Department of Health

NHS

East Riding of Yorkshire Primary Care Trust

2012-13 Annual Report and Accounts

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East Riding of Yorkshire Primary Care Trust

2012-13 Annual Report

Department of Health

Annual Report 2012/2013 for East Riding of Yorkshire Primary Care Trust

Contents

Welcome to the Annual Report of East Riding of Yorkshire PCT for 2012/2013.

Whilst East Riding of Yorkshire Primary Care Trust remained a statutory body, in order to implement the Government's health and service reforms, the four Primary Care Trusts/Care Trust Plus Boards across the Humber region have been working under the direction of a joint board arrangement with a single executive team.

The Annual Reports for North East Lincolnshire Care Trust Plus (CTP) as well as Hull and North Lincolnshire (PCTs) are available separately.

East Riding of Yorkshire Primary Care Trust is hereafter referred to as 'East Riding of Yorkshire PCT' or 'The PCT'.

Welcome from the Chair and Chief Executive

This year has been one of fast-paced and significant change as we have worked towards and completed the handover of full commissioning powers to Clinical Commissioning Groups (CCGs) from April 2013.

The healthcare of around 900,000 people living in Hull, East Riding of Yorkshire, North Lincolnshire and North East Lincolnshire remained the responsibility of the three PCTs and the CTP up until April 2013. The NHS Humber Cluster Board had an overview of the entire area, providing continuity in monitoring performance of local providers and ensuring all four organisations ended the year in financial balance.

In our roles as Chairman and Chief Executive we have been greatly supported by the Chairs of the previous PCT and CTP boards including Karen Knapton, Helen Varey and Val Waterhouse. Together with the other non-executive board members their longstanding knowledge and expertise in local health care has been invaluable throughout 2012/2013.

In October 2011 the four CCG committees took the lead for planning and commissioning of £1.1bn health care services for Hull, the East Riding of Yorkshire, North Lincolnshire and North East Lincolnshire. Since then the local CCG committees have been actively listening and engaging with the public and partners to ensure that their residents have access to the best possible services, delivered in the most appropriate setting.

The continued dedication of our workforce has ensured that quality is maintained, necessary savings have been made and important milestones in the transition towards the new system have been met. We would like to thank all staff for these achievements.

As a Cluster we are fortunate to have very good joint working arrangements with our partners in local authorities, the voluntary sector and clinicians and it has been essential that these continued in order for us to deliver the health service reform plans.

Our local CCGs were fully authorised in February 2013 and became fully operational as independent bodies from 1 April 2013.

Christopher Long
NHS Humber Cluster Chief Executive

Kath Lavery
NHS Humber Cluster Joint Board Chairman

Information from the Chair of the CCG

NHS East Riding of Yorkshire Clinical Commissioning Group (CCG) is made up of 38 local GP practices. Our vision is better care, more locally within budget, through transformation, and our aim is to increase patient and public involvement in developing local health care services.

The East Riding has particular challenges with an ageing population and some areas of health inequality. We recognise that transformation means working in a planned and carefully managed way to do things differently across the health care system. During 2012/13 we consulted on our priorities with GPs and local community representatives and agreed the focus for the first year would be on promoting healthy independent ageing. In particular, this means improving diagnosis and treatment for patients with dementia, and providing improved care management of patients with multiple long term conditions, including improved self care.

The CCG's Governing Body and Council of Members have built on the good work of the former Primary Care Trust in preparation for taking on full responsibility for planning and commissioning hospital, mental health and community health care services. This has meant that local clinicians have stepped up to understand more about how to assess need and influence commissioning of services to improve care both for their individual patients and for the local population.

The CCG works in collaboration with East Riding of Yorkshire Council, NHS providers and the new local Healthwatch through the Health and Wellbeing Board to improve local health around reducing health inequalities/ improving life expectancy and improving the health and wellbeing of children.

This is an exciting time for the Clinical Commissioning Group. Whilst we realise there are challenges, we are looking forward to the opportunities ahead of us in the East Riding. I would actively encourage as many people as possible to get involved in the work of the CCG. For more information please visit our website at www.eastridingofyorkshire.nhs.uk

Dr Gina Palumbo

Clinical Chair,
NHS East Riding of
Yorkshire CCG Board

Preparing for an Emergency

We work with other agencies to develop robust emergency plans and participate in various multi-agency emergency planning forums across the Humber area.

Typically, an emergency might be an explosion, a major crash or flooding, but we are also required to plan and prepare for slow-building problems such as pandemics and outbreaks of disease.

We have a major incident plan in place which is compliant with the requirements of the NHS Emergency Planning Guidance 2005 and all associated guidance. We meet the requirements laid out in the Civil Contingencies Act (2004) and are up-to-date with all necessary training.

In the event of a major incident, Hull PCT takes on the strategic role for the NHS in the Humber region (Hull, East Riding of Yorkshire, North and North East Lincolnshire) once the initial emergency or 'blue light' phase has passed. Throughout the transition period, the NHS and other statutory organisations have worked together to ensure the ability to respond to a major incident has remained robust.

Key developments this year include:

- Ensuring robust arrangements are in place during the NHS organisational changes.
- Undertaking exercises alongside multi-agency and health partners as part of planning and preparation for emergencies.
- Responding to severe weather events, such as localised flooding, snow etc.

The local risk register currently identifies flooding, a pandemic and industrial fire/explosions as the top risks in our area.

Compliance with Pension Scheme Regulations

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 the deductions from salary, employer's contributions and payments into 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.

Sustainability

As a commissioner of healthcare services and as an employer, we recognise the need to minimise our impact on the environment.

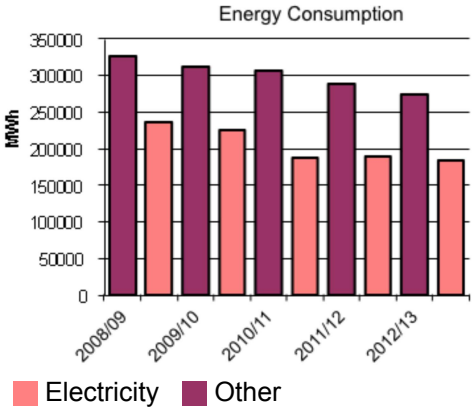
Dr Tim Allison is our Board level lead for sustainability. Our Sustainable Development Strategy and Management Plan, aligned to the NHS Carbon Reduction Strategy, demonstrates our commitment to continual improvement, prevention of pollution and compliance with legal requirements. It provides a framework for setting and reviewing sustainability objectives and targets, enabling us to focus on long-term improvements including:

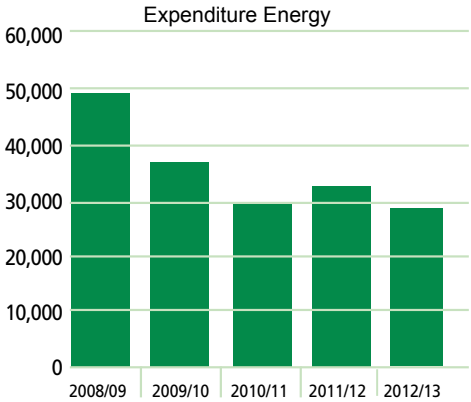
- Better health and reduced inequalities.
- Improved service provision.
- Reduced environmental impact.
- Improved status as a community role model and supporter of the local economy.
- Better value for money.

Over the next 10 years we expect to save £100,000 as a result of these measures. We have a statutory duty to assess the risks posed by climate change and sustainability issues are included in our analysis of risks facing the organisation. Risk assessment, including the quantification and prioritisation of risk, is an important part of managing complex organisations.

Energy Consumption

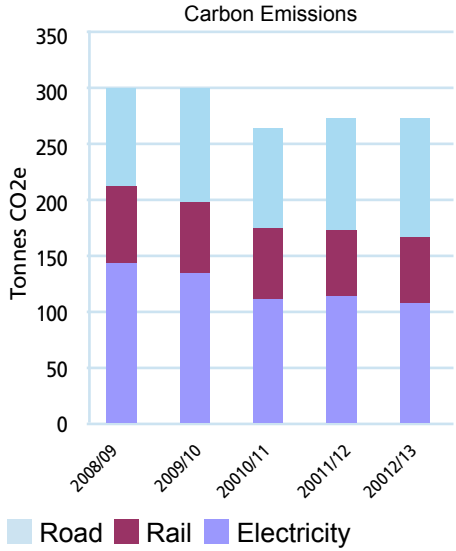
The NHS aims to reduce its carbon footprint by 10% between 2009 and 2015. To contribute to this goal we have continually encouraged a reduction in energy consumption, for example, switching off computers, installing sensor lighting, etc. This year we have installed more efficient boilers and new sustainable lighting. We have also monitored building temperatures daily to ensure they remain at recommended levels. Our energy costs have increased by 1% in 2012/13. Our total energy consumption has fallen during the year from 479,026 to 458,996 MWh. Our relative energy consumption has changed during the year from 175.15 to 167.82 MWh/square metre.





The CRC Energy Efficiency Scheme is a mandatory scheme aimed at improving energy efficiency and cutting emissions in large public and private sector organisations.

Our measured greenhouse gas emissions have not increased this year.



Travel and Transport

We continue to develop a Travel Plan which will encourage the use of 'greener' modes of transport amongst both staff and visitors. This will complement individual travel plans developed for all of our new premises. We encourage our staff to use public transport or car share and continue to promote the 'cycle to work' scheme. We have introduced a monitoring system to understand the impact on carbon emissions from transport utilised by staff. The use of a telephone conferencing facility has been encouraged as a way of reducing the need for individuals to travel to meetings. During 2012/2013 our total expenditure on business travel was £130,390.

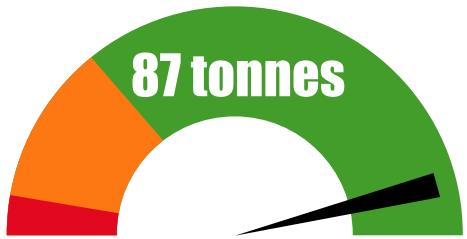
We have put plans in place to reduce carbon emissions and improve our environmental sustainability. Over the next 10 years we expect to save £100,000 as a result of these measures.

Procurement

We have worked with our procurement partner to increase the number of sustainable supply sources available. We aim to source and buy goods which are local thereby cutting down on the travel distance. We encourage greater use of products manufactured from recycled materials to increase our energy efficiency.

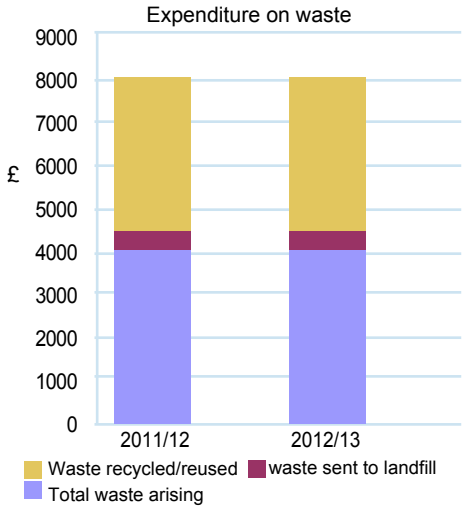
Recycling and Waste Management

We have always encouraged staff to take more responsibility for their own waste management and in doing so we have increased the amount of recycling facilities across our site. Staff are also being encouraged to set printers and photocopiers to automatically print double-sided. We have reduced waste and the amount of waste recycled across our site. We recover or recycle 87.1 tonnes of waste, which is 90% of the total waste we produce.



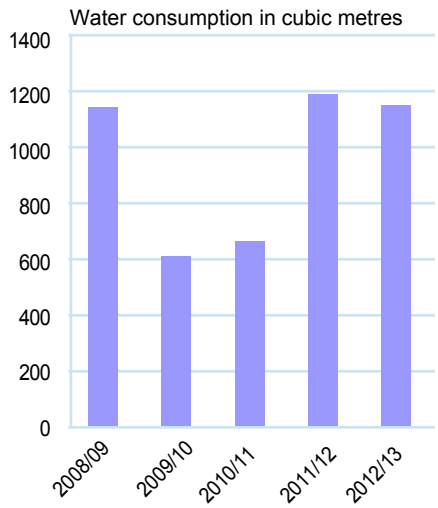
Percentage of Waste Recycled

Our expenditure on waste in the last two years was incurred as follows:



Water Usage

We monitor water usage across our site and can identify how much is used and where, and encourage staff to conserve this precious resource. We have activities in place to reduce water consumption and, in 2012/2013, water consumption reduced by 35 cubic meters. In 2012/2013 we spent £1,387 on water.



Our organisation has an up to date Sustainable Development Management Plan which is a good way to ensure that an NHS organisation fulfils its commitment to conduct all aspects of its activities with due consideration to sustainability, whilst providing high quality patient care. The NHS Carbon Reduction Strategy asks for the boards of all NHS organisations to approve such a plan.

We consider both the potential need to adapt the organisation's activities and buildings and estates as a result of climate change.

Adaptation to climate change will pose a challenge to both service delivery and infrastructure in the future. It is therefore appropriate that we consider it when planning how we will best serve patients in the future.

Sustainability issues are included in our analysis of risks facing our organisation.

NHS organisations have a statutory duty to assess the risks posed by climate change.

Risk assessment, including the quantification and prioritisation of risk, is an important part of managing complex organisations.

In addition to our focus on carbon, we are also committed to reducing wider environmental and social impacts associated with the procurement of goods and services. This is set out within our policies on sustainable procurement.

We plan to start work on calculating the carbon emissions associated goods and services we procure. Sustainability issues, such as carbon reduction, are not currently included in the job descriptions of all staff. Our staff energy awareness campaign is ongoing.

A sustainable NHS can only be delivered through the efforts of all staff.

Staff awareness campaigns have been shown to deliver cost savings and associated reductions in carbon emissions.

Our organisation has a Sustainable Transport Plan. The NHS places a substantial burden on the transport infrastructure, whether through patient, clinician or other business activity. This generates an impact on air quality and greenhouse gas emissions. It is therefore important that we consider what steps are appropriate to reduce or change travel patterns.

A Review of Our Performance

Measuring our performance helps ensure our services are being delivered to a quality standard and that they provide value for money.

Our performance is continually assessed by the Department of Health and the Strategic Health Authority in relation to a large number of indicators. These are split between locally set indicators and national Operating Framework Measures and include performance in tackling healthcare acquired infections like MRSA and Clostridium Difficile, increasing breastfeeding and reducing cancer treatment waiting times.

The latest performance table is available on our website at: www.eastridingofyorkshire.nhs.uk In addition to this a number of indicators were picked locally to measure the success of our Health Strategy. The following is a summary of our performance in 2012/2013 against these key Health Strategy indicators:

Strategic Areas	2012/13 Targets	Latest Position	Status
Local Priorities:			
Healthy Independent Aging	Reduction in LTC non-elective admissions from 2011/12 levels by 5%	Reduced by 1%	Failed
Reducing Health Inequalities	No further growth in gap in disability free life-expectancy between least and most deprived members of population. Gap for 2011/12 Male 9.8 years, Female 9.0 years	***Annual data available in Spring 2013***	Unknown
Health & Wellbeing of Children	No further growth in the percentage of children recorded as obese at reception year (9.5%) or at age 11 (17.7%).	Reception 8.9% Age 11 17.7%	Achieved
Operating Framework Measures:			
Preventing people dying prematurely	• Ambulance Category A Response Time of 75% attended in 8 minutes • A minimum of 85% of patients seen and treated within 2 months of an urgent cancer referral from a GP.	March 2013 70.6% March 2013 92.5%	Failed Achieved
Enhancing quality of life for people with Long Term Conditions	• Increase the % of people who have depression and/or anxiety disorders who receive psychological therapies to 8.3% • A minimum of 52% of people with depression/anxiety who complete treatment who are moving to recovery. • Reduce the number of unplanned hospitalisations for chronic ambulatory care sensitive conditions (adults) to 1,179.	Quarter 4 4.6% Quarter 4 86.3% February 2013 Trajectory 1,065 Actual 1,092	Failed Achieved Unknown
Helping people to recover from episodes of ill health or following injury	Reduce the number of emergency admissions for acute conditions that should not usually require hospital admission to 1,001.	February 2013 Trajectory 887 Actual 1,195	Failed
Ensuring that people have a positive experience of care	• The percentage of patients having a positive experience of services at our 4 main providers should not be worse than in the 2011 Patient Experience Survey i.e. 75.7%. • At least 90% of all patients should treated within 18 weeks of first referral. • At least 95% of all patients should seen for their first outpatient appointment within 18 weeks of first referral. • 95% of patients should spend 4 hours or less in A&E	**2012 Patient Experience Survey** March 2013 93.4% January 2013 96.2% January 2013 95.9%	Unknown Achieved Achieved Achieved
Treating and caring for people in a safe environment and protect them from avoidable harm	• The number of Incidences of MRSA in the year should be 7 or less. • The number of Incidences of C. Difficile in the year should be 98 or less.	March 2013 11 March 2013 121	Failed Failed

Service Performance

Long Term Conditions

By supporting people with long term conditions to remain independent and develop self-management we aim to further reduce the number of people admitted inappropriately into acute care, as well as the number of days people spend in hospital, however we recognise the need to do even more.

During 2012/13 we enhanced the pulmonary rehabilitation service to enable patients with Chronic Obstructive Pulmonary Disease in the East Riding to have access to evidence based pulmonary rehabilitation programmes which help them to better manage and cope with their condition. In conjunction with this we have implemented a programme to identify and manage patients at risk of having an acute episode leading to an emergency hospital admission using a Risk Stratification tool and Multi-Disciplinary Clinician reviews.

Alongside this work we have issued and supported 450 telehealth units to enable patients to monitor and manage their conditions.

We have commissioned additional nursing teams to support the provision of 24 hour 7 days a week nursing, to ensure patients always have access to community nursing when needed and prevent unnecessary hospital admissions.

We also developed a pro-active model of care for people with long term conditions, for example, people with two or more long term conditions will be invited to clinics where they will undergo a range of tests, have their medication reviewed, discuss any concerns, agree their own goals and priorities and have a personal care plan. These clinics will be implemented in early 2013/14.

During 2013/14 we also plan to invest in a community-based falls service for people in the East Riding which will be delivered by a range of agencies including health, social care and the voluntary sector working together to raise awareness of and prevent falls, and to support people who have fallen and try to prevent them from falling again.

We also plan to invest in care for people at the end of their life to try and ensure that people are cared for in their preferred place of care and are not inappropriately admitted into acute hospitals. This will be achieved by making sure that people have the opportunity to talk about their wishes for the end of their life and to have the confidence that these will be documented and shared appropriately with services involved in their care.

Urgent Care

In addition to the workstreams for Long Term Conditions there has been continued development of the Ambulatory Care Service within the Emergency Department at Hull & East Riding Hospitals NHS Trust. The main objective is for patients to be seen and treated within the Emergency Department rather than be admitted to a ward. This is operated by referral protocols for the management of ambulatory conditions supported by competent clinical decision makers and community in-reach services with referral to rapid access clinics enabling early transfer care out of the department. This work has resulted in an improvement in the numbers of patients who are able to be discharged in two days or less from 35.7% to 38.9%.

Mental Health

In 2012/13 we commissioned psychological therapy services from Humber NHS Foundation Trust and Relate Hull and East Yorkshire.

During the year 2,202 (Dec 13) people entered into treatment and of these 80% showed clear signs of clinical improvement and better quality of life (as compared to a national expectation of 50%).

However, demand for the service has continued to be very high and to exceed the capacity of the service, leading to longer waiting times than are acceptable. Feedback from GPs and patients indicated some serious difficulties. We commissioned an independent review and the main findings of this were that:

- Improving Access to Psychological Therapies (IAPT) is a key priority nationally and there is an expectation that CCGs will commission increased capacity and it would be impossible for the current service to achieve this without additional investment;
- The service had made improvements in reducing waiting times and increased efficiency, especially in its adoption of the use of telephone contact and group work in line with national models;
- The provider had experienced difficulties in retaining and recruiting some groups of staff.

The review then recommended that the CCG recognise the limited capacity and to commit additional investment to procure a broader primary care psychological therapy service which would increase choice and capacity.

These recommendations have been accepted and the CCG is developing a procurement plan for a more substantial service during 2013/2014.

Information Governance

Information governance is the way by which the NHS handles all organisational information, in particular the personal and sensitive information of patients and employees.

During 2012/2013 there were no reported serious incidents in relation to information governance (including data loss or confidentiality).

As a cluster we have reported a compliance score of 62% against the requirements of the Information Governance Toolkit. In order to gain full compliance we are working to improve the identification and recording of our information assets.

Principles for Remedy

NHS East Riding works in accordance with the Parliamentary and Health Service Ombudsman's Principles for Remedy, which details how public bodies should put things right when they go wrong. The guidance has been developed to ensure public bodies seek to resolve situations in which groups or individuals have suffered harm or injustice, and is based upon six core principles including openness and accountability, being customer-focused and continually seeking improvement. The principles underpin much of our day-to-day work including complaints handling and how we learn from our mistakes.

Access to Information

The table below illustrates the number of Freedom of Information requests processed in 2012/2013 and how many were responded to within the 20 day deadline

	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013
Number of requests	120	249	305	344	325	288
Percentage of requests responded to within the 20 day deadline	95.8%	95.2%	94.8%	93.3%	92%	99%

Humber Cluster Board

Humber Cluster Board Role	Name	Start/ End dates (where applicable)
Chairman	Karen Knapton**	Until 31 August 2012
Chairman (previously Non-Executive Director)	Kath Lavery**	From 1 September 2012
Chief Executive	Christopher Long	
Director of Finance and Performance	Alan Barton	
Director of Quality and Governance (Nursing)	Kathryn Ireland	
Director of Commissioning Development	Julie Warren	From 30 January 2012
Medical Director	Paul Twomey	
Director of HR	Tina Smallwood	
Non-Executive Director	Catherine Dymond* (3)	Until 31 October 2012
Non-Executive Director	Graham Powell* (1)	
Non-Executive Director	Richard Davies*	
Non-Executive Director	Helen Varey**	
Non-Executive Director	Ursula Vickerton* (2)	December 2012
Non-Executive Director	Val Waterhouse** (4)	
Non-Executive Director	Louise Norton**/* (3)	From 1 September 2012
Non-Executive Director	Mark Webb	Until 28 July 2012
Associate Non-Executive Director Local Authority Nominated Director	Pauline Harness*	
Director of Public Health (East Riding)	Tim Allison	
Director of Public Health (Hull)	Wendy Richardson	
Director of Public Health (North Lincolnshire)	Frances Cunning	
Director of Public Health (North East Lincolnshire)	Geoff Barnes	To 31 October 2012
Director of Public Health (North East Lincolnshire)	Cate Carmichael	From 1 November 2012

* Audit Committee Members (1) Chairman from 12 December 2012 to 31 March 2013 (2) Chairman up to 30 November 2012 (3) Part year members (Catherine Dymond - 1 April to 30 September 2012, Louise Norton - 1 November 2012 to 31 March 2013)

** Remuneration Committee Members (4) Chairman
Note: All staff unless otherwise stated were in post to 31 March 2013

Declarations of Interest: Cluster Board

Humber Cluster Board

Kath Lavery
Chair (Vice Chair 1 April to 31 August 2012)
Ms Lavery is in receipt of a UNISON pension
Ms Lavery's Daughter In Law is employed by Hull & East Yorkshire Hospitals NHS Trust
Ms Lavery is Chair of the Warren

Karen Knapton
Chair (to 31 August 2012)
Ms Knapton is a member of the PCT Network Board, part of NHS Confederation

Christopher Long
Chief Executive
Mr Long is a trustee of CatZero

Alan Barton
Director of Finance and Performance (half-time from 5 December 2011, NHS Hull Chief Operating Officer for remainder)
Mr Barton is Director of Hull CityCare - NHS Hull nominated Director
Mr Barton' wife was Administrative Support for MIND Chief Executive to 30th June 2011

Kathryn Ireland
Director of Quality and Governance (Nursing)
No declared interest

Julie Warren
Director of Commissioning Development
No declared interest

Dr Paul Twomey
Medical Director
Dr Twomey is a Principal GP, Scartho Medical Centre Apr 12 to Mar 13 PMS

Tina Smallwood
Director of Human Resources
No declared interest

Helen Varey
Vice Chair
No declared interest

Val Waterhouse
Vice Chair North East Lincolnshire
Ms Waterhouse is the Chair of Care Plus Group (NE Lincs) Ltd

Richard Davies
Non-Executive Director
Mr Davies is a Non-Executive Director Of Preston Road Enterprises Ltd

Mark Webb
Non-Executive Director No declared interest

Louise Norton
Non-Executive Director
Ms Norton is a Governor of Humber NHS Foundation Trust from July 2011

Catherine Dymond
Non-Executive
No declared interest Director (1 April to 31 October 2012)

Ursula Vickerton
Non-Executive Director (1 April to 30 November 2012) North Lincolnshire
Ms Vickerton is a volunteer Trust Associate Manager of Rotherham Doncaster And South Humber Mental Health NHS Foundation Trust

Graham Powell
Non-Executive Director (12 December 2012 onwards, NHS Hull only 1 April to 11 December 2012)
Mr Powell's son is employed by Humber NHS Foundation Trust
Mr Powell's daughter-in-law by Hull & East Yorkshire Hospitals NHS Trust

Pauline Harness *Non-Executive Director*
No declared interest

Dr Tim Allison
Director of Public Health - East Riding (shared post with Local Authority)
Dr Allison is an Honorary Clinical Senior Lecturer at Hull York Medical School

Dr Wendy Richardson
Director of Public Health - Hull (shared post with Local Authority)

Ms Frances Cunning
Director of Public Health - North Lincolnshire (shared post with Local Authority)
Married to Assistant Director at NHS Sheffield

Dr Geoff Barnes
Director of Public Health -North East Lincolnshire (shared post with Local Authority 1 April to 31 October 2012) No declared interest

Dr Cate Carmichael
Director of Public Health - North East Lincolnshire (shared post with Local Authority 1 November 2012 to 31 March 2013
No declared interest

NHS East Riding of Yorkshire CCG Committee

NHS EAST RIDING OF YORKSHIRE CCG COMMITTEE ROLES 2012-13 .

Dr Gina Palumbo	Clinical Chair	
Jane Hawkard	Accountable Officer	
Alex Seale	Director of Commissioning & Transformation	
Richard Dodson	Chief Finance Officer	
Hilary Gledhill	Director of Quality & Governance/Executive Nurse	
Rob Baker	Associate Non-Executive Director, Lay Member & Vice Chair	Until 26 March 2013
John Wilson	Associate Non-Executive Director & Chair of Integrated Audit & Governance Group	Until 26 March 2013
Dr David Fitzsimons	Locality Chairman – Holderness	
Dr Alan Francis	Locality Chairman – Bridlington	
Dr Clive Henderson	Locality Chairman - Goole, Howdenshire & West Wolds	
Dr Jamal Hussain	Locality Chairman - Beverley & Driffield	
Dr Frank Thornton	Locality Chairman - GP Lead for Health & Social Wellbeing	
Dr K Sivarajan	Locality Chairman – Haltemprice	
Dr Marios Adamou	Locality Chairman - Secondary Care Doctor	From 1 December 2012
Sally-Ann Spencer-Gray	Lay Member - Public Engagement	
Jonathan Beckerlegge	Lay Member - Chair of Integrated Audit & Governance Group	From 19 March 2013
Alex Henderson	Lay Member & Vice Chair	From 26 March 2013
Joan Fletcher	Lay Member - Patient Experience, Link Rep and Patient involvement lead	
Alison Michalska	Local Authority Director of Childrens Family & Adult Services	

Declarations of Interest: CCG Members

Clinical Commissioning Group Committee

Dr Gina Palumbo
Chair
GP Partner, Dr Harley & Partners, Walkergate Surgery
Dr Palumbo's husband is a Doctor, Hull Substance Misuse Service, Hull Teaching PCT
Dr Palumbo's husband is a Medical Director-Community, Rotherham NHS Foundation Trust
Dr Palumbo's husband is a Honorary Lecturer at HYMS
Dr Palumbo's husband is a Sessional GP at Hallgate Practice

Alex Seale
Director of Commissioning
No declared interests

Jane Hawkard
Chief Operating Officer
Mrs Hawkard is a Director of Thinq Media Ltd

Richard Dodson
Chief Finance Officer
Mr Dodson's wife is an Assistant Director of Finance, Hull Teaching PCT
Mr Dodson's wife is Honorary Treasurer for Cruse Bereavement Care Hull & East Riding

Hilary Gledhill
Assistant Director of Quality and Patient Experience
Mrs Gledhill's husband is Head of Construction at Gelder & Kitchen

Rob Baker
Chair Pocklington GP Practice
Mr Baker is Chair of Pocklington GP Practice Patient Participation Group

John Wilson
Senior Manager, Yorkshire Forward
Mr Wilson's partner is a Senior Manager at Yorkshire Forward

Alison Michalska
Local Authority Director of Childrens Family and Adult Services
Ms Michalska is Director of Children, Family and Adult services, East Riding of Yorkshire Council

Dr David Fitzsimons
Locality Chairman - Holderness
Dr Fitzsimons is a GP Partner, South Holderness Medical Practice
Member, Assura LLP
Senior Clinical Tutor and Director HYMS
Medical Officer for Humber NHS Foundation Trust
Dr Fitzsimons' wife is a Charge Nurse, Hull & East Yorkshire Hospitals NHS Trust

Dr Alan Francis
Locality Chairman - Bridlington
Dr Francis is a GP Partner, Manor House Surgery
Senior Clinical Tutor, HYMS
The Vice Chair, LMC.

Dr Clive Henderson
Locality chairman - Goole, howdenshire and West Wolds
Dr Henderson is a GP Partner, Bartholomew Medical Group; Member, Assura LLP; and Dean of admissions & Senior Clinical Tutor, HYMS

Dr Jamal Hussain
Locality Chairman - Beverley and Driffield
Dr Hussain is a GP Partner, The Park Surgery
An educational supervisor and GP Trainer for the Yorkshire Deanery
Dr Hussain's wife is a GP in Bridlington

Dr Frank Thornton
Locality Chairman - GP Lead for Health and Social Being
Dr Thornton is a GP Partner, Bartholomew Medical Practice
Member, Assura LLP
Senior Clinical Tutor, HYMS

Dr K Sivarajan
Locality chairman - Haltemprice
Dr Sivarajan is a GP Partner, Hessle Grange Medical Practice
Member, Assura LLP
Medical Officer, Everthorpe Prison, Hessle Grange Medical Services

Dr Marios Adamou
Locality chairman - Secondary Care Doctor
Dr Adamou is a Consultant Psychiatrist, South West Yorkshire NHS Partnership Foundation Trust

Dr Tim Allison
Director of Public Health
Dr Allison is an Honorary Clinical Senior Lecturer at HYMS

Sally-Ann Spencer-Gray
Lay member – Patient Experience, Link Rep & Patient Involvement Lead (from October 2012)
No declared interests

Alexander Mary Henderson
Lay Member & Vice Chair
No declared interests

Geoff Pearson
Lay Member – Patient Experience (until May 2012)
Mr Pearson is the Chair, ER Local Involvement Network

Jonathan Beckerlegge
Lay Member, Audit & Integrated Governance Committee Chair
Mr Beckerlegge's wife is a partner at Adam newlove Physio Ltd, and a counsellor/advisor at the Riding for the Disabled

Joan Fletcher
Lay Member Patient Experience, Link rep and Patient Involvement Lead
No declared interests

Salaries and Allowances for Senior Employees

Directors' Statement

All directors confirm that, as far as they are aware, there is no relevant audit information of which the auditors are unaware. They have also taken all the steps that they ought to have taken as directors to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

Remuneration Report 2012/13

The figures to be disclosed here relate to exit packages agreed in the year. The actual date of departure might be in a subsequent period, and the expense in relation to the departure costs may have been accrued in a previous period. The data here cannot therefore be agreed with other staff cost and expenditure notes in the accounts. Additional disclosure is required here where exit packages exceed contractual amounts and are outside the terms of the normal pension scheme provisions. Such payments will require Treasury approval before they are offered.

Off Payroll Payments

As part of the review of Tax Arrangements of Public Sector Appointees published by the Chief Secretary to the Treasury on 23 May 2012 the PCT has to present data:

(1) In relation to off payroll engagements at a cost of over £58,200 per annum that were in place as of january 2012, and,

(2) for all new off payroll engagements between 23 August 2012 and 31 march 2013, for more than £220 per day and more than six months in duration.

East Riding of Yorkshire PCT had no such payments.

Salaries and Allowances for Senior Employees

Humber Cluster		2012/13 Individual Remuneration Totals				2012/13 NHS East Riding Component				2011/12 Individual Remuneration Totals				2011/12 NHS East Riding Component			
		Salary (bands of £5,000)	Other Remuneration (bands of £5000)	Bonus Payments (bands of £5,000)	Benefits in Kind (rounded to the nearest £00)	Salary (bands of £5,000)	Other Remuneration (bands of £5000)	Bonus Payments (bands of £5,000)	Benefits in Kind (rounded to the nearest £00)	Salary (bands of £5,000)	Other Remuneration (bands of £5000)	Bonus Payments (bands of £5,000)	Benefits in Kind (rounded to the nearest £00)	Salary (bands of £5,000)	Other Remuneration (bands of £5000)	Bonus Payments (bands of £5,000)	Benefits in Kind (rounded to the nearest £00)
Karen Knapton	Chair (to 31 August 2012	16-20				6-10				36-40				21-25			
Kath Lavery	Chair (Vice Chair 1 April to 31 August 2012)	36-40				11-15				36-40				1-5			
Helen Varey	Vice Chair	31-35				11-15				31-35				1-5			
Val Waterhouse	Vice Chair	31-35				11-15				31-35				1-5			
Richard Davies	Non-Executive Director	6-10				1-5				6-10				1-5			
Mark Webb	Non-Executive Director (to 25 July 2012)	1-5				1-5				6-10				1-5			
Louise Norton	Non-Executive Director (1 September 2012 to 31 March 2013)	6-10				1-5											
Catherine Dymond	Non-Executive Director (1 April to 31 October 2012)	1-5				1-5				6-10				1-5			
Graham Powell	Non-Executive Director (12 December 2012 onwards, NHS Hull only 1 April to 11 December 2012)	11-15				1-5				11-15				1-5			
Ursula Vickerton	Non-Executive Director (1 April to 30 November 2012)	6-10				1-5				11-15				1-5			
Pauline Harness	Associate Non-Executive Director	6-10				1-5				6-10				1-5			
Chris Long	Chief Executive	146-150			43	46-50			14	136-140		6-10	49	41-45		1-5	16
Alan Barton	Director of Finance and Performance	101-105	206-210		27	31-35	66-70		9	96-100			18	6-10			16
Kathryn Ireland	Director of Quality and Governance (Nursing)	91-95	181-185	1-5		26-30	56-60	1-5		86-90				26-30			
Julie Warren	Director of Commissioning Development	91-95		1-5		26-30				11-15			2	1-5			1
Dr Paul Twomey	Medical Director	106-110				31-35				51-55				15-20			
Tina Smallwood	Director of Human Resources	81-85				26-30				81-85				26-30			
Dr Tim Allison	Director of Public Health - East Riding of Yorkshire (shared post with Local Authority)	111-115				56-60				111-115				56-60			
Dr Wendy Richardson	Director of Public Health - Hull (shared post with Local Authority)	96-100				0				96-100				0			
Frances Cunning	Director of Public Health - North Lincolnshire (shared post with Local Authority)	81-85			11	0				81-85			10	0			
Dr Geoff Barnes	Director of Public Health - North East Lincolnshire (shared post with Local Authority 1 April to 31 October 2012)	51-55				0				86-90				0			
Dr Cate Carmichael	Director of Public Health - North East Lincolnshire (shared post with Local Authority 1 November 2012 to 31 March 2013)	41-45				0											
NHS East Riding of Yorkshire																	
Dr Gina Palumbo	Clinical Chair	81-85				81-85				61-65				61-65			
Jane Hawkard	Accountable Officer	76-80				76-80				76-80				76-80			
Alex Seale	Director of Commissioning and Transformation	81-85			6	81-85				61-65				61-65			
Richard Dodson	Chief Finance Officer	76-80				76-80				71-75				71-75			
Hilary Gledhill	Director of Quality and Governance/ Executive Nurse	66-70				66-70				66-70				66-70			
Rob Baker	Associate Non-Executive Director, Lay Member and Vice Chair (Until 26 March 2013)	6-10				6-10				6-10				6-10			
John Wilson	Associate Non-Executive Director & Chair of Integrated Audit and Governance Group (Until 19 March 2013)	6-10				6-10				11-15				11-15			
Dr David Fitzsimons	Locality Chairman - Holderness	36-40				36-40				21-25				21-25			
Dr Alan Francis	Locality Chairman - Bridlington	25-30				25-30				16-20				16-20			
Dr Clive Henderson	Locality Chairman - Goole, Howdenshire & West Wolds	31-35				31-35				21-25				21-25			
Dr Jamal Hussain	Locality Chairman - Beverley & Driffield	31-35				31-35				21-25				21-25			
Dr Frank Thornton	Locality Chairman - GP Lead for Health and Social Being	25-30				25-30											
Dr K Sivarajan	Locality Chairman - Haltemprice	40-45				40-45											
Dr Marios Adamou	Locality Chairman - Secondary Care Doctor	1-5				1-5											
Sally-Ann Spencer-Grey	Lay Member - Public Engagement	6-10				6-10											
Johnathan Beckerlegge	Lay Member - Chair of Integrated Audit & Governance Group	1-5				1-5											
Alex Henderson	Lay Member & Vice Chair (from 26 March 2013)	0				0											
Joan Fletcher*	Lay Member - Patient Experience, Link representative and Patient Involvement Lead	0				0											
Alison Michalska*	Local Authority Director of Childrens, Family & Adult Services	0				0											
* No payment has been made to/in regard of the members above																	

Note to the Salaries and Allowances Table:

(1) The total figures disclosed under Individual remuneration Totals represents the full remuneration received by an individual within the Cluster (i.e within any one of the constituuent PCTs) and not necessarily for work solely in relation to the Cluster Board.

(2) Non Executive Director Remuneration (shown in the Individual totals column) is shared across the four Cluster organisations based on population.

(3) Executive director remuneration (shown in the Individuals total column) is shared across the four cluster organisations on population.

(4) Payments included under the heading 'Other remuneration' relate to exit packages calculated in line with Agenda for change terms and conditions.

(5) Payments included under the heading 'Bonus payments' refer to Performance related pay for 2011/2012 paid in the current year.

This information has been subject to audit.

Remuneration Ratios

	2012/13	2011/12
Band of the Highest Paid Director's Total Remuneration (£000)	**81-85**	**81-85**
Median Total Remuneration (£)	**27,625**	**25,528**
Ratio	**3.0**	**3.2**

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. The banded remuneration of the highest paid director in NHS East Riding in the financial year 2012-13 was £81,000-85,000 81,000-85,000). This was 3.0 times (2011-12, 3.2) the median remuneration of the workforce, which was £27,625 (2010-11, £25,528).

In 2012-13, 0 (2011-12, 0) employees who were employed at the reporting date received remuneration in excess of the highest-paid director. Remuneration for all staff at the reporting date in 2012-13 ranged from £82,866 to £1,507 (2011-12 £431 to £85,431). The 2012/13 lowest salary is due to a part-year shared Cluster Non-Executive post.

This information has been subject to audit.

Pension Benefits

		Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at aged 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2013 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2013 (bands of £5,000)	Cash Equivalent transfer value at 31 March 2013 (£000)	Cash Equivalent transfer value at 31 March 2012 (£000)	Real increase in Cash Equivalent Transfer Value	Employers contribution to stakeholder pension
East Riding PCT to 31 March 2013					**£'000**				**£'00**
Humber Cluster									
Christopher Long	Chief Executive	0.1-2.5	2.6-5.0	36-40	106-110	716	622	35	0
Alan Barton	Director of Finance and Performance	0.1-2.5	5.1-7.5	56-60	166-170	0	0	0	0
Kathryn Ireland	Director of Quality and Governance (Nursing)	(0.1-2.5)	(0.1-2.5)	41-46	126-130	850	793	9	0
Julie Warren	Director of Commissioning Development	0.1-2.5	0.1-2.5	16-20	51-55	261	229	12	0
Paul Twomey	Medical Director	0.1-2.5	5.1-7.5	71-75	216-220	1,349	1,181	60	0
Tina Smallwood	Director of Human Resources	0.1-2.5	0.1-2.5	11-15	36-40	266	238	9	0
Dr Tim Allison	Director of Public Health - East Riding (shared post with Local Authority)	(0.1-2.5)	0.1-2.5	31-35	96-100	550	509	8	0
Wendy Richardson	Director of Public Health - Hull (shared post with Local Authority)	(0.1-2.5)	(0.1-2.5)	31-35	101-105	702	659	5	0
Frances Cunning	Director of Public Health - North Lincolnshire (shared post with Local Authority)	(0-2.5)	(5.1-7.5)	26-30	76-80	551	555	11	0
Dr Geoff Barnes	Director of Public Health -North East Lincolnshire (shared post with Local Authority 1 April to 31 October 2012)	0-2.5	0.1-2.5	16-20	46-50	234	212	4	0
Dr Cate Carmichael	Director of Public Health - East Riding (shared post with Local Authority 1 November 2012 to 31 March 2013)	0-2.5	2.6-5.0	31-35	101-105	723	639	17	0
NHS East Riding of Yorkshire									
Dr Gina Palumbo	Clinical Chair	0.1-2.5	2.6-5.0	41-46	126-130	841	746	39	0
Jane Hawkard	Accountable Officer	0.1-2.5	0.1-2.5	16-20	51-55	274	252	6	0
Alex Seale	Director of Commissioning & Transformation Chief	2.6-5.0	7.6-10	16-20	56-60	270	211	33	0
Richard Dodson	Finance Officer Designate	0.1-2.5	2.6-5.0	16-20	56-60	302	266	16	0
Hilary Gledhill	Director of Quality & Governance/Executive Nurse	0.1-2.5	0.1-2.5	11-15	36-40	215	191	10	0

This information has been subject to audit.

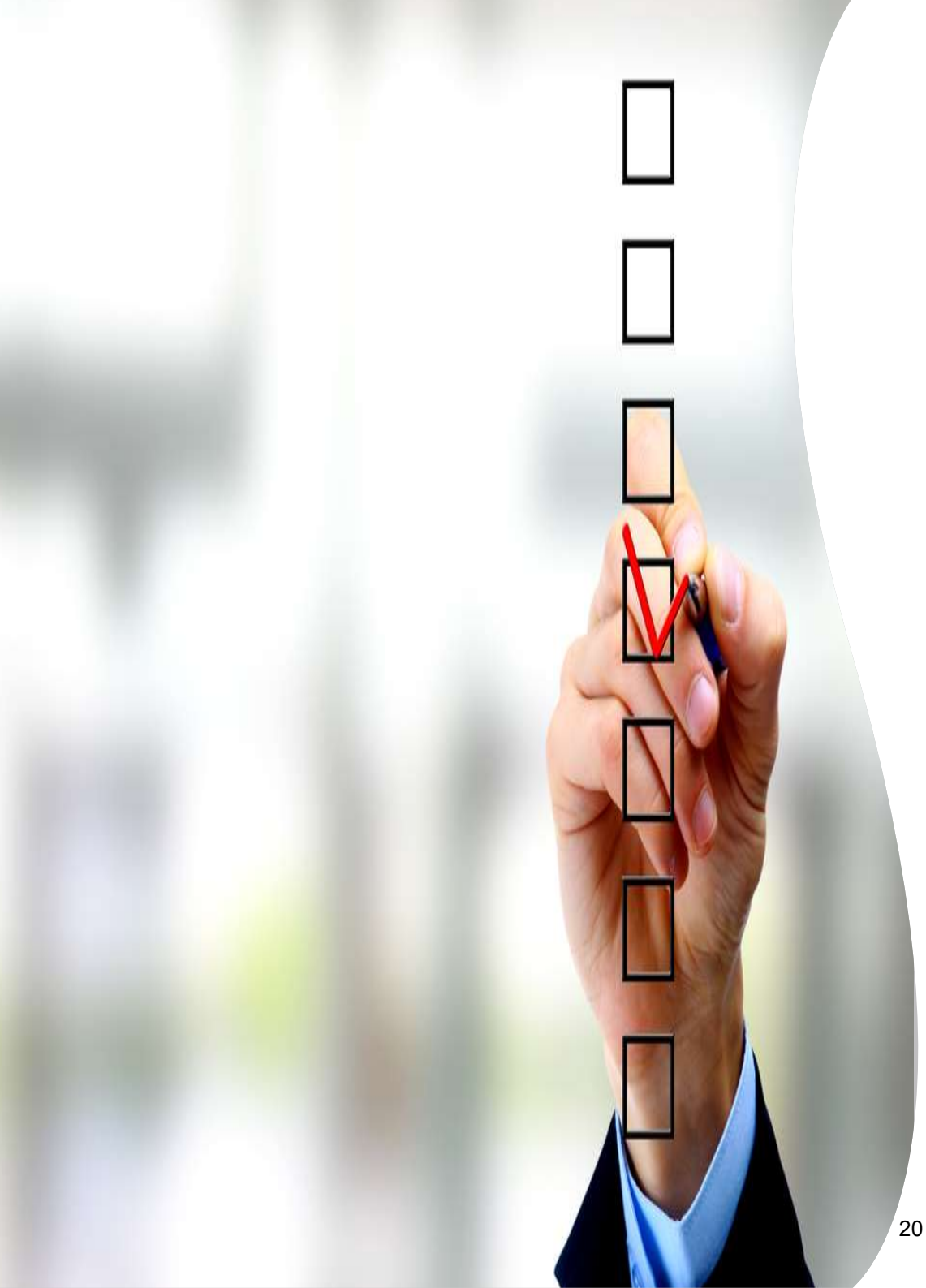
Cash Equivalent Transfer Values (CETV)

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme.

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

Real Increase in CETV

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



Statement of Designated Signing Officer's Responsibilities

The East Riding of Yorkshire Primary Care Trust annual accounts have been prepared by the Designated Signing Officer in compliance with the requirements detailed in the Government Financial Reporting Manual. In particular, attention has been paid to:

(1) Observing the Accounts Directions issued by the Department of Health, ensuring that relevant accounting and disclosure requirements are made, whilst applying suitable accounting policies on a consistent basis.

(2) Making judgements and estimates on a reasonable basis.

(3) Ensuring applicable accounting standards as detailed in the Government Financial Reporting Manual have been followed.

Annual Governance Statement

The Board is accountable for governance and internal control. The Chief Executive has responsibility for maintaining a sound system of governance and internal control that supports the achievement of our policies, aims and objectives, and for reviewing its effectiveness. A full copy of our Annual Governance Statement is contained within our Annual Accounts.

Financial Review

Financial year 2012/2013

In preparation for the implementation of the Health & Social Care Act and the resulting organisational changes East Riding of Yorkshire Clinical Commissioning Group (ERYCCG) took responsibility for in excess of 70% of the PCT budget. New working arrangements with greater involvement of local GP Practices helped deliver planned financial performance as reported by the PCT.

The PCT continued to manage resources to deliver better care, more locally through transformation within the resources available to it and although organisational change continued during 2012/13 financial management of the PCT remained robust. Similarly whilst the NHS re-organised itself the profile of East Riding residents and the geography of the PCT remained unchanged with a higher than average elderly population and a rural setting contributing to the design and costs of healthcare services.

Implementation of the Health and Social Care Act

Implementation of the Health and Social Care Act required significant organisational change to be implemented from 1 April 2013 including the abolition of the PCT, creating a Clinical Commissioning Group for the East Riding, creating a Commissioning Support Unit to support CCGs and transferring current PCT responsibilities to other organisations eg Public Health to East Riding of Yorkshire Council and Public Health England, Primary Care services to the Area Team of NHS England and Estate responsibilities to a commercial company owned by the Department of Health.

Financial Performance

Performance against Financial Duties

The PCT uses a range of measures to assess financial performance during the year including those duties reported upon in the Annual Accounts. These duties fall into one of two categories, statutory or administrative, and whilst we strive to achieve all targets it is the former that is of most concern, as the PCT should operate within its legal framework.

Statutory Duties

Capital and Revenue Resource Limits

A resource, or funding limit, is set annually for the NHS by Parliament and each NHS organisation receives a share of that total to spend on delivering its responsibilities. It is expected that those funds are spent in full, but they must not be exceeded.

I am pleased to report that the PCT managed to operate within both revenue and capital resource limits achieving a surplus of £5,198,000 against its revenue resource limit of £515,181,000 as planned and containing capital expenditure within its capital resource limit of £4,106,000.

Capital and Revenue Cash Limits

PCTs are also given cash limits which in general terms match the resource limits as described above. Again I am pleased to be able to report that the PCT operated within its limits drawing down £517,769,000 against its combined cash limits.

Audit Costs

Our external auditor is KPMG LLP, 21 The Embankment, Neville Street, Leeds, LS1 4DW.

Auditors' remuneration in relation to April 2012 to March 2013 totalled £90,212 for statutory audit services and £21,000 for PBR audit (excluding VAT).

This covered audit services required under the Audit Commission's Code of Audit Practice (giving opinion on the Annual Accounts and work to examine our use of resources and financial aspects of corporate governance).

The external auditor is required to comply with the Audit Commission's requirement in respect of independence and objectivity and with International Auditing Standard (UK & Ireland) 260: “The auditor's communication with those charged with governance”.

Our Audit and Integrated Governance Committee receives our external auditor's Annual Audit Letter and other external audit reports.

Better Payment Practice Code

The NHS as a whole is signed up to the Confederation of British Industry (CBI) Better Payment Practice Code, which aims to promote good payment practice in the UK. The NHS target is to pay all non-NHS trade creditors within 30 days of receipt of goods or invoice (whichever is the latter) unless other payment terms have been agreed with the supplier. Details of compliance with the Code are given on page 21.

When measured in terms of invoice value, Non NHS payment performance fell from 97.32% last year to 91.42%. The number of bills paid in compliance with this policy fell from 94.46% last year to 90.89%.

We are an approved signatory to the Prompt Payments Code.

Pension Liabilities

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The Scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. As a consequence it is not possible for the Primary Care Trust 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.

Better Payment Practice Code

Better Payment Practice Code - Measure of Compliance

	2012/2013 Number	2012/2013 £000	2011/2012 Number	2011/2012 £000
Non-NHS Payables Total Non-NHS trade invoices paid in the year	**13,333**	**72,953**	**13,773**	**69,197**
Total Non-NHS trade invoices paid within target	**12,118**	**66,694**	**13,010**	**67,343**
Percentage of non-NHS trade invoices paid within target	**90.89%**	**91.42%**	**94.46%**	**97.32%**
NHS Payables Total NHS Trade invoices paid in the year	**3,819**	**331,586**	**4512**	**328,618**
Total NHS trade invoices paid within target	**3,693**	**330,224**	**4359**	**328,128**
Percentage of NHS trade invoices paid within target	**96.7%**	**99.59%**	**96.61%**	**99.85%**

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

Staff Sickness Absence

Staff Sickness Absence for 2012/2013

Average of 12 Months (2012 Calendar Year)	Average FTE 2012	FTE-Days Available	FTE-Days Lost to Sickness Absence	Average Sick Days per FTE
3.2%	**155**	**34,875**	**1,130**	**7.3**

Sickness data provided are calendar year figures.

The full accounts for NHS East Riding of Yorkshire are provided as an appendix to this report.

Statement in Respect of Disabled Employees

East Riding of Yorkshire PCT has been awarded the “Two Ticks” symbol - Positive about Disabled People.

In achieving this East Riding of Yorkshire PCT has demonstrated its commitment to interviewing job applicants with disabilities where they meet the minimum criteria for the job, ensuring that staff with disabilities have the opportunity to discuss their development through East Riding of Yorkshire PCT’s Personal Development Review process, and making every effort to retain staff if they become disabled through the Managing Sickness Absence policy.

Equality Statement

Equality, fair treatment and social inclusion lie at the heart of the Government’s plans to modernise the health service. East Riding of Yorkshire PCT is committed to these principles, in particular:

- to recruit, develop and retain a workforce that is able to deliver high quality services that are accessible, responsive and appropriate to meet the diverse needs of different groups and individuals;
- to be a fair employer achieving equality of opportunity of outcomes in the workplace;
- to use its influence and resources as an employer to make a difference to the life opportunities and health of its local community.

East Riding of Yorkshire PCT has an approved Equality Plan which sets out the vision for East Riding of Yorkshire PCT to take equality and diversity forward. The document sets out how East Riding of Yorkshire PCT will advance the social and economic wellbeing of the community to ensure equal health and employment outcomes for the whole of the diverse population it serves.

Department of Health

NHS

East Riding of Yorkshire Primary Care Trust

2012-13 Accounts

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East Riding of Yorkshire Primary Care Trust

2012-13 Accounts

2012-13 Annual Accounts of East Riding Primary Care Trust

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

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

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

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

Note – If the regularity opinion has been qualified because of a breach of a resource limit, insert at this point.
* except for capital/revenue expenditure in excess of resource limits which was not intended by Parliament and did not conform to the authorities which govern them.

nb: sign and date in any colour ink except black

Signed.....Designated Signing Officer

Name: C Lowe

Date.....5/6/13.....

2012-13 Annual Accounts of East Riding Primary Care Trust

STATEMENT OF RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS

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

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

- make judgements and estimates which are reasonable and prudent;

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

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

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

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

By order of the Permanent Secretary.

nb: sign and date in any colour ink except black

5/4/13 Date ..... Signing Officer

5/4/13 Date ..... Finance Signing Officer

Organisation name: East Riding of Yorkshire Primary Care Trust
Organisation Code: 5NW

Governance Statement

Scope of responsibility

The Accountable Officer is responsible for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. In addition to this, they are personally responsible for safeguarding the public funds and the organisation's assets, as set out in the Accountable Officer Memorandum. During 2012/13 the fulfilment of duties as Accountable Officer was subject to scrutiny of both internal and external auditors to East Riding of Yorkshire PCT, as well as appropriate performance management arrangements with Yorkshire and Humber Strategic Health Authority throughout the year.

The governance framework of the organisation

In September 2011, East Riding of Yorkshire PCT Board agreed a new working arrangement with the establishment of the Humber Cluster Board and approved the future governance arrangements of the new Board and its Committees. The Humber Cluster acts as a common membership framework covering the formal statutory Boards for the organisations listed below with each constituent body working under a common board arrangement known as the NHS Humber Cluster Board:

- North East Lincolnshire Care Trust Plus
- North Lincolnshire PCT
- East Riding of Yorkshire PCT
- Hull Teaching PCT

The East Riding of Yorkshire PCT through the Humber Cluster Board arrangement is responsible for:

- Endorsing corporate objectives relating to risk management,
- Reviewing the effectiveness of systems of internal control and, through these controls, managing affairs efficiently and effectively.

The Board receives and discusses regular performance reports with regard to the agreed risk management systems and processes including those that support the developing Clinical Commissioning Groups (CCGs) through a national authorisation process.

The Humber Cluster Board governance structure includes an Audit Committee, Remuneration & Terms of Service Committee, four CCG Committees (covering East Riding, Hull, North Lincolnshire and North East Lincolnshire) and the range of joint Committees previously approved by the respective PCT Boards (as outlined in the Scheme of Delegation). The Terms of Reference for the Audit Committee ensure that all statutory duties of an Audit Committee are fulfilled and have been developed in line with good practice from the Audit Committee Handbook. Written and verbal reports and draft minutes are provided to the next Humber Cluster Board Meeting. Each CCG Committee had in place its support structures to adopt an integrated governance approach and a requirement of representation from the East Yorkshire CCG is included within the Audit Committee Terms of Reference.

The Remuneration & Terms of Service Committee determines appropriate remuneration and terms of service for the Chief Executive, other Executive Directors, senior managers under the VSM contract and others on local pay and conditions.

In addition sub-committees were in place as joint committees with other NHS organisations, these being the Specialised Commissioning Group, NEYHCOM, as well as the Cluster Committee.

The East Riding of Yorkshire PCT Board through the Humber Cluster has reviewed its way of working, agreeing an etiquette between members and at the March 2012 workshop reviewed its effectiveness, concentrating on what was working well, what could work better, prior to agreeing working arrangements for the further transitional year of 2012/13.

The East Yorkshire Clinical Commissioning Group as a formal committee of the Board was granted delegated powers to include budget responsibility. In delegating the range of duties and budgets to the East Yorkshire CCG Committee assurance continued to be required that appropriate supporting arrangements were in place to secure good governance.

The Terms of Reference for East Yorkshire CCG Committee has been developed in line with the requirements of good governance practice and localised by the developing CCG.

A single set of Standing Orders, Scheme of Delegation and Standing Financial Instructions (SOs, SoD and SFIs) has been in place throughout the year for the four PCTs/CTP.

The Accountable Officer leads the executive team and has overall responsibility for governance, statutory functions, quality and performance for all four constituent PCTs/CTP. This includes ensuring the implementation of an effective risk management system, development of the corporate governance framework, meeting all statutory requirements and ensuring that appropriate accountability statements for risk management and governance are in each Director's job profiles, as well as ensuring all Directors have appropriate arrangements in place to address any shortfalls identified from the risk profile. The Accountable Officer chairs the Executive Management Team, which includes Directors and relevant Senior Managers who carry specific risk management responsibilities.

The East Riding of Yorkshire PCT Board membership also includes Non-Executive Directors. Non-Executive Directors are lay people, appointed by the independent Appointments Commission and approved by the Secretary of State for Health. They bring a diverse range of skill and experience to the Board and ensure that the best interests of local residents are reflected in the work of the Humber Cluster.

The East Yorkshire CCG, Chief Operating Officer/Chief officer (Designate) has had responsibility for maintaining all internal controls in East Riding of Yorkshire PCT on behalf of the Accountable Officer. In addition the Director of Quality and Governance led on clinical governance and risk management, including infection control and decontamination. The Medical Director has discharged the Board role for information governance, Caldicott Guardian and Freedom of Information. The Director of Finance and Performance was the Senior Information Risk Owner and has ensured the delivery of statutory financial duties including counter fraud. These roles contributed to assuring the Board that East Riding of Yorkshire PCT meets all statutory requirements,

All senior managers and managers of services are required to bring to the attention of the Cluster Executive Management Team, via their Chief Operating Officer/Chief Officer (Designate) or Directors, issues of major or significant risk, which have been identified and where the existing control measures are considered to be potentially inadequate. All managers are responsible for supporting and encouraging staff to report adverse incidents and near misses. All staff are responsible for the effective identification, reporting and management of risks within their area of responsibility. These specific responsibilities are identified in the East Riding of Yorkshire PCT Reporting and Management of Adverse Incidents Policy, which also includes detailed guidance and instructions for all staff.

East Riding of Yorkshire PCT engages and works with its key partners and stakeholders through established structures. This includes working closely with the Yorkshire and Humber Strategic Health Authority and is an active member of the Local Strategic Partnership (LSP). There is a considerable amount of joint work involving the LSP including the Resource Advisory Group, East Riding of Yorkshire Health Equality Strategy and specific work on obesity, smoking cessation and alcohol.

The PCT works in collaboration with a wide range of local NHS partners and clinical networks to commission service improvement priorities from a range of potential NHS, voluntary, private and independent sector service providers. In addition, many other formal partnership arrangements are in place, including the Health & Social Care Executive, East Riding Safeguarding Childrens Board, Community Safety Partnership, Local Resilience Forum, Yorkshire & Humber Specialised Commissioning Group, North & East Yorkshire & Humberside Commissioning Consortia, Joint Committee for Primary Care Trusts for Paediatric Cardiac Surgery Services, Equality & Diversity Partnership Board and Prison Partnership Boards.

External to the management structure, Internal Audit has an important role in the Risk Management Strategy by assisting us to achieve corporate governance requirements, providing independent assessment and opinion to the Audit Committee, Board and individual Directors. An annual work plan is agreed between the Head of Internal Audit and the Director of Finance and Performance, based on identified risks. A Service Level Agreement is in place with the East Coast Audit Consortium. Progress reports are presented to each meeting of the Audit Committee, including monitoring of all recommendations.

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 to the Scheme are all in accordance with Scheme rules and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

A Transition and Closedown report was submitted to the Humber Cluster March Board meeting. Providing a high level summary of transition and closedown activities, the report provided the Board with assurance over the governance of the programme. This included bringing to the Board for approval the Corporate Handover Document, incorporating the Quality Handover Document, which had been completed in conjunction with PCT/ CTP officers, and undergone both local and SHA triangulation, draft property transfer schemes, draft people transfer schemes and people tracker, statutory function destinations, Board Assurance Framework and Risk Register, and an update on future Department of Health legacy management. All current risks have been assessed and either identified for closure at 31 March 2013, or as needing to be transferred to other organisations, in which case details will be passed on to receivers.

A governance framework for the accounts completion, scrutiny and sign off has been established in line with the letter setting out the roles for the financial closedown of the PCTs. The accounts for East Riding of Yorkshire PCT will be subject to scrutiny by the Audit Committee and signed off by the NHS England Area Team Director of Finance.

Risk Assessment

The PCT has maintained its comprehensive risk management framework through the implementation of its Risk Management and associated policies. Top rated risks for East Riding of Yorkshire Locality (Locality Risk register), corporate risk register and directorate risk registers are maintained. Through named leads, directorates are responsible for ensuring their risk registers accurately reflect the risk profile of their directorate. Directors have responsibility to review and update directorate risk registers and risks for which they are nominated leads.

Reports are produced for the Corporate Risk Meeting and the Board. Separate Corporate Registers were produced, one identifying the risk profile of the Clinical Commissioning Group (CCG) reported to the CCG and one identifying the risk profile of the other non CCG related functions reported to the Cluster Executive Management Team.

The East Riding of Yorkshire PCT Locality Risk Register (identifying the highest rated risks) is presented to each meeting of the Humber Cluster Audit Committee along with an associated report highlighting key actions to mitigate the risks to give additional assurance.

Risk and Control Framework

The Board Assurance Framework (BAF) provides an overview of the controls and assurances in place to ensure that the organisation is able to achieve its Strategic Objectives and manage the principle risks identified. East Riding of Yorkshire PCT is required to ensure that appropriate action is taken to mitigate all identified risks in accordance with statutory requirements and organisational policy. These risks feed into a Cluster wide BAF that identifies positive assurances and areas where there are gaps in controls and/or assurances.

The BAF:

- Provides an effective means to identify and treat any risks including the national core standards and priorities relating to the organisation's objectives.
- Is a process to support the identification of areas for development.

Demonstrates strategic and operational risks and any other source of information that identifies any possible risk that could be considered a threat to patients, staff, visitors, environmental safety or the organisation's well-being.

The BAF is an active tool for tracking positive assurance by East Riding of Yorkshire PCT during the year, recording the actions taken to address any control and assurance gaps and it is underpinned by the local risk strategy. Effective risk management is embedded into the culture and practice of East Riding of Yorkshire PCT through the successful implementation of its Risk Management Strategy and associated policies.

The risk register has been developed to include all high level risks identified by East Riding of Yorkshire PCT and it offers a means to quantify, prioritise and manage risks at a Cluster level.

The PCT continues to work with local partners to review root cause of HCAI and develop strategies to combat these. Actions taken during 2012-13 include

- Develop systems for post recovery follow up to learn lessons and improve process
- Review of anti-microbial prescribing including raising awareness amongst Primary Care prescribers
- Peer review of PCT plans to ensure implementation of best practice in the East Riding

Incidence of MRSA - 2012/13 tolerance was 7 cases, YTD actual as at 31/3/2013 is 13 cases

Incidence of C Difficile - 2012/13 tolerance was 98 cases, YTD actual as at 31/3/2013 is 121 cases

- **Standardised Mortality Rates at Northern Lincolnshire & Goole Hospitals (NLAG)**

The East Riding of Yorkshire PCT plans seek to address health issues impacting upon All-Age, All-Cause Mortality. Hospital Standardised Mortality Rates (HSMR) and Summary Hospital-Level Mortality Indicator (SHMI) rates at North Lincolnshire and Goole Hospitals NHS Foundation Trust are above expected levels; this has been a matter of concern and significant attention throughout 2012/13. Service providers are actively cooperating with external reviews to understand underlying reasons and support rapid improvement

Current HSMR NLAG - 118

The latest published figures shows Northern Lincolnshire & Goole Hospitals NHS Trust as one of the highest index in the country and therefore action is needed to be taken by them to understand and improve their index.

A Mortality Action Group has been established comprising membership from NLAG and commissioners. The aim of this group is to oversee the development and implementation of a health economy mortality reduction plan based on the findings of reviews into the Trusts mortality rates. As part of this process ERY PCT and emerging CCG has developed a mortality reduction plan for Goole, Howden and West Wolds whose population accesses services provided by NLAG.

Throughout the year, East Riding of Yorkshire PCT (and emerging CCG) has received updates on the mortality reduction plans at its Quality, Performance and Improvement Group.

Limited assurance audit reviews

The following two internal audit reports received limited assurance and agreed actions are in place to address identified concerns and these will be monitored on a regular basis to ensure compliance:

- **Off Payroll Payments**

In response to the HMT review, the NHS Chief Executive released a letter *'implementing the recommendations of the HMT review of tax arrangements.'* An initial review of potential *'off-payroll'* payments was performed to establish the extent of *'off-payroll'* payments within the four Humber Cluster organisations. It was clear that there are significant differences of opinion across the Cluster as to what qualify as *'off-payroll'* payments, and in addition organisations must ensure they are in a position to establish the employment status of such workers and be able to obtain evidence of their tax and NICs obligations should they wish to do so.

- **IT Transition Risk Management**

An assessment of IT risk management arrangements during the transition to new commissioning and commissioning support arrangements was undertaken which identified that there was no clear risk management framework in existence for IM&T, with limited senior management oversight and evaluation of all departmental risks. High risks were being discussed at the Informatics Transitional Programme Management Group, and are now a standing agenda item at the CSU IM&T Management Group.

Information Governance

The PCT confirms that robust arrangements have been in place during 2012/13 for the management of information governance. The PCT expects to receive significant assurance on its compliance with Information Governance toolkit requirements for 2012/2013.

Significant Issues

The Health and Social Care Act 2012 has resulted in new commissioners, including Clinical Commissioning Groups (CCG), having no legal basis to access patient confidential data (PCD) without patient consent or a section 251 Data Protection Act exemption. This will have a significant impact in the ability of the CCG as the successor organisation of the PCT to effectively close down 2012/13 PCT work. We are awaiting formal communication and confirmation but understand a Secretary of State directive is being drafted which will allow all 2012/13 PCD to be used in the closedown of PCT activities.

Conclusion

With the exception of the internal control issues that I have outlined in this statement, my review confirms that East Riding of Yorkshire PCT overall has a sound system of internal controls that supports the achievement of its policies, aims and objectives and that those control issues have been or are being addressed.

Designated Signing Officer: Christopher Long
Organisation: East Riding of Yorkshire Primary Care Trust
Signature
Date 5/6/13

INDEPENDENT AUDITORS' REPORT TO THE SIGNING OFFICERS OF EAST RIDING OF YORKSHIRE PRIMARY CARE TRUST.

We have audited the financial statements of East Riding of Yorkshire Primary Care Trust for the year ended 31 March 2013 on pages 9 to 47. The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by the Secretary of State with the consent of the Treasury as relevant to the National Health Service in England. We have also audited the information in the Remuneration Report that is subject to audit.

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

Respective responsibilities of Signing Officer and auditor

As explained more fully in the Statement of responsibilities of the signing officer of the Primary Care Trust, the Signing Officer is responsible for the preparation of financial statements which give a true and fair view. Our responsibility is to audit, and express an opinion on, the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the PCT's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the PCT; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the financial position of East Riding of Yorkshire Primary Care Trust as at 31 March 2013 and of its expenditure and income for the year then ended; and
- have been prepared properly in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as relevant to the National Health Service in England.

Opinion on regularity prescribed by the Code of Audit Practice 2010 for local NHS bodies

In our opinion, in all material respects the expenditure and income have been applied to the purposes intended by parliament and the financial transactions conform to the authorities which govern them.

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

In our opinion:

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

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

Matters on which we are required to report by exception

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

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

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

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

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

- our review of the Annual Governance Statement;

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

- our locally determined risk-based work on a more detailed risk assessment of the demise of the PCT.

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

Certificate

We certify that we have completed the audit of the accounts of East Riding of Yorkshire Primary Care Trust in accordance with the requirements of the Audit Commission Act 1998 and the Code of Audit Practice 2010 for local NHS bodies issued by the Audit Commission.

Damian Murray for and on behalf of KPMG LLP, Statutory Auditor

Chartered Accountants
1 The Embankment
Neville Street
Leeds
LS1 4DW

June 2013

EAST RIDING OF YORKSHIRE PRIMARY CARE TRUST
ANNUAL ACCOUNTS 2012-13

FOREWORD TO THE ACCOUNTS

EAST RIDING OF YORKSHIRE PRIMARY CARE TRUST

These accounts for the year ended 31 March 2013 have been prepared by East Riding of Yorkshire Primary Care Trust under section 232 (schedule 15,3(1)) of the National Health Service Act 2006 in the form which the Secretary of State has, with the approval of the Treasury, directed

Statement of Comprehensive Net Expenditure for year ended 31 March 2013

	NOTE	2012-13 £000	2011-12 £000
Administration Costs and Programme Expenditure			
Gross employee benefits	7.1	**9,250**	7,081
Other costs	5.1	**515,003**	511,888
Income	4	**(14,365)**	(13,079)
Net operating costs before interest		**509,888**	505,890
Investment income	9	**-**	-
Other (Gains)/Losses	10	**-**	-
Finance costs	11	**95**	98
Net operating costs for the financial year		**509,983**	505,988
Transfers by absorption -(gains)		**-**	
Transfers by absorption - losses		**-**	
Net (gain)/loss on transfers by absorption		**-**	
Net Operating Costs for the Financial Year including absorption transfers		**509,983**	**505,988**
Of which:			
Administration Costs			
Gross employee benefits	7.1	**6,077**	5,823
Other costs	5.1	**4,868**	2,894
Income	4	**(2,000)**	(1,208)
Net administration costs before interest		**8,945**	**7,509**
Investment income	9	**-**	-
Other (Gains)/Losses	10	**-**	-
Finance costs	11	**-**	-
Net administration costs for the financial year		**8,945**	**7,509**
Programme Expenditure			
Gross employee benefits	7.1	**3,173**	1,258
Other costs	5.1	**510,135**	508,994
Income	4	**(12,365)**	(11,871)
Net programme expenditure before interest		**500,943**	**498,381**
Investment income	9	**-**	-
Other (Gains)/Losses	10	**-**	-
Finance costs	11	**95**	98
Net programme expenditure for the financial year		**501,038**	**498,479**

Other Comprehensive Net Expenditure	2012-13 £000	2011-12 £000
Impairments and reversals put to the Revaluation Reserve	**1,072**	-
Net (gain) on revaluation of property, plant & equipment	**(233)**	(149)
Net (gain) on revaluation of intangibles	**-**	-
Net (gain) on revaluation of financial assets	**-**	-
Net (gain)/loss on other reserves	**-**	-
Net (gain)/loss on available for sale financial assets	**-**	-
Net (gain) /loss on Assets Held for Sale	**-**	
Release of Reserves to Statement of Comprehensive Net Expenditure	**-**	
Net actuarial (gain)/loss on pension schemes	**-**	-
Reclassification Adjustments		
Reclassification adjustment on disposal of available for sale financial assets	**-**	-
Total comprehensive net expenditure for the year*	**510,822**	**505,839**

The notes on pages 16 to 49 form part of this account.

Statement of Financial Position at 31 March 2013

	NOTE	31 March 2013 £000	31 March 2012 £000
Non-current assets:			
Property, plant and equipment	12	**24,036**	22,776
Intangible assets	13	**-**	-
investment property	15	**-**	-
Other financial assets	21	**-**	-
Trade and other receivables	19	**-**	-
Total non-current assets		**24,036**	22,776
Current assets:			
Inventories	18	**-**	4
Trade and other receivables	19	**3,620**	5,037
Other financial assets	36	**-**	-
Other current assets	22	**-**	-
Cash and cash equivalents	23	**59**	10
Total current assets		**3,679**	5,051
Non-current assets held for sale	24	**-**	-
Total current assets		**3,679**	5,051
Total assets		**27,715**	27,827
Current liabilities			
Trade and other payables	25	**(29,172)**	(37,247)
Other liabilities	26,28	**-**	-
Provisions	32	**(4,612)**	(950)
Borrowings	27	**-**	(58)
Other financial liabilities	36.2	**-**	-
Total current liabilities		**(33,784)**	(38,255)
Non-current assets plus/less net current assets/liabilities		**(6,069)**	(10,428)
Non-current liabilities			
Trade and other payables	25	-	-
Other Liabilities	28	-	-
Provisions	32	-	-
Borrowings	27	-	(2,588)
Other financial liabilities	36.2	-	-
Total non-current liabilities		**-**	(2,588)
Total Assets Employed:		**(6,069)**	(13,016)
Financed by taxpayers' equity:			
General fund		(8,351)	(16,173)
Revaluation reserve		2,282	3,157
Other reserves		-	-
Total taxpayers' equity:		**(6,069)**	(13,016)

The notes on pages 11 to 49 form part of this account.

The financial statements on pages *12-16* were approved by the Humber Cluster Audit Sub-Committee (a sub-committee of the Department of Health's Audit and Risk Committee) on *5th June 2013* and signed on its behalf by

Designated Signing Officer Date: **5th June 2013**

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

	General fund	Revaluation reserve	Other reserves	Total reserves
	£000	£000	£000	£000
Balance at 1 April 2012	**(16,173)**	**3,157**	**-**	**(13,016)**
Changes in taxpayers' equity for 2012-13				
Net operating cost for the year	(509,983)		-	**(509,983)**
Net gain on revaluation of property, plant, equipment	-	233	-	**233**
Net gain on revaluation of intangible assets	-	-	-	**-**
Net gain on revaluation of financial assets	-	-	-	**-**
Net gain on revaluation of assets held for sale	-	-	-	**-**
Impairments and reversals	-	(1,072)	-	**(1,072)**
Movements in other reserves			-	**-**
Transfers between reserves	36	(36)	-	**-**
Release of Reserves to SOCNE		-	-	**-**
Reclassification Adjustments				
Transfers between Revaluation Reserve & General Fund in respect of assets transferred under absorption	-	-	-	**-**
Net actuarial gain/(loss) on pensions	-		-	**-**
Total recognised income and expense for 2012-13	**(509,947)**	**(875)**	**-**	**(510,822)**
Net Parliamentary funding	517,769			**517,769**
Balance at 31 March 2013	**(8,351)**	**2,282**	**-**	**(6,069)**
Balance at 1 April 2011	**(17,999)**	**3,044**	**-**	**(14,955)**
Changes in taxpayers' equity for 2011-12				
Net operating cost for the year	(505,988)	-	-	(505,988)
Net Gain / (loss) on Revaluation of Property, Plant and Equipment	-	149	-	149
Net Gain / (loss) on Revaluation of Intangible Assets	-	-	-	-
Net Gain / (loss) on Revaluation of Financial Assets	-	-	-	-
Net Gain / (loss) on Assets Held for Sale	-	-	-	-
Impairments and Reversals	-	-	-	-
Movements in other reserves	-		-	-
Transfers between reserves	36	(36)	-	-
Release of Reserves to Statement of Comprehensive Net Expenditure	-	-	-	-
Reclassification Adjustments				
Transfers to/(from) Other Bodies within the Resource Account	-	-	-	-
On disposal of available for sale financial assets	-	-	-	-
Net actuarial gain/(loss) on pensions	-		-	-
Total recognised income and expense for 2011-12	(505,952)	113	-	(505,839)
Net Parliamentary funding	507,778	-	-	507,778
Balance at 31 March 2012	**(16,173)**	**3,157**	**-**	**(13,016)**

Statement of cash flows for the year ended
31 March 2013

	NOTE	2012-13 £000	2011-12 £000
Cash Flows from Operating Activities			
Net Operating Cost Before Interest		**(509,888)**	(505,890)
Depreciation and Amortisation		**928**	863
Impairments and Reversals		**1,148**	7,130
Other Gains / (Losses) on foreign exchange		**-**	-
Donated Assets received credited to revenue but non-cash		**-**	-
Government Granted Assets received credited to revenue but non-cash		**-**	-
Interest Paid		**(95)**	(98)
Release of PFI/deferred credit		**-**	-
(Increase)/Decrease in Inventories		**4**	188
(Increase)/Decrease in Trade and Other Receivables		**1,696**	452
(Increase)/Decrease in Other Current Assets		**-**	-
Increase/(Decrease) in Trade and Other Payables		**(6,952)**	2,165
(Increase)/Decrease in Other Current Liabilities		**-**	-
Provisions Utilised		**(143)**	(3,437)
Increase/(Decrease) in Provisions		**3,805**	1,855
Net Cash Inflow/(Outflow) from Operating Activities		**(509,497)**	**(496,772)**
Cash flows from investing activities			
Interest Received		**-**	-
(Payments) for Property, Plant and Equipment		**(5,586)**	(10,947)
(Payments) for Intangible Assets		**-**	-
(Payments) for Other Financial Assets		**-**	-
(Payments) for Financial Assets (LIFT)		**-**	-
Proceeds of disposal of assets held for sale (PPE)		**9**	-
Proceeds of disposal of assets held for sale (Intangible)		**-**	-
Proceeds from Disposal of Other Financial Assets		**-**	-
Proceeds from the disposal of Financial Assets (LIFT)		**-**	-
Loans Made in Respect of LIFT		**-**	-
Loans Repaid in Respect of LIFT		**-**	-
Rental Revenue		**-**	-
Net Cash Inflow/(Outflow) from Investing Activities		**(5,577)**	**(10,947)**
Net cash inflow/(outflow) before financing		**(515,074)**	**(507,719)**
Cash flows from financing activities			
Capital Element of Payments in Respect of Finance Leases and On-SoFP PFI and LIFT		**(2,646)**	(61)
Net Parliamentary Funding		**517,769**	507,778
Capital Receipts Surrendered		**-**	-
Capital grants and other capital receipts		**-**	-
Cash Transferred (to)/from Other NHS Bodies		**-**	-
Net Cash Inflow/(Outflow) from Financing Activities		**515,123**	**507,717**
Net increase/(decrease) in cash and cash equivalents		**49**	**(2)**
Cash and Cash Equivalents (and Bank Overdraft) at Beginning of the Period		**10**	**12**
Effect of Exchange Rate Changes in the Balance of Cash Held in Foreign Currencies		**-**	-
Cash and Cash Equivalents (and Bank Overdraft) at year end		**59**	**10**

1. Accounting policies

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

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

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

1.1 Accounting Conventions

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

Transforming Community Services (TCS) transactions

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

Acquisitions and Discontinued Operations

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

Critical accounting judgements and key sources of estimation uncertainty

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

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

The SOFP has therefore been drawn up at 31 March 2013 on the same basis as in previous years, reporting balances on the same basis as would a continuing entity. In particular, there has been no general revaluation of assets or liabilities, and no disclosures have been made under IFRS 5 Non-current Assets Held for Sale and Discontinued Operation

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

1. Useful economic lives of Property Plant and Equipment

The charge in respect of periodic depreciation is derived after determining an estimate of an asset's expected useful life and the expected residual value at the end of its life. Increasing an asset's expected life or its residual value would result in a reduced depreciation charge in the operating cost statement.

Historically, changes in useful lives and residual values have not resulted in material changes to the depreciation charge.

2. Impairment Analysis

Impairment reviews are carried out either when a change in circumstances is identified that indicates an asset might be impaired. An impairment review involves calculating either or both of the fair value or the value in use of an asset or group of assets and comparing with the carrying value in the balance sheet.

1. Accounting policies (continued)

3. Secondary Care Activity
Counting and coding of secondary care is not finalised until after the completion of the audited annual accounts process in June. Assumptions have been made around the liabilities of this for the PCT with a range of secondary care providers based on a number of factors including historical activity performance and known changes in activity, as well as non PBR tariffed contract arrangements. The actual cost of activity will be different to the carrying amounts held in the Statement of Financial Performance and any variance will need to be managed in the Statement of Comprehensive Net Expenditure in the subsequent year. There is unlikely to be a significant change to the carrying value of assets and liabilities once activity is validated based on previous years outturn verses actual.

4. Quality Outcomes Framework

An assessment of the achievement of QOF points made for independent contractors, however there is no risk of a material difference to the carrying value of this balance in the accounts based on previous years outturn versus actual.

5. Accruals

There are a number of estimated figures within the accounts. The main areas where estimates are included are:

- Prescribing - The full year figure is estimated on the spend for the first 10 months of the year,
- Pharmacy Costs - The full year figure is estimated on the actual spend for the last six months of the year.
- Ophthalmic Costs - The full year figure is estimated on the actual spend for the first 11 months of the year
- Purchase of Healthcare - The full year figure is estimated on the month 11 actual information as agreed between the provider and commissioner.
- Continuing Care - This is based upon the client data base of occupancy at the financial year end.

6. Provisions
A number of key assumptions have been included with in the accounts concerning the future.

- Bad Debt Provision
- Continuing Care Provision - During this financial year deadlines of 31st September 2012 and 31st March 2013 were set for the receipt of retrospective continuing healthcare claims relating to April 2004 - March 2011 and post April 2011, respectively. This resulted in a substantial number of inquiries and claims being submitted about which the PCT has limited information. The provision in the financial statements for these claims has been estimated from actual average figures for success rates in 2012/13, length of stay and cost for these cases.

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

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

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

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

1.3 Care Trust Designation
East Riding of Yorkshire PCT is not a designated Care Trust

1.4 Pooled budgets
East Riding of Yorkshire PCT has not entered into any formal pooled budget arrangements

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

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

The broad definition of running costs includes any cost incurred that is not a direct payment for the provision of healthcare or healthcare related services.
Expense incurred under NHS transition redundancy programmes is however classed as "programme" under Treasury budgetary control arrangements and so is recorded as such in the financial statements.

1. Accounting policies (continued)

1.7 Property, Plant & Equipment
Recognition
Property, plant and equipment is capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the PCT;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000; or
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

Valuation
All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. All assets are measured subsequently at fair value.

Land and buildings used for the PCT's services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost

Until 31 March 2008, the depreciated replacement cost of specialised buildings has been estimated for an exact replacement of the asset in its present location. HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued.

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

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

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

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

1. Accounting policies (continued)

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

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:
- the technical feasibility of completing the intangible asset so that it will be available for use
- the intention to complete the intangible asset and use it
- the ability to sell or use the intangible asset
- how the intangible asset will generate probable future economic benefits or service potential
- the availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it
- the ability to measure reliably the expenditure attributable to the intangible asset during its development

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

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

1.9 Depreciation, amortisation and impairments
Freehold land, properties under construction and assets held for sale are not depreciated.

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

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

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

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

1. Accounting policies (continued)

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

This accounting policy change has been applied retrospectively and consequently the 2010-11 results have been restated.

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

This accounting policy change has been applied retrospectively and consequently the 2010-11 results have been restated.

1.12 Non-current assets held for sale

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

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

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

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

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

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

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

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

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

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

1. Accounting policies (continued)

1.17 Employee benefits
Short-term employee benefits

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

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

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

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

1.18 Research and Development

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

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

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

1.21 EU Emissions Trading Scheme
East Riding of Yorkshire PCT does not currently partake in the EU Emissions Trading Scheme due to its current level of CO2 emissions not being at a high enough level for the organisation to qualify

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

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

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

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

1. Accounting policies (continued)

The PCT as lessee

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

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

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

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

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

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

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

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

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

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

A restructuring provision is recognised when the PCT has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with on-going activities of the entity.

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

Financial assets are initially recognised at fair value.

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

1. Accounting policies (continued)

Financial assets at fair value through profit and loss

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

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

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

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 initial fair value of the financial asset.

At the Statement of Financial Position date, the PCT assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

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

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

Financial liabilities
Financial liabilities are recognised on the Statement of Financial Position when the PCT becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are derecognised when the liability has been discharged, that is, the liability has been paid or has expired.

Financial liabilities are initially recognised at fair value.

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

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

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

1. Accounting policies (continued)

1.27 Private Finance Initiative (PFI) and NHS LIFT transactions
HM Treasury has determined that government bodies shall account for infrastructure PFI schemes (including NHS LIFT) where the government body controls the use of the infrastructure and the residual interest in the infrastructure at the end of the arrangement as service concession arrangements, following the principles of the requirements of IFRIC 12. The PCT therefore recognises the PFI asset as an item of property, plant and equipment together with a liability to pay for it. The services received under the contract are recorded as operating expenses.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:
a) Payment for the fair value of services received;
b) Payment for the PFI asset, including finance costs; and
c) Payment for the replacement of components of the asset during the contract 'lifecycle replacement'.

a) Services received
The fair value of services received in the year is recorded under the relevant expenditure headings within 'operating expenses'.

b) PFI and LIFT assets, liabilities, and finance costs
The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value in accordance with the principles of IAS 17. Subsequently, the assets are measured at fair value, which is kept up to date in accordance with the PCT's approach for each relevant class of asset in accordance with the principles of IAS 16.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the Statement of Comprehensive Net Expenditure.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the Statement of Comprehensive Net Expenditure.

c) Lifecycle replacement
Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the PCT's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

Assets contributed by the PCT to the operator for use in the scheme
Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the PCT's Statement of Comprehensive Net Expenditure.

Other assets contributed by the PCT to the operator
Assets contributed (e.g. cash payments, surplus property) by the PCT to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the PCT, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

1. Accounting policies (continued)

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

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

IAS 27 Separate Financial Statements - subject to consultation
IAS 28 Investments in Associates and Joint Ventures - subject to consultation
IFRS 9 Financial Instruments - subject to consultation - subject to consultation
IFRS 10 Consolidated Financial Statements - subject to consultation
IFRS 11 Joint Arrangements - subject to consultation
IFRS 12 Disclosure of Interests in Other Entities - subject to consultation
IFRS 13 Fair Value Measurement - subject to consultation
IPSAS 32 - Service Concession Arrangement - subject to consultation

2 Operating segments

East Riding of Yorkshire PCT has no operating segments to report for 2012/13 or prior year.

Expenditure details relating to significant external suppliers (i.e. those who account for 10% or more of the PCTs total expenditure):

	£000	% of Spend
Hull & East Yorkshire Hospitals	134,437	26
Humber NHS Foundation Trust	64,924	12

3. Financial Performance Targets

3.1 Revenue Resource Limit	**2012-13 £000**	**2011-12 £000**
The PCTs' performance for the year ended 2012-13 is as follows:		
Total Net Operating Cost for the Financial Year		505,988
Net operating cost plus (gain)/loss on transfers by absorption	**509,983**	
Adjusted for prior period adjustments in respect of errors	**-**	-
Revenue Resource Limit	**515,181**	511,185
Under/(Over)spend Against Revenue Resource Limit (RRL)	5,198	5,197

2011-12 performance data has not been adjusted in respect of restated items and remains as shown in the 2011-12 published accounts. This reflects the way in which PCT performance is recorded by the Department.

3.2 Capital Resource Limit	**2012-13 £000**	**2011-12 £000**
The PCT is required to keep within its Capital Resource Limit.		
Capital Resource Limit	**4,106**	11,163
Charge to Capital Resource Limit	**4,101**	11,119
(Over)/Underspend Against CRL	**5**	**44**

3.3 Provider full cost recovery duty	**2012-13 £000**	**2011-12 £000**
The PCT is required to recover full costs in relation to its provider functions.		
Provider gross operating costs	**-**	137
Provider Operating Revenue	**-**	-
Net Provider Operating Costs	**-**	137
Costs Met Within PCTs Own Allocation	**-**	(137)
Under/(Over) Recovery of Costs	**-**	-

Prior years figures relate to services provided in Primary Care which are now considered to be commissioned services

3.4 Under/(Over)spend against cash limit	**2012-13 £000**	**2011-12 £000**
Total Charge to Cash Limit	**517,769**	507,779
Cash Limit	**517,769**	507,779
Under/(Over)spend Against Cash Limit	**-**	**-**

3.5 Reconciliation of Cash Drawings to Parliamentary Funding (current year)	**2012-13 £000**
Total cash received from DH (Gross)	453,546
Less: Trade Income from DH	-
Less/(Plus): movement in DH working balances	-
Sub total: net advances	**453,546**
(Less)/plus: transfers (to)/from other resource account bodies (free text note required)	-
Plus: cost of Dentistry Schemes (central charge to cash limits)	11,894
Plus: drugs reimbursement (central charge to cash limits)	52,329
Parliamentary funding credited to General Fund	**517,769**

4 Miscellaneous Revenue

	2012-13 Total	2012-13 Admin	2012-13 Programme	2011-12
	£000	£000	£000	£000
Fees and Charges	**-**	-	-	-
Dental Charge income from Contractor-Led GDS & PDS	**4,545**	-	4,545	4,588
Dental Charge income from Trust-Led GDS & PDS	**-**	-	-	-
Prescription Charge income	**2,644**	-	2,644	2,549
Strategic Health Authorities	**1,911**	-	1,911	1,961
NHS Trusts	**57**	7	50	85
NHS Foundation Trusts	**340**	10	330	921
Primary Care Trusts Contributions to DATs	**-**	-	-	-
Primary Care Trusts - Other	**1,842**	1,644	198	1,104
Primary Care Trusts - Lead Commissioning	**-**	-	-	-
English RAB Special Health Authorities	**-**	-	-	-
NDPBs and Others (CGA)	**-**	-	-	-
Department of Health - SMPTB	**-**	-	-	-
Department of Health - Other	**-**	-	-	-
Recoveries in respect of employee benefits	**337**	283	54	114
Local Authorities	**17**	-	17	156
Patient Transport Services	**-**	-	-	-
Education, Training and Research	**67**	-	67	11
Non-NHS: Private Patients	**-**	-	-	-
Non-NHS: Overseas Patients (Non-Reciprocal)	**-**	-	-	-
NHS Injury Costs Recovery	**-**	-	-	-
Other Non-NHS Patient Care Services	**-**	-	-	4
Charitable and Other Contributions to Expenditure	**-**	-	-	-
Receipt of donated assets	**74**	-	74	-
Receipt of Government granted assets	**-**	-	-	-
Rental revenue from finance leases	**-**	-	-	-
Rental revenue from operating leases	**2,385**	-	2,385	1,534
Other revenue	**146**	56	90	52
Total miscellaneous revenue	**14,365**	**2,000**	**12,365**	**13,079**

5. Operating Costs

5.1 Analysis of operating costs:	2012-13 Total £000	2012-13 Admin £000	2012-13 Programme £000	2011-12 Total £000
Goods and Services from Other PCTs				
Healthcare	**37,930**		37,930	35,810
Non-Healthcare	**478**	478	-	244
Total	**38,408**	**478**	**37,930**	**36,054**
Goods and Services from Other NHS Bodies other than FTs				
Goods and services from NHS Trusts	**160,187**	34	160,153	185,178
Goods and services (other, excl Trusts, FT and PCT))	**2,609**	96	2,513	3,215
Total	**162,796**	**130**	**162,666**	**188,393**
Goods and Services from Foundation Trusts	**129,663**	1,009	128,654	104,907
Purchase of Healthcare from Non-NHS bodies	**42,820**	-	42,820	33,165
Social Care from Independent Providers	**-**	-	-	-
Expenditure on Drugs Action Teams	**687**	-	687	630
Non-GMS Services from GPs	**-**	-	-	-
Contractor Led GDS & PDS (excluding employee benefits)	**16,586**		16,586	17,047
Salaried Trust-Led PDS & PCT DS (excluding employee benefits)	**-**	-	-	-
Chair, Non-executive Directors & PEC remuneration	**30**	30	-	80
Executive committee members costs	**366**	366	-	258
Consultancy Services	**254**	202	52	237
Prescribing Costs	**51,951**	-	51,951	54,710
G/PMS, APMS and PCTMS (excluding employee benefits)	**40,690**	-	40,690	39,549
Pharmaceutical Services	**3,043**	-	3,043	3,205
Local Pharmaceutical Services Pilots	**-**	-	-	-
New Pharmacy Contract	**11,998**	-	11,998	11,576
General Ophthalmic Services	**2,649**	-	2,649	2,567
Supplies and Services - Clinical	**556**	-	556	700
Supplies and Services - General	**405**	251	154	219
Establishment	**1,953**	1,720	233	817
Transport	**33**	16	17	11
Premises	**1,503**	280	1,223	1,866
Impairments & Reversals of Property, plant and equipment	**1,148**	-	1,148	7,130
Impairments and Reversals of non-current assets held for sale	**-**	-	-	-
Depreciation	**928**	108	820	863
Amortisation	**-**	-	-	-
Impairment & Reversals Intangible non-current assets	**-**	-	-	-
Impairment and Reversals of Financial Assets	**-**	-	-	-
Impairment of Receivables	**28**	28	-	(1)
Inventory write offs	**-**	-	-	-
Research and Development Expenditure	**-**	-	-	-
Audit Fees	**109**	109	-	167
Other Auditors Remuneration	**25**	25	-	36
Clinical Negligence Costs	**-**	-	-	-
Education and Training	**260**	113	147	85
Grants for capital purposes	**-**	-	-	-
Grants for revenue purposes	**4,926**	-	4,926	6,273
Impairments and reversals for investment properties	**-**	-	-	-
Other [1]	**1,188**	3	1,185	1,344
Total Operating costs charged to Statement of Comprehensive Net Expenditure	**515,003**	**4,868**	**510,135**	**511,888**
Employee Benefits (excluding capitalised costs)				
Employee Benefits associated with PCTMS	**233**	-	233	314
Trust led PDS and PCT DS	**-**	-	-	-
PCT Officer Board Members	**638**	638	-	632
Other Employee Benefits	**8,379**	4,696	3,683	6,135
Total Employee Benefits charged to SOCNE	**9,250**	**5,334**	**3,916**	**7,081**
Total Operating Costs	**524,253**	**10,202**	**514,051**	**518,969**

[1] 2011-12 Other relates to additional costs on settling the premature retirements provision

[1] 2012-13 Other relates to the cost of buying out the finance agreement in relation to Withernsea Community Hospital

Operating Costs continued from previous page 5.1 Analysis of operating costs:	2012-13 Total £000	2012-13 Admin £000	2012-13 Programme £000	2011-12 Total £000
Analysis of grants reported in total operating costs				
For capital purposes				
Grants to fund Capital Projects - GMS	**-**	-	-	-
Grants to Local Authorities to Fund Capital Projects	**-**	-	-	-
Grants to Private Sector to Fund Capital Projects	**-**	-	-	-
Grants to Fund Capital Projects - Dental	**-**	-	-	-
Grants to Fund Capital Projects - Other	**-**	-	-	-
Total Capital Grants	**-**	**-**	**-**	**-**
Grants to fund revenue expenditure				
To Local Authorities	**4,926**	-	4,926	5,871
To Private Sector	**-**	-	-	-
To Other	**-**	-	-	402
Total Revenue Grants	**4,926**	**-**	**4,926**	**6,273**
Total Grants	**4,926**	**-**	**4,926**	**6,273**

PCT Running Costs 2012-13	**Total**	**Commissioning Services**	**Public Health**
Running costs (£000s)	**8,202**	7,854	348
Weighted population (number in units)*	**300,248**	300,248	300,248
Running costs per head of population (£ per head)	**27.32**	**26.16**	**1.16**
PCT Running Costs 2011-12			
Running costs (£000s)	**7,509**	7,272	237
Weighted population (number in units)	**300,248**	300,248	300,248
Running costs per head of population (£ per head)	**25.01**	**24.22**	**0.79**

* Weighted population figures are not available for 2012-13 as the weighted capitation formula for PCT allocations was not updated for 2012-13. This was because it was decided to give all PCTs the same percentage growth in their allocations in this transitional year rather than differential growth based on a weighted capitation formula

Therefore, 2011-12 weighted populations have been used when calculated the Running Costs per head of population in 2012-13

5.2 Analysis of operating expenditure by expenditure classification	2012-13 £000	2011-12 £000
Purchase of Primary Health Care		
GMS / PMS/ APMS / PCTMS	44,967	43,810
Prescribing costs	51,951	54,710
Contractor led GDS & PDS	16,474	17,348
Trust led GDS & PDS	-	-
General Ophthalmic Services	2,649	2,567
Department of Health Initiative Funding	-	-
Pharmaceutical services	3,042	3,205
Local Pharmaceutical Services Pilots	-	-
New Pharmacy Contract	11,998	11,576
Non-GMS Services from GPs	-	-
Other	7,637	8,357
Total Primary Healthcare purchased	**138,718**	141,573
Purchase of Secondary Healthcare		
Learning Difficulties	10,338	8,965
Mental Illness	33,956	34,509
Maternity	10,532	9,767
General and Acute	232,381	230,105
Accident and emergency	19,326	18,507
Community Health Services	52,500	45,541
Other Contractual	5,771	13,085
Total Secondary Healthcare Purchased	**364,804**	360,479
Grant Funding		
Grants for capital purposes	-	-
Grants for revenue purposes	4,926	6,273
Total Healthcare Purchased by PCT	**508,448**	**508,325**
PCT self-provided secondary healthcare included above	-	137
Social Care from Independent Providers	-	-
Healthcare from NHS FTs included above	128,654	103,758

6. Operating Leases

6.1 PCT as lessee	Land £000	Buildings £000	Other £000	2012-13 Total £000	2011-12 £000
Payments recognised as an expense					
Minimum lease payments	**-**	**-**	**-**	**865**	824
Contingent rents	**-**	**-**	**-**	**-**	-
Sub-lease payments	**-**	**-**	**-**	**-**	-
Total	**-**	**-**	**-**	**865**	**824**
Payable:					
No later than one year	**-**	**836**	**-**	**836**	801
Between one and five years	**-**	**3,304**	**-**	**3,304**	3,205
After five years	**-**	**6,888**	**-**	**6,888**	7,475
Total	**-**	**11,028**	**-**	**11,028**	**11,481**
Total future sublease payments expected to be received				11,001	11,326

6.2 PCT as lessor

As the provider of Community Services in 2010-11 the PCT held leases on properties from which these services were provided. Following the transfer of Community Services to Humber Foundation Trust on 31st March 2011 the PCT continued to hold these leases which it now sub-lets to Humber FT for the on-going provision of Community Services. The properties covered by this note include Beverley Health Centre, Brough Resource Centre, Hessle Health Centre and 'Four Winds' administrative buildings near Driffield.

The PCT also owns several properties which it leases to Humber Foundation trust in addition to those referred to in note 6.1. The combination of the sub-let and directly owned properties form the basis of the income received by the PCT.

Renewal of leases is by negotiation with the lessor and does not include any preferential rights to purchase assets and the end of the lease term.

	2012-13 £000	2011-12 £000
Recognised as income		
Rental Revenue	**2,385**	1,534
Contingent rents	**-**	-
Total	**2,385**	1,534
Receivable:		
No later than one year	**1,900**	2,103
Between one and five years	**4,368**	4,507
After five years	**6,888**	7,475
Total	**13,156**	14,085

7. Employee benefits and staff numbers

7.1 Employee benefits 2012-13	<-------Total -------->			Permanently employed			<------ Other ------>		
	Total £000	Admin £000	Prog £000	Total £000	Admin £000	Prog £000	Total £000	Admin £000	Prog £000
Employee Benefits - Gross Expenditure									
Salaries and wages	**6,569**	5,104	1,465	**6,511**	5,099	1,412	**58**	5	53
Social security costs	**589**	389	200	**589**	389	200	**-**	-	-
Employer Contributions to NHS BSA - Pensions Division	**885**	584	301	**885**	584	301	**-**	-	-
Other pension costs	**-**	-	-	**-**	-	-	**-**	-	-
Other post-employment benefits	**-**	-	-	**-**	-	-	**-**	-	-
Other employment benefits	**-**	-	-	**-**	-	-	**-**	-	-
Termination benefits	**1,207**	-	1,207	**1,207**	-	1,207	**-**	-	-
Total employee benefits	**9,250**	**6,077**	**3,173**	**9,192**	**6,072**	**3,120**	**58**	**5**	**53**
Less recoveries in respect of employee benefits (table below)	**(337)**	(283)	(54)	**(337)**	**(283)**	**(54)**	**-**	**-**	**-**
Total - Net Employee Benefits including capitalised costs	**8,913**	**5,794**	**3,119**	**8,855**	**5,789**	**3,066**	**58**	**5**	**53**
Employee costs capitalised	**-**	-	-	**-**	-	-	**-**	-	-
Gross Employee Benefits excluding capitalised costs	**9,250**	**6,077**	**3,173**	**9,192**	**6,072**	**3,120**	**58**	**5**	**53**
Recognised as:									
Commissioning employee benefits	**9,250**			**9,192**			**58**		
Provider employee benefits	**-**			**-**			**-**		
Gross Employee Benefits excluding capitalised costs	**9,250**			**9,192**			**58**		

2012-13	<-------Total -------->			Permanently employed			<------ Other ------>		
	Total	Admin	Prog	Total	Admin	Prog	Total	Admin	Prog
Employee Benefits - Revenue	£000	£000	£000	£000	£000	£000	£000	£000	£000
Salaries and wages	**337**	283	54	**337**	283	54	**-**	-	-
Social Security costs	**-**	-	-	**-**	-	-	**-**	-	-
Employer Contributions to NHS BSA - Pensions Division	**-**	-	-	**-**	-	-	**-**	-	-
Other pension costs	**-**	-	-	**-**	-	-	**-**	-	-
Other Post Employment Benefits	**-**	-	-	**-**	-	-	**-**	-	-
Other Employment Benefits	**-**	-	-	**-**	-	-	**-**	-	-
Termination Benefits	**-**	-	-	**-**	-	-	**-**	-	-
TOTAL excluding capitalised costs	**337**	**283**	**54**	**337**	**283**	**54**	**-**	**-**	**-**

7. Employee benefits and staff numbers

Employee Benefits - Prior- year	Total £000	Permanently employed £000	Other £000
Employee Benefits Gross Expenditure 2011-12			
Salaries and wages	**5,868**	5,734	134
Social security costs	**483**	483	-
Employer Contributions to NHS BSA - Pensions Division	**774**	774	-
Other pension costs	**-**	-	-
Other post-employment benefits	**-**	-	-
Other employment benefits	**-**	-	-
Termination benefits	**-**	-	-
Total gross employee benefits	**7,125**	**6,991**	**134**
Less recoveries in respect of employee benefits	**(114)**	(114)	-
Total - Net Employee Benefits including capitalised costs	**7,011**	**6,877**	**134**
Employee costs capitalised	**44**	44	-
Gross Employee Benefits excluding capitalised costs	**7,081**	**6,947**	**134**
Recognised as:			
Commissioning employee benefits	**7,081**		
Provider employee benefits	**-**		
Gross Employee Benefits excluding capitalised costs	**7,081**		

7.2 Staff Numbers	2012-13			2011-12		
	Total Number	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number
Average Staff Numbers						
Medical and dental	**1**	1	-	**2**	2	-
Ambulance staff	**-**	-	-	**-**	-	-
Administration and estates	**61**	61	-	**60**	60	1
Healthcare assistants and other support staff	**-**	-	-	**-**	-	-
Nursing, midwifery and health visiting staff	**10**	10	-	**11**	10	2
Nursing, midwifery and health visiting learners	**-**	-	-	**-**	-	-
Scientific, therapeutic and technical staff	**6**	6	-	**6**	6	-
Social Care Staff	**-**	-	-	**-**	-	-
Other	**83**	82	1	**72**	72	-
TOTAL	**161**	**160**	**1**	**151**	**148**	**3**
Of the above - staff engaged on capital projects	**1**	1	-	**1**	1	-

In preparation for implementation of the Health & Social Care Act 2012 the PCT became the host for clinical networks which resulted in several staff transferring employment to East Riding of Yorkshire PCT.

7.3 Staff Sickness absence and ill health retirements	2012-13 Number	2011-12 Number
Total Days Lost	**1,130**	**1,177**
Total Staff Years	**155**	**153**
Average working Days Lost	7	8

	2012-13 Number	2011-12 Number
Number of persons retired early on ill health grounds	**-**	1
	£000s	£000s
Total additional pensions liabilities accrued in the year	**-**	72

7.4 Exit Packages agreed during 2012-13

	2012-13			2011-12		
Exit package cost band (including any special payment element)	*Number of compulsory redundancies	*Number of other departures agreed	Total number of exit packages by cost band	*Number of compulsory redundancies	*Number of other departures agreed	Total number of exit packages by cost band
	Number	**Number**	**Number**	**Number**	**Number**	**Number**
Lees than £10,000	**1**	**-**	**1**	-	-	**-**
£10,001-£25,000	**3**	**-**	**3**	-	-	**-**
£25,001-£50,000	**3**	**-**	**3**	-	-	**-**
£50,001-£100,000	**6**	**-**	**6**	-	-	**-**
£100,001 - £150,000	**3**	**-**	**3**	-	-	**-**
£150,001 - £200,000	**1**	**-**	**1**	-	-	**-**
>£200,000	**-**	**-**	**-**	-	-	**-**
Total number of exit packages by type (total cost	**17**	**-**	**17**	**-**	**-**	**-**
	£000s	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**
Total resource cost	1,207	-	**1,207**	-	-	**-**

This note provides an analysis of Exit Packages agreed during the year. Redundancy and other departure costs have been paid in accordance with the provisions identified under Sections 16 of the Agenda for Change terms and conditions. Where the PCT has agreed early retirements, the additional costs are met by the PCT and not by the NHS pensions scheme. Ill-health retirement costs are met by the NHS pensions scheme and are not included in the table.

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

7.5 Pension costs
Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation
A valuation of the scheme liability is carried out annually by the scheme actuary as at the end of the reporting period. Actuarial assessments are undertaken in intervening years between formal valuations using updated membership data and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2013, is based on the valuation data as 31 March 2012, updated to 31 March 2013 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts, published annually. These accounts can be viewed on the NHS Pensions website. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation
The purpose of this valuation is to assess the level of liability in respect of the benefits due under the scheme (taking into account its recent demographic experience), and to recommend the contribution rates.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2004. Consequently, a formal actuarial valuation would have been due for the year ending 31 March 2008. However, formal actuarial valuations for unfunded public service schemes were suspended by HM Treasury on value for money grounds while consideration is given to recent changes to public service pensions, and while future scheme terms are developed as part of the reforms to public service pension provision due in 2015.

The Scheme Regulations were changed to allow contribution rates to be set by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

The next formal valuation to be used for funding purposes will be carried out at as at March 2012 and will be used to inform the contribution rates to be used from 1 April 2015

c) Scheme provisions
The NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the Scheme or the specific conditions that must be met before these benefits can be obtained:

The Scheme is a "final salary" scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service.

With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new provision is known as "pension commutation".

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. From 2011-12 the Consumer Price Index (CPI) will be used to replace the Retail Prices Index (RPI).

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service, and five times their annual pension for death after retirement is payable

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the employer.

Members can purchase additional service in the NHS Scheme and contribute to money purchase AVC's run by the Scheme's approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers

8. Better Payment Practice Code

8.1 Measure of compliance	**2012-13 Number**	**2012-13 £000**	**2011-12 Number**	**2011-12 £000**
Non-NHS Payables				
Total Non-NHS Trade Invoices Paid in the Year	**13,333**	**72,953**	13,773	69,197
Total Non-NHS Trade Invoices Paid Within Target	**12,118**	**66,694**	13,010	67,343
Percentage of NHS Trade Invoices Paid Within Target	90.89%	91.42%	94.46%	97.32%
NHS Payables				
Total NHS Trade Invoices Paid in the Year	**3,819**	**331,586**	4,512	328,618
Total NHS Trade Invoices Paid Within Target	**3,693**	**330,224**	4,359	328,128
Percentage of NHS Trade Invoices Paid Within Target	96.70%	99.59%	96.61%	99.85%

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

8.2 The Late Payment of Commercial Debts (Interest) Act 1998	**2012-13 £000**	**2011-12 £000**
Amounts included in finance costs from claims made under this legislation	**-**	-
Compensation paid to cover debt recovery costs under this legislation	**-**	-
Total	**-**	-

9. Investment Income

East Riding of Yorkshire PCT has no investment income (2011-12 none)

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

11. Finance Costs	**2012-13 Total £000**	**2012-13 Admin £000**	**2012-13 Programme £000**	2011-12 £000
Interest				
Interest on obligations under finance leases	**-**	**-**	**-**	-
Interest on obligations under PFI contracts:				
- main finance cost	**95**	**-**	**95**	98
- contingent finance cost	**-**	**-**	**-**	-
Interest on obligations under LIFT contracts:				
- main finance cost	**-**	**-**	**-**	-
- contingent finance cost	**-**	**-**	**-**	-
Interest on late payment of commercial debt	**-**	**-**	**-**	-
Other interest expense	**-**	**-**	**-**	**-**
Total interest expense	**95**	**-**	**95**	**98**
Other finance costs	**-**	**-**	**-**	-
Provisions - unwinding of discount	**-**		**-**	
Total	**95**	**-**	**95**	**98**

12.1 Property, plant and equipment

	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
2012-13									
Cost or valuation:	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
At 1 April 2012	**4,540**	**11,337**	**-**	**16,837**	**688**	**-**	**2,270**	**112**	**35,784**
Additions of Assets Under Construction				(262)					**(262)**
Additions Purchased	-	3,050	-		493	-	339	490	**4,372**
Additions Donated	-	-	-	-	74	-	-	-	**74**
Additions Government Granted	-	-	-	-	-	-	-	-	**-**
Additions Leased	-	-	-		-	-	-	-	**-**
Reclassifications	-	16,575	-	(16,575)	-	-	-	-	**-**
Reclassifications as Held for Sale	-	-	-	-	-	-	-	-	**-**
Disposals other than for sale	(9)	-	-	-	-	-	-	-	**(9)**
Upward revaluation/positive indexation	(16)	(11,926)	-	-	-	-	-	-	**(11,942)**
Impairments/negative indexation	(730)	(367)	-	-	-	-	-	-	**(1,097)**
Reversal of Impairments	-	25	-	-	-	-	-	-	**25**
Transfers (to)/from Other Public Sector Bodies	-	-	-	-	-	-	-	-	**-**
At 31 March 2013	**3,785**	**18,694**	**-**	**-**	**1,255**	**-**	**2,609**	**602**	**26,945**
Depreciation									
At 1 April 2012	**10**	**3,923**	**-**	**7,130**	**286**	**-**	**1,556**	**103**	**13,008**
Reclassifications		5,856	-	(5,856)	-	-	-	-	**-**
Reclassifications as Held for Sale	-	-	-		-	-	-	-	**-**
Disposals other than for sale	-	-	-		-	-	-	-	**-**
Upward revaluation/positive indexation	(16)	(12,159)	-		-	-	-	-	**(12,175)**
Impairments	7	2,607	-	-	-	-	-	-	**2,614**
Reversal of Impairments	-	(192)	-	(1,274)	-	-	-	-	**(1,466)**
Charged During the Year	-	434	-		93	-	382	19	**928**
Transfers (to)/from Other Public Sector Bodies	-	-	-	-	-	-	-	-	**-**
At 31 March 2013	**1**	**469**	**-**	**-**	**379**	**-**	**1,938**	**122**	**2,909**
Net Book Value at 31 March 2013	**3,784**	**18,225**	**-**	**-**	**876**	**-**	**671**	**480**	**24,036**
Purchased	3,784	18,055	-	-	803	-	671	480	**23,793**
Donated	-	170	-	-	73	-	-	-	**243**
Government Granted	-	-	-	-	-	-	-	-	**-**
Total at 31 March 2013	**3,784**	**18,225**	**-**	**-**	**876**	**-**	**671**	**480**	**24,036**
Asset financing:									
Owned	3,784	18,225	-	-	876	-	671	480	**24,036**
Held on finance lease	-	-	-	-	-	-	-	-	**-**
On-SOFP PFI contracts	-	-	-	-	-	-	-	-	**-**
PFI residual: interests	-	-	-	-	-	-	-	-	**-**
Total at 31 March 2013	**3,784**	**18,225**	**-**	**-**	**876**	**-**	**671**	**480**	**24,036**

Revaluation Reserve Balance for Property, Plant & Equipment

	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
At 1 April 2012	**2,439**	**708**	**-**	**-**	**10**	**-**	**-**	**-**	**3,157**
Movements	(730)	(143)	-	-	(2)	-	-	-	**(875)**
At 31 March 2013	**1,709**	**565**	**-**	**-**	**8**	**-**	**-**	**-**	**2,282**

Following implementation of the Health & Social Care Act 2012 PCT assets and liabilities pass to existing or newly formed bodies within the NHS. Fixed Assets were valued as at 31st March 2013 to ensure these were correctly valued resulting in some charge to the Revaluation Reserves.

Additions to Assets Under Construction in 2012-13	**£000**
Land	-
Buildings excl Dwellings	(262)
Dwellings	-
Plant & Machinery	-
Balance as at YTD	**(262)**

12.2 Property, plant and equipment

	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant & machinery	Transport equipment	Information technology	Furniture & fittings
2011-12								
Cost or valuation:	£000	£000	£000	£000	£000	£000	£000	£000
At 1 April 2011	**4,391**	**10,862**	**-**	**6,529**	**466**	**-**	**2,165**	**103**
Additions - purchased	-	475	-	10,308	222	-	105	9
Additions - donated	-	-	-	-	-	-	-	-
Additions - government granted	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-
Reclassified as held for sale	-	-	-	-	-	-	-	-
Disposals other than by sale	-	-	-	-	-	-	-	-
Revaluation & indexation gains	149	-	-	-	-	-	-	-
Impairments	-	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-	-
In-year transfers to/from NHS bodies	-	-	-	-	-	-	-	-
Cumulative dep netted off cost following revaluation	-	-	-	-	-	-	-	-
At 31 March 2012	**4,540**	**11,337**	**-**	**16,837**	**688**	**-**	**2,270**	**112**
Depreciation								
At 1 April 2011	**10**	**3,602**	**-**		**249**	**-**	**1,051**	**103**
Reclassifications		-	-		-	-	-	-
Reclassifications as Held for Sale	-	-	-		-	-	-	-
Disposals other than for sale	-	-	-		-	-	-	-
Upward revaluation/positive indexation	-	-	-		-	-	-	-
Impairments	-	-	-	7,130	-	-	-	-
Reversal of Impairments	-	-	-	-	-	-	-	-
Charged During the Year	-	321	-		37	-	505	-
In-year transfers to/from NHS bodies	-	-	-	-	-	-	-	-
Cumulative dep netted off cost following revaluation	-	-	-	-	-	-	-	-
At 31 March 2012	**10**	**3,923**	**-**	**7,130**	**286**	**-**	**1,556**	**103**
Net Book Value at 31 March 2012	**4,530**	**7,414**	**-**	**9,707**	**402**	**-**	**714**	**9**
Purchased	4,530	7,003	-	9,707	402	-	714	9
Donated	-	411	-	-	-	-	-	-
Government Granted	-	-	-	-	-	-	-	-
At 31 March 2012	**4,530**	**7,414**	**-**	**9,707**	**402**	**-**	**714**	**9**
Asset financing:								
Owned	4,530	5,173	-	9,707	402	-	714	9
Held on finance lease	-	-	-	-	-	-	-	-
On-SOFP PFI contracts	-	2,241	-	-	-	-	-	-
PFI residual: interests	-	-	-	-	-	-	-	-
At 31 March 2012	**4,530**	**7,414**	**-**	**9,707**	**402**	**-**	**714**	**9**

Total
£000
24,516
11,119
-
-
-
-
-
149
-
-
-
-
35,784
5,015
-
-
-
-
7,130
-
863
-
-
13,008
22,776
22,365
411
-
22,776
20,535
-
2,241
-
22,776

15 Investment property
East Riding of Yorkshire PCT has no investment property.

16 Commitments

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

	31 March 2013 £000	31 March 2012 £000
Property, plant and equipment	**-**	1,013
Intangible assets	**-**	-
Total	**-**	1,013

16.2 Other financial commitments

The trust has not entered into non-cancellable contracts (which are not leases or PFI contracts or other service concession arrangements).

	31 March 2013 £000	31 March 2012 £000
Not later than one year	**-**	-
Later than one year and not later than five year	**-**	-
Later than five years	**-**	-
Total	**-**	-

17 Intra-Government and other balances	**Current receivables**	**Non-current receivables**	**Current payables**	**Non-current payables**
	£000s	**£000s**	**£000s**	**£000s**
Balances with other Central Government Bodies	1,334	-	1,049	-
Balances with Local Authorities	112	-	27	-
Balances with NHS bodies outside the Departmental Group	-	-	-	-
Balances with NHS Trusts and Foundation Trusts	118	-	3,509	-
Balances with Public Corporations and Trading Funds	-	-	-	-
Balances with bodies external to government	2,056	-	24,587	-
At 31 March 2013	**3,620**	**-**	**29,172**	**-**
prior period:				
Balances with other Central Government Bodies	454	-	1,840	-
Balances with Local Authorities	170	-	1,183	-
Balances with NHS Trusts and Foundation Trusts	1,739	-	4,765	-
Balances with Public Corporations and Trading Funds	-	-	-	-
Balances with bodies external to government	2,674	-	29,459	-
At 31 March 2012	**5,037**	**-**	**37,247**	**-**

12.3 Property, plant and equipment

Amounts reported for Land & Buildings are based on valuations provided by the independent District Valuation Service as at 31st March 2013. The valuations have been prepared in accordance with the terms of the Royal Institution of Chartered Surveyors' Valuation Standards, 6th Edition, insofar as these terms are consistent with the requirements of HM Treasury, the National Health Service and the Department of Health. In respect of the property interests shown in these statements the total value of the estate is the aggregate of the Depreciated Replacement Cost and Existing Use Values of operational properties plus the Market Values of non-operational properties.

Asset Under Construction relates to the East Riding of Yorkshire Community Hospital located in Beverley which was completed in June 2012. A valuation of this new facility was provided by the District Valuer as part of the valuation process reported above.

Impairment costs are supported by specific additional resource passed to the PCT and recorded as part of its Revenue Resource Limit in note 3.1

Economic Lives of Non-Current Assets	**Min Life Years**	**Max Life Years**
Property, Plant and Equipment		
Buildings exc Dwellings	-	67
Dwellings	-	-
Plant & Machinery	-	10
Transport Equipment	-	-
Information Technology	-	4
Furniture and Fittings	-	10

Open Market Value of Assets at balance sheet date

As detailed above PCT assets valuations are based on Existing Use Values for operational properties. As such there is no open market value to be placed on these assets.

13 Intangible non-current assets

East Riding of Yorkshire PCT has no intangible non-current assets (2011-12 nil)

14. Analysis of impairments and reversals recognised in 2012-13	**2012-13 Total £000**	**2012-13 Admin £000**	**2012-13 Programme £000**
Property, Plant and Equipment impairments and reversals taken to SoCNE			
Loss or damage resulting from normal operations	-	-	-
Over-specification of assets	-	-	-
Abandonment of assets in the course of construction	-	-	-
Total charged to Departmental Expenditure Limit	-	-	-
Unforeseen obsolescence	-		-
Loss as a result of catastrophe	-		-
Other	-		-
Changes in market price	1,148		1,148
Total charged to Annually Managed Expenditure	1,148		1,148
Property, Plant and Equipment impairments and reversals charged to the revaluation reserve			
Loss or damage resulting from normal operations	-		
Over Specification of Assets	-		
Abandonment of assets in the course of construction	-		
Unforeseen obsolescence	-		
Loss as a result of catastrophe	-		
Other	-		
Changes in market price	1,072		
Total impairments for PPE charged to reserves	**1,072**		
Total Impairments of Property, Plant and Equipment	**2,220**	-	**1,148**
Total Impairments charged to Revaluation Reserve	1,072		
Total Impairments charged to SoCNE - DEL	-	-	-
Total Impairments charged to SoCNE - AME	1,148		1,148
Overall Total Impairments	**2,220**	-	**1,148**
Of which:			
Impairment on revaluation to "modern equivalent asset" basis	**0**	0	0

18 Inventories	Consumables £000	Other £000	Total £000
Balance at 1 April 2012	**4**	**-**	**4**
Additions	-	-	**-**
Inventories recognised as an expense in the period	(4)	-	**(4)**
Write-down of inventories (including losses)	-	-	**-**
Reversal of write-down previously taken to SoCNE	-	-	**-**
Transfers (to)/from other public sector bodies	-	-	**-**
Balance at 31 March 2013	**-**	**-**	**-**

19.1 Trade and other receivables	Current		Non-current	
	31 March 2013 £000	31 March 2012 £000	**31 March 2013 £000**	31 March 2012 £000
NHS receivables - revenue	**429**	2,139	**-**	-
NHS receivables - capital	**-**	-	**-**	-
NHS prepayments and accrued income	**-**	-	**-**	-
Non-NHS receivables - revenue	**487**	-	**-**	-
Non-NHS receivables - capital	**279**	-	**-**	-
Non-NHS prepayments and accrued income	**1,467**	2,620	**-**	-
Provision for the impairment of receivables	**(65)**	(37)	**-**	-
VAT	**1,023**	54	**-**	-
Current/non-current part of PFI and other PPP arrangements prepayments and accrued income	**-**	-	**-**	-
Interest receivables	**-**	-	**-**	-
Finance lease receivables	**-**	-	**-**	-
Operating lease receivables	**-**	-	**-**	-
Other receivables	**-**	261	**-**	-
Total	**3,620**	5,037	**-**	-
Total current and non current	**3,620**	5,037		
Included above:				
Prepaid pensions contributions	**-**	-		

The great majority of trade is with other NHS bodies, including other Primary Care Trusts as commissioners for NHS patient care services. As Primary Care Trusts are funded by Government to buy NHS patient care services, no credit scoring of them is considered necessary.

The Non-NHS prepayments and accrued income calculation now includes patient revenue in respect to the Dental and Pharmacy contract. The 2010-11 figure has been recalculated to reflect this change.

19.2 Receivables past their due date but not impaired	**31 March 2013 £000**	31 March 2012 £000
By up to three months	**691**	288
By three to six months	**5**	485
By more than six months	**61**	60
Total	**757**	833

The majority of the receivables held are due from other NHS bodies

19.3 Provision for impairment of receivables	**2012-13 £000**	**2011-12 £000**
Balance at 1 April 2012	**(37)**	(38)
Amount written off during the year	**-**	-
Amount recovered during the year	**-**	4
(Increase)/decrease in receivables impaired	**(28)**	(3)
Balance at 31 March 2013	**(65)**	(37)

Amounts relate to non-NHS debts which were identified as unrecoverable

20 NHS LIFT investments
East Riding of Yorkshire PCT has no LIFT investments

21. Other financial assets
East Riding of Yorkshire PCT has no financial assets

22 Other current assets
East Riding of Yorkshire PCT has no other current assets beyond those recorded in these statements.

23 Cash and Cash Equivalents	**31 March 2013 £000**	31 March 2012 £000
Opening balance	**10**	12
Net change in year	**49**	(2)
Closing balance	**59**	10
Made up of		
Cash with Government Banking Service	**-**	10
Commercial banks	**55**	-
Cash in hand	**4**	-
Current investments	**-**	-
Cash and cash equivalents as in statement of financial position	**59**	10
Bank overdraft - Government Banking Service	**-**	-
Bank overdraft - Commercial banks	**-**	-
Cash and cash equivalents as in statement of cash flows	**59**	10
Patients' money held by the PCT, not included above	**-**	-

24 Non-current assets held for sale

East Riding of Yorkshire PCT has no non-current assets held for sale

25 Trade and other payables	**Current**		**Non-current**	
	31 March 2013	31 March 2012	**31 March 2013**	31 March 2012
	£000	£000	**£000**	£000
Interest payable	**-**	-		
NHS payables - revenue	**4,467**	5,679	**-**	-
NHS payables - capital	**-**	80	**-**	-
NHS accruals and deferred income	**-**	168	**-**	-
Family Health Services (FHS) payables	**-**	-		
Non-NHS payables - revenue	**2,597**	3,668	**-**	-
Non-NHS payables - capital	**1,661**	2,704	**-**	-
Non_NHS accruals and deferred income	**20,398**	24,786	**-**	-
Social security costs	**2**	73		
VAT	**-**	-	**-**	-
Tax	**47**	89		
Payments received on account	**-**	-	**-**	-
Other	-	-	-	-
Total	**29,172**	37,247	**-**	-
Total payables (current and non-current)	**29,172**	**37,247**		

26 Other liabilities

East Riding of Yorkshire PCT has no other liabilities at 31st March 2013.

27 Borrowings	**Current**		**Non-current**	
	31 March 2013	31 March 2012	**31 March 2013**	31 March 2012
	£000	£000	**£000**	£000
Bank overdraft - Government Banking Service	**-**	-		
Bank overdraft - commercial banks	**-**	-		
PFI liabilities:				
Main liability	**-**	58	**-**	2,588
Lifecycle replacement received in advance	**-**	-	**-**	-
LIFT liabilities:				
Main liability	**-**	-	**-**	-
Lifecycle replacement received in advance	**-**	-	**-**	-
Finance lease liabilities	**-**	-	**-**	-
Other (describe)	**-**	-	**-**	-
Total	**-**	**58**	**-**	**2,588**
Total other liabilities (current and non-current)	**-**	**2,646**		

Borrowings/Loans - Payment of Principal Falling Due in:	**DH**	**Other**	**Total**
	£000s	**£000s**	**£000s**
0 - 1 Years	-	-	**-**
1 - 2 Years	-	-	**-**
2 - 5 Years	-	-	**-**
Over 5 Years	-	-	**-**
TOTAL	**-**	**-**	**-**

28 Other financial liabilities

East Riding of Yorkshire PCT has no other financial liabilities at 31st March 2013 (31st March 2012 none)

29 Deferred income

East Riding of Yorkshire PCT has no deferred income at 31st March 2013 (31st March 2012 none)

30 Finance lease obligations

East Riding of Yorkshire PCT has no finance leases.

PFI arrangements are reported separately in note 34 (2011-12 none)

31 Finance lease receivables as lessor

East Riding of Yorkshire PCT has no finance lease receivables as a lessor (2011-12 none)

32 Provisions	Total £000s	Legal Claims [1] £000s	Restructuring £000s	Comprising: Continuing Care [2] £000s	Other [3] £000s	Redundancy [4] £000s
Balance at 1 April 2012	**950**	2	-	948	-	-
Arising During the Year	**3,805**	7	-	3,388	30	380
Utilised During the Year	**(143)**	-	-	(143)	-	-
Reversed Unused	**-**	-	-	-	-	-
Unwinding of Discount	**-**	-	-	-	-	-
Change in Discount Rate	**-**	-	-	-	-	-
Transferred (to)/from other Public Sector bodies	**-**	-	-	-	-	-
Balance at 31 March 2013	**4,612**	**9**	**-**	**4,193**	**30**	**380**
Expected Timing of Cash Flows:						
No Later than One Year	**4,612**	**9**	**-**	**4,193**	**30**	**380**
Later than One Year and not later than Five Years		**-**	**-**	**-**	**-**	**-**
Later than Five Years	**-**	**-**	**-**	**-**	**-**	**-**
Amount Included in the Provisions of the NHS Litigation Authority in Respect of Clinical Negligence Liabilities:						
As at 31 March 2013	439					
As at 31 March 2012	432					

1. Legal claims relate to claims made by other NHS organisations and re-imbursed by the PCT via a 'back to back' arrangement. It also includes claims made through the Litigation Authority for Liabilities to Third Parties (LTPs). During 2011-12 the PCT has cleared its liabilities under the back to back arrangement.

2. Continuing Care relates to claims from individuals who received full-time (at home or in a care home) care primarily for health reasons and should have been assessed for NHS Continuing Care. They have subsequently lodged a retrospective claim for a refund of these care fees.

3. Other costs relates to a back to back provision with Humber Mental health trust regarding claims arising before the Community Services transferred.

4. Redundancy costs relate to the staff under notice of redundancy following implementation of the Health & Social Care Act 2012

33 Contingencies

Contingent liabilities

The Provision for retrospective Continuing Care claims in note 32 is an estimate of the likely cost to the PCT based on past experience of such claims. Assessment and validation of these claims will continue during 2013-14 to confirm the actual value of this liability. Individual settlements are likely to vary to claims made and in overall terms there is the potential for the total actual payments to differ from the total provision within these accounts.

Contingent Assets

The PCT holds legal charge over properties which are used in the provision of health care services. The value of these charges is dependent on valuation and at the present time there is no expectation that such charges would crystallise.

34 PFI and LIFT - additional information

East Riding of Yorkshire PCT PFI agreement in respect of Withernsea Community Hospital ended in October 2012.

	31 March 2013 £000	31 March 2012 £000
34.1 Charges to operating expenditure and future commitments in respect of ON and OFF SOFP PFI		
Total charge to operating expenses in year - OFF SOFP PFI	**-**	-
Service element of on SOFP PFI charged to operating expenses in year	**389**	397
Total	**389**	**397**
Payments committed to in respect of off SOFP PFI and the service element of on SOFP PFI		
No Later than One Year	**-**	397
Later than One Year, No Later than Five Years	**-**	1,588
Later than Five Years	**-**	6,749
Total	**-**	8,734

There are no expected payment if future years.

34.2 Imputed "finance lease" obligations for on SOFP PFI contracts due		
Analysed by when PFI payments are due		
No Later than One Year	**-**	158
Later than One Year, No Later than Five Years	**-**	632
Later than Five Years	**-**	2,686
Subtotal	**-**	3,476
Less: Interest Element	**-**	(830)
Total	**-**	2,646

Charges to operating expenditure and future commitments in respect of on and off SOFP LIFT	**31 March 2013 £000**	31 March 2012 £000
Total Charge to Operating Expenses in year - OFF SOFP LIFT	**-**	-
Service element of on SOFP LIFT charged to operating expenses in year	**-**	-
Total	**-**	-

35 Impact of IFRS treatment - 2012-13	**31 March 2013 £000** **Total £000**	Admin £000	Programme £000
Revenue costs of IFRS: Arrangements reported on SoFP under IFRIC12 (e.g. LIFT/PFI)			
Depreciation charges	**67**	-	67
Interest Expense	**95**	-	95
Impairment charge - AME	**101**		101
Impairment charge - DEL	**-**	-	-
Other Expenditure	**539**	-	539
Revenue Receivable from subleasing	**(485)**	-	(485)
Total IFRS Expenditure (IFRIC12)	**317**	**-**	**317**
Revenue consequences of LIFT/PFI schemes under UK GAAP / ESA95 (net of any sublease income)	**-**	-	-
Net IFRS change (IFRIC12)	**317**	**-**	**317**

Capital Consequences of IFRS : LIFT/PFI and other items under IFRIC12	
Capital expenditure 2012-13	87
UK GAAP capital expenditure 2012-13 (Reversionary Interest)	-

36 Financial Instruments

Financial risk management

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

Currency risk

The PCT/Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. The PCT/Trust has no overseas operations. The PCT/Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

PCTs are not permitted to borrow. The PCT therefore has low exposure to interest-rate fluctuations

Credit Risk

Because the majority of the PCT's income comes from funds voted by Parliament the PCT has low exposure to credit risk.

Liquidity Risk

The PCT is required to operate within limits set by the Secretary of State for the financial year and draws down funds from the Department of Health as the requirement arises. The PCT is not, therefore, exposed to significant liquidity risks.

36.1 Financial Assets	At 'fair value through profit and loss' £000	Loans and receivables £000	Available for sale £000	Total £000
Embedded derivatives	-			**-**
Receivables - NHS		429		**429**
Receivables - non-NHS		766		**766**
Cash at bank and in hand		59		**59**
Other financial assets	-	-	-	**-**
Total at 31 March 2013	**-**	**1,254**	**-**	**1,254**
Embedded derivatives	-			-
Receivables - NHS		2,139		2,139
Receivables - non-NHS		261		261
Cash at bank and in hand		12		12
Other financial assets	-	-	-	-
Total at 31 March 2012	-	2,412	-	2,412

36.2 Financial Liabilities	At 'fair value through profit and loss' £000	Other £000	Total £000
Embedded derivatives	-		**-**
NHS payables		4,467	**4,467**
Non-NHS payables		4,258	**4,258**
Other borrowings		-	**-**
PFI & finance lease obligations		-	**-**
Other financial liabilities	-	-	**-**
Total at 31 March 2013	**-**	**8,725**	**8,725**
Embedded derivatives	-		-
NHS payables		5,759	5,759
Non-NHS payables		6,372	6,372
Other borrowings		-	-
PFI & finance lease obligations		2,646	2,646
Other financial liabilities	-	-	-
Total at 31 March 2012	**-**	14,777	14,777

37 Related party transactions

The Parent

The Department of Health is regarded as a related party. During the year East Riding of Yorkshire PCT has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department.

NHS bodies

Humber NHS Foundation Trust
Leeds Teaching Hospitals NHS Trust
York Health Services NHS Foundation Trust
Yorkshire Ambulance Trust
Barnsley Primary Care Trust
Hull Teaching Primary Care Trust
NHS Logistics
Yorkshire and the Humber Strategic health Authority
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust
Doncaster & Bassetlaw NHS Foundation Trust
Hull and East Yorkshire Hospitals NHS Trust
Scarborough & North East Yorkshire Healthcare NHS Trust
North Yorkshire & York Primary Care Trust
North Lincolnshire Primary Care Trust
North East Lincolnshire Care Trust Plus

Other Government Departments

National Insurance Fund
NHS Pension Authority
East Riding of Yorkshire Council
HM Revenue and Customs

Key Management Personnel & Related Party Transactions	Related party Payments to £'000	Receipts from £'000	Amounts owed to £'000	Amounts due from £'000
Humber Cluster Officers:				
Karen Knapton, Chair (to 31 August 2012)				
Ms Knapton - member of the PCT Network Board , part of NHS Confederation	32	-	-	-
Chris Long, Chief Executive				
Alan Barton, Director of Finance and Performance				
Mr Barton is Director of Hull CityCare - NHS Hull nominated Director	17	-	-	-
Mr Barton' wife was Administrative Support for MIND Chief Executive to to 30th June 2011	257	-	-	-
Kathryn Ireland, Director of Quality and Governance (Nursing)				
Julie Warren, Director of Commissioning Development				
Dr Paul Twomey, Medical Director (1 May 2011-31 March 2012)				
Dr Twomey is a Principal GP, Scartho Medical Centre	1,599	-	-	-
Tina Smallwood, Director of Human Resources				
Catherine Dymond, Non-Executive Director (1 April to 31 October 2012)				
Kath Lavery, Chair (Vice Chair 1 April to 31 August 2012)				
Ms Lavery is in receipt of a UNISON pension	8	-	-	-
Ms Lavery's Daughter In Law is employed by Hull & East Yorkshire Hospitals NHS Trust	134,759	32	31	102
Graham Powell, Non-Executive Director (12 December 2012 onwards, NHS Hull only 1 April to 11 December 2012)				
Mr Powell's son is employed by Humber NHS Foundation Trust	65,978	2,403	47	63
Mr Powell's daughter-in-law by Hull & East Yorkshire Hospitals NHS Trust	134,759	32	31	102
Richard Davies, Non-Executive Director				
Mr Davies is a Non-Executive Director Of Preston Road Enterprises Ltd	2	-	-	-
Helen Varey, Vice Chair				
Ursula Vickerton, Non-Executive Director (1 April to 30 November 2012)				
Ms Vickerton is a volunteer Trust Associate Manager of Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust	37	-	-	-
Val Waterhouse, Vice Chair				
Ms Waterhouse is the Chair of Care Plus Group (NE Lincs) Ltd	66	-	-	-
Pauline Harness, Associate Non-Executive Director				
Mark Webb, Non-Executive Director				
Louise Norton, Associate Non-Executive Director				
Ms Norton is a Governor of Humber NHS Foundation Trust from July 2011	65,978	2,403	47	63
Director of Public Health - Co-opted member				
Dr Tim Allison, Director of Public Health				
Dr Allison is an Honorary Clinical Senior Lecturer at Hull York Medical School	-	11	-	-
Dr Allison is Director of Public Health, East Riding of Yorkshire Council	26,307	126	-	112

Key Management Personnel & Related Party Transactions	Related party: Payments to £'000	Receipts from £'000	Amounts owed to £'000	Amounts due from £'000
Humber Cluster Officers - continued:				
Dr Geoff Barnes, Director of Public Health -North East Lincolnshire				
(shared post with Local Authority 1 April to 31 October 2012)				
Ms Frances Cunning Director of Public Health - North Lincolnshire (shared post with Local Authority)				
Cluster Member F Cunning is the jointly funded Director of Public Health with North Lincolnshire Council	713	276	262	437
- Married to Assistant Director at Sheffield CCG				
Dr Cate Carmichael, Director of Public Health - North East Lincolnshire Council				
(shared post with Local Authority 1 November 2012 to 31 March 2013)				
Dr Wendy Richardson-Hull City Council				

The individuals above will not be involved in decision making in relation to a service where they have a related party interest

The compensation paid to cluster officers is disclosed in Note 7 Employee benefits on Page 32 and within the Remuneration report within the Annual Report on Page 24-25

NHS East Riding of Yorkshire CCG Committee members:				
Dr Gina Palumbo, Chair				
Dr Palumbo is a GP Partner, Dr Harley & Partners, Walkergate Surgery	640	-	-	-
Dr Palumbo's husband is a Doctor, Hull Substance Misuse Service.	696	951	-	20
Hull Teaching Primary Care Trust				
Dr Palumbo's husband is a Medical Director - Community, Rotherham	41	-	12	-
NHS Foundation Trust	-	11	-	-
Dr Palumbo's husband is a Honorary lecturer at HYMS	300	-	-	-
Dr Palumbo's husband is a Sessional GP at Hallgate Practice				
Alex Seale, Director of Commissioning				
Jane Hawkard, Chief Operating Officer				
Richard Dodson, Chief Finance Officer				
Mr Dodson's wife is an Assistant Director of Finance, Hull Teaching PCT	696	930	-	20
Mr Dodson's wife is Honorary Treasurer for Cruse Bereavement Care	-	-	-	-
Hull & East Riding				
Hilary Gledhill, Assistant director of Quality and Patient Experience				
Rob Baker, Chair, Pocklington GP Practice				
John Wilson, Senior Manager, Yorkshire Forward				
Alison Michalska, Clinical Commissioning Group member				
Ms Michalska is Director of Children, Family and Adult Services, East	26,307	126	-	112
Riding of Yorkshire Council				
Dr David Fitzsimons				
Dr Fitzsimons is a GP Partner, South Holderness Medical Practice	2,445	-		
Dr Fitzsimons is a Member, Assura LLP	182	-	-	18
Dr Fitzsimons is a Senior Clinical Tutor and Director, Hull York Medical School	-	11	-	
Dr Fitzsimons is a Medical officer for Humber NHS Foundation trust	65,978	2,403	47	63
Dr Fitzsimons' wife is a Charge Nurse, Hull & East Yorkshire Hospitals NHS	134,759	32	31	102
Dr Alan Francis				
Dr Francis is a GP Partner, Manor House Surgery	1,183	-	-	-
Dr Francis is a Senior Clinical Tutor, Hull York Medical School	-	11	-	-
Dr Francis is the Vice Chair, LMC				
Dr Clive Henderson				
Dr Henderson is a GP Partner, Bartholomew Medical Group	1,420	-	-	-
Dr Henderson is a Member, Assura LLP	182	-	-	18
Dr Henderson is Dean of Admissions & Senior Clinical Tutor, Hull York Medical School	-	11	-	-
Dr Jamal Hussain				
Dr Hussain is a GP Partner, The Park Surgery	3,027	-	-	-
Dr Frank Thornton				
Dr Thornton is a GP Partner, Bartholomew Medical Practice	1,740	-	-	-
Dr Thornton is a Member, Assura LLP	182	20	-	18
Dr Thornton is a Senior Clinical Tutor, Hull York Medical School	-	11	-	-

Key Management Personnel & Related Party Transactions	Related party: Payments to £'000	Related party: Receipts from £'000	Related party: Amounts owed to £'000	Related party: Amounts due from £'000
NHS East Riding of Yorkshire CCG Committee members - continued:				
Dr K Sivarajan				
Dr Sivarajan is a GP Partner, Hessle Grange Medical Practice	1,174	-	-	-
Dr Sivarajan is a Member, Assura LLP	182	-	-	18
Dr Sivarajan is a Medical Officer, Everthorpe Prison, Hessle Grange Medical Medical Services	103	-	-	-
Dr Sivarajan is the Locality Vice Chair (Haltemprice)				
Dr Marios Adamou				
Dr Adamou is a Consultant psychiatrist, South West Yorkshire NHS Partnership Foundation Trust				
Dr Tim Allison, Director of Public Health				
Dr Allison is an Honorary Clinical Senior Lecturer at Hull York Medical School	-	11	-	-
Dr Allison is Director of Public Health, East Riding of Yorkshire Council	26,307	126	-	112
Sally-Ann Spencer-Gray, Lay Member - Patient Experience, Link Rep and Patient involvement lead (from October 2012)				
Alexander Mary Henderson, Lay Member & Vice Chair				
Geoff Pearson, Lay Member - Patient Experience (until May 2012)				
Mr Pearson is the Chair, ER Local Involvement Network				
Jonathan Beckerlegge, Lay Member, Audit and Integrated Governance Committee Chair				
Mr Beckerlegge's wife is a partner at Adam Newlove Physio Ltd, a counsellor/advisor at the Riding for the disabled.				
Joan Fletcher, Lay Member Patient Experience, Link Rep and Patient involvement lead				

The individuals above will not be involved in decision making in relation to a service where they have a related party interest

The compensation paid to cluster officers is disclosed in Note 7 Employee benefits on Page 32 and within the Remuneration report within the Annual Report on Page 24-25

38 Losses and special payments

The total number of losses cases in 2012-13 and their total value was as follows:

	Total Value of Cases £s	Total Number of Cases
Losses - PCT management costs	3,319	20
Special payments - PCT management costs	-	-
Losses in respect of the provision of family practitioner services	-	-
		1
Special payments in respect of he provision of family practitioner services	1,700	
Total losses	3,319	20
Total special payments	1,700	1
Total losses and special payments	5,019	21

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

	Total Value of Cases £s	Total Number of Cases
Losses - PCT management costs	471	1
Special payments - PCT management costs	589	2
Losses in respect of the provision of family practitioner services	-	-
		-
Special payments in respect of he provision of family practitioner services	-	
Total losses	471	1
Total special payments	589	2
Total losses and special payments	1,060	3

39 Third party assets

East Riding of Yorkshire PCT holds no assets on behalf of other bodies (2011-12 none)

40 Pooled budget

East Riding of Yorkshire PCT has no formal pooled budgets.

41 Cashflows relating to exceptional items

East Riding of Yorkshire PCT had no exceptional payments or receipts

42.1 Events after the end of the reporting period

East Riding of Yorkshire PCT ceased to exist on 31st March 2013 following implementation of the Health & Social Care Act 2012. PCT assets, liabilities and obligations will pass to either the NHS Commissioning Board (NHSCB), the Local Authority or to a Clinical Commissioning Group (CCG) in line with agreed Transfer Orders.

The Department of Health will pay all short term outstanding balances left from the PCT during the first 3 months of the new financial year.

The remaining assets and liabilities will transfer as follows:
Certain properties and leases aligned to Community service provision will transfer to Humber Foundation Trusts, all other properties and leases as well as legal charges are transferred to NHS Property Services as of 1 April.

All Continuing Healthcare and other contract provisions except for specialist services will transfer to relevant CCG's.