
Data entered below will be used throughout the workbook:

Entity name:	Bury CCG
This year	2018-19
Last year	2017-18
This year ended	31-March-2019
Last year ended	31-March-2018
This year commencing:	01-April-2018
Last year commencing:	01-April-2017

FOREWORD TO THE ACCOUNTS

NHS Bury CCG

The clinical commissioning group was licenced from 1 April 2013 under provisions enacted in the Health & Social Care Act 2012, which amended the National Health Service Act 2006

These accounts for the year ended 31 March 2019 have been prepared by Bury Clinical Commissioning Group under section 17 of schedule 1A of the National Health Service Act 2006 (as amended) in the form which the Secretary of State has, with the approval of the Treasury, directed.

The National Health Service Act 2006 (as amended) requires Clinical Commissioning Groups to prepare their Annual Report and Annual Accounts in accordance with Directions issued by NHS England.

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**Statement of Comprehensive Net Expenditure for the year ended
31 March 2019**

	Note	2018-19 £'000	2017-18 £'000
Income from sale of goods and services	2	(3,852)	(710)
Other operating income	2	(83)	(3,872)
Total operating income		(3,934)	(4,582)
Staff costs	4	4,604	4,364
Purchase of goods and services	5	301,069	291,191
Depreciation and impairment charges		-	-
Provision expense		-	(109)
Other Operating Expenditure	5	187	108
Total operating expenditure		305,860	295,555
Net Operating Expenditure		301,926	290,972
Finance income		-	-
Finance expense		-	-
Net expenditure for the year		301,926	290,972
Net (Gain)/Loss on Transfer by Absorption		-	-
Total Net Expenditure for the Financial Year		301,926	290,972
Other Comprehensive Expenditure			
<u>Items which will not be reclassified to net operating costs</u>			
Net (gain)/loss on revaluation of PPE		-	-
Net (gain)/loss on revaluation of Intangibles		-	-
Net (gain)/loss on revaluation of Financial Assets		-	-
Actuarial (gain)/loss in pension schemes		-	-
Impairments and reversals taken to Revaluation Reserve		-	-
<u>Items that may be reclassified to Net Operating Costs</u>			
Net gain/loss on revaluation of available for sale financial assets		-	-
Reclassification adjustment on disposal of available for sale financial assets		-	-
Sub total		-	-
Comprehensive Expenditure for the year		301,926	290,972

**Statement of Financial Position as at
31 March 2019**

	2018-19	2017-18
Note	£'000	£'000
Non-current assets:		
Total non-current assets	<u>-</u>	<u>-</u>
Current assets:		
Trade and other receivables	8 4,169	2,410
Cash and cash equivalents	9 33	128
Total current assets	<u>4,203</u>	<u>2,537</u>
Non-current assets held for sale	-	-
Total current assets	<u>4,203</u>	<u>2,537</u>
Total assets	<u>4,203</u>	<u>2,537</u>
Current liabilities		
Trade and other payables	10 (22,733)	(20,466)
Total current liabilities	<u>(22,733)</u>	<u>(20,466)</u>
Non-Current Assets plus/less Net Current Assets/Liabilities	<u>(18,530)</u>	<u>(17,929)</u>
Non-current liabilities		
Total non-current liabilities	-	-
Assets less Liabilities	<u>(18,530)</u>	<u>(17,929)</u>
Financed by Taxpayers' Equity		
General fund	(18,530)	(17,929)
Revaluation reserve	-	-
Other reserves	-	-
Charitable Reserves	-	-
Total taxpayers' equity:	<u>(18,530)</u>	<u>(17,929)</u>

The notes on pages 5 to 29 form part of these financial statements

The financial statements on pages 1 to 4 were approved by the Governing Body on 22 May 2019 and signed on its behalf by:

Accountable Officer

**Statement of Changes In Taxpayers Equity for the year ended
31 March 2019**

	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
Changes in taxpayers' equity for 2018-19				
Balance at 01 April 2018	(17,929)	0	0	(17,929)
Transfer between reserves in respect of assets transferred from closed NHS bodies	0	0	0	0
Impact of applying IFRS 9 to Opening Balances	0			0
Impact of applying IFRS 15 to Opening Balances	0			0
Adjusted NHS Clinical Commissioning Group balance at 31 March 2018	(17,929)	0	0	(17,929)
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2018-19				
Net operating expenditure for the financial year	(301,926)			(301,926)
Net gain/(loss) on revaluation of property, plant and equipment		0		0
Net gain/(loss) on revaluation of intangible assets		0		0
Net gain/(loss) on revaluation of financial assets		0		0
Total revaluations against revaluation reserve		0		0
Net gain (loss) on available for sale financial assets	0	0	0	0
Net gain/(loss) on revaluation of other investments and Financial Assets (excluding available for sale financial assets)			0	0
Net gain (loss) on revaluation of assets held for sale	0	0	0	0
Impairments and reversals	0	0	0	0
Net actuarial gain (loss) on pensions	0	0	0	0
Movements in other reserves	0	0	0	0
Transfers between reserves	0	0	0	0
Release of reserves to the Statement of Comprehensive Net Expenditure	0	0	0	0
Reclassification adjustment on disposal of available for sale financial assets	0	0	0	0
Transfers by absorption to (from) other bodies	0	0	0	0
Reserves eliminated on dissolution	0	0	0	0
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	(301,926)	0	0	(301,926)
Net funding	301,325	0	0	301,325
Balance at 31 March 2019	(18,530)	0	0	(18,530)
Changes in taxpayers' equity for 2017-18				
Balance at 01 April 2017	(16,734)	0	0	(16,734)
Transfer of assets and liabilities from closed NHS bodies as a result of the 1 April 2013 transition	0	0	0	0
Adjusted NHS Clinical Commissioning Group balance at 31 March 2018	(16,734)	0	0	(16,734)
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2017-18				
Net operating costs for the financial year	(290,972)			(290,972)
Net gain/(loss) on revaluation of property, plant and equipment		0		0
Net gain/(loss) on revaluation of intangible assets		0		0
Net gain/(loss) on revaluation of financial assets		0		0
Total revaluations against revaluation reserve		0		0
Net gain (loss) on available for sale financial assets	0	0	0	0
Net gain (loss) on revaluation of assets held for sale	0	0	0	0
Impairments and reversals	0	0	0	0
Net actuarial gain (loss) on pensions	0	0	0	0
Movements in other reserves	0	0	0	0
Transfers between reserves	0	0	0	0
Release of reserves to the Statement of Comprehensive Net Expenditure	0	0	0	0
Reclassification adjustment on disposal of available for sale financial assets	0	0	0	0
Transfers by absorption to (from) other bodies	0	0	0	0
Reserves eliminated on dissolution	0	0	0	0
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	(290,972)	0	0	(290,972)
Net funding	289,778	0	0	289,778
Balance at 31 March 2018	(17,929)	0	0	(17,929)

The notes on pages 5 to 29 form part of these financial statements

**Statement of Cash Flows for the year ended
31 March 2019**

	Note	2018-19 £'000	2017-18 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial year		(301,926)	(290,972)
Depreciation and amortisation		0	0
Impairments and reversals		0	0
Non-cash movements arising on application of new accounting standards		0	0
Movement due to transfer by Modified Absorption		0	0
Other gains (losses) on foreign exchange		0	0
Donated assets received credited to revenue but non-cash		0	0
Government granted assets received credited to revenue but non-cash		0	0
Interest paid		0	0
Release of PFI deferred credit		0	0
Other Gains & Losses		0	0
Finance Costs		0	0
Unwinding of Discounts		0	0
(Increase)/decrease in inventories		0	0
(Increase)/decrease in trade & other receivables	8	(1,760)	(900)
(Increase)/decrease in other current assets		0	0
Increase/(decrease) in trade & other payables	10	2,267	2,255
Increase/(decrease) in other current liabilities		0	0
Provisions utilised		0	0
Increase/(decrease) in provisions		0	(109)
Net Cash Inflow (Outflow) from Operating Activities		(301,419)	(289,726)
Cash Flows from Investing Activities			
Interest received		0	0
(Payments) for property, plant and equipment		0	0
(Payments) for intangible assets		0	0
(Payments) for investments with the Department of Health		0	0
(Payments) for other financial assets		0	0
(Payments) for financial assets (LIFT)		0	0
Proceeds from disposal of assets held for sale: property, plant and equipment		0	0
Proceeds from disposal of assets held for sale: intangible assets		0	0
Proceeds from disposal of investments with the Department of Health		0	0
Proceeds from disposal of other financial assets		0	0
Proceeds from disposal of financial assets (LIFT)		0	0
Non-cash movements arising on application of new accounting standards		0	0
Loans made in respect of LIFT		0	0
Loans repaid in respect of LIFT		0	0
Rental revenue		0	0
Net Cash Inflow (Outflow) from Investing Activities		0	0
Net Cash Inflow (Outflow) before Financing		(301,419)	(289,726)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		301,325	289,778
Other loans received		0	0
Other loans repaid		0	0
Capital element of payments in respect of finance leases and on Statement of Financial Position PFI and LIFT		0	0
Capital grants and other capital receipts		0	0
Capital receipts surrendered		0	0
Non-cash movements arising on application of new accounting standards		0	0
Net Cash Inflow (Outflow) from Financing Activities		301,325	289,778
Net Increase (Decrease) in Cash & Cash Equivalents	9	(94)	52
Cash & Cash Equivalents at the Beginning of the Financial Year		128	76
Effect of exchange rate changes on the balance of cash and cash equivalents held in foreign currencies		0	0
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		33	128

The notes on pages 5 to 29 form part of these financial statements

Notes to the financial statements

1 Accounting Policies

NHS England has directed that the financial statements of clinical commissioning groups shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2018-19 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to clinical commissioning groups, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the clinical commissioning group for the purpose of giving a true and fair view has been selected. The particular policies adopted by the clinical commissioning group are described below. They have been applied consistently in dealing with items considered materia

1.1 Going Concern

These accounts have been prepared on a going concern basis.

Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

Where a clinical commissioning group ceases to exist, it considers whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern for the final set of financial statements. If services will continue to be provided the financial statements are prepared on the going concern basis.

1.2 Accounting Convention

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.

1.3 Movement of Assets within the Department of Health and Social Care Group

Transfers as part of reorganisation fall to be accounted for by use of absorption accounting in line with the Government Financial Reporting Manual, issued by HM Treasury. The Government Financial Reporting Manual 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 Statement of Comprehensive Net Expenditure, and is disclosed separately from Other transfers of assets and liabilities within the Department of Health and Social Care Group are accounted for in line with IAS 20 and similarly give rise to income and expenditure entries.

1.4 Joint arrangements

Arrangements over which the clinical commissioning group has joint control with one or more other entities are classified as joint arrangements. Joint control is the contractually agreed sharing of control of an arrangement. A joint arrangement is either a joint operation or a joint venture.

A joint operation exists where the parties that have joint control have rights to the assets and obligations for the liabilities relating to the arrangement. Where the clinical commissioning group is a joint operator it recognises its share of, assets, liabilities, income and expenses in its own accounts.

A joint venture is a joint arrangement whereby the parties that have joint control of the arrangement have rights to the net assets of the arrangement. Joint ventures are recognised as an investment and accounted for using the equity method.

1.5 Pooled Budgets

The clinical commissioning group has entered into a pooled budget arrangement with Bury MBC in accordance with section 75 of the NHS Act 2006. Under the arrangement, funds are pooled and note 14 to the accounts provides details of the income and expenditure.

The pool is hosted by Bury MBC. The clinical commissioning group accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement

1.6 Operating Segments

Income and expenditure are analysed in the Operating Segments note and are reported in line with management information used within the clinical commissioning group.

Notes to the financial statements

1.7 Revenue

The transition to IFRS 15 has been completed in accordance with paragraph C3 (b) of the Standard, applying the Standard retrospectively recognising the cumulative effects at the date of initial application.

In the adoption of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows;

- As per paragraph 121 of the Standard the clinical commissioning group will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,
- The clinical commissioning group is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the
- The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the clinical commissioning group to reflect the aggregate effect of all contracts modified before the date of initial application.

Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance. Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is

Payment terms are standard reflecting cross government principles.

The value of the benefit received when the clinical commissioning group accesses funds from the Government's apprenticeship service are recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider, non-cash income and a corresponding non-cash training expense are recognised, both equal to the cost of the training funded.

1.8 Employee Benefits

1.8.1 Short-term Employee Benefits

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.

1.8.2 Retirement Benefit Costs

Past and present employees are covered by the provisions of the NHS Pensions Schemes. These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The schemes are 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 schemes are accounted for as though they were defined contribution schemes: the cost to the clinical commissioning group of participating in a 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 clinical commissioning group commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

1.9 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.

1.10 Grants Payable

where grant funding is not intended to be directly related to activity undertaken by a grant recipient in a specific period, the clinical commissioning group recognises the expenditure in the period in which the grant is paid. All other grants are accounted for on an accruals basis.

1.11 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.

Notes to the financial statements

1.11.1 The Clinical Commissioning Group 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 clinical commissioning 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.

1.11.2 The Clinical Commissioning Group as Lessor

Amounts due from lessees under finance leases are recorded as receivables at the amount of the clinical commissioning group'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 clinical commissioning group'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.

1.12 Cash & 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 clinical commissioning group's cash management.

1.13 Provisions

Provisions are recognised when the clinical commissioning group has a present legal or constructive obligation as a result of a past event, it is probable that the clinical commissioning group 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. Early retirement provisions are discounted using HM Treasury's pension discount rate of positive 0.29% (2017-18: positive 0.10%) in real terms. All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:

- A nominal short-term rate of 0.76% (2017-18: negative 2.42% in real terms) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.
- A nominal medium-term rate of 1.14% (2017-18: negative 1.85% in real terms) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date.
- A nominal long-term rate of 1.99% (2017-18: negative 1.56% in real terms) for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date.
- A nominal very long-term rate of 1.99% (2017-18: negative 1.56% in real terms) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.

All 2018-19 percentages are expressed in nominal terms with 2017-18 being the last financial year that HM Treasury provided real general provision discount rates.

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 is measured at the amount of the provision less the amount of the receivable. A restructuring provision is recognised when the clinical commissioning group 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.

1.14 Clinical Negligence Costs

NHS Resolution operates a risk pooling scheme under which the clinical commissioning group pays an annual contribution to NHS Resolution, which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with clinical commissioning group.

1.15 Non-clinical Risk Pooling

The clinical commissioning group participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the clinical commissioning group pays an annual contribution to the NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

1.16 Contingent liabilities and contingent assets

Notes to the financial statements

Notes to the financial statements

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 clinical commissioning group, 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 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 clinical commissioning group. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

1.17 Financial Assets

Financial assets are recognised when the clinical commissioning group 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 classified into the following categories:

- Financial assets at amortised cost;
- Financial assets at fair value through other comprehensive income and ;
- Financial assets at fair value through profit and loss.

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

1.17.1 Financial Assets at Amortised cost

Financial assets measured at amortised cost are those held within a business model whose objective is achieved by collecting contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables and other simple debt instruments. After initial recognition these financial assets are measured at amortised cost using the effective interest method less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

1.17.2 Financial assets at fair value through other comprehensive income

Financial assets held at fair value through other comprehensive income are those held within a business model whose objective is achieved by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of

1.17.3 Financial assets at fair value through profit and loss

Financial assets measured at fair value through profit and loss are those that are not otherwise measured at amortised cost or fair value through other comprehensive income. This includes derivatives and financial assets acquired principally for the purpose of

1.17.4 Impairment

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the clinical commissioning group recognises a loss allowance representing the expected credit losses on the financial asset. The clinical commissioning group adopts the simplified approach to impairment in accordance with IFRS 9, and measures the loss allowance for trade receivables, lease receivables and contract assets at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2) and otherwise at an amount equal to 12 HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds and Exchequer Funds assets where repayment is ensured by primary legislation. The clinical commissioning group therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally DHSC provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies and the clinical commissioning group does not recognise allowances for stage 1 or For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an

1.18 Financial Liabilities

Financial liabilities are recognised on the statement of financial position when the clinical commissioning group becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has

1.18.1 Financial Guarantee Contract Liabilities

Financial guarantee contract liabilities are subsequently measured at the higher of:

- The premium received (or imputed) for entering into the guarantee less cumulative amortisation; and,
- The amount of the obligation under the contract, as determined in accordance with IAS 37: Provisions, Contingent Liabilities and Contingent Assets.

1.18.2 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 clinical commissioning group's surplus/deficit. The net gain or loss incorporates any interest payable on the financial liability.

Notes to the financial statements

1.18.3 Other Financial Liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method, except for loans from Department of Health and Social Care, which are carried at historic cost. 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.

1.19 Value Added Tax

Most of the activities of the clinical commissioning group are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated

1.20 Losses & 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 that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the clinical commissioning group not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

1.21 Critical accounting judgements and key sources of estimation uncertainty

In the application of the clinical commissioning group's accounting policies, management is required to make various judgements, estimates and assumptions. These are regularly reviewed.

1.21.1 Critical accounting judgements in applying accounting policies

The following are the judgements, apart from those involving estimations, that management has made in the process of applying the clinical commissioning group's accounting policies and that have the most significant effect on the amounts recognised in the The calculation of running costs has been undertaken in accordance with NHS England national guidance and definitions. However the application of the rules for each organisation involves an application of professional judgement to particular

1.21.2 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year. Amounts included in provisions include an element of uncertainty around both the amount and timing of the likely liability occurring. They are also frequently, but not necessarily, one-off or unusual items for which there are fewer comparisons.

1.22 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.23 Accounting Standards That Have Been Issued But Have Not Yet Been Adopted

The DHSC GAM does not require the following IFRS Standards and Interpretations to be applied in 2018-19. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2019-20, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

- IFRS 16 Leases – Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRIC 23 Uncertainty over Income Tax Treatments – Application required for accounting periods beginning on or after 1

2 Other Operating Revenue

	2018-19	2017-18
	Total	Total
	£'000	£'000
Income from sale of goods and services (contracts)		
Education, training and research	26	317
Non-patient care services to other bodies	88	393
Patient transport services	-	-
Prescription fees and charges	1	0
Dental fees and charges	-	-
Income generation	-	-
Other Contract income	3,737	-
Recoveries in respect of employee benefits	-	-
Total Income from sale of goods and services	<u>3,852</u>	<u>710</u>
Other operating income		
Rental revenue from finance leases	-	-
Rental revenue from operating leases	-	-
Charitable and other contributions to revenue expenditure: NHS	-	-
Charitable and other contributions to revenue expenditure: non-NHS	83	120
Receipt of donations (capital/cash)	-	-
Receipt of Government grants for capital acquisitions	-	-
Continuing Health Care risk pool contributions	-	-
Non cash apprenticeship training grants revenue	-	-
Other non contract revenue	-	3,752
Total Other operating income	<u>83</u>	<u>3,872</u>
Total Operating Income	<u>3,934</u>	<u>4,582</u>

The display of accounting information is determined by the national Integrated Single Financial Environment (ISFE). Between 2017-18 and 2018-19 the classification of some income ledger codes in the ISFE changed from other operating income to Income from sale of goods and services.

3 Disaggregation of Income - Income from sale of good and services (contracts)

	Education, training and research £'000	Non-patient care services to other bodies £'000	Patient transport services £'000	Prescription fees and charges £'000	Dental fees and charges £'000	Income generation £'000	Other Contract income £'000	Recoveries in respect of employee benefits £'000
Source of Revenue								
NHS	2	88	-	-	-	-	11	-
Non NHS	24	-	-	1	-	-	3,726	-
Total	26	88	-	1	-	-	3,737	-

	Education, training and research £'000	Non-patient care services to other bodies £'000	Patient transport services £'000	Prescription fees and charges £'000	Dental fees and charges £'000	Income generation £'000	Other Contract income £'000	Recoveries in respect of employee benefits £'000
Timing of Revenue								
Point in time	26	88	-	1	-	-	3,737	-
Over time	-	-	-	-	-	-	-	-
Total	26	88	-	1	-	-	3,737	-

4. Employee benefits and staff numbers**4.1.1 Employee benefits**

	Total		2018-19
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	3,274	542	3,817
Social security costs	349	-	349
Employer Contributions to NHS Pension scheme	436	-	436
Other pension costs	-	-	-
Apprenticeship Levy	3	-	3
Other post-employment benefits	-	-	-
Other employment benefits	-	-	-
Termination benefits	-	-	-
Gross employee benefits expenditure	<u>4,062</u>	<u>542</u>	<u>4,604</u>
Less recoveries in respect of employee benefits (note 4.1.2)	-	-	-
Total - Net admin employee benefits including capitalised costs	<u>4,062</u>	<u>542</u>	<u>4,604</u>
Less: Employee costs capitalised	-	-	-
Net employee benefits excluding capitalised costs	<u>4,062</u>	<u>542</u>	<u>4,604</u>

4.1.1 Employee benefits

	Total		2017-18
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	3,274	291	3,565
Social security costs	351	-	351
Employer Contributions to NHS Pension scheme	446	-	446
Other pension costs	-	-	-
Apprenticeship Levy	3	-	3
Other post-employment benefits	-	-	-
Other employment benefits	-	-	-
Termination benefits	-	-	-
Gross employee benefits expenditure	<u>4,073</u>	<u>291</u>	<u>4,364</u>
Less recoveries in respect of employee benefits (note 4.1.2)	-	-	-
Total - Net admin employee benefits including capitalised costs	<u>4,073</u>	<u>291</u>	<u>4,364</u>
Less: Employee costs capitalised	-	-	-
Net employee benefits excluding capitalised costs	<u>4,073</u>	<u>291</u>	<u>4,364</u>

4.1.2 Recoveries in respect of employee benefits

	Permanent Employees £'000	Other £'000	2018-19	2017-18
			Total £'000	Total £'000
Employee Benefits - Revenue				
Salaries and wages	-	-	-	-
Social security costs	-	-	-	-
Employer contributions to the NHS Pension Scheme	-	-	-	-
Other pension costs	-	-	-	-
Other post-employment benefits	-	-	-	-
Other employment benefits	-	-	-	-
Termination benefits	-	-	-	-
Total recoveries in respect of employee benefits	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>

4.2 Average number of people employed

	2018-19		2017-18			
	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number	Total Number
Total	78.54	5.30	83.84	76.81	18.58	95.39
Of the above: Number of whole time equivalent people engaged on capital projects	-	-	-	-	-	-

4.3 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health in England and Wales. They are 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, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that 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:

The CCG makes alternative pension arrangements for those staff not eligible to join the NHS Pension scheme. The CCG uses the government-backed workplace pension scheme National Employment Savings Trust (NEST). This is a defined contribution workplace pension scheme in the United Kingdom. It was set up to facilitate automatic enrolment as part of the government's workplace pension reforms under the Pensions Act 2008.

4.3.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 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 report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

4.3.2 Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6%

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

For 2018-19, employers' contributions of £436,000 were payable to the NHS Pensions Scheme (2017-18: £446,000) were payable to the NHS Pension Scheme at the rate of 14.38% of pensionable pay. The scheme's actuary reviews employer contributions, usually every four years and now based on HMT Valuation Directions, following a full scheme valuation. The latest review used data from 31 March 2016 and was published on the Government website.

5. Operating expenses

	2018-19	2017-18
	Total	Total
	£'000	£'000
Purchase of goods and services		
Services from other CCGs and NHS England	1,183	1,067
Services from foundation trusts	85,273	82,376
Services from other NHS trusts	107,411	103,942
Provider Sustainability Fund (Sustainability Transformation Fund 1718)	-	-
Services from Other WGA bodies	0	-
Purchase of healthcare from non-NHS bodies	34,311	31,482
Purchase of social care	5,873	6,275
General Dental services and personal dental services	-	-
Prescribing costs	30,788	31,453
Pharmaceutical services	-	-
General Ophthalmic services	-	-
GPMS/APMS and PCTMS	25,535	27,343
Supplies and services – clinical	55	27
Supplies and services – general	6,598	2,760
Consultancy services	13	61
Establishment	802	1,221
Transport	11	91
Premises	2,330	2,361
Audit fees	45	45
Other non statutory audit expenditure		
· Internal audit services	-	-
· Other services	-	-
Other professional fees	712	527
Legal fees	4	57
Education, training and conferences	124	105
Funding to group bodies	-	-
CHC Risk Pool contributions	-	-
Total Purchase of goods and services	301,069	291,191
Depreciation and impairment charges		
Depreciation	-	-
Amortisation	-	-
Impairments and reversals of property, plant and equipment	-	-
Impairments and reversals of intangible assets	-	-
Impairments and reversals of financial assets		
· Assets carried at amortised cost	-	-
· Assets carried at cost	-	-
· Available for sale financial assets	-	-
Impairments and reversals of non-current assets held for sale	-	-
Impairments and reversals of investment properties	-	-
Total Depreciation and impairment charges	-	-
Provision expense		
Change in discount rate	-	-
Provisions	-	(109)
Total Provision expense	-	(109)
Other Operating Expenditure		
Chair and Non Executive Members	165	100
Grants to Other bodies	-	-
Clinical negligence	5	5
Research and development (excluding staff costs)	-	-
Expected credit loss on receivables	0	-
Expected credit loss on other financial assets (stage 1 and 2 only)	-	-
Inventories written down	-	-
Inventories consumed	-	-
Non cash apprenticeship training grants	-	-
Other expenditure	17	3
Total Other Operating Expenditure	187	108
Total operating expenditure	301,256	291,190

6. Better Payment Practice Code

Measure of compliance	2018-19 Number	2018-19 £'000	2017-18 Number	2017-18 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	14,495	75,934	15,468	69,688
Total Non-NHS Trade Invoices paid within target	14,398	73,201	15,390	69,506
Percentage of Non-NHS Trade invoices paid within target	99.33%	96.40%	99.50%	99.74%
NHS Payables				
Total NHS Trade Invoices Paid in the Year	2,671	196,592	2,717	190,540
Total NHS Trade Invoices Paid within target	2,654	196,431	2,704	190,404
Percentage of NHS Trade Invoices paid within target	99.36%	99.92%	99.52%	99.93%

7. Operating Leases

7.1 As lessee

7.1.1 Payments recognised as an Expense

	2018-19			2017-18				
	Land £'000	Buildings £'000	Other £'000	Total £'000	Land £'000	Buildings £'000	Other £'000	Total £'000
Payments recognised as an expense								
Minimum lease payments	-	2,344	4	2,348	-	2,345	5	2,350
Contingent rents	-	-	-	-	-	-	-	-
Sub-lease payments	-	-	-	-	-	-	-	-
Total	-	2,344	4	2,348	-	2,345	5	2,350

Whilst our arrangements with Community Health Partnership's Limited and NHS Property Services Limited fall within the definition of operating leases, rental charge for future years has not yet been agreed. Consequently this note does not include future minimum lease payments for these arrangements only

7.1.2 Future minimum lease payments

	2018-19			2017-18				
	Land £'000	Buildings £'000	Other £'000	Total £'000	Land £'000	Buildings £'000	Other £'000	Total £'000
Payable:								
No later than one year	-	-	5	5	-	-	5	5
Between one and five years	-	-	1	1	-	-	1	1
After five years	-	-	-	-	-	-	-	-
Total	-	-	6	6	-	-	6	6

7.2 As lessor

7.2.1 Rental revenue

	2018-19 £'000	2017-18 £'000
Recognised as income		
Rent	-	-
Contingent rents	-	-
Total	-	-

7.2.2 Future minimum rental value

	2018-19 £'000	2018-19 £'000	2018-19 £'000	2017-18 £'000	2017-18 £'000
	NHSE Bodies	Other DHSC Group Bodies	Non DH Group Bodies	DH Group Bodies	Non DH Group Bodies
Receivable:					
No later than one year	-	-	-	-	-
Between one and five years	-	-	-	-	-
After five years	-	-	-	-	-
Total	-	-	-	-	-

8. Trade and other receivables

	Current 2018-19 £'000	Non-current 2018-19 £'000	Current 2017-18 £'000	Non-current 2017-18 £'000
NHS receivables: Revenue	2,047	-	383	-
NHS receivables: Capital	-	-	-	-
NHS prepayments	1,677	-	1,333	-
NHS accrued income	120	-	182	-
NHS Contract Receivable not yet invoiced/non-invoice	-	-	-	-
NHS Non Contract trade receivable (i.e pass through funding)	-	-	-	-
NHS Contract Assets	-	-	-	-
Non-NHS and Other WGA receivables: Revenue	100	-	65	-
Non-NHS and Other WGA receivables: Capital	-	-	-	-
Non-NHS and Other WGA prepayments	132	-	255	-
Non-NHS and Other WGA accrued income	75	-	168	-
Non-NHS and Other WGA Contract Receivable not yet invoiced/non-invoice	-	-	-	-
Non-NHS and Other WGA Non Contract trade receivable (i.e pass through funding)	-	-	-	-
Non-NHS Contract Assets	-	-	-	-
Expected credit loss allowance-receivables	-	-	-	-
VAT	18	-	24	-
Private finance initiative and other public private partnership arrangement prepayments and accrued income	-	-	-	-
Interest receivables	-	-	-	-
Finance lease receivables	-	-	-	-
Operating lease receivables	-	-	-	-
Other receivables and accruals	(1)	-	0	-
Total Trade & other receivables	4,169	-	2,410	-
Total current and non current	4,169	-	2,410	-
Included above:				
Prepaid pensions contributions	-	-	-	-

8.2 Receivables past their due date but not impaired

	2018-19 DHSC Group Bodies £'000	2018-19 Non DHSC Group Bodies £'000	2017-18 DHSC Group Bodies £'000	2017-18 Non DHSC Group Bodies £'000
By up to three months	371	40	50	55
By three to six months	2	-	19	3
By more than six months	4	-	0	3
Total	377	40	70	60

8.3 Impact of Application of IFRS 9 on financial assets at 1 April 2018

	Trade and other receivables - NHSE bodies £000s	Trade and other receivables - other DHSC group bodies £000s	Trade and other receivables - external £000s	Other financial assets £000s	Total £000s
There is no change in the carrying amount of financial assets between IAS 39 and IFRS 9 at 1 April 2018					
Financial Assets held at Amortised cost	128	565	-	233	926

9. Cash and cash equivalents

	2018-19	2017-18
	£'000	£'000
Balance at 01 April 2018	128	76
Net change in year	(94)	52
Balance at 31 March 2019	33	128
Made up of:		
Cash with the Government Banking Service	33	128
Cash with Commercial banks	-	-
Cash in hand	-	0
Current investments	-	-
Cash and cash equivalents as in statement of financial position	33	128
Bank overdraft: Government Banking Service	-	-
Bank overdraft: Commercial banks	-	-
Total bank overdrafts	-	-
Balance at 31 March 2019	33	128

10. Trade and other payables	Current 2018-19 £'000	Non-current 2018-19 £'000	Current 2017-18 £'000	Non-current 2017-18 £'000
Interest payable	-	-	-	-
NHS payables: Revenue	2,974	-	1,527	-
NHS payables: Capital	-	-	-	-
NHS accruals	2,136	-	2,909	-
NHS deferred income	-	-	-	-
NHS Contract Liabilities	-	-	-	-
Non-NHS and Other WGA payables: Revenue	2,914	-	1,942	-
Non-NHS and Other WGA payables: Capital	-	-	-	-
Non-NHS and Other WGA accruals	12,517	-	13,641	-
Non-NHS and Other WGA deferred income	-	-	-	-
Non-NHS Contract Liabilities	-	-	-	-
Social security costs	55	-	54	-
VAT	-	-	-	-
Tax	45	-	35	-
Payments received on account	2	-	-	-
Other payables and accruals	2,090	-	358	-
Total Trade & Other Payables	22,733	-	20,466	-
Total current and non-current	22,733	-	20,466	-

Other payables include £203k outstanding pension contributions at 31 March 2019.(31st March 2018 £270k)

10.1 Impact of Application of IFRS 9 on financial liabilities at 1 April 2018

	Trade and other payables - NHSE bodies £000s	Trade and other payables - other DHSC group bodies £000s	Trade and other payables - external £000s	Other borrowings (including finance lease obligations) £000s
There is no change in the carrying amount of financial liabilities between IAS 39 and IFRS 9 at 1 April 2018				
Financial Liabilities held at Amortised cost	4,436	-	-	15,941

11. Commitments

11.2 Other financial commitments

The NHS clinical commissioning group has not entered into non-cancellable contracts (which are not leases, private finance initiative contracts or other service concession arrangements) in 2019 or 2018

12. Financial instruments

12.1 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.

Because NHS clinical commissioning group is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The clinical commissioning group has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the clinical commissioning group in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the NHS clinical commissioning group standing financial instructions and policies agreed by the Governing Body. Treasury activity is subject to review by the NHS clinical commissioning group and internal auditors.

12.1.1 Currency risk

The NHS clinical commissioning group is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The NHS clinical commissioning group has no overseas operations. The NHS clinical commissioning group and therefore has low exposure to currency rate fluctuations.

12.1.2 Interest rate risk

The clinical commissioning group borrows from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 to 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The clinical commissioning group therefore has low exposure to interest rate fluctuations.

12.1.3 Credit risk

Because the majority of the NHS clinical commissioning group and revenue comes parliamentary funding, NHS clinical commissioning group has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

12.1.4 Liquidity risk

NHS clinical commissioning group is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The NHS clinical commissioning group draws down cash to cover expenditure, as the need arises. The NHS clinical commissioning group is not, therefore, exposed to significant liquidity risks.

12. Financial instruments cont'd

12.2 Financial assets

	Financial Assets measured at amortised cost 2018-19 £'000	Equity Instruments designated at FVOCI 2018-19 £'000	Total 2018-19 £'000
Equity investment in group bodies		-	-
Equity investment in external bodies		-	-
Loans receivable with group bodies	-		-
Loans receivable with external bodies	-		-
Trade and other receivables with NHSE bodies	2,003		2,003
Trade and other receivables with other DHSC group bodies	172		172
Trade and other receivables with external bodies	168		168
Other financial assets	(1)		(1)
Cash and cash equivalents	33		33
Total at 31 March 2019	2,376	-	2,376

12.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2018-19 £'000	Other 2018-19 £'000	Total 2018-19 £'000
Loans with group bodies	-		-
Loans with external bodies	-		-
Trade and other payables with NHSE bodies	537		537
Trade and other payables with other DHSC group bodies	11,812		11,812
Trade and other payables with external bodies	8,192		8,192
Other financial liabilities	2,090		2,090
Private Finance Initiative and finance lease obligations	-		-
Total at 31 March 2019	22,631	-	22,631

13. Operating segments

	Gross expenditure £'000	Income £'000	Net expenditure £'000	Total assets £'000	Total liabilities £'000	Net assets £'000
The CCG operates under one operating segment - that of Commissioning Healthcare	307,364	(5,438)	301,926	4,203	(22,733)	(18,530)

14. Pooled budgets

The Better Care Fund was set up in 2015-16 between Bury CCG and Bury Council. This is a pooled budget hosted by Bury Council. The fund is jointly managed by Bury CCG and Bury Council with a section 75 agreement in place. Overall accountability for the local BCF pooled budget is held by the local Health and Wellbeing Board.

	2018/19	2017-18
	£'000	£'000
Income	12,641	12,406
Expenditure	<u>(10,728)</u>	<u>(10,570)</u>
	<u>1,913</u>	<u>1,836</u>

The CCGs planned contribution to the fund in 2018/19 was £12.641m across a number of schemes (2017/2018 £12.406m).
 The CCG's share of the underspend is £1,689k in 2018/19 (2017/18: £1,566k)
 The LA's share of this underspend is £0.224m in 2018/19 (2017/18: £0.270m).

Scheme Name	2018/19	2018/19	2018/19	2017/18	2017/18	2017/18
	£000s	£000s	£000s	£000s	£000s	£000s
	Budget	Actual	Variance	Budget	Actual	Variance
Total Pooled fund income	<u>12,641</u>	<u>12,641</u>	<u>0</u>	<u>12,406</u>	<u>12,406</u>	<u>0</u>
Expenditure:						
1. Staying Well	374	250	124	374	374	0
2. Extended Access to Primary Care	1,240	1,216	24	1,240	1,240	0
3. Integrated Locality Teams	2,590	925	1,665	2,372	806	1,566
4. Care of vulnerable adults	509	509	0	486	486	0
5. Reablement Intermediate Care (all schemes)	7,928	7,828	100	7,934	7,664	270
Total pooled fund expenditure	<u>12,641</u>	<u>10,728</u>	<u>1,913</u>	<u>12,406</u>	<u>10,570</u>	<u>1,836</u>
Split of members:						
CCG	5,305	3,616	1,689	5,206	3,640	1,566
Local Authority	7,336	7,112	224	7,200	6,930	270
	<u>12,641</u>	<u>10,728</u>	<u>1,913</u>	<u>12,406</u>	<u>10,570</u>	<u>1,836</u>

15. Related party transactions

Related party transactions 2018/19

Details of related party transactions with individuals are as follows:

Dr Daniel Cooke is Clinical Director and is a salaried GP at Whittaker lane medical Centre. He performs Locum work for BARDOC
 Dr Cathy Fines, Clinical Director, is a GP at Tower Family Healthvcare - Greenmount Medical Centre - and her husband is a Consultant at Central Manchester University NHS FT. She is also a member of Bury GP Federation.
 David McCann is a Non-executive Director of Rock Healthcare Ltd, Non Executive Director of Praxis Capital Ltd and Praxis Real Estate Ltd, a senior Partner in Woodcocks solicitors and a Non Executive Director of Rock Healthcare Bury. He is also a director of PCL (CIP) GP Ltd
 Dr Jeffrey Schryer is a partner in Whittaker Lane Medical Centre.
 Howard Hughes is a Clinical Director and both himself and his spouse are Directors of Prestwich Pharmacy.
 Dr Fazel Butt is a GP at Huntley Mount Practice and also partner at Elms Medical Practice. He is also a member of Bury GP Federation

Dr Wiz El Jouzi is a partner at Tottington Medical Practice an interim Partnership Board Member at Tower Family Healthcare. He is also a Board Member of the Locality Care Organisation
 Dr Ajay Kotegaonkar is senior GP at Spring Lane Surgery. His father is share holder at Rock Healthcare and the owner of Oak Lodge/Holybank Nursing Homes. He is also a Board Member of the Bury GP Federation

Dr R Deacon is GP Partner at St Gabriels Medical Practice and a member of the Bury GP Federation
 Dr Liane Harris is a salaried partner at Birches Medical Centre and works on the Extended Hours contract at the Bury GP Federation
 Dr Alison Rimmer is a GP partner at Knowsley Medical Practice
 Dr John Hampson is a GP Principal at Greenmount Medical Centre and his wife is the Clinical Director at Pennine Acute Trust's Bury and Rochdale unit
 Fin McCaul is a Director at St Peter's Pharmacy Ltd Burnley and Prestwich Pharmacy Ltd
 Wendy Craven who is a PCCC member of the Clinical Cabinet is the Co owner of Craven and Murray Opticians Norden. She is also the Clinical Perfirmance and Governance lead on the GMS East Local Optical Committee

	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
BARDOC	2,323	2,099	7	-2
BIRCHES MEDICAL PRACTICE	450	0	0	0
BURY COUNCIL	17,520	-5,305	143	0
ELMS MEDICAL CENTRE WHITEFIELD	763	0	0	0
GREENMOUNT MEDICAL CENTRE	435	0	0	0
HOLLYBANK NURSING HOME	63	0	0	0
HUNTLEY MOUNT MEDICAL CENTRE	414	0	0	0
KNOWSLEY MEDICAL PRACTICE	540	0	0	0
LASERASE BOLTON LTD	0	0	0	0
LOCALITY CARE ORGANISATION	0	0	0	0
OAK LODGE NURSING HOME	312	0	0	0
PRAXIS CAPITAL LTD	0	0	0	0
PRAXIS REAL ESTATE	0	0	0	0
PRESTWICH PHARMACY	5	0	0	0
PCL (CIP) GP LTD	0	0	0	0
ROCK HEALTHCARE	1,372	0	0	0
SPRING LANE SURGERY	0	0	0	0
ST GABRIEL'S MEDICAL PRACTICE	915	0	0	0
ST PETERS PHARMACY (BURNLEY) LTD	0	0	0	0
TOTTINGTON MEDICAL PRACTICE	457	0	0	0
TOWER FAMILY HEALTHCARE	0	0	0	0
WHITTAKER LANE MEDICAL CENTRE	753	0	0	0
WOODCOCK SOLICITORS BURY	2	0	0	0

15. Related party transactions 2017/18

Details of related party transactions with individuals are as follows:

Dr Kiran Patel is the Chair, and principal GP at Greenmount Medical Centre. He is also Chair of Association of GM CCG's and Medical Director of Laserase Bolton. His wife is a shareholder in ABL Health and Laserase. Also the Chair of Bury GP Federation
 Dr Cathy Fines is a GP at Uplands Medical Centre and her husband is a Consultant at Central Manchester University NHS FT. She is also a member of Bury GP Federation
 David McCann is a Non-executive Director of Rock Healthcare Ltd, Non Executive Director of Praxis Capital Ltd and Praxis Real Estate Ltd, a senior Partner in Woodcocks solicitors and a Non Executive Director of Rock Healthcare Bury
 Dr Jeffrey Schryer is a partner in Whittaker Lane Medical Centre, a trustee of Herschel Weiss Sure Start Centre Salford and Chair of The CCG

Howard Hughes is a Clinical Director and both himself and his spouse are Directors of Prestwich Pharmacy and St Peter's Pharmacy.

Dr Fazel Butt is a GP at Huntley Mount Practice and also partner at Elms Medical Practice. He is also a member of Bury GP Federation
 Dr Wiz El Jouzi is a partner at Tottington Medical Practice.
 Dr Ajay Kotegaonkar is senior GP at Spring Lane Surgery. His father is share holder at Rock Healthcare and the owner of Oak Lodge/Holybank Nursing Homes.
 Dr R Deacon is GP Partner at St Gabriels Medical Practice
 Dr Debbie Hartley is a Partner at Greenmount Medical Centre
 Dr Liane Harris is a salaried partner at Birches Medical Centre

	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
ABL HEALTH LTD	91	0	0	0
BARDOC	1,804	0	73	0
BIRCHES MEDICAL PRACTICE	450	0	1	0
BURY & ROCHDALE LMC	0	0	0	0
BURY COUNCIL	15,505	-5,431	146	0
BURY GP PRACTICES LTD	2,111	0	0	0
ELMS MEDICAL CENTRE WHITEFIELD	750	0	1	0
ESSENTIAL COMMUNICATION BURY	15	0	0	0
FUSILLIERS MUSEUM BURY	4	0	1	0
GREENMOUNT MEDICAL CENTRE	1,268	0	1	0
HERSHEL WEISS SURE START CENTRE	0	0	0	0
HOLLYBANK NURSING HOME	59	0	0	0
HUNTLEY MOUNT MEDICAL CENTRE	391	0	0	0
LASERASE BOLTON LTD	0	0	0	0
LOCALITY CARE ORGANISATION LCO ALLIANCE BOARD	0	0	0	0
OAK LODGE NURSING HOME	241	0	0	0
PRAXIS CAPITAL LTD	0	0	0	0
PRAXIS REAL ESTATE	0	0	0	0
PRESTWICH PHARMACY	5	0	0	0
ROCK HEALTHCARE	1,290	0	0	0
SPRING LANE SURGERY	0	0	0	0
ST GABRIEL'S MEDICAL PRACTICE	908	0	0	0
ST PETERS PHARMACY (BURNLEY) LTD	0	0	0	0
TOTTINGTON MEDICAL PRACTICE	1,414	0	0	0
UNIVERSITY OF MANCHESTER	0	0	0	0
UPLANDS MEDICAL PRACTICE	120	0	1	0
WHITTAKER LANE MEDICAL CENTRE	784	0	1	0
WOODCOCK SOLICITORS BURY	0	0	0	0

16. Events after the end of the reporting period

There were no events after the reporting date which require disclosure

17. Financial performance targets

NHS Clinical Commissioning Group have met a number of financial duties under the NHS Act 2006 (as amended).
NHS Clinical Commissioning Group performance against those duties was as follows:

	2018-19	2018-19	2018-19	2017-18	2017-18	2017-18
	Target	Performance	Duty	Target	Performance	Duty
	£000	£000	Achieved	£000	£000	Achieved
			Y/N			Y/N
Expenditure not to exceed income	312,814	305,860	Y	297,235	295,555	Y
Capital resource use does not exceed the amount specified in Directions	-	-	-	-	-	-
Revenue resource use does not exceed the amount specified in Directions	308,880	301,926	Y	292,652	290,972	Y
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	-	-	-
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	-	-	-
Revenue administration resource use does not exceed the amount specified in Directions	4,349	4,349	Y	4,346	4,346	Y

In accordance with these financial duties, the clinical commissioning group was allocated £308,880k (2017-18, £292,652k) with a target in year control total of zero (2017-18, £0k)
The in year revenue allocation is calculated on the basis of the total allocation, adjusted for the historic financial surplus of the clinical commissioning group.
The clinical commissioning group is also required to keep administration costs below £4,349k (2017-18, £4,346k).

18. Employee benefits and staff numbers**18.1.1 Employee benefits**

	Admin			Programme			Total		2018-19
	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits									
Salaries and wages	1,728	465	2,193	1,547	77	1,624	3,274	542	3,817
Social security costs	168	-	168	181	-	181	349	-	349
Employer contributions to the NHS Pension Scheme	201	-	201	235	-	235	436	-	436
Other pension costs	-	-	-	-	-	-	-	-	-
Apprenticeship Levy	3	-	3	-	-	-	3	-	3
Other post-employment benefits	-	-	-	-	-	-	-	-	-
Other employment benefits	-	-	-	-	-	-	-	-	-
Termination benefits	-	-	-	-	-	-	-	-	-
Gross employee benefits expenditure	2,099	465	2,565	1,963	77	2,040	4,062	542	4,604
Less recoveries in respect of employee benefits (note 4.1.2)	-	-	-	-	-	-	-	-	-
Total - Net admin employee benefits including capitalised costs	2,099	465	2,565	1,963	77	2,040	4,062	542	4,604
Less: Employee costs capitalised	-	-	-	-	-	-	-	-	-
Net employee benefits excluding capitalised costs	2,099	465	2,565	1,963	77	2,040	4,062	542	4,604

18.1.1 Employee benefits

	Admin			Programme			Total		2017-18
	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits									
Salaries and wages	1,731	225	1,956	1,542	66	1,609	3,274	291	3,565
Social security costs	188	-	188	163	-	163	351	-	351
Employer contributions to the NHS Pension Scheme	233	-	233	213	-	213	446	-	446
Other pension costs	-	-	-	-	-	-	-	-	-
Apprenticeship Levy	3	-	-	-	-	-	-	-	-
Other post-employment benefits	-	-	-	-	-	-	-	-	-
Other employment benefits	-	-	-	-	-	-	-	-	-
Termination benefits	-	-	-	-	-	-	-	-	-
Gross employee benefits expenditure	2,155	225	2,377	1,918	66	1,984	4,071	291	4,362
Less recoveries in respect of employee benefits (note 4.1.2)	-	-	-	-	-	-	-	-	-
Total - Net admin employee benefits including capitalised costs	2,155	225	2,377	1,918	66	1,984	4,071	291	4,362
Less: Employee costs capitalised	-	-	-	-	-	-	-	-	-
Net employee benefits excluding capitalised costs	2,155	225	2,377	1,918	66	1,984	4,071	291	4,362

19. Losses and special payments

Losses

The total number of NHS clinical commissioning group losses and special payments cases, and their total value, was as follows:

	Total Number of Cases 2018-19 Number	Total Value of Cases 2018-19 £'000	Total Number of Cases 2017-18 Number	Total Value of Cases 2017-18 £'000
Administrative write-offs	1	0	-	-
Fruitless payments	-	-	-	-
Store losses	-	-	-	-
Book Keeping Losses	-	-	-	-
Constructive loss	-	-	-	-
Cash losses	-	-	-	-
Claims abandoned	-	-	-	-
Total	1	0	-	-

The loss of £70 related to write off of Childcare vouchers

Special payments

	Total Number of Cases 2018-19 Number	Total Value of Cases 2018-19 £'000	Total Number of Cases 2017-18 Number	Total Value of Cases 2017-18 £'000
Compensation payments	-	-	-	-
Compensation payments Treasury Approved	-	-	-	-
Extra Contractual Payments	-	-	-	-
Extra Contractual Payments Treasury Approved	-	-	-	-
Ex Gratia Payments	-	-	-	-
Ex Gratia Payments Treasury Approved	-	-	-	-
Extra Statutory Extra Regulatory Payments	-	-	-	-
Extra Statutory Extra Regulatory Payments Treasury Approved	-	-	-	-
Special Severance Payments Treasury Approved	-	-	-	-
Total	-	-	-	-