
Data entered below will be used throughout the workbook:

Entity name:	NHS Swindon CCG
This year	2017-18
Last year	2016-17
This year ended	31-March-2018
Last year ended	31-March-2017
This year commencing:	01-April-2017
Last year commencing:	01-April-2016

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Statement of Comprehensive Net Expenditure for the year ended 31 March 2018

	Note	2017-18 £'000	2016-17 £'000
Income from sale of goods and services	2	(1,296)	(2,399)
Other operating income	2	(249)	(4)
Total operating income		(1,545)	(2,403)
Staff costs	4	4,538	3,990
Purchase of goods and services	5	298,210	261,410
Depreciation and impairment charges	5	211	198
Provision expense	5	(49)	291
Other Operating Expenditure	5	335	1,454
Total operating expenditure		303,245	267,343
Net Operating Expenditure		301,700	264,941
Finance income			
Finance expense	10	0	0
Net expenditure for the year		301,700	264,941
Net Gain/(Loss) on Transfer by Absorption		0	0
Total Net Expenditure for the year		301,700	264,941
Other Comprehensive Expenditure			
<u>Items which will not be reclassified to net operating costs</u>			
Net (gain)/loss on revaluation of PPE		0	0
Net (gain)/loss on revaluation of Intangibles		0	0
Net (gain)/loss on revaluation of Financial Assets		0	0
Actuarial (gain)/loss in pension schemes		0	0
Impairments and reversals taken to Revaluation Reserve		0	0
<u>Items that may be reclassified to Net Operating Costs</u>		0	0
Net gain/loss on revaluation of available for sale financial assets		0	0
Reclassification adjustment on disposal of available for sale financial assets		0	0
Sub total		0	0
Comprehensive Expenditure for the year ended 31 March 2018		301,700	264,941

The CCG made a surplus of £1.724m during 2017-18 (see Note 40 for further information).

**Statement of Financial Position as at
31 March 2018**

		2017-18	2016-17
	Note	£'000	£'000
Non-current assets:			
Property, plant and equipment	13	635	758
Intangible assets	14	361	44
Investment property	15	0	0
Trade and other receivables	17	0	0
Other financial assets	18	0	0
Total non-current assets		996	802
Current assets:			
Inventories	16	798	471
Trade and other receivables	17	4,386	2,166
Other financial assets	18	0	0
Other current assets	19	0	0
Cash and cash equivalents	20	54	9
Total current assets		5,238	2,646
Non-current assets held for sale	21	0	0
Total current assets		5,238	2,646
Total assets		6,234	3,448
Current liabilities			
Trade and other payables	23	(21,420)	(15,376)
Other financial liabilities	24	0	0
Other liabilities	25	0	0
Borrowings	26	0	0
Provisions	30	(439)	(633)
Total current liabilities		(21,859)	(16,009)
Non-Current Assets plus/less Net Current Assets/Liabilities		(15,625)	(12,561)
Non-current liabilities			
Trade and other payables	23	0	0
Other financial liabilities	24	0	0
Other liabilities	25	0	0
Borrowings	26	0	0
Provisions	30	0	0
Total non-current liabilities		0	0
Assets less Liabilities		(15,625)	(12,561)
Financed by Taxpayers' Equity			
General fund		(15,625)	(12,561)
Revaluation reserve		0	0
Other reserves		0	0
Charitable Reserves		0	0
Total taxpayers' equity:		(15,625)	(12,561)

The notes on pages 5 to 37 form part of this statement

The financial statements on pages 1 to 37 were approved by the Governing Body on 24/05/2018 and signed on its behalf by:

Accountable Officer
Nicola Millin

Chief Financial Officer
Caroline Gregory

**Statement of Changes In Taxpayers Equity for the year ended
31 March 2018**

	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
Changes in taxpayers' equity for 2017-18				
Balance at 01 April 2017	(12,561)	0	0	(12,561)
Transfer between reserves in respect of assets transferred from closed NHS bodies	0	0	0	0
Adjusted NHS Clinical Commissioning Group balance at 31 March 2018	(12,561)	0	0	(12,561)
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2017-18				
Net operating expenditure for the financial year	(301,700)			(301,700)
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	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	(301,700)	0	0	(301,700)
Net funding	298,636	0	0	298,636
Balance at 31 March 2018	(15,625)	0	0	(15,625)
Changes in taxpayers' equity for 2016-17				
Balance at 01 April 2016	(12,216)	0	0	(12,216)
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 2017	(12,216)	0	0	(12,216)
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2016-17				
Net operating costs for the financial year	(264,941)			(264,941)
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	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	(264,941)	0	0	(264,941)
Net funding	264,596	0	0	264,596
Balance at 31 March 2017	(12,561)	0	0	(12,561)

The notes on pages 5 to 37 form part of this statement

NHS Swindon CCG - Annual Accounts 2017-18

Statement of Cash Flows for the year ended
31 March 2018

	Note	2017-18 £'000	2016-17 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial year		(301,700)	(264,941)
Depreciation and amortisation	5	211	198
Impairments and reversals	5	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		(327)	(471)
(Increase)/decrease in trade & other receivables	17	(2,220)	202
(Increase)/decrease in other current assets		0	0
Increase/(decrease) in trade & other payables	23	6,044	524
Increase/(decrease) in other current liabilities		0	0
Provisions utilised	30	(145)	(378)
Increase/(decrease) in provisions	30	(49)	291
Net Cash Inflow (Outflow) from Operating Activities		(298,186)	(264,575)
Cash Flows from Investing Activities			
Interest received		0	0
(Payments) for property, plant and equipment		(64)	(61)
(Payments) for intangible assets		(340)	(13)
(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
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		(404)	(74)
Net Cash Inflow (Outflow) before Financing		(298,590)	(264,649)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		298,636	264,596
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
Net Cash Inflow (Outflow) from Financing Activities		298,636	264,596
Net Increase (Decrease) in Cash & Cash Equivalents	20	46	(53)
Cash & Cash Equivalents at the Beginning of the Financial Year		9	62
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		55	9

The notes on pages 5 to 37 form part of this statement

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 2017-18 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 material in relation to the accounts.

1.1 Going Concern

These accounts have been prepared on the 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 Acquisitions & Discontinued Operations

[Not Applicable]

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

[Not Applicable]

1.5 Charitable Funds

[Not Applicable]

1.6 Pooled Budgets

Where the clinical commissioning group has entered into a pooled budget arrangement under Section 75 of the National Health Service Act 2006 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.

If the clinical commissioning group is in a "jointly controlled operation", the clinical commissioning group recognises:

- The assets the clinical commissioning group controls;
- The liabilities the clinical commissioning group incurs;
- The expenses the clinical commissioning group incurs; and,
- The clinical commissioning group's share of the income from the pooled budget activities.

If the clinical commissioning group is involved in a "jointly controlled assets" arrangement, in addition to the above, the clinical commissioning group recognises:

- The clinical commissioning group's share of the jointly controlled assets (classified according to the nature of the assets);
- The clinical commissioning group's share of any liabilities incurred jointly; and,
- The clinical commissioning group's share of the expenses jointly incurred.

1.7 Critical Accounting Judgements & Key Sources of Estimation Uncertainty

In the application of the clinical commissioning group'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 and 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.

1.7.1 Critical Judgements in Applying Accounting Policies

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

- The Better Care Fund has been accounted for as an Aligned Budget in line with the other Joint Commissioning arrangements with Swindon Borough Council (see Note 35)

1.7.2 Key Sources of Estimation Uncertainty

The following are the key estimations that management has made in the process of applying the clinical commissioning group's accounting policies that have the most significant effect on the amounts recognised in the financial statements:

- The provision for continuing healthcare was based on assumptions detailed in note 30.

1.8 Revenue

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 income is received for a specific activity that is to be delivered in the following year, that income is deferred.

1.9 Employee Benefits

1.9.1 Short-term Employee Benefits

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

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.

1.9.2 Retirement Benefit Costs

Notes to the financial statements

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 clinical commissioning group 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 clinical commissioning group commits itself to the retirement, regardless of the method of payment.

Some employees are members of the Local Government Superannuation Scheme, which is a defined benefit pension scheme. The scheme assets and liabilities attributable to those employees can be identified and are recognised in the clinical commissioning group's accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within finance income. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs. Actuarial gains and losses during the year are recognised in the General Reserve and reported as an item of other comprehensive net expenditure.

Some employees are members of the CCG's alternative NEST pension scheme, a defined contribution scheme introduced to comply with auto-enrolment requirements under the Pension Act (2008).

1.10 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.

Expenses and liabilities in respect of grants are recognised when the clinical commissioning group has a present legal or constructive obligation, which occurs when all of the conditions attached to the payment have been met.

1.11 Property, Plant & Equipment

1.11.1 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 clinical commissioning group;
- 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 a 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.

1.11.2 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 valuation.

Land and buildings used for the clinical commissioning group's services or for administrative purposes are stated in the statement of financial position at their re-valued amounts, being the fair value at the date of revaluation less any impairment.

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; and,
- Specialised buildings – depreciated replacement cost.

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 re-valued and depreciation commences when they are brought into use.

Fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from current value in existing use.

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 are taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Net Expenditure.

1.11.3 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.

Notes to the financial statements

1.12 Intangible Assets

1.12.1 Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the clinical commissioning group'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 clinical commissioning group;
- 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 but 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; and,
- The ability to measure reliably the expenditure attributable to the intangible asset during its development.

1.12.2 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 current value in existing use by reference to an active market, or, where no active market exists, at the lower of depreciated replacement cost or the value in use where the asset is income generating. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

1.13 Depreciation, Amortisation & 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 clinical commissioning group expects to obtain economic benefits or service potential from the asset. This is specific to the clinical commissioning group 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 clinical commissioning group 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 are 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.

1.14 Donated Assets

[Not Applicable]

1.15 Government Grants

[Not Applicable]

1.16 Non-current Assets Held For Sale

[Not Applicable]

1.17 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.

1.17.1 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 group's surplus/deficit.

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.

1.17.2 The Clinical Commissioning Group as Lessor

Notes to the financial statements

- [Not Applicable]
- 1.18 **Private Finance Initiative Transactions**
[Not Applicable]
- 1.19 **Inventories**
Inventories are valued at the lower of cost and net realisable value using the first-in-first out cost formula. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks. Inventories are now being recognised by the CCG due to the stocks for wheelchairs and Integrated Community Equipment Service (ICES) being provided under a S75 with Swindon Borough Council. The responsibility for safe keeping and maintenance of the stock system and for counting lies with Swindon Borough Council.
Reflecting the operational life span of inventory, stocks are consumed over five years commencing in the year following acquisition.
- 1.20 **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.
- 1.21 **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 using HM Treasury's discount rate as follows:
- Timing of cash flows (0 to 5 years inclusive): Minus 2.420% (previously: minus 2.70%)
 - Timing of cash flows (6 to 10 years inclusive): Minus 1.85% (previously: minus 1.95%)
 - Timing of cash flows (over 10 years): Minus 1.56% (previously: minus 0.80%)
- 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.
- 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.
- 1.22 **Clinical Negligence Costs**
The NHS Resolution operates a risk pooling scheme under which the clinical commissioning group pays an annual contribution to the NHS Resolution which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although the NHS Resolution is administratively responsible for all clinical negligence cases the legal liability remains with the clinical commissioning group.
- 1.23 **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.
- 1.24 **Continuing healthcare risk pooling**
In 2014-15 a risk pool scheme was been introduced by NHS England for continuing healthcare claims, for claim periods prior to 31 March 2013. Under the scheme clinical commissioning group contribute annually to a pooled fund, which is used to settle the claims. This has not operated in 17/18 but contributions were made in 16/17.
- 1.25 **Carbon Reduction Commitment Scheme**
[Not Applicable]
- 1.26 **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 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 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 clinical commissioning group. 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.
- 1.27 **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 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.
- 1.27.1 **Financial Assets at Fair Value Through Profit and Loss**
[Not Applicable]
- 1.27.2 **Held to Maturity Assets**
[Not Applicable]
- 1.27.3 **Available For Sale Financial Assets**
[Not Applicable]

Notes to the financial statements

1.27.4 Loans & 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 end of the reporting period, the clinical commissioning group 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 expenditure and the carrying amount of the asset is reduced 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 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.

1.28 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 expired.

1.28.1 Financial Guarantee Contract Liabilities

[Not Applicable]

1.28.2 Financial Liabilities at Fair Value Through Profit and Loss

[Not Applicable]

1.28.3 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.

1.29 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 net of VAT.

1.3 Foreign Currencies

The clinical commissioning group's functional currency and presentational currency is sterling. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March. Resulting exchange gains and losses for either of these are recognised in the clinical commissioning group's surplus/deficit in the period in which they arise.

1.31 Third Party Assets

Notes to the financial statements

1.32 [Not Applicable]
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).

1.33 **Subsidiaries**
[Not Applicable]

1.34 **Associates**
[Not Applicable]

1.35 **Joint Ventures**
[Not Applicable]

1.36 **Joint Operations**
[Not Applicable]

1.37 **Research & Development**
[Not Applicable]

1.38 **Accounting Standards That Have Been Issued But Have Not Yet Been Adopted**

The DHSC Group accounting manual does not require the following Standards and Interpretations to be applied in 2017-18. These standards are still subject to FRED adoption and early adoption is not therefore permitted.

- . IFRS 9: Financial Instruments (application from 1 January 2018)
- . IFRS 14: Regulatory Deferral Accounts (not applicable to DH groups bodies)
- . IFRS 15: Revenue for Contract with Customers (application from 1 January 2018)
- . IFRS 16: Leases (application from 1 January 2019)
- . IFRS 17: Insurance Contracts (application from 1 January 2021)
- . IFRIC 22: Foreign Currency Transactions and Advance Consideration (application from 1 January 2018)
- . IFRIC 23: Uncertainty over Income Tax Treatments (application from 1 January 2019)

The application of the Standards as revised would not have a material impact on the accounts for 2017-18, were they applied in that year, with the exception of IFRS 16: Leases. This standard if adopted by the Government Financial Reporting Manual will lead to the CCG recognising a right of use asset and a financial liability in respect of its HQ which is held under operating lease.

2 Other Operating Revenue

	2017-18 Total £'000	2017-18 Admin £'000	2017-18 Programme £'000	2016-17 Total £'000
Recoveries in respect of employee benefits	0	0	0	0
Patient transport services	0	0	0	0
Prescription fees and charges	0	0	0	0
Dental fees and charges	0	0	0	0
Education, training and research	1	0	1	0
Charitable and other contributions to revenue expenditure: NHS	0	0	0	0
Charitable and other contributions to revenue expenditure: non-NHS	0	0	0	0
Receipt of donations for capital acquisitions: NHS Charity	0	0	0	0
Receipt of Government grants for capital acquisitions	0	0	0	0
Non-patient care services to other bodies	1,295	3	1,292	2,399
Continuing Health Care risk pool contributions	0	0	0	0
Income generation	0	0	0	0
Rental revenue from finance leases	0	0	0	0
Rental revenue from operating leases	0	0	0	0
Non cash apprenticeship training grants revenue	0	0	0	0
Other revenue	249	58	191	4
Total other operating revenue	1,545	61	1,484	2,403

During 2017-18 the CCG has recharged Swindon Borough Council £265k for the cost of drugs prescribed.

Revenue in this note does not include grant income from NHS England, which is drawn down directly into the bank account of the CCG and credited to the General Fund.

3 Revenue

	2017-18 Total £'000	2017-18 Admin £'000	2017-18 Programme £'000	2016-17 Total £'000
From rendering of services	1,545	61	1,484	2,403
From sale of goods	0	0	0	0
Total	1,545	61	1,484	2,403

Revenue is from the supply of services. The CCG receives no revenue from the sale of goods.

4. Employee benefits and staff numbers

4.1.1 Employee benefits

	2017-18	Total	
	Total £'000	Permanent Employees £'000	Other £'000
Employee Benefits			
Salaries and wages	3,732	3,353	379
Social security costs	362	362	0
Employer Contributions to NHS Pension scheme	442	442	0
Other pension costs	0	0	0
Apprenticeship Levy	3	3	0
Other post-employment benefits	0	0	0
Other employment benefits	0	0	0
Termination benefits	0	0	0
Gross employee benefits expenditure	4,539	4,160	379
Less recoveries in respect of employee benefits (note 4.1.2)	0	0	0
Total - Net admin employee benefits including capitalised costs	4,539	4,160	379
Less: Employee costs capitalised	0	0	0
Net employee benefits excluding capitalised costs	4,539	4,160	379

4.1.1 Employee benefits

	2016-17	Total	
	Total £'000	Permanent Employees £'000	Other £'000
Employee Benefits			
Salaries and wages	3,307	2,850	457
Social security costs	311	311	0
Employer Contributions to NHS Pension scheme	372	372	0
Other pension costs	0	0	0
Apprenticeship Levy	0	0	0
Other post-employment benefits	0	0	0
Other employment benefits	0	0	0
Termination benefits	0	0	0
Gross employee benefits expenditure	3,990	3,533	457
Less recoveries in respect of employee benefits (note 4.1.2)	0	0	0
Total - Net admin employee benefits including capitalised costs	3,990	3,533	457
Less: Employee costs capitalised	0	0	0
Net employee benefits excluding capitalised costs	3,990	3,533	457

4.1.2 Recoveries in respect of employee benefits

	2017-18			2016-17
	Total £'000	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits - Revenue				
Salaries and wages	0	0	0	0
Social security costs	0	0	0	0
Employer contributions to the NHS Pension Scheme	0	0	0	0
Other pension costs	0	0	0	0
Other post-employment benefits	0	0	0	0
Other employment benefits	0	0	0	0
Termination benefits	0	0	0	0
Total recoveries in respect of employee benefits	0	0	0	0

4.2 Average number of people employed

	2017-18		2016-17	
	Total Number	Permanently employed Number	Other Number	Total Number
Total	83	80	3	66
Of the above:				
Number of whole time equivalent people engaged on capital projects	0	0	0	0

The increase in 2017-18 staff numbers relates to establishment of a call centre for managing repeat prescribing.

4.3 Staff sickness absence and ill health retirements

See Annual Report Page 105

4.4 Exit packages agreed in the financial year

	2017-18		2017-18		2017-18		Total	£
	Compulsory redundancies Number	£	Other agreed departures Number	£	Number	£		
Less than £10,000	0	0	0	0	0	0	0	0
£10,001 to £25,000	0	0	0	0	0	0	0	0
£25,001 to £50,000	0	0	0	0	0	0	0	0
£50,001 to £100,000	0	0	0	0	0	0	0	0
£100,001 to £150,000	0	0	0	0	0	0	0	0
£150,001 to £200,000	0	0	0	0	0	0	0	0
Over £200,001	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0

	2016-17		2016-17		2016-17		Total	£
	Compulsory redundancies Number	£	Other agreed departures Number	£	Number	£		
Less than £10,000	0	0	0	0	0	0	0	0
£10,001 to £25,000	0	0	1	24,859	1	24,859	1	24,859
£25,001 to £50,000	0	0	0	0	0	0	0	0
£50,001 to £100,000	0	0	0	0	0	0	0	0
£100,001 to £150,000	0	0	0	0	0	0	0	0
£150,001 to £200,000	0	0	0	0	0	0	0	0
Over £200,001	0	0	0	0	0	0	0	0
Total	0	0	1	24,859	1	24,859	1	24,859

	2017-18		2016-17	
	Departures where special payments have been made Number	£	Departures where special payments have been made Number	£
Less than £10,000	0	0	0	0
£10,001 to £25,000	0	0	0	0
£25,001 to £50,000	0	0	0	0
£50,001 to £100,000	0	0	0	0
£100,001 to £150,000	0	0	0	0
£150,001 to £200,000	0	0	0	0
Over £200,001	0	0	0	0
Total	0	0	0	0

Analysis of Other Agreed Departures

	2017-18		2016-17	
	Other agreed departures Number	£	Other agreed departures Number	£
Voluntary redundancies including early retirement contractual costs	0	0	0	0
Mutually agreed resignations (MARS) contractual costs	0	0	0	0
Early retirements in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	0	0	1	24,859
Exit payments following Employment Tribunals or court orders	0	0	0	0
Non-contractual payments requiring HMT approval*	0	0	0	0
Total	0	0	1	24,859

In 2016-17 the CCG made a payment to an employee who left the organisation in line with the CCG's sickness and absence policy. In accordance with this policy employees are dismissed but receive a payment equivalent to their contractual notice on exit.

These tables report the number and value of exit packages agreed in the financial year. The expense associated with these departures may have been recognised in part or in full in a previous period.

The Remuneration Report includes the disclosure of exit payments payable to individuals named in that Report.

4.5 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 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:

4.5.1 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 2018, is based on valuation data as 31 March 2017, updated to 31 March 2018 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.

4.5.2 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 last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016 and is currently being prepared. The direction assumptions are published by HM Treasury which are used to complete the valuation calculations, from which the final valuation report can be signed off by the scheme actuary. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

For 2017-18, employers' contributions of £461k (2016-17: £372k) 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 2012 and was published on the Government website on 9 June 2012. These costs are included in the NHS pension line of note 4.1.1

4.5.3 Defined Contribution Pensions

The CCG introduced an alternative pension scheme during 2017-18 as a result of "auto enrolment" under the Pensions Act 2008. This pension is offered to staff who are not eligible to join the NHS Pension scheme. These staff are enrolled in a defined contribution pension scheme called "NEST" (<https://www.nestpensions.org.uk/>). In 2017-18 employee contributions were 1% and employer contributions 1%. This will increase to a maximum of 5% employee and 3% employer by 2019.

5. Operating expenses

	2017-18 Total £'000	2017-18 Admin £'000	2017-18 Programme £'000	2016-17 Total £'000
Gross employee benefits				
Employee benefits excluding governing body members	4,020	2,641	1,379	3,472
Executive governing body members	518	518	0	519
Total gross employee benefits	4,538	3,159	1,379	3,990
Other costs				
Services from other CCGs and NHS England	1,603	661	942	1,357
Services from foundation trusts	169,152	0	169,152	155,624
Services from other NHS trusts	19,061	0	19,061	17,362
Sustainability Transformation Fund	0	0	0	0
Services from other WGA bodies	3	0	3	5
Purchase of healthcare from non-NHS bodies	41,530	0	41,530	49,671
Purchase of social care	0	0	0	0
Chair and Non Executive Members	222	222	0	155
Supplies and services – clinical	816	0	816	1,353
Supplies and services – general	996	5	991	609
Consultancy services	115	47	68	25
Establishment	774	257	517	489
Transport	1,842	0	1,842	1
Premises	964	373	591	1,055
Impairments and reversals of receivables	0	0	0	0
Inventories written down and consumed	94	0	94	0
Depreciation	188	76	112	180
Amortisation	23	23	0	18
Impairments and reversals of property, plant and equipment	0	0	0	0
Impairments and reversals of intangible assets	0	0	0	0
Impairments and reversals of financial assets				
· Assets carried at amortised cost	0	0	0	0
· Assets carried at cost	0	0	0	0
· Available for sale financial assets	0	0	0	0
Impairments and reversals of non-current assets held for sale	0	0	0	0
Impairments and reversals of investment properties	0	0	0	0
Audit fees	43	43	0	54
Other non statutory audit expenditure				
· Internal audit services	51	51	0	70
· Other services	0	0	0	0
General dental services and personal dental services	0	0	0	0
Prescribing costs	33,004	0	33,004	32,756
Pharmaceutical services	0	0	0	0
General ophthalmic services	0	0	0	0
GMS/APMS and PMS	28,166	0	28,166	762
Other professional fees excl. audit	0	0	0	46
Legal fees	56	39	17	0
Grants to Other bodies	0	0	0	1,299
Clinical negligence	0	0	0	0
Research and development (excluding staff costs)	0	0	0	0
Education and training	33	33	0	12
Change in discount rate	0	0	0	0
Provisions	(49)	0	(49)	291
Funding to group bodies	0	0	0	0
CHC Risk Pool contributions	0	0	0	158
Non cash apprenticeship training grants	0	0	0	0
Other expenditure	19	6	13	1
Total other costs	298,706	1,836	296,870	263,353
Total operating expenses	303,244	4,995	298,249	267,343

Admin expenditure is expenditure incurred that is not a direct payment for the provision of healthcare or healthcare services.

Purchase of healthcare from Non-NHS bodies includes £16.6m (2016 17: £23.12m) of contributions to Swindon Borough Council (SBC) for services provided via contractual arrangements under Section 75 of the National Health Service Act 2006 or where SBC is the service provider.

Programme expenditure on Transport has increased in 2017/18 due to a change in how the CCG reports spend on patient transport services. In previous years, patient transport service expenditure was reported under 'Purchase of healthcare from Non NHS bodies'. In 2016/17, expenditure on this service was £1.657m.

Programme expenditure has increased due to the CCG taking on commissioning responsibility for Primary Care GP services from 1st April 2017. This has driven the increase in spend on GMS/APMS and PMS services. In prior years this spend was reported by NHS England.

The external audit fee for 2017/18 excluding VAT was £35,890.

The external auditor's liability for external audit work carried out for the financial year 2017/18 is limited to £2,000,000.

6.1 Better Payment Practice Code

Measure of compliance	2017-18 Number	2017-18 £'000	2016-17 Number	2016-17 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	6,904	73,131	6,400	60,790
Total Non-NHS Trade Invoices paid within target	6,834	73,013	6,210	60,432
Percentage of Non-NHS Trade invoices paid within target	98.99%	99.84%	97.03%	99.41%
NHS Payables				
Total NHS Trade Invoices Paid in the Year	2,446	191,913	2,283	175,055
Total NHS Trade Invoices Paid within target	2,374	191,903	2,185	173,941
Percentage of NHS Trade Invoices paid within target	97.06%	99.99%	95.71%	99.36%

The Better Payment Practice Code requires the CCG to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later. The CCG has a 95% target of paying invoices, which it achieved.

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

The CCG had no Late Payment of Commercial Debts (Interest) to report in 2017-18 (2016-17: nil)

7 Income Generation Activities

The CCG does not have any income generation activities to report in 2017-18.

8. Investment revenue

The CCG had no investment revenue in 2017-18 or 2016-17

9. Other gains and losses

The CCG had no investment revenue in 2017-18 or 2016-17

10. Finance costs

The CCG had no investment revenue in 2017-18 or 2016-17

11. Net gain/(loss) on transfer by absorption

The CCG has no gains or losses on transfer by absorption in 2017-18 or 2016-17

12. Operating Leases**12.1 As lessee****12.1.1 Payments recognised as an Expense**

	2017-18			2016-17				
	Land £'000	Buildings £'000	Other £'000	Total £'000	Land £'000	Buildings £'000	Other £'000	Total £'000
Payments recognised as an expense								
Minimum lease payments	0	434	1	435	0	858	4	862
Contingent rents	0	0	0	0	0	0	0	0
Sub-lease payments	0	0	0	0	0	0	0	0
Total	0	434	1	435	0	858	4	862

12.1.2 Future minimum lease payments

	2017-18			2016-17				
	Land £'000	Buildings £'000	Other £'000	Total £'000	Land £'000	Buildings £'000	Other £'000	Total £'000
Payable:								
No later than one year	0	149	0	149	0	145	2	147
Between one and five years	0	634	0	634	0	619	-	619
After five years	0	169	0	169	0	333	-	333
Total	0	952	0	952	0	1,097	2	1,099

The Pierre Simonet Building future lease payments has been included above.

The CCG does not have a lease for the other NHS Property Services Limited premises.

The CCG had one leased vehicle which was inherited as part an employment transfer from another NHS Organisation. This agreement ended in 2017- 18.

12.2 As lessor

The CCG had no rental revenue to report in 2017-18 or 2016-17

12.2.2 Future minimum rental value

The CCG had no minimal rental value to report in 2017-18 or 2016-17

13 Property, plant and equipment

	Land £'000	Buildings excluding dwellings £'000	Dwellings £'000	Assets under construction and payments on account £'000	Plant & machinery £'000	Transport equipment £'000	Information technology £'000	Furniture & fittings £'000	Total £'000
2017-18									
Cost or valuation at 01 April 2017	0	0	0	0	104	0	1,032	30	1,166
Addition of assets under construction and payments on account				0					0
Additions purchased	0	0	0	0	0	0	50	14	64
Additions donated	0	0	0	0	0	0	0	0	0
Additions government granted	0	0	0	0	0	0	0	0	0
Additions leased	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Reclassified as held for sale and reversals	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	0	(40)	0	(40)
Upward revaluation gains	0	0	0	0	0	0	0	0	0
Impairments charged	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Transfer (to)/from other public sector body	0	0	0	0	0	0	0	0	0
Cumulative depreciation adjustment following revaluation	0	0	0	0	0	0	0	0	0
Cost/Valuation at 31 March 2018	0	0	0	0	104	0	1,042	44	1,190
Depreciation 01 April 2017	0	0	0	0	30	0	371	7	408
Reclassifications	0	0	0	0	0	0	0	0	0
Reclassified as held for sale and reversals	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	0	(40)	0	(40)
Upward revaluation gains	0	0	0	0	0	0	0	0	0
Impairments charged	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Charged during the year	0	0	0	0	12	0	171	5	188
Transfer (to)/from other public sector body	0	0	0	0	0	0	0	0	0
Cumulative depreciation adjustment following revaluation	0	0	0	0	0	0	0	0	0
Depreciation at 31 March 2018	0	0	0	0	42	0	502	12	555
Net Book Value at 31 March 2018	0	0	0	0	62	0	540	32	635
Purchased	0	0	0	0	62	0	541	32	635
Donated	0	0	0	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0	0	0	0
Total at 31 March 2018	0	0	0	0	62	0	541	32	635
Asset financing:									
Owned	0	0	0	0	62	0	541	32	635
Held on finance lease	0	0	0	0	0	0	0	0	0
On-SOFP Lift contracts	0	0	0	0	0	0	0	0	0
PFI residual: interests	0	0	0	0	0	0	0	0	0
Total at 31 March 2018	0	0	0	0	62	0	541	32	635

Revaluation Reserve Balance for Property, Plant & Equipment

	Land £'000	Buildings £'000	Dwellings £'000	Assets under construction & payments on account £'000	Plant & machinery £'000	Transport equipment £'000	Information technology £'000	Furniture & fittings £'000	Total £'000
Balance at 01 April 2017	0	0	0	0	0	0	0	0	0
Revaluation gains	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Release to general fund	0	0	0	0	0	0	0	0	0
Other movements	0	0	0	0	0	0	0	0	0
Balance at 31 March 2018	0	0	0	0	0	0	0	0	0

13 Property, plant and equipment cont'd

13.1 Additions to assets under construction

The CCG had none in 2017-18 or 2016-17

13.2 Donated assets

The CCG had none in 2017-18 or 2016-17

13.3 Government granted assets

The CCG had none in 2017-18 or 2016-17

13.4 Property revaluation

The CCG had none in 2017-18 or 2016-17

13.5 Compensation from third parties

The CCG had none in 2017-18 or 2016-17

13.6 Write downs to recoverable amount

The CCG had none in 2017-18 or 2016-17

13.7 Temporarily idle assets

The CCG had none in 2017-18 or 2016-17

13.8 Cost or valuation of fully depreciated assets

The CCG has assumed the valuation of fully depreciated assets in 2017-18 is £nil (2016-17:£nil)

13.9 Economic lives

	Minimum Life (years)	Maximum Life (Years)
Buildings excluding dwellings	0	0
Dwellings	0	0
Plant & machinery	3	10
Transport equipment	0	0
Information technology	1	5
Furniture & fittings	3	5

14 Intangible non-current assets

2017-18	Computer Software: Purchased £'000	Computer Software: Internally Generated £'000	Licences & Trademarks £'000	Patents £'000	Development Expenditure (internally generated) £'000	Total £'000
Cost or valuation at 01 April 2017	69	0	0	0	0	69
Additions purchased	340	0	0	0	0	340
Additions internally generated	0	0	0	0	0	0
Additions donated	0	0	0	0	0	0
Additions government granted	0	0	0	0	0	0
Additions leased	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0
Reclassified as held for sale and reversals	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	0
Upward revaluation gains	0	0	0	0	0	0
Impairments charged	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0
Transfer (to)/from other public sector body	0	0	0	0	0	0
Cumulative amortisation adjustment following revaluation	0	0	0	0	0	0
Cost / Valuation At 31 March 2018	409	0	0	0	0	409
Amortisation 01 April 2017	25	0	0	0	0	25
Reclassifications	0	0	0	0	0	0
Reclassified as held for sale and reversals	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	0
Upward revaluation gains	0	0	0	0	0	0
Impairments charged	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0
Charged during the year	23	0	0	0	0	23
Transfer (to) from other public sector body	0	0	0	0	0	0
Cumulative amortisation adjustment following revaluation	0	0	0	0	0	0
Amortisation At 31 March 2018	48	0	0	0	0	48
Net Book Value at 31 March 2018	361	0	0	0	0	361
Purchased	361	0	0	0	0	361
Donated	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0
Total at 31 March 2018	361	0	0	0	0	361

14 Intangible non-current assets cont'd

14.1 Donated assets

The CCG had none in 2017-18 or 2016-17

14.2 Government granted assets

The CCG had none in 2017-18 or 2016-17

14.3 Revaluation

The CCG had none in 2017-18 or 2016-17

14.4 Compensation from third parties

The CCG had none in 2017-18 or 2016-17

14.5 Write downs to recoverable amount

The CCG had none in 2017-18 or 2016-17

14.6 Non-capitalised assets

The CCG had none in 2017-18 or 2016-17

14.7 Temporarily idle assets

The CCG had none in 2017-18 or 2016-17

14.8 Cost or valuation of fully amortised assets

The CCG had none in 2017-18 or 2016-17

14.9 Economic lives

	Minimum Life (years)	Maximum Life (Years)
Computer software: purchased	1	3
Computer software: internally generated	0	0
Licences & trademarks	0	0
Patents	0	0
Development expenditure (internally generated)	0	0

15 Investment property

The CCG had none in 2017-18 or 2016-17

16 Inventories

	Drugs	Consumables	Energy	Work in Progress	Loan Equipment	Other	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Balance at 01 April 2017	0	0	0	0	471	0	471
Additions	0	0	0	0	421	0	421
Inventories recognised as an expense in the period	0	0	0	0	(94)	0	(94)
Write-down of inventories (including losses)	0	0	0	0	0	0	0
Reversal of write-down previously taken to the statement of comprehensive net expenditure	0	0	0	0	0	0	0
Transfer (to) from -Goods for resale	0	0	0	0	0	0	0
Balance at 31 March 2018	0	0	0	0	798	0	798

The stock relates to joint arrangements under a Section 75 agreement with Swindon Borough Council for wheelchairs and Integrated Care and Equipment Services (ICES). The £421k is made up of £175k of wheelchair stock (100%) and £246k of the ICES stock in line with contributions to the pool (48%).

17 Trade and other receivables

	Current 2017-18 £'000	Non-current 2017-18 £'000	Current 2016-17 £'000	Non-current 2016-17 £'000
NHS receivables: Revenue	647	0	460	0
NHS receivables: Capital	0	0	0	0
NHS prepayments	2,474	0	1,242	0
NHS accrued income	0	0	0	0
Non-NHS and Other WGA receivables: Revenue	523	0	22	0
Non-NHS and Other WGA receivables: Capital	0	0	0	0
Non-NHS and Other WGA prepayments	611	0	435	0
Non-NHS and Other WGA accrued income	0	0	0	0
Provision for the impairment of receivables	0	0	0	0
VAT	131	0	7	0
Private finance initiative and other public private partnership arrangement prepayments and accrued income	0	0	0	0
Interest receivables	0	0	0	0
Finance lease receivables	0	0	0	0
Operating lease receivables	0	0	0	0
Other receivables and accruals	0	0	0	0
Total Trade & other receivables	4,386	0	2,166	0
Total current and non current	4,386		2,166	

Included above:

Prepaid pensions contributions	0	0
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The majority of trade is with NHS England. As NHS England is funded by the Government to provide funding to CCGs to commission services, no credit scoring of them is considered necessary.

References to "WGA" relate to balances included in the Governments Whole of Government Accounts exercise.

The outstanding debtors are made up: NHS £647k, Swindon Borough Council £473k (2016-17 NHS £1.7m and Swindon Borough Council £13k).

17.1 Receivables past their due date but not impaired

	2017-18 £'000	2017-18 £'000 Non DH	2016-17 £'000
	DH Group Bodies	Group Bodies	All receivables prior years
By up to three months	331	15	470
By three to six months	25	6	0
By more than six months	2	19	13
Total	358	40	483

£332,638 of the amount above has subsequently been recovered post the statement of financial position date.

The CCG believes that the outstanding receivables should be fully accounted for in 2017-18.

The CCG did not hold any collateral against receivables outstanding at 31 March 2018.

17.2 Provision for impairment of receivables

The CCG has not provided for impairment of receivables in 2017-18 or 2016-17

18 Other financial assets

18.1 Current

The CCG had none in 2017-18 or 2016-17

18.2 Non-current

The CCG had none in 2017-18 or 2016-17

18.3 Non-current: capital analysis

The CCG had none in 2017-18 or 2016-17

19 Other current assets

The CCG had none in 2017-18 or 2016-17

20 Cash and cash equivalents

	2017-18	2016-17
	£'000	£'000
Balance at 01 April 2017	9	62
Net change in year	45	(53)
Balance at 31 March 2018	54	9
Made up of:		
Cash with the Government Banking Service	54	9
Cash with Commercial banks	0	0
Cash in hand	0	0
Current investments	0	0
Cash and cash equivalents as in statement of financial position	54	9
Bank overdraft: Government Banking Service	0	0
Bank overdraft: Commercial banks	0	0
Total bank overdrafts	0	0
Balance at 31 March 2018	54	9
Patients' money held by the clinical commissioning group, not included above	0	0

The CCG does not hold patients monies

The CCG holds no petty cash balances

21 Non-current assets held for sale

The CCG had none in 2017-18 or 2016-17

22 Analysis of impairments and reversals

The CCG had none in 2017-18 or 2016-17

22.1 Analysis of impairments and reversals: property, plant and equipment

The CCG had none in 2017-18 or 2016-17

22.1 Analysis of impairments and reversals: Intangible assets

The CCG had none in 2017-18 or 2016-17

22.2 Analysis of impairments and reversals cont'd

The CCG had none in 2017-18 or 2016-17

22.3 Analysis of impairments and reversals: investment property

The CCG had none in 2017-18 or 2016-17

22.4 Analysis of impairments and reversals: inventories

The CCG had none in 2017-18 or 2016-17

22.5 Analysis of impairments and reversals: financial assets

The CCG had none in 2017-18 or 2016-17

22.6 Analysis of impairments and reversals: non-current assets held for sale

The CCG had none in 2017-18 or 2016-17

22.7 Analysis of impairments and reversals: totals

The CCG had none in 2017-18 or 2016-17

23 Trade and other payables	Current 2017-18 £'000	Non-current 2017-18 £'000	Current 2016-17 £'000	Non-current 2016-17 £'000
Interest payable	0	0	0	0
NHS payables: revenue	4,458	0	4,277	0
NHS payables: capital	0	0	0	0
NHS accruals	965	0	962	0
NHS deferred income	0	0	0	0
Non-NHS and Other WGA payables: Revenue	6,924	0	4,948	0
Non-NHS and Other WGA payables: Capital	0	0	0	0
Non-NHS and Other WGA accruals	6,845	0	4,861	0
Non-NHS and Other WGA deferred income	0	0	0	0
Social security costs	58	0	46	0
VAT	0	0	0	0
Tax	49	0	40	0
Payments received on account	0	0	2	0
Other payables and accruals	2,121	0	241	0
Total Trade & Other Payables	21,420	0	15,376	0
Total current and non-current	<u>21,420</u>		<u>15,376</u>	

There are no liabilities due in future years under arrangements to buy out the liability for early retirement over 5 years. References to "WGA" relate to balances included in the Governments Whole of Government Accounts exercise. Other payables include £73k outstanding pension contributions at 31 March 2018 (2016-17: £60k)

24 Other financial liabilities

The CCG had none in 2017-18 or 2016-17

25 Other liabilities

The CCG had none in 2017-18 or 2016-17

26 Borrowings

The CCG had none in 2017-18 or 2016-17

27 Private finance initiative, LIFT and other service concession arrangements

The CCG had none in 2017-18 or 2016-17

28 Finance lease obligations

The CCG had none in 2017-18 or 2016-17

28.1 Finance leases as lessee

The CCG had none in 2017-18 or 2016-17

29 Finance lease receivables

The CCG had none in 2017-18 or 2016-17

29.1 Finance leases as lessor

The CCG had none in 2017-18 or 2016-17

29.2 Rental revenue

The CCG had none in 2017-18 or 2016-17

30 Provisions

	Current 2017-18 £'000	Non-current 2017-18 £'000	Current 2016-17 £'000	Non-current 2016-17 £'000
Pensions relating to former directors	0	0	0	0
Pensions relating to other staff	0	0	0	0
Restructuring	0	0	0	0
Redundancy	0	0	0	0
Agenda for change	0	0	0	0
Equal pay	0	0	0	0
Legal claims	0	0	0	0
Continuing care	439	0	633	0
Other	0	0	0	0
Total	439	0	633	0
Total current and non-current	439		633	

	Pensions Relating to Former Directors £'000	Pensions Relating to Other Staff £'000	Restructuring £'000	Redundancy £'000	Agenda for Change £'000	Equal Pay £'000	Legal Claims £'000	Continuing Care £'000	Other £'000	Total £'000
Balance at 01 April 2017	0	0	0	0	0	0	0	633	0	633
Arising during the year	0	0	0	0	0	0	0	349	0	349
Utilised during the year	0	0	0	0	0	0	0	(145)	0	(145)
Reversed unused	0	0	0	0	0	0	0	(398)	0	(398)
Unwinding of discount	0	0	0	0	0	0	0	0	0	0
Change in discount rate	0	0	0	0	0	0	0	0	0	0
Transfer (to) from other public sector body	0	0	0	0	0	0	0	0	0	0
Transfer (to) from other public sector body under absorption	0	0	0	0	0	0	0	0	0	0
Balance at 31 March 2018	0	0	0	0	0	0	0	439	0	439
Expected timing of cash flows:										
Within one year	0	0	0	0	0	0	0	439	0	439
Between one and five years	0	0	0	0	0	0	0	0	0	0
After five years	0	0	0	0	0	0	0	0	0	0
Balance at 31 March 2018	0	0	0	0	0	0	0	439	0	439

Continuing Care - This provision relates to existing retrospective applications which may demonstrate eligibility for Continuing Healthcare (CHC) that have not yet been agreed by the CHC panel. Under the Accounts Direction issued by NHS England for 2015-16, NHS England is responsible for accounting for liabilities relating to NHS Continuing Healthcare claims relating to periods of care before the establishment of the clinical commissioning group. However, the legal liability remains with the CCG. The total value of the legacy NHS Continuing Healthcare provisions accounted for by NHS England on behalf of this CCG at 31 March 2018 is £0.9m. (2017 - £0.9m). NHS England is responsible for meeting any Income Tax payments relating to these claims.

31 Contingencies

	2017-18	2016-17
	£'000	£'000
Contingent liabilities		
Equal Pay	0	0
NHS Resolution Legal Claims	0	0
Employment Tribunal	0	0
NHS Resolution employee liability claim	0	10
Redundancy	0	0
Continuing Healthcare	261	1783
Net value of contingent liabilities	261	1,793
 Contingent assets		
Contingent Assets	0	0
Net value of contingent assets	0	0

32 Commitments

32.1 Capital commitments

	2017-18 £'000	2016-17 £'000
Property, plant and equipment	0	0
Intangible assets	0	0
Total	0	0

32.2 Other financial commitments

The NHS clinical commissioning group has entered into non-cancellable contracts (which are not leases, private finance initiative contracts or other service concession arrangements) which expire as follows:

	2017-18 £'000	2016-17 £'000
In not more than one year	1,484	1,815
In more than one year but not more than five years	1,199	2,831
In more than five years	2,376	2,660
Total	5,059	7,306

33 Financial instruments

33.1 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 the CCG 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 CCG and internal auditors.

33.1.1 Currency risk

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

33.1.2 Interest rate risk

The CCG had none in 2017-18 and 2016-17.

33.1.3 Credit risk

Because the majority of the CCG's revenue comes parliamentary funding, the CCG 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.

33.1.3 Liquidity risk

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

33 Financial instruments cont'd

33.2 Financial assets

	At 'fair value through profit and loss' 2017-18 £'000	Loans and Receivables 2017-18 £'000	Available for Sale 2017-18 £'000	Total 2017-18 £'000
Embedded derivatives	0	0	0	0
Receivables:				
- NHS	0	647	0	647
- Non-NHS	0	523	0	523
Cash at bank and in hand	0	54	0	54
Other financial assets	0	0	0	0
Total at 31 March 2018	0	1,224	0	1,224

	At 'fair value through profit and loss' 2016-17 £'000	Loans and Receivables 2016-17 £'000	Available for Sale 2016-17 £'000	Total 2016-17 £'000
Embedded derivatives	0	0	0	0
Receivables:				
- NHS	0	460	0	460
- Non-NHS	0	22	0	22
Cash at bank and in hand	0	9	0	9
Other financial assets	0	0	0	0
Total at 31 March 2018	0	491	0	491

33.3 Financial liabilities

	At 'fair value through profit and loss' 2017-18 £'000	Other 2017-18 £'000	Total 2017-18 £'000
Embedded derivatives	0	0	0
Payables:			
- NHS	0	5,423	5,423
- Non-NHS	0	15,890	15,890
Private finance initiative, LIFT and finance lease obligations	0	0	0
Other borrowings	0	0	0
Other financial liabilities	0	0	0
Total at 31 March 2018	0	21,313	21,313

	At 'fair value through profit and loss' 2016-17 £'000	Other 2016-17 £'000	Total 2016-17 £'000
Embedded derivatives	0	0	0
Payables:			
- NHS	0	5,238	5,238
- Non-NHS	0	10,050	10,050
Private finance initiative, LIFT and finance lease obligations	0	0	0
Other borrowings	0	0	0
Other financial liabilities	0	0	0
Total at 31 March 2018	0	15,288	15,288

No material difference exists between cost and fair value of both Financial Assets and Financial Liabilities held due to the short term nature of the assets and liabilities held.

34 Operating segments

The CCG considers it has only one segment, the Commissioning of Healthcare Services.

35 Aligned budgets

The NHS clinical commissioning group shares of the income and expenditure handled by the aligned budget in the financial year were:

	2017-18	2016-17
	£'000	£'000
Income	21,780	23,266
Expenditure	(21,780)	(23,266)

Swindon Borough Council

Income	21,630	23,120
Expenditure	(21,630)	(23,120)

Of the £21.63m, the CCG directly commissioned £7.36m of services which meant that the funds flowing to Swindon Borough Council totalled £14.27m.

Oxfordshire County Council and Oxfordshire CCG

Income	150	146
Expenditure	(150)	(146)

The CCG jointly commissions a number of Adult, Mental Health and Children's services with Swindon Borough Council via contractual agreements subject to Section 75 of the National Health Service Act 2006. Under these arrangements the CCG has made payments totalling £21,630,000 (2016-17: £23,120,000), during the year of which £14,271,810 flowed through Swindon Borough Council. The reduction in the year reflects the full year effect of the community services transfer to Great Western Hospital NHS Foundation Trust.

Contributions by both parties are made to a Better Care Fund and also to other organisation aligned funds. Overspends are aligned to the Commissioner of respective services. All services are paid for directly by the CCG.

The Budgets are jointly controlled by the Joint Commissioning Board and claims / expenditure are monitored and approved by this committee. Swindon Borough Council is identified as the Lead Commissioner and so the CCG recognises only its contributions to these arrangements.

The CCG has accounted for contributions totalling £150,000 to the Oxfordshire Better Care Fund to reflect the services commissioned by Oxfordshire County Council which benefit the residents of Shrivenham.

There has been no change in accounting for the Aligned budget from 2016-17.

36 NHS Lift investments

The CCG had none in 2017-18 or 2016-17

37 Related party transactions

Amounts paid to GP practices during 2017-18 have increased due to the CCG now directly commissioning Primary Care GP services.

The CCG has made payments under General Medical Contracts with GP practices for which members of the Governing Body are partners of these payments are to an organisation and not individuals. The CCG has also reimbursed practices for Locum and related costs. The figures below reflect financial transactions between the CCG and GP practices and not between governing body members and the CCG. The related payment transactions with Swindon Borough Council (SBC) total £15.2 m. Details of payments made to GP's for their services to the CCG are included in the Remuneration report (see Annual report page 95).

Details of related party transactions with individuals are as follows:

	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
2017-18				
Dr S Bruen, Locality GP Chair, Managing Partner of Westrop Medical Practice. Transactions for Westrop Surgery	1,579	0	168	0
Dr E Alden, GP Representative, Chair of Swindon GP Education Trust, Training Programme Director, Health Education South West (HESW), Member and Education Lead, Severn Faculty RGCP. Transactions for Taw Hill Medical Practice.	1,496	0	27	0
Dr P Mack, Governing Body, CCG Clinical Chair, Clinical leadership Group, Locality 2 GP chair, Commissioning for Quality Committee Chair, GP senior partner at Moredon. Transactions for Moredon Medical Centre.	1,396	0	86	0
Dr P Mayes, Governing Body, Clinical Leadership Group, Locality 1 GP Chair, Integrated Governance and Quality Assurance Committee. GP partner at Kingswood. Spouse employee of SBC. Transactions for Kingswood Surgery.	1,268	0	68	0
S Francome, Practice Manager Representative. Transactions for Taw Hill Medical Practice.	1,496	0	27	0
Dr S Sewell, Locality GP Representative. GP Partner at Ridgeway View Medical Practice. Transactions for Ridgeway View Medical Practice	1,918	0	147	0
Dr F Basheer, GP Representative. Transactions for Victoria Cross Surgery	864	0	55	0
C Jones, Director of Public Health, Swindon Borough Council. Transactions for Swindon Borough Council.	15,212	(143)	2,688	(473)
S Wald, Director of Adult & Social Services, Swindon Borough Council. Transactions for Swindon Borough Council.	15,212	(143)	2,688	(473)

The Department of Health is regarded as a related party. During the year the clinical commissioning group has had a significant number of material transactions with entities for which the Department is regarded as the parent Department.

- Great Western Hospitals NHSFT
- South Western Ambulance NHSFT
- Oxford University Hospitals NHSFT
- NHS England
- Gloucestershire Hospitals NHSFT
- Avon and Wiltshire Partnership NHS Trust
- North Bristol NHSFT
- South Central and West CSU
- NHS Property Services

In addition, the CCG has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with Swindon Borough Council.

The CCG considered all employees involved in the award of contracts, however, under the Scheme of Delegation, only Executive Directors are able to award contracts, within Delegated limits.

The CCG has therefore only included Related Party Notes for Governing Body Members and Directors.

The Clinical Commissioning Group has detailed in this note all declarations of interest for Governing Body Members, however, only related party transactions have been disclosed where they meet the criteria of having (i) control or joint control over the reporting entity, (ii) have significant influence over the reporting entity or (iii) are a member of the key management personnel.

	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
2016-17 Comparatives				
Dr S Bruen, Locality GP Chair, Managing Partner of Westrop Medical Practice. Transactions for Westrop Surgery	315	0	0	0
Dr P Crouch, Governing Body, CCG Remuneration Committee, CCG Clinical Chair (until Sept 2016), Chair Clinical Leadership Group, Principal GP Practice at Taw Hill Medical Practice. Member of Local Medical Committee, Vice Chair SBC Health and Wellbeing Board. Spouse employee for South, Central and West Commissioning Support Unit. Transactions for Taw Hill Medical Practice.	218	0	4	0
Dr E Alden, GP Representative, Chair of Swindon GP Education Trust, Training Programme Director, Health Education South West (HESW), Member and Education Lead, Severn Faculty RGCP. Transactions for Taw Hill Medical Practice.	218	0	4	0
Dr P Mack, Governing Body, CCG Clinical Chair (from Oct 2016), Clinical leadership Group, Locality 2 GP chair, Commissioning for Quality Committee Chair, GP senior partner at Moredon. Transactions for Moredon Medical Centre.	159	0	0	0
Dr P Mayes, Governing Body, Clinical Leadership Group, Locality 1 GP Chair, Integrated Governance and Quality Assurance Committee. GP partner at Kingswood. Spouse employee of SBC. Transactions for Kingswood Surgery.	140	0	0	0
C Perry, Governing Body, Registered Nurse, Chair of the Integrated Governance and Quality Assurance Committee. Transactions for Royal Cornwall NHS Trust	29	0	0	0
Dr T Jobson, Governing Body, Secondary Care Doctor, CCG Remuneration Committee, Founding partner of Medical Professional Southwest LLP. Consultant and deputy Medical Director in Taunton. Transactions for Taunton and Somerset NHS Foundation Trust.	19	0	2	0
S Francome, Practice Manager Representative. Transactions for Taw Hill Medical Practice.	218	0	4	0
S Sewell, Locality GP Representative. GP Partner at Ridgeway View Medical Practice. Transactions for Ridgeway View Medical Practice	392	0	6	0
F Basheer, GP Representative. Transactions for Victoria Cross Surgery	60	0	6	0
C Jones, Director of Public Health by Swindon Borough Council. Transactions for SBC	24,885	(242)	1,001	(15)
J Gilbert, Director of Adult & Children's Services by Swindon Borough Council. Transactions for SBC.	24,885	(242)	1,001	(15)
S Wald, Director of Adult & Social Services, Swindon Borough Council. Transactions for SBC.	24,885	(242)	1,001	(15)

38 Events after the end of the reporting period

None.

39 Third party assets

The CCG had none in 2017-18 or 2016-17

40 Financial performance targets

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

	2017-18 Target	2017-18 Performance	2016-17 Target	2016-17 Performance
Expenditure not to exceed income	305,374	303,650	270,167	264,941
Capital resource use does not exceed the amount specified in Directions	405	404	57	57
Revenue resource use does not exceed the amount specified in Directions	303,424	301,700	265,168	260,015
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	0	0	0	0
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	0	0	0	0
Revenue administration resource use does not exceed the amount specified in Directions	5,021	4,934	4,999	4,925

During 2017-18 the CCG has hosted the funding for the Thames Valley Cancer Network. All funding received has either been transferred to other NHS organisations or will be paid across in 2018-19. At the 31 March 2018 £1,249k has been accrued. The CCG has received £17k for its roles on the alliance and for project management. The CCG's financial performance has had no benefit in year.

As set out in the 2017/18 planning guidance, CCG's were required to hold a 0.5% reserve uncommitted from the start of the year, created by setting aside the monies that CCG's were otherwise required to spend non-recurrently. In addition the CCG was required to retain an additional reserve connected with category M pricing changes connected with drug costs. The national picture has been such that NHS England has been unable to allow CCG's to spend these funds. To comply with this requirement, NHS Swindon has released its 0.5% reserve and prescribing reserve to the bottom line, resulting in an additional surplus for the year of £1.63m.

NHS England set the CCG a Revenue Resource Limit of £303,424,000 for 2017-18, and the CCG achieved an underspend of £1,724,000 against this target.

The target for administration costs was set at £5,021,000 and the CCG achieved an underspend of £87,000.

The CCG met all financial performance targets set for 2017/18.

41 Impact of IFRS

	2017-18 £'000	2016-17 £'000
Depreciation charges	0	0
Interest expense	0	0
Impairment charge: Annually Managed Expenditure	0	0
Impairment charge: Departmental Expenditure Limit	0	0
Other Expenditure	0	0
Revenue receivable from subleasing	0	0
Total IFRS Expenditure (IFRIC 12)	0	0
Revenue consequences of private finance initiative/LIFT schemes under UK GAAP/ESA95 (net of any sublease revenue)	0	0
Net IFRS Change (IFRIC 12)	0	0
Capital Consequences of IFRS: private finance initiative/LIFT and other service concession arrangements under IFRIC 12		
Capital expenditure	0	0
UK GAAP capital expenditure	0	0

42 Analysis of charitable reserves

	2017-18 £'000	2016-17 £'000
Unrestricted funds	0	0
Restricted funds	0	0
Endowment funds	0	0
Total	0	0

The CCG had none in 2017-18 or 2016-17

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4. Employee benefits and staff numbers

4.1.1 Employee benefits

	2017-18			Total			Admin			Programme		
	Total £'000	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000
Employee Benefits												
Salaries and wages	3,731	3,353	379	2,598	2,243	355	1,133	1,110	23			
Social security costs	362	362	0	252	252	0	110	110	0			
Employer contributions to the NHS Pension Scheme	442	442	0	307	307	0	136	136	0			
Other pension costs	0	0	0	0	0	0	0	0	0			
Apprenticeship Levy	3	3	0	3	3	0	0	0	0			
Other post-employment benefits	0	0	0	0	0	0	0	0	0			
Other employment benefits	0	0	0	0	0	0	0	0	0			
Termination benefits	0	0	0	0	0	0	0	0	0			
Gross employee benefits expenditure	4,538	4,160	379	3,160	2,804	355	1,379	1,355	23			
Less recoveries in respect of employee benefits (note 4.1.2)	0	0	0	0	0	0	0	0	0			
Total - Net admin employee benefits including capitalised costs	4,538	4,160	379	3,160	2,804	355	1,379	1,355	23			
Less: Employee costs capitalised	0	0	0	0	0	0	0	0	0			
Net employee benefits excluding capitalised costs	4,538	4,160	379	3,160	2,804	355	1,379	1,355	23			

4.1.1 Employee benefits

	2016-17			Total			Admin			Programme		
	Total £'000	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000
Employee Benefits												
Salaries and wages	3,307	2,850	457	2,767	2,359	408	540	490	49			
Social security costs	311	311	0	265	265	0	46	46	0			
Employer contributions to the NHS Pension Scheme	372	372	0	313	313	0	59	59	0			
Other pension costs	0	0	0	0	0	0	0	0	0			
Apprenticeship Levy	0	0	0	0	0	0	0	0	0			
Other post-employment benefits	0	0	0	0	0	0	0	0	0			
Other employment benefits	0	0	0	0	0	0	0	0	0			
Termination benefits	0	0	0	0	0	0	0	0	0			
Gross employee benefits expenditure	3,990	3,533	457	3,345	2,937	408	646	596	49			
Less recoveries in respect of employee benefits (note 4.1.2)	0	0	0	0	0	0	0	0	0			
Total - Net admin employee benefits including capitalised costs	3,990	3,533	457	3,345	2,937	408	646	596	49			
Less: Employee costs capitalised	0	0	0	0	0	0	0	0	0			
Net employee benefits excluding capitalised costs	3,990	3,533	457	3,345	2,937	408	646	596	49			

39 Losses and special payments

39.1 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 2017-18 Number	Total Value of Cases 2017-18 £'000	Total Number of Cases 2016-17 Number	Total Value of Cases 2016-17 £'000
Administrative write-offs	0	0	0	0
Fruitless payments	2	6	2	1
Store losses	0	0	0	0
Book Keeping Losses	0	0	0	0
Constructive loss	0	0	0	0
Cash losses	0	0	0	0
Claims abandoned	0	0	0	0
Total	2	6	2	1

During 2017-18 the CCG made two fruitless payments.

39.2 Special payments

	Total Number of Cases 2017-18 Number	Total Value of Cases 2017-18 £'000	Total Number of Cases 2016-17 Number	Total Value of Cases 2016-17 £'000
Compensation payments	0	0	0	0
Extra contractual Payments	0	0	0	0
Ex gratia payments	0	0	0	0
Extra statutory extra regulatory payments	0	0	0	0
Special severance payments	0	0	0	0
Total	0	0	0	0