordance with the National Health Service Act 1977 and directions made there under by Welsh Ministers ; and

- in all material respects, the expenditure and income have been applied to the purposes intended by the National Assembly for Wales and the financial transactions conform to the authorities which govern them.

I have no observations to make on these financial statements.

My conclusion on Flintshire Local Health Board's arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2007 will be reported separately in the published Annual Audit Letter.

Jeremy Colman
Auditor General for Wales
2nd July 2007

Wales Audit Office
2-4 Park Grove
Cardiff
CF10 3PA

ACCOUNT OF - 2006-2007

THE NATIONAL HEALTH SERVICE IN WALES ACCOUNTS DIRECTION GIVEN BY THE NATIONAL ASSEMBLY FOR WALES IN ACCORDANCE WITH SECTION 98(2) OF THE NATIONAL HEALTH SERVICE ACT 1977 AND WITH THE APPROVAL OF TREASURY

LOCAL HEALTH BOARDS

1. The National Assembly for Wales (NAW) directs that an account shall be prepared for the financial year ended 31 March 2007 and subsequent financial years in respect of the Local Health Boards (LHB). The basis of preparation and the form and content shall be as set out in the following paragraphs and Schedules.

BASIS OF PREPARATION

2. The account of the LHB shall comply with:

(a) generally accepted accounting practice in the United Kingdom (UK GAAP);

(b) the accounting and disclosure requirements of the Companies Act;

(c) all relevant accounting standards issued or adopted by the Accounting Standards Board, in so far as they are appropriate to the NHS and are in force for the financial year for which the accounts are to be prepared;

(d) accounting guidance approved by the FRAB and contained in the Financial Reporting Manual (FReM), as detailed in the LHB Manual for Accounts, but specifically excluding schedules 1 and 5;

(e) the historical cost convention modified by the inclusion of fixed assets at their value to the business by reference to current costs; and stocks at the lower of net current replacement cost (or historical cost if this is not materially different) and net realisable value.

FORM AND CONTENT

3. The account of the LHB for the year ended 31 March 2007 and subsequent years shall comprise an operating cost statement, a balance sheet, a cash flow statement and a statement of recognised gains and losses as long as these statements are required by FRAB, including such notes as are necessary to ensure a proper understanding of the accounts.

4. For the financial year ended 31 March 2007 and subsequent years, the account of the LHB shall give a true and fair view of the state of affairs as at the end of the financial year and the operating costs, recognised gains and losses and cashflows during the year.

5. The balance sheet shall be signed by the chief executive and the director of finance of the LHB and dated.

MISCELLANEOUS

6. The direction shall be reproduced as an appendix to the published accounts.
7. The notes to the accounts shall, inter alia, include details of the accounting policies adopted.
8. Notes providing further explanations of figures in the accounts shall be made where it is considered appropriate for a proper understanding of the accounts.

Signed by the authority of the National Assembly of Wales

Signed : Jeff Buggle

Dated :

ACCOUNT OF - 2006-2007

SCHEDULE 1

APPLICATION OF THE ACCOUNTING AND DISCLOSURE REQUIREMENTS OF THE COMPANIES ACT AND ACCOUNTING STANDARDS

Companies Act

1. The disclosure exemptions permitted by the Companies Act shall not apply to the NHS unless specifically approved by the Treasury.
2. The Companies Act requires certain information to be disclosed in the Director's Report. To the extent that it is appropriate, the information relating to NHS bodies shall be contained in the foreword.
3. The operating cost statement, balance sheet and cashflow statement shall have regard to the format prescribed in the Financial Reporting Manual.
5. NHS bodies are not required to provide the historical cost information described in paragraph (33) of Schedule 4 to the Companies Act.

Accounting Standards

6. NHS bodies are not required to include a note showing historical cost profits and losses as described in FRS 3.

SCHEDULE 2

ADDITIONAL REQUIREMENTS

1. The foreword shall include a statement that the account has been prepared to comply with a Direction given by the National Assembly for Wales in accordance with section 98(2) of the NHS Act 1977.
2. The foreword shall also contain a description of the statutory background and main functions of the LHB together with a fair review of their operational and financial activities and a summary of their performance against targets.