
Data entered below will be used throughout the workbook:

Entity name:	NHS Wandsworth Clinical Commissioning Group
This year	2014-15
This year ended	31 March 2015
This year commencing:	1 April 2014

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**Statement of Comprehensive Net Expenditure for the year ended
31 March 2015**

	Note	2014-15 £000	2013-14 £000
Total Income and Expenditure			
Employee benefits	4.1.1	6,734	6,534
Operating Expenses	5	400,765	401,125
Other operating revenue	2	<u>(7,892)</u>	<u>(18,907)</u>
Net operating expenditure before interest		<u>399,607</u>	<u>388,752</u>
Net operating expenditure for the financial year		399,607	388,752
Net (gain)/loss on transfers by absorption		<u>-</u>	<u>-</u>
Total Net Expenditure for the year		<u>399,607</u>	<u>388,752</u>
Of which:			
Administration Income and Expenditure			
Employee benefits	4.1.1	3,387	3,457
Operating Expenses	5	4,826	4,517
Other operating revenue	2	<u>(663)</u>	<u>(497)</u>
Net administration costs before interest		<u>7,550</u>	<u>7,477</u>
Programme Income and Expenditure			
Employee benefits	4.1.1	3,347	3,077
Operating Expenses	5	395,939	396,608
Other operating revenue	2	<u>(7,229)</u>	<u>(18,410)</u>
Net programme expenditure before interest		<u>392,057</u>	<u>381,275</u>
Total comprehensive net expenditure for the year		<u>399,607</u>	<u>388,752</u>

The notes on pages 5 to 31 form part of this statement

**Statement of Financial Position as at
31 March 2015**

	31 March 2015	31 March 2014
	Note	£000
		£000
Non-current assets:		
Property, plant and equipment	9	560
Intangible assets		-
Investment property		-
Trade and other receivables		-
Other financial assets		-
Total non-current assets		560
Current assets:		
Inventories		-
Trade and other receivables	10	2,275
Other financial assets		-
Other current assets		-
Cash and cash equivalents	11	126
Total current assets		2,401
Non-current assets held for sale		-
Total current assets		2,401
Total assets		2,961
Current liabilities		
Trade and other payables	13	(27,216)
Other financial liabilities		-
Other liabilities		-
Borrowings		-
Provisions		-
Total current liabilities		(27,216)
Total Assets less Current Liabilities		(24,255)
Non-current liabilities		
Trade and other payables		-
Other financial liabilities		-
Other liabilities		-
Borrowings		-
Provisions		-
Total non-current liabilities		-
Total Assets Employed		(24,255)
Financed by Taxpayers' Equity		
General fund		(24,255)
Revaluation reserve		-
Other reserves		-
Charitable Reserves		-
Total taxpayers' equity:		(24,255)

The notes on pages 5 to 31 form part of this statement

The accounts on pages 1 to 4 were approved by the Governing Body on [date] and signed on its behalf by:

Chief Accountable Officer
xxxxxxxxxxxxxxxxxxxxxx

**Statement of Changes In Taxpayers' Equity for the year ended
31 March 2015**

	General fund £000	Revaluation reserve £000	Other reserves £000	Total reserves £000
Changes in taxpayers' equity for 2014-15				
Balance at 1 April 2014	(24,255)	-	-	(24,255)
Adjusted NHS Clinical Commissioning Group balance at 1 April 2014	(24,255)	-	-	(24,255)
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2014-15				
Net operating expenditure for the financial year	(399,607)	-	-	(399,607)
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	(423,862)	-	-	(423,862)
Net funding	393,586	-	-	393,586
Balance at 31 March 2015	(30,276)	-	-	(30,276)
	General fund £000	Revaluation reserve £000	Other reserves £000	Total reserves £000
Changes in Taxpayers' equity for 2013-14				
Balance at 1 April 2013	-	-	-	-
Transfer of assets and liabilities from closed NHS bodies as a result of the 1 April 2013 transition	1,205	-	-	1,205
Adjusted NHS Commissioning Board balance at 1 April 2013	1,205	-	-	1,205
Changes in NHS Commissioning Board taxpayers' equity for 2013-14				
Net operating costs for the financial year	(388,752)	-	-	(388,752)
Net Recognised NHS Commissioning Board Expenditure for the Financial Year	(387,547)	-	-	(387,547)
Net funding	363,292	-	-	363,292
Balance at 31 March 2014	(24,255)	-	-	(24,255)

The notes on pages 5 to 31 form part of this statement

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Statement of Cash Flows for the year ended
31 March 2015

	Note	2014-15 £000	2013-14 £000
Cash Flows from Operating Activities			
Net operating expenditure for the financial year		(399,608)	(388,752)
Depreciation and amortisation	5	280	443
Impairments and reversals	5	280	202
(Increase)/decrease in trade & other receivables	10	(1,638)	(2,275)
Increase/(decrease) in trade & other payables	13	7,316	27,216
Net Cash Inflow (Outflow) from Operating Activities		(393,370)	(363,166)
Net Cash Inflow (Outflow) before Financing		(393,370)	(363,166)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		393,586	363,292
Net Cash Inflow (Outflow) from Financing Activities		393,586	363,292
Net Increase (Decrease) in Cash & Cash Equivalents	11	216	126
Cash & Cash Equivalents at the Beginning of the Financial Year		126	-
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		342	126

The notes on pages 5 to 31 form part of this statement

Notes to the accounts

1 Accounting Policies

NHS England has directed that the financial statements of clinical commissioning groups shall meet the accounting requirements of the *Manual for Accounts* issued by the Department of Health. Consequently, the following financial statements have been prepared in accordance with the *Manual for Accounts 2014-15* issued by the Department of Health. The accounting policies contained in the *Manual for Accounts* 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 *Manual for Accounts* permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the 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 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.

1.4 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.

1.4.1 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:

Accounting for Accruals

Various methods are used for calculating different types of accruals. They include:

Trend analysis

Expert judgement of Finance Managers

Supplier statements

Formulaic approach based upon historic cost information.

Notes to the accounts

1. Accounting policies (continued)

1.5 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. Key assumptions concerning the future, and other key sources of estimation uncertainty at the end of the reporting period, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year where arising, will be disclosed within the relevant note. The disclosure will include: the nature of the assumption and the carrying amount of the asset and liability at the balance sheet date, the sensitivity of the carrying amount to the assumptions, the expected resolution of uncertainty and the range of possible outcomes within the next financial year. The disclosure will also include an explanation of changes to past assumptions if the uncertainty remains unresolved.

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

1.6 Employee Benefits

1.6.1 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.

1.6.2 Retirement Benefit Costs

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

1.7 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.

1.8 Property, Plant & Equipment

1.8.1 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.

1.8.2 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 fair value.

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 fair value.

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

1.8.3 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 accounts

1. Accounting policies (continued)

1.9 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.

1.10 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 accounts

1. Accounting policies (continued)

1.10.1 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.

1.11 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.

1.12 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 1.50%
- Timing of cash flows (6 to 10 years inclusive): Minus 1.05%
- Timing of cash flows (over 10 years): Plus 2.20%
- All employee early departures: 1.30%

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.

1.13 Clinical Negligence Costs

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

1.14 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 Litigation Authority 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.

1.15 Continuing healthcare risk pooling

In 2014-15 a risk pool scheme has 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.

1.16 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.

Notes to the accounts

1. Accounting policies (continued)

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 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.

1.18 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.

1.19 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 derecognised when the liability has been discharged, that is, the liability has been paid or has expired.

Loans from the Department of Health are recognised at historical cost. Otherwise, financial liabilities are initially recognised at fair value.

1.19.1 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, 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.

1.20 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.

Notes to the accounts

1. Accounting policies (continued)

1.21 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).

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

The Government Financial Reporting Manual does not require the following Standards and Interpretations to be applied in 2014-15, all of which are subject to consultation:

- IFRS 9: Financial Instruments
- IFRS 13: Fair Value Measurement
- IFRS 14: Regulatory Deferral Accounts
- IFRS 15: Revenue for Contract with Customers

The application of the Standards as revised would not have a material impact on the accounts for 2014-15, were they applied in that year.

2 Other Operating Revenue

	2014-15 Total £000	2014-15 Admin £000	2014-15 Programme £000	2013-14 Total £000
Education, training and research	50	-	50	215
Non-patient care services to other bodies	6,727	357	6,370	18,137
Income generation	-	-	-	34
Other revenue	1,115	306	809	521
Total other operating revenue	7,892	663	7,229	18,907

Admin revenue is revenue received that is not directly attributable to the provision of healthcare or healthcare services.

Within non patient care services to other bodies revenue includes £3,685 (2013/14 £5,266) which relates to revenue for hosting the South West London Collaborative team on behalf of the 6 CCGs: Croydon, Kingston, Merton, Richmond, Surrey Downs, Sutton plus Health Education South London.

The remaining revenue relates to income received as a pass through payment from NHS England in relation to systems resilience (£2,433k), workforce development income from Health Education England (£306k), GP IT funding from NHS England (£593k) and prescribing costs recharged to other organisations after being charged to Wandsworth CCG in error (£315k).

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

3 Revenue

	2014-15 Total £000	2014-15 Admin £000	2014-15 Programme £000	2013-14 Total £000
From rendering of services	7,892	663	7,229	18,907
Total	7,892	663	7,229	18,907

Revenue is totally from the supply of services. The clinical commissioning group receives no revenue from the sale of goods.

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4. Employee benefits and staff numbers

4.1.1 Employee benefits

	2014-15			Admin			Programme		
	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	5,903	3,781	2,122	2,862	2,182	680	3,041	1,599	1,442
Social security costs	375	375	-	227	227	-	148	148	-
Employer Contributions to NHS Pension scheme	456	456	-	298	298	-	158	158	-
Other pension costs	-	-	-	-	-	-	-	-	-
Other post-employment benefits	-	-	-	-	-	-	-	-	-
Other employment benefits	-	-	-	-	-	-	-	-	-
Termination benefits	-	-	-	-	-	-	-	-	-
Gross employee benefits expenditure	6,734	4,612	2,122	3,387	2,707	680	3,347	1,905	1,442
Less recoveries in respect of employee benefits (note 4.1.2)	-	-	0	-	-	-	-	-	-
Total - Net admin employee benefits including capitalised costs	6,734	4,612	2,122	3,387	2,707	680	3,347	1,905	1,442
Less: Employee costs capitalised	-	-	-	-	-	-	-	-	-
Net employee benefits excluding capitalised costs	6,734	4,612	2,122	3,387	2,707	680	3,347	1,905	1,442

4.1.2 Recoveries in respect of employee benefits

	2014-15			2013-14		
	Total £000	Permanent Employees £000	Other £000	Total £000	Permanent Employees £000	Other £000
Employee Benefits - Revenue						
Salaries and wages	-	-	-	2	2	-
Total recoveries in respect of employee benefits	-	-	-	2	2	-

4.2 Average number of people employed

	2014-15		2013-14	
	Total Number	Permanently employed Number	Other Number	Total Number
Total	95	72	23	89
Of the above: Number of whole time equivalent people engaged on capital projects	-	-	-	-

The prior year figure has been revised to take account of agency staff employed by NHS Wandsworth Clinical Commissioning Group.

4.3 Staff sickness absence and ill health retirements

	2014-15 Number	2013-14 Number
Total Days Lost	566	134
Total Staff Years	72	66
Average working Days Lost	7.91	2

Ill health retirement costs are met by the NHS Pension Scheme

4.4 Exit packages agreed in the financial year

The CCG did not agree any exit packages in the financial year (2013/14, nil)

4.5 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/Pensions.

The Scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The Scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities.

Therefore, the Scheme is accounted for as if it were a defined contribution scheme: the cost to the clinical commissioning group of participating in the Scheme is taken as equal to the contributions payable to the Scheme for

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

4.5.1 Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the Scheme (taking into account its recent demographic experience), and to recommend the contribution rates to be paid by employers and scheme members. The last such valuation, which determined current contribution rates was undertaken as at 31 March 2012 and covered the period from 1 April 2004 to that date. Details of this valuation can be found on the pension scheme website. The previous valuation took place as at 31 March 2004. The overall aggregate scheme assets at 31st March 2012 was £230.1billion (31st March 2004 £123.7billion) and the actual pension liability at 31st March 2012 was £240.4billion (31st March 2004 £127billion) giving a notional past service deficit as at 31st March

In order to defray the costs of benefits, employers pay contributions at 14% of Pensionable pay and most employees had up to April 2008 paid 6%, with manual staff paying 5%.

Following the full actuarial review by the Government Actuary undertaken as at 31 March 2004, and after consideration of changes to the NHS Pension Scheme taking effect from 1 April 2008, his Valuation report recommended that employer contributions could continue at the existing rate of 14% of Pensionable pay, from 1 April 2008, following the introduction of employee contributions on a tiered scale from 5% up to 8.5% of their Pensionable pay depending on total earnings. On advice from the scheme actuary, scheme contributions may be varied from time

The 2012 actuarial valuation determined the contribution rates from 1 April 2015, setting employer contribution rate at 14.3% of Pensionable pay.

4.5.2 Accounting valuation

A valuation of the scheme liability is carried out annually by the scheme actuary as at the end of the reporting period by updating the results of the full actuarial valuation.

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

The valuation of the scheme liability as at 31 March 2012 is based on detailed membership data as at 31 March 2008 (the latest midpoint) updated to 31 March 2012 with summary global member and accounting data.

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

4.5.3 Scheme Provisions

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

- The Scheme is a “final salary” scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service;
- With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HM Revenue & Customs rules. This new provision is known as
- Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year;
- Early payment of a pension, with enhancement, is available to members of the Scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service, and five times their annual pension for death after retirement is payable;
- For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the statement of comprehensive net expenditure at the time the clinical commissioning group commits itself to the retirement, regardless of the method of
- Members can purchase additional service in the Scheme and contribute to money purchase AVC's run by the Scheme's approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

5. Operating expenses

	2014-15 Total £000	2014-15 Admin £000	2014-15 Programme £000	2013-14 Total £000
Gross employee benefits				
Employee benefits excluding governing body members	6,140	2,793	3,347	6,374
Executive governing body members	594	594	-	160
Total gross employee benefits	6,734	3,387	3,347	6,534
Other costs				
Services from other CCGs and NHS England	6,048	3,067	2,981	5,710
Services from foundation trusts	80,295	32	80,263	62,031
Services from other NHS trusts	218,101	19	218,082	233,740
Services from other NHS bodies	35	0	35	743
Purchase of healthcare from non-NHS bodies	47,123	0	47,123	46,540
Chair and Non-Executive Members	96	67	29	139
Supplies and services – clinical	277	-	277	618
Supplies and services – general	2,971	164	2,807	2,390
Consultancy services	2,303	25	2,278	4,410
Establishment	1,211	597	614	132
Transport	48	8	40	29
Premises	771	344	427	2,912
Impairments and reversals of receivables	-	-	-	1,166
Depreciation	280	-	280	443
Amortisation	-	-	-	-
Impairments and reversals of property, plant and equipment	280	-	280	202
Audit fees	106	106	-	91
Other non-statutory audit expenditure				
· Internal audit services	0	0	-	43
Prescribing costs	36,066	-	36,066	35,996
GPMS/APMS and PCTMS	3,644	-	3,644	3,349
Other professional fees excl. audit	184	146	38	281
Education and training	361	251	110	160
CHC Risk Pool contributions	565	-	565	-
Other expenditure	-	-	-	-
Total other costs	400,765	4,826	395,939	401,125
Total operating expenses	407,499	8,213	399,286	407,659

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

Operating Expenses include £4,159k (2013-14 £5,175k) of expenditure for the hosting of the South West London collaborative commissioning programme. This programme is about delivering the 5 year strategic plan for the South West London CCGs.

6. Better Payment Practice Code

Measure of compliance	2014-15 Number	2014-15 £000	2013-14 Number	2013-14 £000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	12,416	60,805	9,605	50,808
Total Non-NHS Trade Invoices paid within target	11,603	56,395	9,003	46,976
Percentage of Non-NHS Trade invoices paid within target	93.45%	92.75%	93.73%	92.46%
NHS Payables				
Total NHS Trade Invoices Paid in the Year	3,959	301,443	2,844	297,188
Total NHS Trade Invoices Paid within target	3,737	297,731	2,626	283,926
Percentage of NHS Trade Invoices paid within target	94.39%	98.77%	92.33%	95.54%

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.

7 Income Generation Activities

The clinical commissioning group undertakes income generation activities with an aim of achieving profit, which is then used in commissioning healthcare services. None of these activities had a full cost which exceeded £1m or was otherwise material. (2013-14 £34k)

8. Operating Leases

8.1 As lessee

Up to September 2014, the CCG was a lessee for Watershed House, 1 Adelaide Road, London SW18. The lessor was Wandsworth Council. Since July 2014, the CCG has been a lessee for the 1st Floor, 73-75 Upper Richmond Road, London SW15. The lessor is Wirral Borough Council. Up to August 2014, the CCG was a lessee for the Ground Floor of Wimbledon Bridge House, 1 Hartfield Road, London SW19, which was occupied by the SW London Collaborative Commissioning team. The lessor was NHS Property Services Ltd. Since September 2014, the CCG has had an arrangement with NHS Property Services Ltd to enable the SW London Collaborative Commissioning team to occupy the 5th Floor at 120 Broadway, London SW19.

8.1.1 Payments recognised as an Expense

	Land £000	Buildings £000	Other £000	2014-15 Total £000	2013-14 Total £000
Payments recognised as an expense					
Minimum lease payments	-	483	-	483	123
Contingent rents	-	-	-	-	-
Sub-lease payments	-	-	-	-	-
Total	-	483	-	483	123

Whilst the arrangement with NHS Property Services Ltd for the SW London Collaborative Commissioning accommodation at 120 Broadway, London SW19, falls within the definition of an operating lease, rental charge for future years has not yet been agreed. Consequently this note does not include future minimum lease payments for this arrangement

8.1.2 Future minimum lease payments

	Land £000	Buildings £000	Other £000	2014-15 Total £000	2013-14 Total £000
Payable:					
No later than one year	-	150	-	150	-
Between one and five years	-	392	-	392	-
After five years	-	-	-	-	-
Total	-	542	-	542	-

9 Property, plant and equipment

2014-15	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
Cost or valuation at 1 April 2014	-	-	-	-	-	-	843	-	843
Disposals other than by sale	-	-	-	-	-	-	0	-	0
Impairments charged	-	-	-	-	-	-	3	-	3
Cost/Valuation At 31 March 2015	-	-	-	-	-	-	840	-	840
Depreciation 1 April 2014	-	-	-	-	-	-	283	-	283
Impairments charged	-	-	-	-	-	-	277	-	277
Charged during the year	-	-	-	-	-	-	280	-	280
Depreciation at 31 March 2015	-	-	-	-	-	-	840	-	840
Net Book Value at 31 March 2015	-	-	-	-	-	-	-	-	-
Purchased	-	-	-	-	-	-	0	-	0
Donated	-	-	-	-	-	-	-	-	-
Government Granted	-	-	-	-	-	-	-	-	-
Total at 31 March 2015	-	-	-	-	-	-	0	-	0
Asset financing:									
Owned	-	-	-	-	-	-	0	-	0
Held on finance lease	-	-	-	-	-	-	-	-	-
On-SOFP Lift contracts	-	-	-	-	-	-	-	-	-
PFI residual: interests	-	-	-	-	-	-	-	-	-
Total at 31 March 2015	-	-	-	-	-	-	0	-	0

The CCG has a limited asset base, consisting of Telehealth equipment which was being depreciated over 3 years. Following a management review in March 2015 of the ongoing usage of these assets, it was deemed that Wandsworth CCG no longer benefited from their use and it was agreed to impair fully the remaining Net Book Value. The Net Book Value at the time of the exercise in March was £280,000 based on value in use.

9 Property, plant and equipment cont'd

9.1 Cost or valuation of fully depreciated assets

The cost or valuation of fully depreciated assets still in use was as follows:

	2014-15	2013-14
	£000	£000
Land	-	-
Buildings excluding dwellings	-	-
Dwellings	-	-
Plant & machinery	-	-
Transport equipment	-	-
Information technology	840	-
Furniture & fittings	-	-
Total	840	-

9.2 Economic lives

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

10 Trade and other receivables	Current 2014-15 £000	Non-current 2014-15 £000	Current 2013-14 £000	Non-current 2013-14 £000
NHS receivables: Revenue	933	-	730	-
NHS receivables: Capital	-	-	-	-
NHS prepayments and accrued income	701	-	389	-
Non-NHS receivables: Revenue	458	-	2,074	-
Non-NHS receivables: Capital	-	-	-	-
Non-NHS prepayments and accrued income	1,621	-	82	-
Provision for the impairment of receivables	-	-	(1,166)	-
VAT	195	-	168	-
Private finance initiative and other public private partnership arrangement prepayments and accrued income	-	-	-	-
Interest receivables	-	-	-	-
Finance lease receivables	-	-	-	-
Operating lease receivables	-	-	-	-
Other receivables	5	-	(2)	-
Total Trade & other receivables	3,913	-	2,275	-
Total current and non-current	3,913		2,275	

The majority of trade is with NHS England. As NHS England is funded by Government to provide funding to CCGs to commission services, no credit scoring of them is considered necessary. Included within the 2013-14 £2.07m non NHS Receivables:Revenue is £1.8m relating to NHS Property Services. An invoice was raised to recover this as it related to PCT legacy expenditure charged to the CCG. At the time of the 2013-14 accounts closure, the CCG and NHSPS were in negotiations about the recovery of this debt and a provision had been included to cover the element of risk. A settlement was reached with NHSPS and the debt was cleared during 2014-15. The 2014-15 Non-NHS prepayments and accrued income of £1,621 includes a payables credit note to the value of £1,361 that was awaiting settlement from NHSPS at 31st March 2015.

Receivables past due at the balance sheet date have been reviewed by CCG management and are considered collectable.

10.1 Receivables past their due date but not impaired	2014-15 £000	2013-14 £000
By up to three months	108	4,423
By three to six months	21	-
By more than six months	90	-
Total	219	4,423

£0 of the amount above has subsequently been recovered post the statement of financial position date. (2013-14,£ 3.2m)

The CCG did not hold any collateral against receivables outstanding at 31 March 2015 (2013-14 Nil)

10.2 Provision for impairment of receivables	2014-15 £000	2013-14 £000
Balance at 1 April 2014	(1,166)	-
Amounts written off during the year	-	-
Amounts recovered during the year	1,166	-
(Increase) decrease in receivables impaired	-	(1,166)
Transfer (to) from other public sector body	-	-
Balance at 31 March 2015	-	(1,166)

The impairment in 2013-14 related to the NHS Property Services (NHSPS) debt referred to in Note 10 above. An agreement was reached between the CCG and NHSPS during the year and the provision was released.

11 Cash and cash equivalents

	2014-15	2013-14
	£000	£000
Balance at 1 April 2014	126	-
Net change in year	217	126
Balance at 31 March 2015	<u>343</u>	<u>126</u>
Made up of:		
Cash with the Government Banking Service	343	126
Cash with Commercial banks	-	-
Cash in hand	0	-
Current investments	-	-
Cash and cash equivalents as in statement of financial position	<u>343</u>	<u>126</u>
Bank overdraft: Government Banking Service	-	-
Bank overdraft: Commercial banks	-	-
Total bank overdrafts	<u>-</u>	<u>-</u>
Balance at 31 March 2015	<u>343</u>	<u>126</u>

12 Analysis of impairments and reversals

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

	2014-15 £000	2013-14 £000
Impairments and reversals charged to the statement of comprehensive net expenditure		
Loss or damage resulting from normal operations	(280)	(202)
Over-specification of assets	-	-
Abandonment of assets in the course of construction	-	-
Total charged to departmental expenditure limit	(280)	(202)

12 Analysis of impairments and reversals cont'd

12.2 Analysis of impairments and reversals: totals

	2014-15 £000	2013-14 £000
Impairments and reversals charged to the statement of comprehensive net expenditure		
Departmental expenditure limit	-	(202)
Annually managed expenditure	(280)	-
Total impairments and reversals charged to the statement of comprehensive net expenditure	(280)	(202)
Impairments and reversals charged to the revaluation reserve	-	-
Total impairments	(280)	(202)

2014-15

This refers to the write down of the remaining balance of the Telehealth monitoring equipment. This was agreed following a review of the ongoing usage of these assets where it was deemed that Wandsworth CCG no longer benefited from their use. The Net Book Value at the time of the exercise in March was £280,000 based on value in use.

2013-14

This refers to the write down of the Managed Equipment Services at Queen Mary's Hospital in Roehampton following an asset verification exercise as it was deemed that Wandsworth CCG does not own nor control the legacy asset so a decision was made to write down the remaining Net Book Value of the asset to zero. The Net Book Value at the time of the exercise in March was £202,000 based on value in use.

13 Trade and other payables	Current 2014-15 £000	Non-current 2014-15 £000	Current 2013-14 £000	Non-current 2013-14 £000
Interest payable	-	-	-	-
NHS payables: revenue	5,964	-	5,417	-
NHS payables: capital	-	-	-	-
NHS accruals and deferred income	8,937	-	6,748	-
Non-NHS payables: revenue	4,446	-	1,459	-
Non-NHS payables: capital	-	-	-	-
Non-NHS accruals and deferred income	14,303	-	12,986	-
Social security costs	59	-	44	-
VAT	-	-	-	-
Tax	78	-	59	-
Payments received on account	-	-	-	-
Other payables	745	-	503	-
Total Trade & Other Payables	34,532	-	27,216	-
Total current and non-current	34,532		27,216	

There are no liabilities due in future years under arrangements to buy out the liability for early retirement over 5 years.
 Other payables includes £35,389 (2013-14 £56,740) of outstanding pension contributions at 31st March 2015.
 The CCG did not have any other financial liabilities as at 31 March 2015.(2013-14 Nil)

14 Financial instruments

14.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the year 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.

14.1.1 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.

14.1.2 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.

14.1.3 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.

14.1.4 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.

14 Financial instruments cont'd

14.2 Financial assets

	At 'fair value through profit and loss' 2014-15 £000	Loans and Receivables 2014-15 £000	Available for Sale 2014-15 £000	Total 2014-15 £000
Receivables:				
· NHS	-	933	-	933
· Non-NHS	-	458	-	458
Cash at bank and in hand	-	343	-	343
Other financial assets	-	5	-	5
Total at 31 March 2015	-	1,739	-	1,739

	At 'fair value through profit and loss' 2013-14 £000	Loans and Receivables 2013-14 £000	Available for Sale 2013-14 £000	Total 2013-14 £000
Receivables:				
· NHS	-	730	-	730
· Non-NHS	-	2,074	-	2,074
Cash at bank and in hand	-	126	-	126
Other financial assets	-	(2)	-	(2)
Total at 31 March 2014	-	2,928	-	2,928

14.3 Financial liabilities

	At 'fair value through profit and loss' 2014-15 £000	Other 2014-15 £000	Total 2014-15 £000
Payables:			
· NHS	-	14,901	14,901
· Non-NHS	-	19,494	19,494
Total at 31 March 2015	-	34,395	34,395

	At 'fair value through profit and loss' 2013-14 £000	Other 2013-14 £000	Total 2013-14 £000
Payables:			
· NHS	-	12,164	12,164
· Non-NHS	-	14,445	14,445
Total at 31 March 2014	-	26,609	26,609

15 Operating segments

The clinical commissioning group and consolidated group consider they have only one segment: commissioning of healthcare services.

16 Pooled budgets

The clinical commissioning group has entered into 2 pooled budgets with London Borough of Wandsworth. One pool is held by the council and one by the clinical commissioning group.

Under the arrangement funds are pooled under section 75 of the NHS Act 2006 for carers support services and falls prevention and bone health.

The NHS Clinical Commissioning Group shares of the income and expenditure handled by the pooled budget in the financial year were:

	2014-15 £000	2013-14 £000
Income	0	-
Expenditure	(888)	-

17 Intra-government and other balances

	Current Receivables 2014-15 £000	Non-current Receivables 2014-15 £000	Current Payables 2014-15 £000	Non-current Payables 2014-15 £000
Balances with:				
· Other Central Government bodies	161	-	137	-
· Local Authorities	565	-	1,309	-
Balances with NHS bodies:				
· NHS bodies outside the Departmental Group	-	-	-	-
· NHS Trusts and Foundation Trusts	1,633	-	14,901	-
Total of balances with NHS bodies:	1,633	-	14,901	-
· Public corporations and trading funds	-	-	-	-
· Bodies external to Government	1,554	-	18,184	-
Total balances at 31 March 2015	3,913	-	34,531	-

	Current Receivables 2013-14 £000	Non-current Receivables 2013-14 £000	Current Payables 2013-14 £000	Non-current Payables 2013-14 £000
Balances with:				
· Other Central Government bodies	168	-	104	-
· Local Authorities	179	-	246	-
Balances with NHS bodies:				
· NHS bodies outside the Departmental Group	-	-	-	-
· NHS Trusts and Foundation Trusts	1,119	-	12,164	-
Total of balances with NHS bodies:	1,119	-	12,164	-
· Public corporations and trading funds	-	-	-	-
· Bodies external to Government	809	-	14,703	-
Total balances at 31 March 2014	2,275	-	27,217	-

18 Related party transactions

During the year none of the Department of Health Ministers, clinical commissioning group Governing Body members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with the clinical commissioning group. The clinical commissioning group is reporting total related party transactions with other organisations where transactions have exceeded £1,000k. In addition all related party transactions with GP board member practices are included.

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 which are listed below.

The practices for which our GP board members are partners are regarded as a related party. During the year the clinical commissioning group has had a number of material transactions with these entities which are listed below. These relate to payment for enhanced services and cover for management time whilst undertaking CCG business. In addition the Battersea Community Interest Company, which is a federation made up of Wandsworth GP practices, is regarded as a related party and there have been material transactions with that organisation. In addition, the clinical commissioning group has had a number of material transactions with Wandsworth Borough Council.

	2014/15				2013/14			
	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£000	£000	£000	£000	£000	£000	£000	£000
St Georges Healthcare University Healthcare Trust	151,195	-25	-	-	153,780	-43	2,335	-73
South West London & St Georges Mental Health Trust	42,472	-	2,109	-	41,724	-	641	-
Chelsea & Westminster Foundation Trust	28,278	-	666	-	30,292	-	2,077	-
Kingston Hospital Foundation Trust	14,479	-	390	-	15,344	-	-	-
Guys & St Thomas Foundation Trust	12,701	-	52	-	14,238	-	607	-
London Ambulance Service	9,091	-	702	-	8,316	-	97	-
St Georges University Hospitals Foundation Trust	6,482	-	6,526	-5	-	-	-	-
Moorfields Eye Hospital Foundation Trust	6,460	-	462	-	5,708	-	512	-
Epsom St Helier University Hospitals Trust	6,183	-	421	-	9,911	-	990	-
Imperial College Hospitals	4,955	-	5	-	5,730	-	176	-
South East CSU	4,424	-21	255	-12	4,419	-34	-85	-34
Kings College Hospitals Foundation Trust	2,403	-	39	-	2,351	-	228	-
University College Hospitals Foundation Trust	1,758	-	232	-	1,504	-	-101	-
The Royal Marsden Foundation Trust	1,697	-	9	-58	1,627	-	259	-
South London & The Maudsley Foundation Trust	1,620	-	163	-	1,912	-	215	-
Royal Brompton & Harefield Foundation Trust	1,084	-	67	-	966	-	-30	-

	2014/15				2013/14			
	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£000	£000	£000	£000	£000	£000	£000	£000
Battersea CIC	785	-	-	-	261	-	-	-
Battersea Rise Group Practice	115	-	1	-	85	-	-	-
Brocklebank Group Practice	313	-	3	-	136	-	-	-
Danebury Avenue Group Surgery	59	-	-	-	28	-	-	-
Grafton Medical Centre	1	-	-	-	-	-	-	-
St Pauls Cottage Practice	124	-	2	-	76	-	-	-
Wandsworth Medical Centre	241	-	-	-	95	-	-	-

	2014/15				2013/14			
	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£000	£000	£000	£000	£000	£000	£000	£000
Wandsworth London Borough Council	3,544	-557	464	-	1,865	-9,526	246	179

19 Events after the end of the reporting year

There are no post balance sheet events which will have a material effect on the accounts of the Clinical Commissioning Group or Consolidated Group.

20 Losses and special payments

20.1 Losses

The CCG wrote down the remaining balance of the Telehealth monitoring equipment amounting to £280k (2013-14, £202k). Further details are shown in Note 12. There were no losses or special payment cases in 2013-14

21 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:

	2014-15 Target	2014-15 Performance	2014-15 Variance	2013-14 Target	2013-14 Performance	2013-14 Variance
Expenditure not to exceed income	-	-	-	-	-	-
Capital resource use does not exceed the amount specified in Directions	-	-	-	-	-	-
Revenue resource use does not exceed the amount specified in Directions	409,603	399,607	9,996	396,128	388,752	7,376
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	401,282	392,057	9,225	387,858	381,273	6,585
Revenue administration resource use does not exceed the amount specified in Directions	8,321	7,550	771	8,270	7,479	791
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