# Pembrokeshire Local Health Board

#### **FOREWORD**

These accounts have been prepared by the Local Health Board under schedule 9 section 178 Para 3(1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers have, 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 Pembrokeshire
- -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 16. 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 2009**

		Total	2007-08 Total
	Note	9000	£000
Expenditure	4.1,4.2,4.3, 4.4	186,730	168,385
Miscellaneous income	3.1	2,370	2,160
Net operating costs		184,360	166,225

# STATEMENT OF RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED 31 MARCH 2009

	2000	£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	0	0

# **BALANCE SHEET AS AT 31 MARCH 2009**

	Note		£000	31 March 2008 £000
TOTAL FIXED ASSETS	Note		£000	£000
Intangible fixed assets	5.1		7	9
Tangible fixed assets	5.2		27	41
CURRENT ASSETS				
Debtors	6.1		1,103	629
Cash at bank and in hand			12	34
Total Current Assets			1,115	663
Creditors: amounts falling due within one year	6.2		9,959	9,056
Net current assets / (liabilities)			(8,844)	(8,393)
Creditors: amounts falling due after more than one year	6.3		0	0
Provisions for liabilities and charges	6.4		1,005	285
TOTAL NET ASSETS			(9,815)	(8,628)
FINANCED BY:				
General fund	6.5		(9,816)	(8,629)
Donated Assets Reserve	6.6		0	0
Revaluation Reserve	6.7		1	1
TOTAL			(9,815)	(8,628)
Signed for and on behalf of the Board				
Director of Finance		Chief Executive		
Date 10 June 2009		Date 10 June 2009		
Adopted by the Board on 10 June 2009				

# CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2009

	2000	2007-08 £000
Net operating costs Adjust for non-cash transactions Adjust for movements in working capital other than cash Utilisation of provisions	(184,360) 539 429 (125)	(166,225) 16 740 0
Net cash outflow from operating activities	(183,517)	(165,469)
CAPITAL EXPENDITURE AND FINANCIAL INVESTMENT:		
Payments to acquire fixed assets Receipts from the sale of fixed assets	0	0
Net cash inflow / (outflow) from investing activities	0	0
Net cash inflow / (outflow) from investing activities  Net cash inflow / (outflow) before financing	(183,517)	(165,469)
Net cash inflow / (outflow) before financing		
Net cash inflow / (outflow) before financing  FINANCING:  Net Assembly funding (including capital) Surrender of income from sale of fixed assets Donations	(183,517) 183,495 0 0	(165,469) 165,407 0

### Notes to the cash flow statement

Δdiust	for	non-cash	transactions
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Debt due after one year

Total

Adjust for non-cash transactions				
				2007-08
			£000	2000
Depreciation and other write-offs			16	17
Impairment of fixed assets			0	0
(Profit) / Loss on disposal of fixed assets			0	0
Non-cash provisions			845	285
Capital charge interest			(322)	(286)
			539	16
Adjust for movements in working capital other than cas	sh			2007-08
			£000	9003
(Increase)/decrease in debtors			(474)	397
Increase/(decrease) in creditors			903	343
			429	740
Reconciliation of net cash flow to movement in net deb	t			
				2000
Increase/(decrease) in cash in the period				(22)
Cash outflow from debt repaid and finance lease capital pa	yments			0
Change in net debt resulting from cash flows				(22)
Non cash changes in debt  Net debt at 1 April 2008				0
Net debt at 1 April 2000 Net debt at 31 March 2009				34 12
101 4051 41 6 1 1141 611 2000				
Analysis of changes in net debt				
	As at			As at
	1 April	Cash	Other	31 March
	2008	flows	changes	2009
	£000	£000	€000	£000
Cash at bank and in hand	34	(22)	0	12
Bank overdraft	0	0	0	0
Debt due within one year	0	0	0	0

Amount held in Office of Paymaster General bank accounts as at 31 March 2009 was £0.012m

0

(22)

34

0

0

0

12

# Analysis of capital expenditure, financial investments and associated receipts

	Capital		Loans			Loans		Net Total
	Additions £'000	Disposals £'000		Repayments £'000	£'000			
Total cash payment and receipts	0	0	0	0	0			
Reconciliation of loan issues and repay	yments to ca	ash movem	ents	2008-09				
			Issues	Repayments	Net Movement			
			£'000	£'000	£'000			
Total issues and repayments (per creditor	s note 6.3)		0	0	0			
Accrued movement in loan capital Non-cash adjustments			0	0	0 0			
Total financial investment and associate	ted receipts		0	0	0			
Reconciliation of fixed assets and disp	osals		Additions	2008-09 Disposals	Net Movement			
			£'000	£'000	£'000			
Total assets and disposals (per fixed asset		5.2)	0	0	0			
Accrued movement in fixed asset addition Non-cash adjustments	S		0	0	0			
Total cash movement on asset addition	ns and dispo	osals	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 Welsh Assembly Government 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 Welsh Assembly Government and approved by Treasury.

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

#### **Acquistions 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 Welsh Assembly Government 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 Welsh Assembly Government 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.

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, except capitalised Research and Development which is carried at historic cost. 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 £250

#### 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 1 April 2007.

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 impairments resulting from price changes are charged to the Statement of Recognised Gains and Losses where there is a credit balance for that impaired asset in the revaluation reserve, otherwise ordinarily they will be charged to the Operating Cost Statement. Falls in value when newly constructed assets are charged to the revaluation reserve even when there is no credit balance.

#### **Equipment**

Operational equipment is carried at current value. Where assets are of low value, and/or have short useful economic lives, these are carried at depreciated historic cost as a proxy for current value. 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 as for land and buildings. 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. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.pensions.nhsbsa.nhs.uk. The Scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying Scheme assets and liabilities. Therefore, the Scheme is accounted for as if it were a defined contribution scheme; the cost to the NHS Body of participating in the Scheme is taken as equal to the contributions payable to the Scheme for the accounting period.

The Scheme is subject to a full actuarial valuation every four years (until 2004, based on a five year valuation cycle), and a FRS17 accounting valuation every year. An outline of these follows:

#### a) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the scheme (taking into account its recent demographic experience), and to recommend the contribution rates to be paid by employers and scheme members. The last such valuation, which determined current contribution rates was undertaken as at 31 March 2004 and covered the period from 1 April 1999 to that date.

The conclusion from the 2004 valuation was that the Scheme had accumulated a notional deficit of £3.3 billion against the notional assets as at 31 March 2004. However, after taking into account the changes in the benefit and contribution structure effective from 1 April 2008, the Scheme actuary reported that employer contributions could continue at the existing rate of 14% of pensionable pay.

On advice from the Scheme Actuary, scheme contributions may be varied from time to time to reflect changes in the schemes liabilities. Up to 31 March 2008, the vast majority of employees paid contributions at the rate of 6% of pensionable pay. From 1 April 2008, employees contributions are on a tiered scale from 5% up to 8.5% of their pensionable pay depending on total earnings.

#### b) FRS17 Accounting Valuation

In accordance with FRS17, a valuation of the Scheme liability is carried out annually by the Scheme Actuary as at the balance sheet date by updating the results of the full actuarial valuation.

Between the full actuarial valuations at a two-year midpoint, a full and detailed member data-set is provided to the Scheme Actuary. At this point the assumptions regarding the composition of the Scheme membership are updated to allow the Scheme liability to be valued.

The valuation of the Scheme liability as at 31 March 2008, is based on detailed membership data as at 31 March 2006 (the latest midpoint) updated to 31 March 2008 with summary global member and accounting data.

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 website. Copies can be obtained from The Stationery Office.

#### Scheme provisions as at 31 March 2008

The Scheme is a "final salary" scheme. Annual pensions are normally based on 1/80th of the best of the last 3 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 payment of a pension, with enhancement, is available to members of the Scheme who are permanently incapable of fulfilling their duties effectively through ilness or infirmity. A death gratuity of twice final year's pensionable pay for death in service, and five times their annual pension for death after retirement, 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.

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

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

#### Scheme provisions from 1 April 2008

From 1 April 2008 changes have been made to the NHS Pension Scheme contribution rates and benefits. Further details of these changes can be found on the NHS Pensions website <a href="https://www.pensions.nhsbsa.nhs.uk">www.pensions.nhsbsa.nhs.uk</a>.

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, 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 2008-09 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 met 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. Only third party income between non-governent bodies may be recognised.

#### 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 Practioners for the provision of Family Health Services is defined by the National Assembly as "non-discretionary" and is deducted from net operating costs for the purposes of assessing outurn 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. All other expenditure is classified as administration expenditure.

#### 1.17 Financial Instruments

#### **Financial Assets**

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

Financial assets are initially recognised at fair value.

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

#### Financial assets at fair value through profit and loss

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

#### Held to maturity investments

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

#### Available for sale financial assets

Available for sale financial assets are non-derivative assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to the operating cost statement on de-recognition.

#### Loans and receivables

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

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the net carrying amount of the financial asset. At the balance sheet date, the LHB assesses whether any financial assets, other than those held at fair value through profit and loss are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence or impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

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

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

#### **Financial Liabilities**

Financial liabilities are recognised on the balance sheet when the LHB becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

Financial liabilities are initially recognised at fair value.

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

Financial liabilities at fair value through profit and loss

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

#### Other financial liabilities

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

# 2.1 Achievement of Operational Financial Balance

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Disclose details of any resource brokerage and / or cash brokerage brought and carried forward.

The LHB received £0.950m of resource in the current financial year that had been brokered forward from the financial year 2007/08 by Welsh Assembly Government.

In March 2009 the Local Health Boards in the Hywel Dda Health Community received an additional non recurring resource allocation of £12.0m from Welsh Assembly Government on behalf of the Hywel Dda NHS Trust, which they paid over to the Trust as part of its Long Term Agreement income. The amount received by each Local Health Board is set out below.

	LIII
Carmarthenshire LHB	2.1
Ceredigion LHB	0.8
Pembrokeshire LHB	9.1
Total	12.0

The additional income does not form part of the normal recurring income that the Hywel Dda Trust can expect from the Local Health Boards in the Health Community.

# 3.1 Miscellaneous income

	2000	2007-08 £000
Fees & Charges	322	580
Prescription charge income	132	139
Dental fee income	688	413
Income for trust impairments	0	0
Deferred Income released to revenue	0	0
Rental income from finance leases	0	0
Rental income from operating leases	0	0
Other	1,228	1,028
Total	2,370	2,160

Other

Other Income amounting to £1.228m in Note 3.1 comprises of the following:

		2007-08
	£(000)	£(000)
Core Business		
GP Registrars	493	406
Continuing Care and Free Nursing Care	271	275
Substance Misuse Community Safety Partnership	63	131
Wet Aged Macular Degeneration Income	136	0
Cancer Project Income	34	0
Healthy Eating Project	50	0
Salary Recharges	30	0
Out of Hours Recharges	83	0
Prescribing Incentive Scheme	0	120
Pre Schools Project	12	0
Other	15	23
Non Core Business		
Acute Services Review Income	0	2
Three Counties Planning Forum	41	71
Total	1,228	1,028

# **Expenditure:**

# 4.1 Primary health care

4.1 Filliary Health Care	Cash limited	Non cash limited	Total	2007-08 Total
	£000	2000	2000	£000
General Medical services	19,552	0	19,552	19,381
Pharmaceutical services	4,669	(395)	4,274	3,497
General Dental services	4,261	0	4,261	3,104
General Ophthalmic services	0	1,024	1,024	967
Other Primary health care expenditure	1,351	0	1,351	1,342
Prescribed drugs and appliances	19,220	0	19,220	19,188
Total	49,053	629	49,682	47,479
4.2 Secondary and Community health care				
			Total £000	2007-08 Total £000
NHS Trusts:				
Provider 1 - Hywel Dda NHS Trust (See Note 2)			110,307	99,315
Provider 2 - Abertawe Bro Morgannwg University Hospital Trust			4,327	4,195
Provider 3 - Cardiff & Vale NHS Trust			2,078	1,858
Provider 4 -Robert Jones & Agnes Hunt NHS Trust			144	158
Provider 5 - Velindre NHS Trust Provider 6 - Gwent NHS Trust			110 48	106
Provider 7 - United Bristol NHS Trust			46 65	49 74
Provider 8 - Cwm Taf NHS Trust			31	55
Provider 9 - North West Wales NHS Trust			15	7
Provider 10 - Powys LHB			11	31
Other Welsh NHS trusts			11	34
Other non Welsh NHS trusts			275	445
Local Authorities			<b>529</b>	555
Voluntary Organisations			394	409
NHS Funded Nursing Care			1,895	2,099
Continuing Care			11,887	7,554
Private providers			414	480
Specific projects funded by Welsh Assembly Government			0	0
Other			1,152	21
Total			133,693	117,445

**Expenditure with Local Authorities** 

S28 Expenditure £529,000

In common with other LHBs in Wales, Pembrokeshire LHB has experienced significant cost pressures in all areas of Continuing Care which accounts for the large increase in expenditure in this area.

Included in Other expenditure in Note 4.2 is  $\mathfrak{L}1.130$ m that the LHB received from Welsh Assembly Government during the year. Amounts of  $\mathfrak{L}0.815$ m and  $\mathfrak{L}0.315$ m were then paid to Carmarthenshire LHB and Ceredigion LHB respectively, with Pembrokeshire LHB acting in the role of "banker".

# 4.3 Other programme expenditure

	£000	2007-08 £000
Salaries and wages	431	480
National Public Health Service	735	720
Losses, special payments and irrecoverable debts	0	0
Research and development	0	0
Other	158	259
Total	1,324	1,459
•		
4.4 Administration expenditure		
		2007-08
	£000	£000
Non-officer members' remuneration	84	89
Other salaries and wages	1,042	898
Consultancy services	27	24
Establishment expenses	144	161
Transport and moveable plant	0	0
Premises and fixed plant	170	187
External contractors	0	0
Auditors' remuneration - audit fee	69	84
Auditors' remuneration - other fees		0
Business Services Centre recharge	801	803
Interest payable - unwinding of discount	0	0
Interest payable - other	0	0
Capital - Depreciation	16	17
Amortisation	0	0
Capital charge interest	(322)	(286)
Impairments and reversals (property, plant, equipment)	0	0
Impairments and reversals (intangible assets)	0	0
Impairments and reversals of financial assets (by class)	0	0
(Profit) / loss on disposal of fixed assets	0	0
Other	0	25
Total	2,031	2,002

Included in Business Service Centre recharge is an amount of £0.016m for the external audit of the Business Services Centre attributable to Pembrokeshire LHB.

Included in Note 4.3 above is expenditure of £0.122m relating to the Critical Care Network. The Critical Care Network is a project directly funded by Welsh Assembly Government for which the LHB acts as host.

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

	Total	2007-08 Total
	€000	0003
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
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
Total	0	0

Personal injury includes £ nil in respect of permanent injury benefits

# 4.6 Hire and operating lease rentals

			€000	2007-08 £000
Hire of plant and machinery Other operating leases			0 40	0 35
Total			40	35
Commitments under non-cancellable operating leases:	Land and Buildings	Other Leases	2007-08 Land and Buildings	2007-08 Other Leases
Operating leader which evalue	£000	£000	£000	£000
Operating leases which expire: Within 1 year	0	7	0	2
Between 1 and 5 years	0	25	0	13
After 5 years	0	0	0	0
4.7 Executive Directors and staff costs			Total	2007-08 Total
			€000	€000
Salaries and wages			3,066	3,171
Social security costs			240	253
Employer contributions to NHSPA			351	375
Other pension costs Agency / seconded staff			0 118	0 144
rigorioy / bosonidad atain				
Total			3,775	3,943
Note 4.7 Reconciliation			£000	2000
Note 4.1 Primary Care Staff			318	692
Note 4.2 Nursing Services			103	134
Note 4.3 Other Service Expenditure			431	480
Note 4.4 Administrative			1,042	898
OOH from Primary Care Note 7.4			1,881 3,775	1,739 3,943
			-,	-,

### 4.8 Board Directors' remuneration

	£000	2007-08 £000
Non-officer members' remuneration  Executive Directors' remuneration:	84	89
basic salaries benefits	277 1	317 1
performance related bonuses	0	0
pension contributions	50	47
Compensation for loss of office Pensions to former directors (early retirees)	0	0
Total	412	454
	Chairman	Chief Executive
	£000	£000
Basic Salary	£000 27	£000
Basic Salary Benefits		
Benefits Compensation for loss of office	27 0 0	43 1 0
Benefits	27 0	43 1
Benefits Compensation for loss of office Performance related bonuses	27 0 0 0	43 1 0 0
Benefits Compensation for loss of office Performance related bonuses Pension contributions	27 0 0 0 0	43 1 0 0 6
Benefits Compensation for loss of office Performance related bonuses Pension contributions  Total	27 0 0 0 0	43 1 0 0 6

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

The office of Chairman was held by two members during 2008/09. Mr C Martin was Chairman from 1 April 2008 to 31 July 2008. Mrs J.Hawes was Chairman from 1 August 2008.

The remuneration attributable to each member in 2008/09 is:

J Hawes £15,000 C Martin £12,000

# 4.9 Average number of employees

The average number of employees during the year was:

	Permanent staff Number	Agency, temporary and cont- ract staff Number	Staff on inward second- ment Number	Total Number	2007-08 Number
Executive Board Members	4	0	0	4	4
Other Local Health Board Staff	81	4	0	85	90
Recharged staff	(6)	0	3	(3)	0
Total	79	4	3	86	94

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 2008-09 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 Welsh Assembly Government 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	£000
Non- NHS			
Total bills paid 2008-2009	49,010	21,414	17,390
Total bills paid within target	48,808	20,981	16,885
Percentage of bills paid within target	99.6%	98.0%	97.1%

In addition, the Welsh Assembly Government requires 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	0003	2007-08 £000
NHS Total bills paid 2008-2009	675	111,368	108,614
Total bills paid within target	642	111,236	108,571
Percentage of bills paid within target	95.1%	99.9%	100.0%
			2007-08
Total	Number	£000	£000
Total bills paid 2008-2009	49,685	132,782	126,004
Total bills paid within target	49,450	132,217	125,456
Percentage of bills paid within target	99.5%	99.6%	99.6%
4.12 The Late Payment of Commercial Debts (Interest ) Ac	t 1998		
			2007-08
		£	£
Amounts included within Interest Payable arising from claims made by sma businesses under this legislation (see note 4.4).	all	0	0
Compensation payable to cover debt recovery costs		0	0

# 5.1 Intangible Fixed Assets

	Software licences £000	Licenses and trademarks £000		Development expenditure £000	Total £000
Gross cost at 1 April 2008	11	0	0	0	11
Additions	0	0	0	0	0
Disposals	0	0	0	0	0
Gross replacement cost at 31 March 2009	11	0	0	0	11
Accumulated amortisation at 1 April 2008 Provided during the year Additions Disposals	2 2 0 0	0 0 0 0	0 0 0 0	0 0 0	2 2 0 0
Accumulated amortisation at 31 March 2009	4	0	0	0	4
Net book value at 1 April 2008	9	0	0	0	9
Net book value at 31 March 2009	7	0	0	0	7

# Tangible fixed assets

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

5.2 Tangible assets at the balance sheet	date:			Assets					
				under					
		Buildings,		construction				Furniture	
		excluding		and payments	Plant and	Transport	Information	and	
	Land	dwellings	Dwellings	on account	machinery	equipment	technology	fittings	Total
Cost or valuation	€000	2000	£000	2000	2000	€000	€000	€000	0003
At 1 April 2008	0	0	0	0	0	0	73	5	78
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 2009	0	0	0	0	0	0	73	5	78
Depreciation									
At 1 April 2008	0	0	0	0	0	0	32	5	37
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	14	0	14
At 31 March 2009	0	0	0	0	0	0	46	5	51
Net book value									
at 1 April 2008	0	0	0	0	0	0	41	0	41
Net book value									
at 31 March 2009	0	0	0	0	0	0	27	0	27
_									
Net book value of assets held under finance lea		-							
Total	0	0	0	0	0	0	0	0	0
The total amount of depreciation charged in the	Operatin	g Cost Sta	tement in	respect of a	ssets held ι	ınder financ	e 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 2009 comprises:

		2007-08
	£000	2000
Freehold	0	0
Long leasehold	0	0
Short leasehold	0	0
Total	0	0
Net profit/(loss) on disposal of fixed assets		2007-08
	£000	9000
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	0	0
The LHB paid over to the Welsh Assembly Government the net proceeds from	0	0
disposal of and retained the costs of disposal, met of,	0	0

### 6.1 Debtors

Amounts falling due within one year:	2000	2007-08 £000
Welsh Assembly Government	49	29
Health Commission Wales	0	0
Local Health Boards	151	135
Primary Care Trusts	0	0
NHS Trusts	405	30
Welsh Risk Pool	0	30
Capital debtors	400	0
Other debtors Provision for irrecoverable debts	426 0	367 0
Pension Prepayments:	0	0
Other prepayments and accrued income	72	38
care. propagmente ana accidea mosmo		
Sub total	1,103	629
Amounts falling due after more than one year:	2000	£000
Welsh Assembly Government	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	0
Provision for irrecoverable debts	0	0
Pension Prepayments	0	0
Other prepayments and accrued income	0	0
Sub total	0	0
Total	1,103	629
Provision for irrecoverable debts (impairment of receivables):		
Balances at 1 April	0	0
Provided in year	0	0
Written-off in year	0	0
Recovered during year	0	0
Balance at 31 March	0	0
Debtors past due date but not impaired:		
Up to 3 months	262	70
3 to 6 months	125	15
More than 6 months	<b>26</b>	10
Total	413	95

Included in NHS Trust Debtors is an invoice for £0.289m to the Hywel Dda Trust in respect of Out of Hours charges.

# 6.2 Creditors

Amounts falling due within one year:			£000	2007-08 £000
Welsh Assembly Government			0	7
Health Commission Wales			0	47
Local Health Boards			<b>53</b>	38
NHS Trusts			1,249	508
Primary Care Trusts			0	0
Income tax and social security			0	0
VAT			0	0
Non-NHS creditors			415 0	288 0
Capital Creditors Overdraft			0	0
Rentals due under operating leases			0	0
Obligations under finance leases and HP contracts			Ö	0
GPFH savings			0	0
Pensions: staff			0	0
Accruals			8,242	8,168
Deferred Income			0	0
Other creditors			0	0
Total			9,959	9,056
6.3 Creditors				2007-08
			Total	Total
Amounts falling due after more than one year:			£000	£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
Analysis of Accruals in Note 6.2	2009	2008		
GMS	<b>£(000)</b> 1,371	<b>£(000)</b> 1,509		
Continuing Care/Individual Patient Commissioning	987	944		
Out of Hours	145	272		
Drugs	3,304	3,429		
Dental	383	264		
Pharmacy	1,339	954		
Other Primary Healthcare	170	107		
Other Healthcare	295	328		
Administrative	242	296		
Other Accruals	6	65		
Total	8,242	8,168		

### 6.4 Provisions for liabilities and charges

	At 1 April 2008	Structured settlement cases transferred to WRP	Transfer of provisions to creditors	Arising during the year	Reversed unused £000	Utilised during the year £000	Unwinding of discount	At 31 March 2009
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 Defence legal fees and other	0	0	0	0	0	0	0	0
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	285			845		(125)		1,005
Total	285	0	0	845	0	(125)	0	1,005

Expected timing of cash flows:		Between		
	Within 1 year £000	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	0	0	0	0
Total	0	0	0	0

The LHB estimates that in 2009-10 it will receive  $\mathfrak{L}$ nil , and in 2010-11 and beyond  $\mathfrak{L}$ nil from the Welsh Risk Pool in respect of losses and special payments.

The charge arising during the financial year of £0.845m relates to retrospective continuing healthcare cases and is based on known cases at 31 March 2009.

# 6.5 General fund

The movement on the General fund in the year comprised:

	£000
At 1 April 2008  Net operating cost for the financial year  Net Assembly funding (including capital)  Capital charge interest  Transfers to NHS bodies  Transfer to general fund of realised elements of the revaluation reserve	(8,629) (184,360) 183,495 (322) 0
Balance at 31 March 2009	(9,816)
6.6 Donated asset reserve	
0.0 Donated asset reserve	
The movement on the donated asset reserve in the year comprised:	
	0003
Balance at 1 April 2008	0
Additions Impairments	0 0
Revaluation and indexation	0
Disposals and write-offs Depreciation	0 0
Dop. colation	
Balance at 31 March 2009	0
6.7 Revaluation reserve	
The movement on the revaluation reserve in the year comprised:	
	2000
Balance at 1 April 2008	1
Revaluation Indexation	0 0
Transfer to general fund - realised revaluation	0
Balance at 31 March 2009	1

# 6.8 Contingent liabilities -

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

Nature: Legal claims for third parties liabilities Doubtful debts Other	0003 0 0 0	2007-08 £000 0 0
Total	0	0

Uncertainties affecting outcome:

# 6.9 Intra Government balances

	Debtors:	Debtors:	Creditors:	Creditors:
	<b>Amounts</b>	falling	Amounts	falling
	falling	due after	falling	due after
	due	more	due	more
	within	than one	within	than one
	one year	year	one year	year
	£000	£000	£000	£000
Balances with other central government bodies	62	0	0	0
Balances with local authorities	334	0	153	0
Balances with NHS trusts and Foundation trusts	405	0	1,249	0
Balances with Local Health Boards	151	0	53	0
Balances with public corporations and trading funds	0	0	0	0
Balances with bodies external to government	151	0	8,504	0
Total at 31 March 2009	1,103	0	9,959	0
Balances with other central government bodies	39	0	54	0
Balances with local authorities	130	0	87	0
Balances with NHS trusts and Foundation trusts	60	0	508	0
Balances with Local Health Boards	135	0	38	0
Balances with public corporations and trading funds	0	0	0	0
Balances with bodies external to government	265	0	8,369	0
Total at 31 March 2008	629	0	9,056	0

### 6.10 Post balance sheet events

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

1.		0
2.		0
Tota	ıl	0

# 6.11 Capital commitments

The Local Health Board has the following capital commitments:

		2007-08
Contracted	0	0
Authorised but not contracted	0	0
Total	0	0

### 6.12 Related Party transactions

£000

Total value of transactions with Board members and key senior staff in 2008-2009

0

Pembrokeshire Local Health Board is a body corporate established by order of the National Assembly.

The Assembly is regarded as a related party. During the year Pembrokeshire Local Health Board has had a significant number of material transactions with the Assembly and with other entities for which the Assembly is regarded as the parent body namely,

- Welsh NHS Trusts with whom the Local Health Board contracts for the purchase of healthcare, and in particular those scheduled in Note 4.2.
- Carmarthenshire, Ceredigion and Powys Local Health Boards, and in particular Powys LHB with whom the Local Health Board contracts for the provision of services provided by the Business Services Centre.
- Velindre NHS Trust with whom the Local Health Board contracts for the provision of Public Health and Health Promotion Services provided by the National Public Health Service.

In addition, the Local Health Board has a significant number of material transactions with other Government Departments and other Central and Local Government bodies. Most of these transactions have been with Pembrokeshire County Council in respect of joint enterprises. In addition to this the Local Health Board has material transactions with a number of English NHS Trusts the most significant of which are identified in Note 4.2 of the accounts.

The Local Health Board has also had transactions with other Local Health Boards and NHS Trusts in the normal course of its business where the transactions would not be considered to be material.

During the year, with the exception of the members listed below, none of the board members or members of the key management staff or other related parties has undertaken any material transactions with Pembrokeshire LHB.

- a). Mrs C. Oakley associate director of the LHB during the year is an officer of the Hywel Dda NHS Trust.
   Mrs C. Oakley's spouse works for the Hywel Dda NHS Trust.
- b). Mrs. S. James and Mr. D. Wildman who are non executive directors are members of Pembrokeshire County Council. Mr. D. Wildman is Vice President of PIPPA and a board member of Care and Repair Pembrokeshire. Mr. Wildman is a member of the FALLS Committee and is also a member of Rosemarket Community Council and Burton Community Council.
  - Mrs S. James represents the Local Authority on the Boards of Frame, Pembrokeshire MIND and CAB. Mrs James does not have any voting rights in this capacity in Pembrokeshire MIND and CAB.
- c). Mr. J. Skone a non executive director is an officer of Pembrokeshire County Council.
- d). Dr. S. Lewis a non executive director is a partner and practitioner in a General Medical Practice within Pembrokeshire and received remuneration from the Local Health Board for treating patients registered with his practice.

# 6.12 Related Party transactions

- e). Mr. P. Parry, a non executive director, is a proprietor in a business that receives payments from the Local Health Board for the provision of Pharmaceutical services. Mr Parry is also Chair of Community Pharmacy Wales, a member of the Pharmaceutical Services Negotiating Committee, a member of the Welsh National Board Member of the Royal Pharmaceutical Society of Great Britain, and a member of Community Pharmacy Wales Mid and West Wales Committee.
- f). Mr. R. Baker, a non executive director, is a registered optometrist practicing in Pembrokeshire and is an employee of a business that receives payments from the LHB for the provision of optometric services. Mr Baker is Treasurer of the Regional Optometric Committee for which he receives a Honoraria. Mr Baker is also a non executive director of Ceredigion LHB.
- g). Mr. A. Warlow, an associate member of the board, is an officer of Pembrokeshire Community Health Council and a director of the Pembrokeshire Lottery a non profit making scheme.
- h). Mr. I. Jones, a non executive director, is a partner in a dental practice in Pembrokeshire and receives payments from the LHB for the provision of dental services. Mr Jones is also a non executive director of Ceredigion LHB.
- i). Mrs J. Hughes is a non executive director of Ceredigion LHB and an employee of the Hywel Dda NHS Trust.
- j). Mrs B. Rees held the post of Chief Executive in Carmarthenshire, Ceredigion and Pembrokeshire LHBs in the periods set out in the table below.

LHBDatesCarmarthenshire1st September 2008 to 31st March 2009Ceredigion1st April 2008 to 31st March 2009Pembrokeshire1st April 2008 to 31st March 2009

Mrs B. Rees is an associate director of the Hywel Dda NHS Trust.

The spouse of Mrs B. Rees, the Chief Executive, is an employee of the Hywel Dda NHS Trust.

- k). Mr. D. James is an officer of the Welsh Ambulance Services NHS Trust.
- Dr. J. Picton the Medical Director is a director of Nu Yu Cosmetics a company undertaking cosmetic medical procedures. The company had no commercial dealings with the LHB.
   In addition to this Dr. Picton is employed by the National Public Health Service as a Port Health doctor.
- m). Ms. J. Ritchie, a non executive director, is a director of Speech Link Multimedia and a company undertaking healthcare training and consultancy. Neither company had commercial dealings with the LHB.
- n). Mr. C. Martin, the Chairman for part of the year, is managing director of Richam Developments Limited.
   Mr. Martin is a self employed pharmacist undertaking locum and consultancy work.
   Richam Developments had no commercial dealings with the LHB. Mr Martin resigned as Chairman on 31st July 2008.
- o). On 1st August 2008 Mrs J. Hawes was appointed Chair of Pembrokeshire LHB. Mrs Hawes is also the Chair of Ceredigion LHB. Mrs Hawes son works for an NHS body.
- p). The civil partner of Ms S. Williams, the Director of Primary and Community Care is an employee of Pembrokeshire County Council.

# 6.12 Related Party transactions

- q) Mrs C. Mason, a non executive director, is chair of the Pembrokeshire Parent Carers High Support Needs Group.
- r) Mr P Irvine a non executive director is an employee of Action for Advocacy.
- s). Mr. C. Le Breton, a non executive director, is a trustee of The Paul Satori Foundation, a voluntary sector body that receives a grant from the Local Health Board. Mr. Le Breton also operates a limited company providing consultancy in environmental engineering and energy issues. He has undertaken business with NHS organisations but has had no commercial dealing with the LHB.
- t) Under the management arrangements with Ceredigion LHB the following directors hold joint posts in both LHB's. See also item j). in relation to Mrs B. Rees.

Mrs K. Miles Director of Finance and Commissioning

Mrs H. Williams Director of Nursing

Mrs S.Hurds Director of Corporate Strategy

Ms S. Williams Director of Director of Primary and Community Care.

u) Mrs K. Miles Director of Finance and Commissioning is Governor of Pembrokeshire College.

## 6.13 Losses and special payments

Losses and special payments are transactions that the Welsh Assembly Government 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 Welsh Assembly Government. 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 Fraud cases All other losses and special payments	0 0 4	0 0 94
Total losses and special payments	4	94

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			
	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 Sub-total	0	0	0
All other cases	0	0	0
Total cases	0	0	0

## 6.14 Financial Instruments

### **Financial Risk Management**

FRS 29 "Financial Instruments: Disclosures" 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 LHBs 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 rolin creating or changing risk than would be typical of the listed companies to which this standard mainly applies. LHBs have no 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 LHB in undertaking its activities.

### **Liquidity Risk**

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

### **Foreign Currency Risk**

The LHB has negligible foreign currency income or expenditure. Therefore, it is 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	2007-08 £000
In one year or on demand	0	0
In more than 1 year but no longer than 2	0	0
in more than 2 year but no longer than 5	0	0
After 5 years	0	0
Subtotal	0	0
Less finance charges allocated to future periods	0	0
Total	0	0
The total net obligation under finance leases can be analysed as follows:	ows:	
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 in 2008/09.

6.17 Financial Assets				
	At fair value through Profit & Loss	Loans and receivables	Available for sale	Total
	£000	£000	£000	£000
Embedded derivatives	0	0	0	0
NHS receivables	556	0	0	556
Cash at bank and in hand	12	0	0	12
Other financial assets	462	0	0	462
At 31 March 2009	1,030	0	0	1,030
Embedded derivatives	0	0	0	0
NHS receivables	195	0	0	195
Cash at bank and in hand	34	0	0	34
Other financial assets	386	0	0	386
At 31 March 2008 (Prior year)	615	0	0	615
6.18 Financial liabilities				
	At fair value through Profit & Loss	Other		Total
	0003	0003		0003
Embedded derivatives	0	0		0
Borrowings	0	0		0
PFI and finance lease obligations	0	0		0
Other financial liabilities	10,964	0		10,964
At 31 March 2009	10,964	0	·	10,964
Embedded derivatives	0	0		0
Borrowings	0	0		0
PFI and finance lease obligations	0	0		0
Other financial liabilities	9,341	0		9,341
	3,041			0,0

[If fair value of financial assets or financial liabilities differs from carrying amount:

a) give the fair values by class of financial assets and financial liability (classes chosen according to type of information/characteristics of the financial instruments) in a way that allows comparison with carrying amount

b) state how the fair values have been obtained

c) state the assumptions used in applying any valuation technique]

### 7 Additional Information

### 7.1 Joint Management Arrangements

The following amounts were recharged between Ceredigion and Pembrokeshire LHBs during the year as part of the joint management arrangements.

Recharged to Ceredigion LHB by Pembrokeshire LHB £315,000 Recharged to Pembrokeshire LHB by Ceredigion LHB £152,000

### 7.2 Out of Hours Service Provision

Unlike other LHB's in Wales, Pembrokeshire LHB operates a directly managed Out of Hours Service and employ directly the staff who provide this service.

Included in Note 4.1 under General Medical Services is expenditure of £2.314m relating to the costs of running the LHB's directly managed Out of Hours service. Taking account of the income that the LHB receives for services it provides to external bodies the net cost of providing the service is analysed below.

£(000)
671
456
754
1,881
259
174
2,314
-379
1,935

See also Note 4.7 for analysis of staff costs

### 7.3 Impact of the Grogan Judgement

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 reviews 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.

### 7 Additional Information Cont'd

### **Note 7.4 NHS Trusts Creditor**

Included in the NHS Trust creditor at Note 6.2 is £0.6m which is due to the Hywel Dda NHS. This relates to the element of the Resource Allocation that the LHB received from the WAG in March 2009 that was not cash backed.

### Note 7.5 Post Balance Sheet Events - Reconfiguration of the NHS in Wales

In 2008 the Health and Social Services minister in the Welsh Assembly Government gave approval for the merger of NHS Trusts and LHBs to create 7 new LHBs at 1 October 2009.

Pembrokeshire LHB will continue in its present form until that date. These financial statements are the final full year financial statements. Six month financial statements from 1 April 2009 to 30 September 2009 will then be produced and on 1 October 2009 the Hywel Dda LHB will be created from the Carmarthenshire LHB, the Ceredigion LHB, the Hywel Dda NHS Trust, and Pembrokeshire LHB.

All of the assets and liabilities of the LHB will transfer to the new LHB at that date and all operations are continuing.

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

The Welsh Ministers have 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.

Date2009	Chief Evenutive
Date2009	 Chief Executive

# STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS

The directors are required under the National Health Service Act (Wales) 2006 to prepare accounts for each financial year. The Welsh Ministers, 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 principles laid down by the Welsh Ministers 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 Welsh Ministers.

### By Order of the Board

# Signed:

Chairman:	Dated:200	09
Chief Executive:	Dated:200	)9
Director of Finance:	Dated:200	)9

### 1. Scope of responsibility

The Board is accountable for internal control. As Accountable Officer and Chief Executive for this Board, I have the responsibility for maintaining a sound system of internal control that supports 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.

Overall accountability and responsibility for risk management, including controls assurance, lies with the Board and Chief Executive. The Board is responsible for the LHB's system of internal control, including risk management. It is therefore the Board's responsibility to ensure that there are proper and independent assurances given on the soundnesss and effectiveness of the systems & processes in place for meeting the LHB's objectives which are derived from the Welsh Assembly Government's (WAG) Annual Operating Framework, and delivering appropriate outcomes.

Following the introduction of the Joint Management Structure with Ceredigion the previous financial year, during 2008/09 a joint review of the committee structure was undertaken in order to ensure that the reporting structures at the LHB were capable of providing a robust scrutiny process during a time of substantial change in light of the pending NHS Reorganisation in Wales. Integral to this process are the Audit Committee and the Joint Integrated Governance Committee. Under the LHB's Standing Orders specific responsibilities have been devolved to the Audit Committee, from which the Board receives regular reports. The Joint Integrated Governance Committee has delegated authority from the Board to adopt all policies, procedures etc., relating to clinical standards, risk management, complaints and performance management. This committee reports both directly to the Board and in retrospect to the Audit Committee, in order for the Audit Committee to fulfill its overall role for scrutiny on behalf of the Board.

The responsibilities and accountabilities of each committee are specified within the individual Terms of Reference and are also included in the Risk Management Strategy & Policy. The LHB's Risk Management Strategy & Policy include principles derived from the Treasury's Risk Management Framework and from the Welsh Risk Pool on behalf of WAG.

The Welsh Assembly Government is kept fully informed on the risk management processes in place within the organization through the Annual Operating Framework and Service and Financial Framework where significant risks are noted. In addition, financial risks are highlighted within the monthly financial monitoring returns submitted to the Welsh Assembly Government and at regular review meetings.

### 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 objectives, to 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 31 March 2009 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

The Board has in place a robust system of Internal Control with committee structures in place to support the Board and its activities in ensuring Corporate Governance. The organization's Risk Management Policy & Strategy defines the structures for the management and ownership of risk and also includes the delegation of certain responsibilities and accountabilities with regard to risk, to specific committees and individuals. These include the Audit Committee and the Joint Integrated Governance Committee together with some of the working groups and sub committees, such as the Risk Working Group, Joint Clinical Governance Committee, and Compliments, Complaints and Incidents Committee, which underpin the main Committees of the Board.

The LHB recognizes that embedding risk management into its core business processes, i.e. creating a culture where effective risk management is an integral and natural part of the way most people work, is a key objective for the organization. The Risk Management Policy & Strategy which has been approved by the Board therefore reflects these principles. It includes both individual & corporate responsibilities surrounding effective decision and policy making and the ability to manage risks inherent with the successful delivery of policies and initiatives. It also recognizes that services and projects are increasingly being delivered through or in conjunction with partner organizations, and that good risk management is integral to delivering successful partnerships.

The Risk Management Policy & Strategy is supported by a detailed Risk Management Procedure and Desk Top Procedure for Risk Management. The desk top procedure for identifying risks and preparing action plans for inclusion on the risk register also accommodates both amendment to and removal of risks from the register, leaving a clear audit trail for each risk identified. All staff are made aware of the availability of these documents and are also informed of any updates. Both the Integrated Governance Committee & Board receive periodical updates on the risk profile of the organization and staff are also informed of these updates. These factors combined have contributed to a risk based approach to the achievement of the LHB's objectives during the year.

Executive Directors & Senior Managers are also responsible for ensuring that staff understand and apply the LHB policy and strategy in relation to risk management. This is further reiterated in the job descriptions of all staff which makes reference to the individual's responsibility in having a proactive role in the management of risk. The induction programme for all new staff includes the individual's responsibility towards risk management with an information sheet included in the Induction Packs. During the year, training sessions were delivered on Financial Governance, Risk Management and Counter Fraud in order to provide regular updates on the subject to all staff. The sessions were designed to ensure that all staff are aware of the importance of financial governance, to ensure risk register awareness & the risk management process, incident & hazard reporting, and counter fraud processes. Further to Board approval to a revision of delegated financial limits, the Scheme of Delegation and authorized signatories list was disseminated to all staff, thus ensuring that all staff are equipped to manage risk in a way appropriate to their authority & duties.

### 4. The risk and control framework

The LHB's Policy Statement on Risk Management is driven by the recognition that effective risk management is a key component of corporate and clinical governance & is integral to the delivery of its objectives in service provision. The risk management strategy has been developed & implemented to adapt to the changing regulatory environment, including the introduction of Healthcare Standards and to ensure that the principles derived from the Treasury's Risk Management Framework and the Welsh Risk Pool's Risk Management Toolkit are incorporated. These factors combined, ensure that an integrated approach to risk management is embedded into the activities of the organisation. The risk management strategy recognizes that risk is inherent in all the organisation's activities and that it is imperative that responsibilities and accountabilities are clearly defined. The strategy outlines responsibilities for managing risk from the Board down to individual staff, and identifies the corporate accountability arrangements within the LHB towards managing risk. These responsibilities include managing risks associated with the development and delivery of new services/activities and those associated with working with partners/stakeholders.

A documented framework exists which prioritizes risks according to their impact and probability and this is supported by an organisational risk register developed by analyzing the LHB's corporate and departmental objectives.

The introduction of healthcare standards reflects a performance approach to risk management and assessment of the adequacy of the actual processes in place at the LHB. During 2008/09 the LHB has continued with its consistent and systematic application of the standards throughout the organisation. This has included cross referencing Committee & Board papers, SaFF, Annual Operating Framework & Risk Register reporting requirements to the appropriate Healthcare Standard. This ensures that due diligence is therefore given to the healthcare standards across the whole of the organisation's activities.

In assessing the Healthcare Standards submission for 2007-08, HIW were specifically looking at whether improvements had been made for those 9 Standards where the LHB were assessed as being Aware or Responding at one or more of the three levels of assessment in 2006-07. It was concluded that although the LHB had made some progress in improving its maturity, with each of these 9 Standards assessed at Responding, the LHB still needed to focus on these during 2008-09. One of the main criticisms was the lack of current & appropriate evidence to support the narrative in the responses and evidence of practical application & evaluation was not apparent. Although from the LHBs perspective the overall HIW conclusion was disappointing, it was encouraging in that it was also concluded in the report that the LHB had taken progressive steps to embed the Healthcare Standards into the organisation's governance processes and had demonstrated commitment to the Healthcare Standards agenda & assessment process. With specific reference to those Standards that underpin the management of risk, none had been subject to Independent Validation by HIW. The Internal Audit validation of Standards 27 & 28 had confirmed levels of Developing & Practising, whilst Standards 14 & 16 had both been self assessed as Practising.

Further to the 2007/08 self assessment and the HIW verification of performance, the Board approved a Healthcare Standards Improvement Plan, which was also agreed by the Regional Office of WAG. Following the assessment, HIW participated in a workshop and have been working with the LHB in order to improve its maturity in those 9 areas which required strengthening. The Board is presented with regular updates of progress against the improvement plan by means of a traffic light status report and a Healthcare Standards Improvement Plan Progress Report is also submitted to Regional Office on a quarterly basis. Both show significant progress made against all the 9 areas requiring improvement.

The LHB has completed its self-assessment against the healthcare standards for 2008/09 which will be reviewed by Health Inspectorate Wales at a later date. This has been a process which has seen significant Board engagement and staff involvement. In order to ensure that the healthcare standards are embedded in the culture of the organization, all staff were issued with a pro forma containing all 32 Standards and were asked either individually or as a team, to indicate where & how elements of the individual/team role contributed to the Standards. A team of Lead Officers, in conjunction with the relevant Executive & Officer input were then assigned to complete the Standards, a process which has involved to some extent all staff within the organisation.

The Board agreed to a scrutiny process which has involved each Non Officer Member being given responsibility for 2/3 standards. Any scrutiny comments received from the Non Officer Members have been fed back to the Leads Officers for further action. Final scrutiny, in the form of a workshop, was placed with the Joint Integrated Governance Committee on behalf of the Board, prior to sign off.

The LHB's Internal Auditors have also been involved in the scrutiny process, working to an All Wales minimum programme of work as agreed with HIW. An Internal Audit review has been undertaken on a sample of Standards in order to ensure that the evidence adequately supports the responses and that the self assessed score is appropriate in consideration of the maturity matrix requirements. The sample included Standards 14, 16, 27 & 28 which underpin this Statement of Internal Control. The Internal Audit review also considered whether the Board was appropriately engaged and the level of scrutiny involved in the process, both of which were deemed to be effective.

In completing the self assessment for 2008/09, progress made against the HCSIP, as reported quarterly to Regional Office, has enabled the LHB to assess itself as either Responding or Developing in those areas previously deemed weak. With reference to the standards integral to the SIC, the position has either been maintained or improved from the previous verified position. Performance against these 4 Standards has been assessed as follows:

14 - Level 4, Practising

16 - Level 3, Developing

27 - Level 4, Practising

28 - Level 4, Practising

As Accountable Officer, I am reassured by the positive feedback that all the necessary processes, together with the action plans are now in place and provide sufficient evidence that the LHB is doing its reasonable best to manage itself against risks of all kinds, and therefore meets all the requirements of acceptable internal control.

### 5. Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control 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, Integrated Governance & Clinical governance Committees and a plan to address weaknesses and ensure continuous improvement of the system is in place.

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. This includes ensuring that deductions from salary, employer's contributions and payments in to the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

In order to reflect the joint management structure with Ceredigion LHB, a further review of the committee structure was undertaken during 2008/09, concluding in a Joint Committee Structure with clear Leads & Support assigned to deliver the LHBs objectives. This Board approved revised structure provides the necessary assurances regarding the system of internal control.

The Risk Management Policy & Strategy has also been revised and approved by the Integrated Governance Committee on behalf of Board to accommodate the changes necessitated by the review of Committee Structure and to ensure that it remains appropriate & current. The Risk Working Group during the course of the year has ensured that the Board is kept informed of the risks facing the organisation and the action plans to control such risk. Clinical Governance principles, processes and systems are monitored by the Joint Clinical Governance Committee and encompassed within the Healthcare Standards Improvement Plan. The LHB employs a Clinical Governance Officer whose remit encompasses all clinical risks facing the organization, whilst the Finance Manager is the designated Risk Co-coordinator.

The Audit Committee has played a significant role during the year in ensuring that adequate probity and openness has been the ethos of the LHB in conducting all of its business.

The LHB receives Internal Audit Services via a Service Level Agreement with the Internal Audit Agency managed by Hywel Dda NHS Trust and has been actively involved in the assessment of the Healthcare Standards self assessment submission.

Signed:.....

Chief Executive
(on behalf of board)

Date 10 June 2009

### 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 of Pembrokeshire Local Health Board for the year ended 31 March 2009 under Section 61 of the Public Audit (Wales) Act 2004. These comprise the Operating Cost Statement, the Balance Sheet, the Cash Flow Statement and Statement of Recognised Gains and Losses and the related notes. These financial statements have been prepared under the accounting policies set out within them. I have also audited the information in the remuneration report that is required to be audited.

## Respective responsibilities of Directors, the Chief Executive and the Auditor

The Directors and the Chief Executive are responsible for preparing the annual report, the remuneration report and the financial statements in accordance with paragraph 3 of schedule 9 to the National Health Service (Wales) Act 2006 and Welsh Ministers' directions made thereunder and for ensuring the regularity of financial transactions. These responsibilities are set out in the Statements of Directors' and Chief Executive's Responsibilities.

My 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 with International Standards on Auditing (UK and Ireland).

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 paragraph 3 of schedule 9 of the National Health Service (Wales) Act 2006 and Welsh Ministers' directions made thereunder. I also report 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.

In addition I report to you if in my opinion, Pembrokeshire Local Health 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 HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed.

I review whether the Statement on Internal Control reflects Pembrokeshire Local Health Board's compliance with HM Treasury's and Welsh Ministers' guidance and report if it does not. I am not required to consider whether this Statement covers all risks and controls, or to form an opinion on the effectiveness of Pembrokeshire Local Health Board's corporate governance procedures or its risk and control procedures.

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 not available at the time of my audit.

### Basis of audit opinions

I conducted my audit in accordance with the Public Audit Wales Act 2004 and International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. My 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 most appropriate to Pembrokeshire Local Health Board's circumstances, and are 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 are free from material misstatement, whether caused by fraud 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 also evaluated the overall adequacy of the presentation of information in the financial statements and that part of remuneration report to be audited.

### **Opinion**

In my opinion:

- the financial statements give a true and fair view in accordance with the National Health Service (Wales) Act 2006 and directions made thereunder by Welsh Ministers of the state of affairs of Pembrokeshire Local Health Board as at 31 March 2009 and of its net operating costs, recognised gains and losses and cash flows for the year then ended; and
- the financial statements and that part of the remuneration report to be audited have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made thereunder by Welsh Ministers.

### **Opinion on Regularity**

In my opinion 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.

### Report

I have no observations to make on these financial statements.

My conclusion on Pembrokeshire Local Health Board's arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2009 will be reported separately in the published Annual Audit Letter.

Jeremy Colman Auditor General for Wales 15 June 2009 Wales Audit Office 24 Cathedral Road Cardiff CF11 9LJ