

Adoption of Unaudited Accounts for 2021/22 and Finance Report at Month 12

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Governing Body

5th May 2022

Author(s)	Chris Cotton, Deputy Director of Finance Diane Mason, Jayne Taylor and Pat Lunness, Senior Finance Managers
Sponsor Director	Jackie Mills, Director of Finance
Purpose of Paper	
<p>This report presents Governing Body with the draft unaudited accounts for 2021/22, as well as the final Month 12 finance report, presented on a consistent basis to previous months. The report is in 2 parts:</p> <p>Part A – Adoption of draft unaudited accounts. The CCG submitted its draft accounts to NHS England in advance of the required deadline of 26th April 2022. An explanation of the main statements included in the accounts is provided in this report. The Governing Body is asked to note and adopt the unaudited accounts.</p> <p>Part B – Month 12 finance Report. The report outlines the outturn position for 2021/22 which as noted above is subject to audit review.</p>	
Key Issues	
<ul style="list-style-type: none"> • The draft accounts are now subject to External Audit review which is expected to be completed during May. • The final audited accounts will be considered at a meeting of the Audit and Integrated Governance Committee and presented for formal approval at the meeting of the Governing Body on 26th May 2022. This will allow the audited accounts to be submitted to NHS England by the required deadline on 22nd June 2022. • Subject to the external audit review, I am pleased to report that the CCG expects to demonstrate achievement of all statutory financial duties for 2021/22 and to report a cumulative surplus of £22,758k which is made up of: <ul style="list-style-type: none"> – £21,861k cumulative surplus brought forward from prior years – an in-year Sheffield CCG surplus of £11k – South Yorkshire and Bassetlaw ICS surplus of £886k, which is reported in the Sheffield CCG position as we act as the host organisation. 	

Is your report for Approval / Consideration / Noting
Approval and Noting
Recommendations / Action Required by Governing Body
<p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> • Part A: Adopt (i.e. approve) the unaudited 2021/22 accounts; • Part B: Note the final 2021/22 outturn position for the CCG, which is subject to external audit of the CCG's annual accounts.
Governing Body Assurance Framework
<p><i>Which of the CCG's objectives does this paper support?</i> Strategic Objective - 4. Improve health care sustainability and affordability. It supports management of the CCG's principal risks 4.1 and 4.7 in the Assurance Framework.</p>
Are there any Resource Implications (including Financial, Staffing etc)?
None
Have you carried out an Equality Impact Assessment and is it attached?
<p><i>Please attach if completed. Please explain if not, why not</i> Not applicable</p>
<i>Have you involved patients, carers and the public in the preparation of the report?</i>
Not applicable

Adoption of Unaudited Accounts 2021/22 and Month 12 Finance Report

Governing Body meeting

5th May 2022

Part A: Adoption of Unaudited Accounts for 2021/22

1. Purpose

This report accompanies the pre-audited accounts (financial statements) produced by the CCG in respect of the 2021/22 financial year (attached). In line with External Auditor requirements, they are presented to the Governing Body for adoption. They are presented in conjunction with the separate report on the CCG's draft Annual Report including the Annual Governance Statement and Remuneration Report.

2. Process to Date and Next Steps

The CCG submitted its financial statements ahead of the NHS England deadline of 26th April 2022. The financial statements have been prepared in line with the Department of Health and Social Care Group Accounting Manual 2021/22. The financial policies stated at the beginning of the statements are those policies which CCGs have been required by NHS England to adopt. These were previously reviewed and considered by the CCG's Audit and Integrated Governance Committee (AIGC) on 17th March 2022, along with the basis of estimation used by the CCG for certain key areas of spend where the actual spend will not be known until after the submission of accounts such as month 12 prescribing costs.

In addition to submission of the accounts, CCGs must provide the same information (with further analysis in places) to NHS England in a standard format for consolidation. The draft return has been submitted to NHS England alongside the draft accounts.

The External Audit of the accounts commenced on 26th May 2022.

The Audit and Integrated Governance Committee will meet on the 26th May 2022 and will receive the post audit financial statements together with the report on those statements by our external auditors, KPMG. Members will have the opportunity to consider the accounts in detail.

The Governing Body will meet on the same day, 26th May, following the AIGC meeting, and will receive the audited financial statements and will be asked to formally adopt them.

The final audited financial statements must be submitted to NHS England by 22nd June 2022.

3. Explanation of Key Issues in the Financial Statements

The CCG has delivered against its financial statutory duties. The information below summarises the key statements in the accounts. Further details can be found in the Director of Finance's Month 12 report presented in Part B of this paper.

The accounts (or financial statements) consist of four primary statements:

- Statement of Comprehensive Net Expenditure
- Statement of Financial Position
- Statement of Changes in Taxpayer's Equity
- Statement of Cash Flows.

These are accompanied by notes to the accounts which provide further information on the financial activities of the CCG. The accounts include comparative figures for the prior year to show how the CCG's financial position has changed year on year.

The continued response to the COVID-19 pandemic during 2021/22 has brought with it a number of financial challenges over and above that faced by the CCG in previous years. Some of the changes to the financial framework in March 2020 have continued or developed, but not returned to pre pandemic arrangements. There are elements of expenditure where 2021/22 expenditure is now not comparable with pre-pandemic nor with 2020/21, material differences are described in the sections below.

Statement of Comprehensive Net Expenditure (SOCNE) (Page 1 of Accounts)

Accounting standards require the preparation of a statement of comprehensive income. However, as CCGs are funded by an allocation from Parliament, the Group Accounting Manual requires us to prepare a Statement of Comprehensive Net Expenditure (SOCNE) instead. The SOCNE shows the amount spent by the CCG in the year, less any income we have received from the provision of goods or services to other organisations. The SOCNE does not include the CCG's main source of funding which is our revenue resource limit (referred to as parliamentary funding in the accounts). Parliamentary funding is not treated as income, but is added to the general fund in the Statement of Changes in Taxpayers' Equity. As a result, the SOCNE does not tell you how well the CCG has performed against its financial targets, this information is given in the notes to the accounts (Note 19: Financial Performance Targets).

For 2021/22, the SOCNE shows the net expenditure of the CCG of £1,185.5m (i.e. total expenditure £1,119.5m less income of £6.0m).

Statement of Financial Position (Page 2 of the Accounts)

The Statement of Financial Position (SOFP) provides a snapshot of the CCG's financial position at the end of the financial year (31st March). The SOFP is made up of two parts which must always equal each other: the top part (total assets employed) which shows the CCG's assets and liabilities (what the CCG owns and is owed), and the bottom part (total taxpayers' equity) which shows how the CCG has been financed. The notes to the accounts provide a further breakdown of the different category of assets/liabilities.

Non-Current Assets:

At 31/3/22, the CCG has no non-current assets (previously known as fixed assets) following the accelerated depreciation of the remaining Net Book Value on Information

Technology assets. This is to allow a single consistent treatment of IT expenditure with other South Yorkshire CCGs for the transition into South Yorkshire Integrated Care Board.

Current Assets:

The CCG had £5.8m (£5.5m in 2020/21) of current assets at the end of the financial year (£5,587k receivables and £228k cash). The CCG held no inventories (stock). The main elements of our current assets were amounts owed to us by other NHS organisations (£2.2m); prepayments (£0.8m) made to other NHS organisations (mainly in relation to overseas visitors); and amounts owed to us by Sheffield City Council (£0.6m) in line with our normal trading arrangements. Trade receivables remain lower than in previous years mainly due to NHS providers having nationally set block contract values.

Current Liabilities:

The CCG had £58.5m of current liabilities relating to outstanding payables at the end of the financial year (£49.4m in 2020/21). Of this, £17.1m related to the prescribing accrual relating to expenditure in February and March. £11.9m related to Continuing Healthcare accruals (including £0.2m owed to Sheffield City Council), and £9.3m in relation to primary care, including £2.7m in relation to outstanding achievement payments for Quality Outcomes Framework, £0.9m for Prescribing Quality Improvement Scheme, £0.9m Additional Roles Reimbursement Scheme and £1.2m for the primary care Winter Access Fund. Due to NHS providers being on block contracts, there was only £5.1m owing to NHS organisations, most relating to ICS funding.

Statement of Changes in Taxpayers' Equity (Page 3 of the Accounts)

The Statement of Changes in Taxpayers' Equity (SOCITE) shows the movement on the general fund and reserves in the year. The amounts shown in this statement are also reflected in the SOCNE in the other operating expenses section. The CCG's parliamentary funding for the year is shown at the bottom of this statement.

Statement of Cash Flows (Page 4 of the Accounts)

The statement of cash flows (SOCF) summarises the actual cash flowing into and out of the CCG during the year. It differs from the SOCNE which includes expenditure which the CCG has incurred but not paid for and income which is due but has not yet been received.

Key Notes to the Accounts

Other Operating Revenue (Note 2 to the Accounts – Page 10)

This note analyses all income. The accounts are prepared in accordance with the overarching principle that income and expenditure are recorded gross and are not netted off.

In 21/22, the CCG has received revenue of £6.0m (£4.0m in 2020/21). This includes:

- £1.2m for IT and business intelligence services
- £0.9m income for other hosted services across CCG's
- £0.3m relates to Research income
- £2.1m income relating to the ICS

Employee benefits and Operating Expenses (Notes 4 - 5 to the Accounts – Pages 11 - 14)

This note analyses the CCG's expenditure on staff, goods and services in the year. As with revenue, the overarching principle is that revenue income and expenditure are recorded gross and are not netted off. Most of the expenditure on commissioning

healthcare services will be shown as services from foundation trusts, NHS trusts and other NHS bodies.

In 2021/22, the CCG has incurred £1,191.5m (£1,049.2m in 2020/21) of gross expenditure made up of £21.3m in relation to pay expenditure, and £1,170.2m non pay spend.

Non pay spend has increased by £142.2m, with a £59.3m increase in ICS expenditure and the balance within the CCG.

The largest single increase in CCG expenditure relates to the £104.6m (was £62.9m in 2020/21) expenditure with foundation trusts to support the response to the COVID-19 pandemic, as well as system top up funding calculated to meet the expected expenditure. This increase reflects the full year effect of these costs as trusts received some of this funding directly from NHSE during the initial emergency financial arrangements.

During 2021/22, CCG costs incurred in relation to COVID-19 were lower at £14.2m (£22.3m in 2020/21) and the amount within that reclaimed under the HDP scheme was £10.7m (£17.1m in 2020/21). These figures include costs reimbursed to Sheffield City Council.

ICS costs increased from £14.5m to £73.8m, with £30.7m of this relating to Elective Recovery Funding for system providers.

Financial Performance Targets (Note 19 to the Accounts – Page 23)

The CCG has statutory financial duties set out in sections 223H, I and J of the 2006 Act (as amended). NHS England confirms in the annually published 'Allocations Directions' to CCGs the specified amounts. The CCG's performance against these financial targets is disclosed in this note.

- Expenditure not to exceed income. In this case income includes all parliamentary funding.
- Capital resource use not exceed amount specified in Directions. CCGs have to keep their capital expenditure (expenditure on property, plant and equipment) within a limit set each year by NHS England. Sheffield CCG did not receive any capital funding in 21/22.
- Revenue resource use and, if specified, revenue resource on specific matters does not exceed the amount specified in Directions. CCGs have to keep their net operating costs for the year within a limit set each year by NHS England.
- Revenue administration resource use (running costs) does not exceed the amount specified in the Directions. HM Treasury requires that all income and expenditure is classified as either administration or programme. Programme is any income or expenditure on the direct provision of healthcare or healthcare related services. Administration is any income or expenditure which is not for the direct provision of healthcare or healthcare related services. CCGs are not allowed to spend more than the set amount.

Gross operating expenditure was £1,191.5m against a Revenue Resource limit (RRL) of £1,186.4 plus income of £6.0m, (totalling £1,192.4m), generating a net surplus of £0.9m. This demonstrates achievement of the statutory duty to break-even, Governing Body members will note that the RRL included in the Allocations Directions excludes the cumulative surplus brought forward (£21.9m) which is reported in the confirmed allocation reported in part B of this paper.

Net running cost expenditure was £11.0m against a Running Cost Allocation (RCA) of £12.0m, generating a surplus of £1.0m (noting that in Part B, a QIPP target has been applied to the running costs budget). Overall the position demonstrates achievement of the statutory duty.

Other Notes to the Accounts

We have determined that we have no post balance sheet events which will have a material effect on the financial statements.

As required, in Note 18 we have set out our Related Party Transactions. These are transactions with other organisations in which Members of Governing Body have a controlling interest which they have declared on the CCG's Register of Interests.

Part B: Month 12 Finance Report

1. Executive Summary

Key Duties	Final Outturn	Key Issues
Deliver the historical CCG surplus of £21.861m surplus (CCG's Control Total) against Commissioning Revenue Resource Limit (RRL) + RCA combined.	(£22.8m) Under-spend	The CCG received funding equivalent to its historical surplus allocation of £21.9m and has delivered that position. The ICS delivered an under-spend of £0.9m, with a very small under-spend on CCG expenditure.
a) Achieve a surplus against the Programme Allocation	(£22.3m) Under Spend	As noted above.
b) Remain within Running Cost Allowance (RCA) of £11,986k	(£0.5m) Under Spend	The original notified allocation for RCA for the full year was £11,154k with £832k received in M10 for the pensions uplift 6.3%. There is a requirement not to exceed this funding level.
Remain within the Cash Limit (i.e., Maximum draw down set by NHS England)	£0.2m closing balance	The CCG's maximum draw down for 2021/22 £1,191.0m The balance at the bank at year end was £0.2m

Key:

Red	Significant risk of non-delivery. Additional actions need to be urgently pursued.
Amber	Medium risk of non-delivery requires additional management effort.
Green	Low risk of non-delivery – current management effort should deliver success.

2. Introduction

The total resources received for the year were £1,208m , as summarised in the table below. This includes the additional WAF / ARRS / HDP funding which had been anticipated in the Month 10 report to Governing Body.

Table 1 - Revenue Resource Limit (£000's)		
Confirmed Revenue Resource Limit - Programme		1,196,264
Including additional in-year allocations;		
Hospital Discharge Programme (HDP)	10,731	
Winter Access Fund (WAF)	2,391	
Additional Roles Re-imburement Scheme (ARRS)	2,138	
Anticipated Revenue Resource Limit		1,196,264
Confirmed Revenue Resource Limit - Running Cost Allowance		11,986
Anticipated Revenue Resource Limit - TOTAL		1,208,250

3. Summary of the reported position

A summary position of the overall variances are shown in Table 2 below, for the year end position.

Appendix A provides a more detailed view of each section.

TABLE 2 - Variances against budget in thousands (£000's)	Full Year Budget	Final Year-end Expenditure	Variance	% Var
Acute & Community NHS Services	640,911	640,873	(39)	0.0%
Other Acute & Community	9,843	9,884	42	0.4%
Mental Health	115,212	114,369	(843)	-0.7%
Other Primary & Community services	48,525	48,418	(108)	-0.2%
Primary Care Co-Commissioning	92,021	92,281	260	0.3%
Locally Commissioned Primary Care	20,849	19,829	(1,019)	-4.9%
Continuing Care	72,759	74,863	2,104	2.9%
Prescribing	99,443	99,683	240	0.2%
Collaborative Working	75,143	74,272	(871)	-1.2%
Reserves (excluding historic surplus)	198	0	(198)	-100.0%
Total Programme Position	1,174,903	1,174,472	(431)	0.0%
Running Costs	11,486	11,020	(466)	-4.1%
Total (Excluding Historic surplus)	1,186,389	1,185,492	(897)	-0.1%

4. Further Information on Key Budgets

Acute and Community NHS Services:

The block arrangements established during 20/21 have remained in place for the whole of this financial year. These blocks are predominantly underpinned by 2019/20 costs, as they were last year.

The system top-ups and COVID funding arrangements continue but the values are now based on Provider plans submitted to the ICS and reflect different elements of costs / funding than they did last year. Table 3 below shows the amounts being paid to the three Sheffield NHS Providers for the whole year, this includes the agreed funding for H2.

Table 3: - Full Year System funding for Sheffield Providers (£000's)	Growth Funding	COVID Funding	System Top Up	Provider Income Loss	Total
Sheffield Health and Social Care	507	6,038	3,618	602	10,765
Sheffield Teaching Hospitals	3,134	36,015	28,244	2,899	70,292
Sheffield Children's	854	5,178	17,075	422	23,529
Total system funding	4,495	47,231	48,937	3,923	104,586

Other providers within the ICS are receiving their system top-ups from their local CCGs.

Sheffield Teaching Hospitals NHS Foundation Trust (STHFT):

The CQC report from the inspection in October 2021 has now been received and the Trust's overall rating has dropped from "Good" to "Requires Improvement". An action plan to address the areas of concern is being developed and will be submitted to CQC and commissioners in due course.

The number of patients in hospital with Covid is still high. Although many of the Covid cases are incidental findings rather than the cause of admission, the Trust is seeing other infections which were not seen in earlier waves. Staff absence also remains high for both Covid and non-Covid reasons. This combination of factors is causing issues with bed availability and theatre activity.

Several specialities continue to be impacted by reduced access to theatres and beds, with the biggest impact being seen in orthopaedics. At the end of January there were 45 orthopaedic patients >104weeks and 28 spinal patients.

There were 65 cancelled operations in February, a decrease of 14 compared to January. However this increased to 119 in March. Staffing absence, access to beds, theatres and critical care, and delayed transfer of care (160 in February) were all contributing factors.

Diagnostic waits increased slightly in March compared to January, with the biggest challenges continuing to be in gastroscopy, colonoscopy, flex-sigmoidoscopy and Urodynamics. The Trust started in-sourcing endoscopy provision in January as a pilot, which ended in March. This has been successful and so the contract has been extended to the end of June 2022 to help support the recovery of the waiting time position.

The Trust wasn't able to deliver against the March backlog recovery target for cancer pathways > 62 days, however the total backlog of patients waiting > 62 days has reduced and is now in line with the England average (10% versus 9.45%), having been double the average this time last year (16.4% versus 7.7%)

Table 4a below provides a snapshot of February activity and waiting lists for 2021, 2020 and 2019. Table 4b shows the activity and queue information month by month, alongside activity per working day as this can sometimes provide a clearer view. March has been included in this table, however figures may change due to uncoded activity which will be updated in the Trust's April data submission.

STHFT continues to achieve good levels of Outpatient activity, although in February they were slightly below pre-COVID levels. Similarly, the number of appointments per day has slipped back slightly from the levels seen during the period Nov-Jan. Within this performance we would expect a range of positions within different specialties, dependent upon their ability to transfer to virtual appointments and the nature of the work undertaken. In view of the above it's unsurprising that the outpatient queue at the end of the month was higher than seen recently and remains around 125% of that prevailing at the same time in 2019.

Similarly, the Inpatient Waiting List continues to grow and now represents 150% of the figure seen in Feb 20, although activity for the month was in line with the pre-pandemic equivalent. STHFT continues to manage its waiting lists by reviewing and treating based on clinical priority and length of wait.

Table 4a	Current COVID PRE-COVID			
	Feb 22 as % of			
	Feb 19	Feb-22	Feb-21	Feb-20
OP Firsts	95.63%	10,120	9,304	10,583
OP F/Ups	97.10%	26,412	26,354	27,201
OP Waiters	126.36%	22,637	16,330	17,915
IP - Non Elective	92.34%	3,845	3,711	4,164
IP - Elective	99.54%	5,188	3,905	5,212
IP Waiters	150.80%	12,878	11,085	8,540

Table 4b	Mar-22	Feb-22	Jan-22	Dec-21	Nov-21	Oct-21	Sep-21	Aug-21	Jul-21	Jun-21	May-21	Apr-21	Trend line
OP Firsts	11,528	10,120	10,707	9,951	11,371	10,424	10,601	9,544	10,086	10,602	10,004	9,872	
OP F/Ups	29,656	26,412	27,264	26,496	29,593	26,905	29,490	26,667	28,349	30,424	27,620	28,571	
OP Waiters	23159	22,637	21,911	21,912	21,580	21,454	26,667	20,504	20,010	19,005	17,562	17,044	
Working Days	23	20	20	19	22	21	22	21	22	22	19	20	
OP Firsts per day	501	506	535	524	517	496	482	454	458	482	527	494	
OP F/Ups Per day	1,289	1,321	1,363	1,395	1,345	1,281	1,340	1,270	1,289	1,383	1,454	1,429	
IP - Non Elective	2,881	3,845	3,903	4,038	4,081	4,146	4,152	4,129	4,200	4,088	4,164	4,101	
IP - Elective	4,915	5,188	5,101	4,591	4,937	4,663	4,937	4,648	4,999	5,402	4,925	4,806	
IP Waiters	13,081	12,878	12,949	12,923	12,889	12,169	11,887	11,633	11,472	11,407	11,443	11,625	
Working Days	23	20	20	19	22	21	22	21	22	22	19	20	
IP Non-Electives per day	125	192	195	213	186	197	189	197	191	186	219	205	
IP Electives per day	214	259	255	242	224	222	224	221	227	246	259	240	

Mental Health: The under-spend relates to underspends on additional allocations later in the year and not having any Individual Funding Request (IFR) spend for Mental Health services. The CCG meet its requirement to increase Mental Health spend by 3.82%, exceeding the minimum requirement by £348k. All additional Service Development and Spending Review funding announced at the start of the year was spent as planned.

Continuing Health Care (CHC) and Funded Nursing Care (FNC): The over-spend seen in 2021/22 reflects the fact that there have been a significant increase in CHC costs relating to an increase in patient numbers (c. 3.4%), price inflation (c. 4%) and a further case mix impact of 9%. In addition to this there has been limited scope to tackle QIPP plans during the year.

Primary Care Co-Commissioning and Locally Commissioned Primary Care: The position at month 12 is an underspend of £760k. Delegated budgets were £260k overspent and LCS budgets £1,020k underspent. As previously reported, the shortfall of £2m between planned expenditure and the allocation received for Delegated budgets has been mitigated by non-recurrent savings on Delegated and LCS. The non-recurrent savings within Delegated budgets include the contingency budget of £0.4m, savings on the list size increase reserve of £0.4m and on the premises reserve of £0.3m. The main reason for the underspend on LCS budgets is the £0.6m for GP IT partly due to receipt of a late allocation which was could not be utilised in time.

Prescribing: Data for the period April – January 2022 has now been received. The average price per item continues to reduce slightly from £7.11 to £7.09 for Non-Flu items. As reported in the last report, the change in price was expected due to the reduction in Category M prices nationally for the period July – September 2021. The average daily items prescribed compared to last financial year shows a very small increase of 1.6%. The impact of both the price and volume changes has resulted in a small overspend of £728k against the full-year budget.

Section 75 Framework Partnership Agreement (Better Care Fund): Appendix B shows the citywide position in relation to the Better Care Fund (BCF). The final position shows an overspend of £13.7m across both the CCG (£2.8m) and Sheffield City Council, (SCC), (£11.2m). This year’s position has continued to be impacted by the Covid-19 pandemic on discharge and Ongoing Care services. The reported position of £13.7m overspent has been adjusted for £9.1m of Hospital Discharge Programme funding which could be directly attributed to services and packages which enable timely discharge and admission avoidance above those usually commissioned.

CCG expenditure within the BCF is included within the overall CCG reported position in appendices A. The final reported position showed a variance of £2.5m (0.8%), of which £5.4m related packages of care under the Mental Health theme; offset by an underspend within On Going Care theme, £3.0m and slight variance in other themes. The risk share within the Mental Health theme has not been possible due to the NHS funding arrangements and transformational programmes have also been suspended while services worked under pandemic conditions. Information received from SCC shows a final overspend of £11.2m (7.7%). The main overspending areas were Ongoing care and mental health services which together overspent by £11.2m as well as a slight overspend against the national allocation of capital grants due to the backlog accumulated during the social distancing and shielding arrangements over the previous periods The reported overspend against the SCC and SCCG elements of the BCF have been managed within the overall financial position of the organisations.

Running Costs: The full year allocation increased in year to £11.986m and includes £832k due to receipt of 6.3% pension uplift funds. Within the full year budgeted spend, £500k QIPP was delivered, due mainly to management of vacancies. A mix of staffing vacancies and non-recurrent non-pay savings have contributed to the under-spend.

Table 5: Running Costs	Full Year Budget £000's	Final Year-End Expenditure £000's	Variance £000's
Pay	11,770	9,695	-2,075
Non Pay	2,651	2,725	74
Income	-2,522	-1,399	1,123
Running Cost Reserve	-413	0	413
TOTAL	11,486	11,020	-466

Figures subject to roundings

COVID Expenditure: A budget of £2m (£1m in H1 and £1m in H2) has been allocated to the CCG from the covid funding within the system envelope. In addition, £1.6m of additional allocations have been received (£1.1m for the primary care COVID support/expansion Fund, £301k for Long COVID and £200k for the Hubs) resulting in a

full-year COVID budget of £3.6m. COVID expenditure is £3.4m and is included in the Month 12 position.

The Month 12 position includes additional costs associated with the Hospital Discharge Programme (HDP). Expenditure incurred under the HDP is funded separately, as in 20/21. Full year spend is £10.7m, of which a separate allocation of £10.7m has been received.

5. Delivery of Cash Position

The CCG was notified of a maximum 12-month cash drawdown limit of £1,191.0m at month 12. The CCG is able to use this cash and income received, whilst some expenditure items listed are outside the cash limit. The total cash used to the end of March was £1,193.8m against a requested cash drawdown of £1,071.0m, prescribing and home oxygen (including PCSE errors & vaccination adjustments) of £104.6m, pensions uplift 6.3% of £0.8m, other income of £17.0m and a brought forward balance of £0.8m. The cash balance at bank at the end of the year was £419k, which is within the parameters set by NHSEI.

6. Better Payment Practice Code

The Better Payment Practice Code requires the CCG to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later. A summary of the position for the 12-month period to the end of March is reported in Table 6 below:

Table 7: Measure of compliance	12 months to March 2022 (Number)	12 months to March 2022 £000's
Non-NHS Payables		
Total Non-NHS Trade invoices paid in the year	19,614	262,868
Total Non-NHS Trade Invoices paid within target	19,119	259,330
Percentage of Non-NHS Trade invoices paid within target	97.48%	98.65%
NHS Payables		
Total NHS Trade invoices paid in the year	981	820,058
Total NHS Trade invoices paid within target	961	819,946
Percentage of NHS Trade invoices paid within target	97.96%	99.99%

In addition to the Better Payment Practice Code, the latest Procurement Policy Note guidance states that Suppliers should be paid within seven days where possible. The finance team continues to ensure that payments are processed as speedily as possible.

7. Key Budget Movements

In line with the Scheme of Budgetary Delegation, the Governing Body is required to sign off all budget movements over £2m. Below are all budget movements above £2m since the last Governing Body report (Month 10).

Table 8a: Budget Movements	Month	From	To	Amount (£'000)
ARRS	12	Reserves	Enhanced Services (Primary Care)	2,138

HDP Final Allocation	12	Reserves	Sheffield City Council	2,113
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In addition, in line with the section 75 agreement with Sheffield City Council (SCC), any proposed changes to Better Care Fund budgets in excess of £1m are required to be approved by the Governing Body (as well as by SCC). Below are all budget movements above £2m since the last Governing Body report (Month 10).

Table 8b: Budget Movements	Month	From	To	Amount (£'000)
Additional non recurrent support into joint funded packages of care	11	Reserves	Sheffield City Council	1,229

8. Recommendation

The Governing Body is asked to:

- Part A: Adopt (i.e. approve) the unaudited 2021/22 accounts;
- Part B: Note the final 2021/22 outturn position for the CCG, which is subject to external audit of the CCG's annual accounts
- Part B: Approve budget movements over £2m (as set out in section 7)

Paper prepared by Chris Cotton, Deputy Director of Finance, Diane Mason, Jayne Taylor and Pat Lunness, Senior Finance Managers

On behalf of: Jackie Mills, Director of Finance
April 2022

Working with you to make Sheffield

H E A L T H I E R

NHS

Sheffield

Clinical Commissioning Group

Annual Accounts for the Period

1st April 2021
to 31st March 2022

FOREWORD TO THE ACCOUNTS

NHS SHEFFIELD CLINICAL COMMISSIONING GROUP

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

These accounts for the year ended 31 March 2022 have been prepared by NHS Sheffield Clinical Commissioning Group under section 17 of schedule 1A of the National Health Service Act 2006 (as amended by the Health & Social Care Act 2012) in the form which the Secretary of State has, with the approval of the Treasury, directed.

The National Health Service Act 2006 (as amended by the Health & Social Care Act 2012) requires Clinical Commissioning Groups to prepare their Annual Accounts in accordance with directions issued by NHS England with the approval of the Secretary of State.

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**Statement of Comprehensive Net Expenditure for the year ended
31 March 2022**

	Note	2021-22 £'000	2020-21 £'000
Income from sale of goods and services	2	(5,901)	(3,593)
Other operating income	2	(98)	(410)
Total operating income		(5,999)	(4,003)
Staff costs	4	21,269	21,128
Purchase of goods and services	5	1,169,300	1,027,149
Depreciation and impairment charges	5	210	98
Provision expense	5	-	-
Other Operating Expenditure	5	712	839
Total operating expenditure		1,191,491	1,049,214
Net Operating Expenditure		1,185,492	1,045,211
Finance income		-	-
Finance expense		-	-
Net expenditure for the Year		1,185,492	1,045,211
Net (Gain)/Loss on Transfer by Absorption		-	-
Total Net Expenditure for the Financial Year		1,185,492	1,045,211
Other Comprehensive Expenditure			
<u>Items which will not be reclassified to net operating costs</u>			
Net (gain)/loss on revaluation of PPE		-	-
Net (gain)/loss on revaluation of Intangibles		-	-
Net (gain)/loss on revaluation of Financial Assets		-	-
Net (gain)/loss on assets held for sale		-	-
Actuarial (gain)/loss in pension schemes		-	-
Impairments and reversals taken to Revaluation Reserve		-	-
<u>Items that may be reclassified to Net Operating Costs</u>			
Net (gain)/loss on revaluation of other Financial Assets		-	-
Net gain/loss on revaluation of available for sale financial assets		-	-
Reclassification adjustment on disposal of available for sale financial assets		-	-
Sub total		-	-
Comprehensive Expenditure for the year		1,185,492	1,045,211

The notes on pages 5 to 24 form part of this statement

**Statement of Financial Position as at
31 March 2022**

	2021-22	2020-21
Note	£'000	£'000
Non-current assets:		
Property, plant and equipment	8	210
Total non-current assets	<u>-</u>	<u>210</u>
Current assets:		
Trade and other receivables	9	4,715
Cash and cash equivalents	10	821
Total current assets	<u>5,825</u>	<u>5,536</u>
Total assets	<u>5,825</u>	<u>5,746</u>
Current liabilities		
Trade and other payables	11	(49,363)
Total current liabilities	<u>(58,507)</u>	<u>(49,363)</u>
Non-Current Assets plus/less Net Current Assets/Liabilities	<u>(52,682)</u>	<u>(43,617)</u>
Assets less Liabilities	<u>(52,682)</u>	<u>(43,617)</u>
Financed by Taxpayers' Equity		
General fund	<u>(52,682)</u>	<u>(43,617)</u>
Total taxpayers' equity:	<u>(52,682)</u>	<u>(43,617)</u>

The notes on pages 5 to 24 form part of this statement

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

Interim Accountable Officer
Gavin Boyle

**Statement of Changes In Taxpayers Equity for the year ended
31 March 2022**

	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
Changes in taxpayers' equity for 2021-22				
Balance at 01 April 2021	(43,618)	0	0	(43,618)
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 2021	(43,618)	0	0	(43,618)
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2021-22				
Net operating expenditure for the financial year	(1,185,492)			(1,185,492)
Net gain/(loss) on revaluation of property, plant and equipment		0		0
Net gain/(loss) on revaluation of intangible assets		0		0
Net gain/(loss) on revaluation of financial assets		0		0
Total revaluations against revaluation reserve		0		0
Net gain (loss) on available for sale financial assets	0	0	0	0
Net gain/(loss) on revaluation of other investments and Financial Assets (excluding available for sale financial assets)			0	0
Net gain (loss) on revaluation of assets held for sale	0	0	0	0
Impairments and reversals	0	0	0	0
Net actuarial gain (loss) on pensions	0	0	0	0
Movements in other reserves	0	0	0	0
Transfers between reserves	0	0	0	0
Release of reserves to the Statement of Comprehensive Net Expenditure	0	0	0	0
Reclassification adjustment on disposal of available for sale financial assets	0	0	0	0
Transfers by absorption to (from) other bodies	0	0	0	0
Reserves eliminated on dissolution	0	0	0	0
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial year	(1,185,492)	0	0	(1,185,492)
Net funding	1,176,428	0	0	1,176,428
Balance at 31 March 2022	(52,682)	0	0	(52,682)

	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
Changes in taxpayers' equity for 2020-21				
Balance at 01 April 2020	(44,021)	0	0	(44,021)
Transfer of assets and liabilities from closed NHS bodies	0	0	0	0
Adjusted NHS Clinical Commissioning Group balance at 31 March 2021	(44,021)	0	0	(44,021)
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2020-21				
Net operating costs for the financial year	(1,045,211)			(1,045,211)
Net gain/(loss) on revaluation of property, plant and equipment		0		0
Net gain/(loss) on revaluation of intangible assets		0		0
Net gain/(loss) on revaluation of financial assets		0		0
Total revaluations against revaluation reserve		0		0
Net gain (loss) on available for sale financial assets	0	0	0	0
Net gain/(loss) on revaluation of other investments and Financial Assets (excluding available for sale financial assets)	0	0	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	(1,045,211)	0	0	(1,045,211)
Net funding	1,045,614	0	0	1,045,614
Balance at 31 March 2021	(43,618)	0	0	(43,618)

The notes on pages 5 to 24 form part of this statement

**Statement of Cash Flows for the year ended
31 March 2022**

	2021-22 £'000	2020-21 £'000
Cash Flows from Operating Activities		
Net operating expenditure for the financial year	(1,185,492)	(1,045,211)
Depreciation and amortisation	5 210	98
(Increase)/decrease in trade & other receivables	9 (882)	5,133
Increase/(decrease) in trade & other payables	11 9,142	(5,099)
Net Cash Inflow (Outflow) from Operating Activities	(1,177,022)	(1,045,080)
Cash Flows from Investing Activities		
(Payments) for property, plant and equipment	<u>0</u>	<u>(37)</u>
Net Cash Inflow (Outflow) from Investing Activities	0	(37)
Net Cash Inflow (Outflow) before Financing	(1,177,022)	(1,045,117)
Cash Flows from Financing Activities		
Grant in Aid Funding Received	<u>1,176,428</u>	<u>1,045,614</u>
Net Cash Inflow (Outflow) from Financing Activities	1,176,428	1,045,614
Net Increase (Decrease) in Cash & Cash Equivalents	10 (594)	496
Cash & Cash Equivalents at the Beginning of the Financial Year	10 821	324
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year	10 227	821

The notes on pages 5 to 24 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 2021-22 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 a going concern basis.

The Health and Social Care Bill was introduced into the House of Commons on 6 July 2021. The Bill will allow for the establishment of Integrated Care Boards (ICB) across England and will abolish clinical commissioning groups (CCG). ICBs will take on the commissioning functions of CCGs. Should the Bill be passed the CCG functions, assets and liabilities will therefore transfer to an ICB.

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. The statement of financial position has therefore been drawn up at 31 March 2022 on a going concern basis.

1.2 Accounting Convention

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

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

As Public Sector Bodies are deemed to operate under common control, business reconfigurations within the Department of Health and Social Care Group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies, the Department of Health and Social Care GAM requires the application of absorption accounting. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs.

Other transfers of assets and liabilities within the Department of Health and Social Care Group are accounted for in line with IAS 20 and similarly give rise to income and expenditure entries.

1.4 Pooled budgets

The clinical commissioning group has entered into a pooled budget arrangement with Sheffield City Council [in accordance with section 75 of the NHS Act 2006]. Under the arrangement, funds are pooled for healthcare activities and a note to the accounts provides details of the income and expenditure.

The clinical commissioning group accounts for its share of the income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement

1.5 Operating Segments

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

1.6 Revenue

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

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

NHS Sheffield Clinical Commissioning Group are the host for several admin and clinical service functions including Procurement, HR, IT, Individual Funding Requests and Working Together. The provision of these services to other local clinical commissioning groups is the main source of income for NHS Sheffield Clinical Commissioning Group.

The main source of funding for the Clinical Commissioning Group is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.

Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.

Payment terms are standard reflecting cross government principles.

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

Notes to the financial statements

1.7 Employee Benefits

1.7.1 Short-term Employee Benefits

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

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.

1.7.2 Retirement Benefit Costs

Past and present employees are covered by the provisions of the NHS Pensions Schemes. These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The schemes are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as if they were a defined contribution scheme; the cost recognised in these accounts represents the contributions payable for the year. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions.

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

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

1.8 Other Expenses

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

1.9 Grants Payable

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

1.10 Property, Plant & Equipment

1.10.1 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.

1.10.2 Measurement

All property, plant and equipment is 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.

Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date

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. Current values in existing use are determined as follows:

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

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.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, 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.

1.10.3 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.

1.11 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.

At each reporting period end, the clinical commissioning group checks whether there is any indication that any of its property, plant and equipment assets 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.

Notes to the financial statements

1.12 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.

1.12.1 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.

1.13 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.

1.14 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 rates.

Early retirement provisions are discounted using HM Treasury's pension discount rate of negative 1.30% (2020-21: negative 0.95%) in real terms. All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:

- A nominal short-term rate of positive 0.47% (2020-21: negative 0.02%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.
- A nominal medium-term rate of 0.70% (2020-21: 0.18%) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date.
- A nominal long-term rate of 0.95% (2020-21: 1.99%) for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date.
- A nominal very long-term rate of 0.66% (2020-21: 1.99%) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.

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.

1.15 Clinical Negligence Costs

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

1.16 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.

1.17 Contingent liabilities and contingent assets

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, contingent liabilities and contingent assets are disclosed at their present value.

Notes to the financial statements

1.18 Financial Assets

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

Financial assets are classified into the following categories:

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

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

1.18.1 Financial Assets at Amortised cost

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

1.18.2 Financial assets at fair value through other comprehensive income

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

1.18.3 Financial assets at fair value through profit and loss

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

1.18.4 Impairment

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the clinical commissioning group recognises a loss allowance representing the expected credit losses on the financial asset.

The clinical commissioning group adopts the simplified approach to impairment in accordance with IFRS 9, and measures the loss allowance for trade receivables, lease receivables and contract assets at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2) and otherwise at an amount equal to 12 month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds and Exchequer Funds assets where repayment is ensured by primary legislation. The clinical commissioning group therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally, the Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies and the clinical commissioning group does not recognise allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

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.

1.19.1 Financial Guarantee Contract Liabilities

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

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

1.19.2 Financial Liabilities at Fair Value Through Profit and Loss

Derivatives that are liabilities are subsequently measured at fair value through profit or loss, Embedded derivatives that are not part of a hybrid contract containing a host that is an asset within the scope of IFRS 9 are separately accounted for as derivatives only if their economic characteristics and risks are not closely related to those of their host contracts, a separate instrument with the same terms would meet the definition of a derivative, and the hybrid contract is not itself measured at fair value through profit or loss.

1.19.3 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.

1.20 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.

1.21 Foreign Currencies

The clinical commissioning group's functional currency and presentational currency is pounds sterling and amounts are presented in thousands of pounds unless expressly stated otherwise. 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.

Notes to the financial statements

1.22 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).

1.23 Critical accounting judgements and key sources of estimation uncertainty

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

1.23.1 Critical accounting judgements in applying accounting policies

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

- Operating lease commitments - NHS Sheffield Clinical Commissioning Group has in substance a property lease arrangement with NHS Property Services Ltd relating to the headquarters site. As it has been determined that NHS Sheffield Clinical Commissioning Group has not obtained substantially all the risks and rewards of ownership of this property, the lease has been classified as an operating lease and accounted for accordingly.

1.23.2 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

- Basis of estimation of key accruals - NHS Sheffield Clinical Commissioning Group has included certain accruals within the financial statements which are estimates. The basis of the estimation of key accruals have been approved by the Director of Finance and reported to the Audit and Integrated Governance Committee. The key areas requiring estimation were prescribing expenditure.

1.24 Gifts

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

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

The Department of Health and Social Care GAM does not require the following IFRS Standards and Interpretations to be applied in 2021-22. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2022/23, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

- IFRS 16 Leases – IFRS 16 Leases has been deferred until 1 April 2022, but CCGs will still need to provide adequate disclosure on the impact of the new standard. HM Treasury have issued application guidance which will assist entities in assessing the impact and this can be found at [IFRS_16_Application_Guidance_December_2020.pdf](#) (publishing.service.gov.uk).

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The clinical commissioning group will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the clinical commissioning group will apply the standard retrospectively without restatement and with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the clinical commissioning group's incremental borrowing rate. The clinical commissioning group's incremental borrowing rate will be a rate defined by HM Treasury. For 2022, this rate is 0.95%. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the clinical commissioning group will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

The impact of the change is still being assessed.

- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021. Standard is not yet adopted by the FReM which is expected to be April 2023: early adoption is not therefore permitted.

2 Other Operating Revenue

	2021-22 Total £'000	2020-21 Total £'000
Income from sale of goods and services (contracts)		
Education, training and research	368	573
Non-patient care services to other bodies	2,041	2,209
Other Contract income	3,492	811
Total Income from sale of goods and services	5,901	3,593
Other operating income		
Charitable and other contributions to revenue expenditure: non-NHS	48	363
Non cash apprenticeship training grants revenue	49	47
Total Other operating income	98	410
Total Operating Income	5,999	4,003

Revenue in this note does not include cash received from NHS England, which is drawn down directly into the bank account of the clinical commissioning group and credited to the general fund.

For 2020/21, revenue shown under 'Other Contract income' includes £360k for Sheffield Health and Care Partnership services, £182k for Better Care Fund services, £371k for Refugee resettlement schemes and £210k in relation to IT services. Also included is £2,063k for the South Yorkshire & Bassetlaw Integrated Care System (ICS) for which Sheffield CCG acts as the host.

For 2020/21, revenue shown under 'Other Contract income' includes £112k for Sheffield Accountable Care Partnership services, £126k for Better Care Fund services and £109k in relation to Primary Care IT projects. Also included is £400k for the South Yorkshire & Bassetlaw Integrated Care System (ICS).

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

	2021-22 Education, training and research £'000	2021-22 Non- patient care services to other bodies £'000	Other Contract income £'000	2020-21 Education, training and research £'000	2020-21 Non- patient care services to other bodies £'000	Other Contract income £'000
Source of Revenue						
NHS	-	1,979	2,230	76	2,147	492
Non NHS	368	62	1,262	497	62	319
Total	368	2,041	3,492	573	2,209	811

	2021-22 Education, training and research £'000	2021-22 Non- patient care services to other bodies £'000	Other Contract income £'000	2020-21 Education, training and research £'000	2020-21 Non- patient care services to other bodies £'000	Other Contract income £'000
Timing of Revenue						
Point in time	18	-	45	5	-	1
Over time	350	2,041	3,447	568	2,209	810
Total	368	2,041	3,492	573	2,209	811

3 Contract income recognition

No contract income has been recognised in the reporting period that was included within the opening balance of contract liabilities or that is from performance obligations satisfied in a previous reporting period.

All performance obligations in relation to contract income were completed at the reporting date.

4 Employee benefits and staff numbers

4.1 Employee benefits

	Total		2021-22
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	14,559	1,958	16,517
Social security costs	1,571	224	1,795
Employer Contributions to NHS Pension scheme	2,699	187	2,886
Other pension costs	3	-	3
Apprenticeship Levy	61	-	61
Termination benefits	7	-	7
Gross employee benefits expenditure	18,900	2,369	21,269
Less recoveries in respect of employee benefits (note 4.1.2)	-	-	-
Total - Net admin employee benefits including capitalised costs	18,900	2,369	21,269
Less: Employee costs capitalised	-	-	-
Net employee benefits excluding capitalised costs	18,900	2,369	21,269

	Total		2020-21
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	13,757	2,670	16,427
Social security costs	1,443	243	1,686
Employer Contributions to NHS Pension scheme	2,599	256	2,855
Other pension costs	6	-	6
Apprenticeship Levy	56	-	56
Termination benefits	98	-	98
Gross employee benefits expenditure	17,959	3,169	21,128
Less recoveries in respect of employee benefits (note 4.1.2)	-	-	-
Total - Net admin employee benefits including capitalised costs	17,959	3,169	21,128
Less: Employee costs capitalised	-	-	-
Net employee benefits excluding capitalised costs	17,959	3,169	21,128

4.2 Average number of people employed

	2021-22			2020-21		
	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number	Total Number
Total	319.31	62.25	381.56	313.23	54.99	368.22
Of the above: Number of whole time equivalent people engaged on capital projects	0	0	0	0	0	0

4.3 Staff Annual Leave Accrual Balances

	2021-22			2020-21		
	Permanent employees £'000	Other £'000	Total £'000	Permanently employed £'000	Other £'000	Total £'000
Employee accrued benefits liability	-173	0	-173	-198	0	-198

4.4 Exit packages agreed in the financial year

	2021-22		2021-22		2021-22	
	Compulsory redundancies Number	£	Other agreed departures Number	£	Total Number	£
Less than £10,000	1	7,491	-	-	1	7,491
£10,001 to £25,000	-	-	-	-	-	-
£25,001 to £50,000	-	-	-	-	-	-
£50,001 to £100,000	-	-	-	-	-	-
£100,001 to £150,000	-	-	-	-	-	-
£150,001 to £200,000	-	-	-	-	-	-
Over £200,001	-	-	-	-	-	-
Total	1	7,491	-	-	1	7,491

	2020-21		2020-21		2020-21	
	Compulsory redundancies Number	£	Other agreed departures Number	£	Total Number	£
Less than £10,000	-	-	-	-	-	-
£10,001 to £25,000	-	-	-	-	-	-
£25,001 to £50,000	-	-	-	-	-	-
£50,001 to £100,000	1	98,219	-	-	1	98,219
£100,001 to £150,000	-	-	-	-	-	-
£150,001 to £200,000	-	-	-	-	-	-
Over £200,001	-	-	-	-	-	-
Total	1	98,219	-	-	1	98,219

	2021-22		2020-21	
	Departures where special payments have been made Number	£	Departures where special payments have been made Number	£
Less than £10,000	-	-	-	-
£10,001 to £25,000	-	-	-	-
£25,001 to £50,000	-	-	-	-
£50,001 to £100,000	-	-	-	-
£100,001 to £150,000	-	-	-	-
£150,001 to £200,000	-	-	-	-
Over £200,001	-	-	-	-
Total	-	-	-	-

Analysis of Other Agreed Departures

	2021-22		2020-21	
	Other agreed departures Number	£	Other agreed departures Number	£
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	-	-	-	-
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval*	-	-	-	-
Total	-	-	-	-

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.

Redundancy and other departure costs have been paid in accordance with the provisions of the agenda for change terms and conditions and NHS Sheffield Clinical Commission Group's management of organisational change, redundancy and pay protection policy.

Exit costs are accounted for in accordance with relevant accounting standards and at the latest in full in the year of departure.

There have been no non-contractual payments made to individuals where the payment value was more than 12 months' of their annual salary.

Where entities have agreed early retirements, the additional costs are met by NHS Entities and not by the NHS Pension Scheme, and are included in the tables. Ill-health retirement costs are met by the NHS Pension Scheme and are not included in the tables.

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 for Health and Social Care 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:

a) 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 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 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.

b) Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The 2016 funding valuation also tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at <https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports>.

5 Operating expenses

	2021-22	2020-21
	Total	Total
	£'000	£'000
Purchase of goods and services		
Services from other CCGs and NHS England	890	349
Services from foundation trusts	780,513	665,995
Services from other NHS trusts	31,022	29,719
Purchase of healthcare from non-NHS bodies	99,855	88,609
Purchase of social care	30,099	24,952
Prescribing costs	97,221	99,023
Pharmaceutical services	261	263
General Ophthalmic services	364	297
GPMS/APMS and PCTMS	108,397	101,666
Supplies and services – clinical	4	-
Supplies and services – general	9,495	7,550
Consultancy services	1,798	1,111
Establishment	2,396	1,808
Transport	1	-
Premises	3,831	3,570
Audit fees	53	66
Other non statutory audit expenditure		
· Other services	22	14
Other professional fees	1,379	1,457
Legal fees	391	319
Education, training and conferences	1,259	334
Non cash apprenticeship training grants	49	47
Total Purchase of goods and services	1,169,300	1,027,149
Depreciation and impairment charges		
Depreciation	210	98
Total Depreciation and impairment charges	210	98
Provision expense		
Provisions	-	-
Total Provision expense	-	-
Other Operating Expenditure		
Chair and Non Executive Members	314	325
Research and development (excluding staff costs)	345	451
Expected credit loss on receivables	(4)	9
Other expenditure	57	54
Total Other Operating Expenditure	712	839
Total operating expenditure	1,170,222	1,028,086

Auditor Liability - The total aggregate liability of KMPG LLP is limited per the contract to £2 million for all defaults, claims, losses or damages where arising from breach of contract, misrepresentation, tort, breach of statutory duty or otherwise.

NHS Sheffield Clinical Commissioning Group spent £1,798k in total on consultancy services in 2021/22. Of this, £1,707k related to consultancy services commissioned by the South Yorkshire & Bassetlaw Integrated Care System (ICS) which the CCG hosts, mainly in relation to Mental health, Urgent care, IT and system development.

Services from foundation trusts includes expenditure of £104,587k in 2021-22 that relates to additional funding to support the response to the COVID-19 pandemic, as well as system top up funding calculated to meet the expected expenditure of Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield Children's NHS Foundation Trust and Sheffield Health and Social Care NHS Foundation Trust. This is significantly higher than the 2020-21 value as NHS providers received some funding in that year directly from NHS England and NHS Improvement. In addition, these foundation trusts received £30,702k additional funding relating to the South Yorkshire & Bassetlaw Integrated Care System Elective Recovery Framework. The CCG directly incurred additional expenditure of £14,173k in relation to the COVID-19 response, of which £10,731k was drawn from the national Hospital Discharge Programme.

The depreciation charge of £205k in 2021-22 is higher than 2020-21 due to accelerating depreciation of the remaining Net Book Value on Information Technology assets. This is to allow a single consistent treatment with other CCG's for the transition into South Yorkshire Integrated Care Board.

6 Better Payment Practice Code

Measure of compliance	2021-22	2021-22	2020-21	2020-21
	Number	£'000	Number	£'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	19,614	262,868	17,683	245,587
Total Non-NHS Trade Invoices paid within target	19,119	259,330	17,507	244,515
Percentage of Non-NHS Trade invoices paid within target	97.48%	98.65%	99.00%	99.56%
NHS Payables				
Total NHS Trade Invoices Paid in the Year	981	820,058	1,701	762,932
Total NHS Trade Invoices Paid within target	961	819,946	1,690	762,751
Percentage of NHS Trade Invoices paid within target	97.96%	99.99%	99.35%	99.98%

7 Operating Leases**7.1 Payments recognised as an expense**

	2021-22			2020-21		
	Buildings £'000	Other £'000	Total £'000	Buildings £'000	Other £'000	Total £'000
Minimum lease payments	634	9	643	629	6	635
Contingent rents	-	-	-	-	-	-
Sub-lease payments	-	-	-	-	-	-
Total	634	9	643	629	6	635

Whilst NHS Sheffield Clinical Commissioning Group has an arrangement with NHS Property Services Limited which falls within the definition of operating leases, rental charges for future years have not yet been agreed. Consequently this note does not include future minimum lease payments for the arrangement. The financial value included in the Statement of Comprehensive Net Expenditure for 2021-22 is £634k (2020-21 £629k).

8 Property, plant and equipment

2021-22	Information technology £'000	Furniture & fittings £'000	Total £'000
Cost or valuation at 01 April 2021	489	205	694
Addition of assets under construction and payments on account	-	-	-
Additions purchased	-	-	-
Cost/Valuation at 31 March 2022	489	205	694
Depreciation 01 April 2021	279	205	484
Charged during the year	210	-	210
Depreciation at 31 March 2022	489	205	694
Net Book Value at 31 March 2022	-	-	-
Purchased	0	-	0
Total at 31 March 2022	0	-	0
Asset financing:			
Owned	0	-	0
Total at 31 March 2022	0	-	0

The depreciation charge of £205k in 2021-22 is higher than 2020-21 due to accelerating depreciation of the remaining Net Book Value on Information Technology assets. This is to allow a single consistent treatment with other CCG's for the transition into South Yorkshire Integrated Care Board.

8.1 Cost or valuation of fully depreciated assets

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

	2021-22 £'000	2020-21 £'000
Land	-	-
Buildings excluding dwellings	-	-
Dwellings	-	-
Plant & machinery	-	-
Transport equipment	-	-
Information technology	-	-
Furniture & fittings	205	205
Total	205	205

8.2 Economic lives

	Minimum Life (years)	Maximum Life (Years)
Information technology	1	4

9 Trade and other receivables

	Current 2021-22 £'000	Current 2020-21 £'000
NHS receivables: Revenue	2,133	882
NHS receivables: Capital	-	-
NHS prepayments	774	774
NHS accrued income	37	262
NHS Contract Receivable not yet invoiced/non-invoice	-	38
NHS Non Contract trade receivable (i.e pass through funding)	-	1,081
NHS Contract Assets	-	-
Non-NHS and Other WGA receivables: Revenue	1,206	71
Non-NHS and Other WGA receivables: Capital	-	-
Non-NHS and Other WGA prepayments	566	643
Non-NHS and Other WGA accrued income	621	447
Non-NHS and Other WGA Contract Receivable not yet invoiced/non-invoice	-	94
Non-NHS and Other WGA Non Contract trade receivable (i.e pass through funding)	-	222
Non-NHS Contract Assets	-	-
Expected credit loss allowance-receivables	(6)	(10)
VAT	198	208
Private finance initiative and other public private partnership arrangements and accrued income	-	-
Interest receivables	-	-
Finance lease receivables	-	-
Operating lease receivables	-	-
Other receivables and accruals	68	3
Total Trade & other receivables	5,597	4,715
Included above:		
Prepaid pensions contributions	-	-

9.1 Receivables past their due date but not impaired

	2021-22 DHSC Group Bodies £'000	2020-21 Non DHSC Group Bodies £'000	2020-21 DHSC Group Bodies £'000	2020-21 Non DHSC Group Bodies £'000
By up to three months	1,549	-	718	-
By three to six months	1	-	44	-
By more than six months	-	-	-	-
Total	1,550	-	762	-

NHS Sheffield Clinical Commissioning Group did not hold any collateral against receivables outstanding as at 31 March 2021.

	Trade and other receivables - Non DHSC Group Bodies £'000	Other financial assets £'000	Total £'000
Balance at 01 April 2020	(10)	-	(10)
Lifetime expected credit losses on trade and other receivables-Stage 2	4	-	4
Total	(6)	-	(6)

9.2 Loss allowance on asset classes

Balance at 01 April 2020	(10)	-	(10)
Lifetime expected credit losses on trade and other receivables-Stage 2	4	-	4
Total	(6)	-	(6)

9.3 Provision Matrix on lifetime credit loss

	31-March-2022 % Lifetime expected credit loss rate	31-March-2022 £'000 Gross Carrying Amount	31-March-2022 £'000 Lifetime expected credit loss rate	31-March-2021 £'000 Gross Carrying Amount	31-March-2021 £'000 Lifetime expected credit loss rate
Non NHS Debt					
Current	0	995	1	162	-
1 - 30 days	1	96	1	3	-
31 - 60 days	2	8	-	27	1
61 - 90 days	5	(17)	(1)	45	2
Greater than 90 days	10	47	5	69	7
Total expected credit loss		1,129	6	306	10

10 Cash and cash equivalents

	2021-22	2020-21
	£'000	£'000
Balance at 01 April 2021	821	324
Net change in year	(593)	496
Balance at 31 March 2022	<u>228</u>	<u>821</u>
Made up of:		
Cash with the Government Banking Service	228	821
Cash with Commercial banks	-	-
Cash in hand	0	0
Current investments	-	-
Cash and cash equivalents as in statement of financial position	<u>228</u>	<u>821</u>
Bank overdraft: Government Banking Service	-	-
Bank overdraft: Commercial banks	-	-
Total bank overdrafts	<u>-</u>	<u>-</u>
Balance at 31 March 2022	<u>228</u>	<u>821</u>

	Current	Current
	2021-22	2020-21
	£'000	£'000
11 Trade and other payables		
NHS payables: Revenue	2,761	1,288
NHS accruals	2,429	1,030
Non-NHS and Other WGA payables: Revenue	9,129	4,027
Non-NHS and Other WGA accruals	40,944	40,474
Non-NHS and Other WGA deferred income	256	-
Social security costs	246	220
Tax	203	173
Other payables and accruals	2,540	2,154
Total Trade & Other Payables	<u>58,508</u>	<u>49,366</u>

Non-NHS and Other WGA accruals includes £11.7m Prescribing accrual, £9.3m in relation to Primary Care, £11.9m Continuing Healthcare accruals and £3.8m in relation to Non-NHS contracts (31 March 2021: £17.9m Prescribing accrual, £7.2m in relation to Primary Care, £8.0m Continuing Healthcare accruals and £5.6m in relation to Non-NHS contracts).

Other payables include £1,592k to GP Practices for local services and £1,020k outstanding pension contributions (31 March 2021: £1,167k to GP Practices for local services and £924k outstanding pension contributions).

12 Provisions

NHS Sheffield Clinical Commissioning Group had no provisions as at 31 March 2022 (as at 31 March 2021 nil).

13 Commitments**13.1 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:

	2021-22	2020-21
	£'000	£'000
In not more than one year	406	186
In more than one year but not more than five years	16	7
In more than five years	-	-
Total	<u>422</u>	<u>193</u>

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 period in creating or changing the risks a body faces in undertaking its activities.

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

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

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.

14.1.5 Financial Instruments

As the cash requirements of NHS England are met through the Estimate process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS England's expected purchase and usage requirements and NHS England is therefore exposed to little credit, liquidity or market risk.

14 Financial instruments cont'd

14.2 Financial assets

	Financial Assets measured at amortised cost 2021-22 £'000	Equity Instruments designated at FVOCI 2020-21 £'000
Trade and other receivables with NHSE bodies	2,113	2,162
Trade and other receivables with other DHSC group bodies	755	195
Trade and other receivables with external bodies	1,197	743
Cash and cash equivalents	228	821
Total at 31 March 2022	4,293	3,921

14.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2021-22 £'000	Financial Liabilities measured at amortised cost 2020-21 £'000
Trade and other payables with NHSE bodies	817	1,114
Trade and other payables with other DHSC group bodies	4,354	1,233
Trade and other payables with external bodies	52,632	46,613
Total at 31 March 2022	57,803	48,960

14.4 Maturity of financial liabilities

	Payable to DHSC Group £'000	2021-22 Payable to Other bodies £'000	Total £'000	Payable to DH £'000	2020-21 Payable to Other bodies £'000	Total £'000
In one year or less	5,171	52,632	57,803	0	48,960	48,960
In more than one year but not more than two years	0	0	0	0	0	0
In more than two years but not more than five years	0	0	0	0	0	0
In more than five years	0	0	0	0	0	0
Total at 31 March 2022	5,171	52,632	57,803	0	48,960	48,960

15 Operating segments

NHS Sheffield Clinical Commissioning Group considers that there is only one operating segment: Commissioning of Healthcare Services.

	Gross expenditure £'000	Income £'000	Net expenditure £'000	Total assets £'000	Total liabilities £'000	Net assets £'000
Commissioning of Healthcare	1,191,491	(5,999)	1,185,492	5,825	(58,508)	(52,682)

During the year NHS Sheffield Clinical Commissioning Group paid £551,249k, approx. 46% of total expenditure, (2020-21: £495,372k approx. 47%) to Sheffield Teaching Hospitals NHS Foundation Trust for the purchase of healthcare and other services provided.

16 Pooled budgets

Section 75 of the National Health Services Act 2006 allows partnership arrangements between NHS bodies, Local Authorities and other agencies in order to improve and co-ordinate services. Generally each partner makes a contribution to a pooled budget, with the aim of focussing services and activities for a client group. Funds contributed are those normally used for the services represented in the pooled budget and allow the organisations involved to act in a more cohesive way.

The Better Care Fund was announced by the Government in the June 2013 spending round, to ensure a transformation in integrated health and social care. It creates a local single pooled budget to incentivise the NHS and local government to work more closely together around people, placing their wellbeing as the focus of health and care services, and shifting resources into social care and community services for the benefit of the people, communities and health and care systems. The Sheffield Better Care Fund pool was constructed around seven themes focussed around the different areas of integration.

NHS Sheffield Clinical Commissioning Group and Sheffield City Council entered into a Section 75 agreement covering the Better Care Fund with effect from 1st April 2015. This pool is hosted by Sheffield City Council.

The 2021/22 Sheffield City Council value has had £82,148k of income added back to the position reported in year. This adjustment more accurately shows the gross resources of the pooled budget.

The following table summarises the contributions made by Sheffield City Council and the NHS Sheffield Clinical Commissioning Group into pooled budget arrangements, along with details of previous year's comparatives:

	2021-22			2020-21		
	NHS Sheffield CCG	Sheffield City Council	Total	NHS Sheffield CCG	Sheffield City Council	Total
	£'000	£'000	£'000	£'000	£'000	£'000
The Better Care Fund	300,888	237,845	538,733	280,844	214,938	495,782

The CCG net contribution to the Better Care Fund for 2021/22 shown above is included within the expenditure recorded in note 45 to these accounts (Services from foundation trusts £206,149k; Purchase of healthcare from non-NHS bodies £71,452k; GPMS/APMS and PCTMS £497k; and Purchase of Social Care £22,790k).

The memorandum account for the pooled budget is:

	2021-22	2020-21
	£'000	£'000
The Better Care Fund		
Gross Income		
NHS Sheffield Clinical Commissioning Group	300,888	280,844
Sheffield City Council	237,845	214,938
	<u>538,733</u>	<u>495,782</u>
Allocation of expenditure		
Theme 1 - People Keeping Well in their Local Community	(13,049)	(14,886)
Theme 2 - Active Support and Recovery	(57,112)	(56,517)
Theme 3 - Independent Living Solutions	(10,095)	(9,632)
Theme 4 - Ongoing Care	(247,379)	(216,626)
Theme 5 - Adult inpatient Medical Emergency Admissions	(70,927)	(69,569)
Theme 6 - Mental Health	(133,721)	(124,448)
Theme 7 - Capital Grants	(6,450)	(4,104)
	<u>(538,733)</u>	<u>(495,782)</u>

17 Related party transactions

Details of related party transactions with individuals are as follows:

Name & Role of Individual	Related Parties for which transactions made & Role of Individual	Purpose of Payment/Receipt	Payments to	Receipts	Amounts	Amounts
			Related Party	from	owed to	due from
			£000	Related Party	Related Party	Related Party
			£000	£000	£000	£000
A Afzal, Locality Appointed GP	Duke Medical Centre - GP Principal Primary Care Sheffield - Practice is a shareholder in PCS Astra Zeneca - Chair of Medical Education meeting	GP Practice payments	940	(1)	267	0
		Contract payments	14,688	(337)	2,362	(97)
		Prescribing	0	(7)	0	(2)
B Allen, Locality Appointed GP	Birley Health Centre Primary Care Sheffield - Practice is a shareholder in PCS	GP Practice payments Contract payments	879 14,688	0 (337)	312 2,362	0 (97)
N Bates, GP Elected Member	Porterbrook Medical Centre - GP Partner Primary Care Sheffield - Practice is a shareholder in PCS	GP Practice payments Contract payments	2,197 14,688	(1) (337)	344 2,362	0 (97)
M Gamsu, Lay Member	Darnall Wellbeing - Committee Member Leeds Beckett University - Professor for Institute of Health Development Sheffield Citizens Advice - Chair	CHP Charges/Voluntary Sector Grant	151	0	0	0
		Course Fees	2	0	0	0
		Contract Payments	227	0	0	0
T Hudson, Chair of the Governing Body and Locality appointed GP	Porterbrook Medical Centre - Salaried GP Primary Care Sheffield - Practice is a shareholder in PCS	GP Practice payments Contract payments	2,197 14,688	(1) (337)	344 2,362	0 (97)
A McGinty, Locality appointed GP	Woodhouse Health Centre - GP Partner Primary Care Sheffield - Practice is a shareholder in PCS	GP Practice payments Contract payments	1,396 14,688	(10) (337)	545 2,362	0 (97)
L Philip, GP Elected Member	Chapelgreen Practice (Burncross Surgery) - GP Partner Primary Care Sheffield - Practice is a shareholder in PCS	GP Practice payments Contract payments	1,736 14,688	0 (337)	607 2,362	0 (97)
M Sloan, GP Elected Member	Sloan Practice - GP Partner Primary Care Sheffield - Works as a CASES GP and practice is a shareholder in PCS	GP Practice payments Contract payments	1,590 14,688	(2) (337)	397 2,362	0 (97)
D Warwicker, Locality appointed GP	Mill Road Surgery - GP Partner Primary Care Sheffield - Practice is a shareholder in PCS	GP Practice payments Contract payments	585 14,688	0 (337)	210 2,362	0 (97)

The values shown for related party transactions are for the full financial year including when the relevant individual has a part year interest in the organisation.

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

- NHS England;
- NHS Foundation Trusts;
- NHS Trusts;
- NHS Litigation Authority; and,
- NHS Business Services Authority.

In addition, NHS Sheffield Clinical Commissioning Group 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 Sheffield City Council.

Prior Year Comparator 2020-21

Name & Role of Individual	Related Parties for which transactions made & Role of Individual	Purpose of Payment/Receipt	Payments to	Receipts	Amounts	Amounts
			Related Party	from	owed to	due from
			£000	Related Party	Related Party	Related Party
			£000	£000	£000	£000
A Afzal, Locality Appointed GP	Duke Medical Centre - GP Principal Primary Care Sheffield - Practice is a shareholder in PCS Astra Zeneca - Chair of Medical Education meeting	GP Practice payments	892	0	182	0
		Contract payments	10,514	(315)	287	(84)
		Prescribing	0	(7)	0	(3)
N Bates, GP Elected Member	Porterbrook Medical Centre - GP Partner Primary Care Sheffield - Practice is a shareholder in PCS	GP Practice payments Contract payments	2,371 10,514	0 (315)	239 287	0 (84)
N Doherty - Director of Delivery - Care Outside of Hospital (up to 12 July 2020)	Voluntary Action Sheffield - Observer member	Voluntary Organisation contract, Health and Wellbeing Board funding	210	0	0	0
A Forrest - Lay Member (up to 31 December 2020)	Sheffield Carers Centre - Chair	Contract payment	8	0	0	0
M Gamsu, Lay Member	Darnall Wellbeing - Committee Member Sheffield Citizens Advice - Chair	CHP Charges/Voluntary Sector Grant	135	0	0	0
		Contract Payments	250	0	0	0
T Hudson - Chair of the Governing Body and Locality Appointed GP	University of Sheffield Health Service - GP Principal Porterbrook Medical Centre - Salaried GP Primary Care Sheffield - Practice is a shareholder in PCS	GP Practice payments	3,256	0	138	0
		GP Practice payments	2,371	0	239	0
		Contract payments	10,514	(315)	287	(84)
A McGinty, Locality appointed GP	Woodhouse Health Centre - GP Partner Woodhouse Healthcare Services - Director Primary Care Sheffield - Practice is a shareholder in PCS	GP Practice payments Pharmacy LES Contract payments	1,461 1 10,514	(5) 0 (315)	423 0 287	0 0 (84)
C Nield, Lay Member	Sheffield Hallam University - Associate Lecturer	Course Fees, Research	200	(25)	0	0
L Philip, GP Elected Member	Chapelgreen Practice (Burncross Surgery) - GP Partner Primary Care Sheffield - Practice is a shareholder in PCS	GP Practice payments Contract payments	1,795 10,514	0 (315)	401 287	0 (84)
M Sloan, GP Elected Member	Sloan Practice - GP Partner Primary Care Sheffield - Works as a CASES GP and practice is a shareholder in PCS	GP Practice payments Contract payments	1,652 10,514	0 (315)	280 287	0 (84)
J Thorley (from 1 January 2021)	Judi Thorley Solutions Ltd	Consultancy payment (paid prior to January 2021)	39	0	0	0
D Warwicker, Locality appointed GP	Mill Road Surgery - GP Partner Primary Care Sheffield - Practice is a shareholder in PCS	GP Practice payments	579	0	129	0
		Contract payments	10,514	(315)	287	(84)

18 Losses and special payments**Losses**

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

	Total Number of Cases 2021-22 Number	Total Value of Cases 2021-22 £'000	Total Number of Cases 2020-21 Number	Total Value of Cases 2020-21 £'000
Administrative write-offs	-	-	1	1
Fruitless payments	-	-	-	-
Store losses	-	-	-	-
Book Keeping Losses	-	-	-	-
Constructive loss	-	-	-	-
Cash losses	-	-	-	-
Claims abandoned	-	-	-	-
Total	-	-	1	1

Special payments

	Total Number of Cases 2021-22 Number	Total Value of Cases 2021-22 £'000	Total Number of Cases 2020-21 Number	Total Value of Cases 2020-21 £'000
Compensation payments	-	-	-	-
Compensation payments Treasury Approved	-	-	-	-
Extra Contractual Payments	-	-	-	-
Extra Contractual Payments Treasury Approved	-	-	-	-
Ex Gratia Payments	1	0	-	-
Ex Gratia Payments Treasury Approved	-	-	-	-
Extra Statutory Extra Regulatory Payments	-	-	-	-
Extra Statutory Extra Regulatory Payments Treasury Approved	-	-	-	-
Special Severance Payments Treasury Approved	-	-	-	-
Special Severance Payments	-	-	-	-
Total	1	0	-	-

19 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:

	2021-22 Target	2021-22 Performance	2020-21 Target	2020-21 Performance
Expenditure not to exceed income	1,192,388	1,191,491	1,052,234	1,049,202
Capital resource use does not exceed the amount specified in Directions	-	-	-	-
Revenue resource use does not exceed the amount specified in Directions	1,186,389	1,185,492	1,048,231	1,045,199
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	-
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	-
Revenue administration resource use does not exceed the amount specified in Directions	11,986	11,020	12,160	11,505

NHS Sheffield Clinical Commissioning Group
Finance Report 2021/22 - Financial Position for Period Ending 31st March 2022

	Year to Date: March				Forecast var: change from prev report	M1-12 Forecast Variance previously reported
	Budget	Expenditure	Variance			
	£'000	£'000	Over (+)/ Under(-)	%		
PROGRAMME COSTS BY PROVIDER/ SERVICE						
Revenue Resource Limit	1,196,348	1,196,348	0	0.0%	→	0
EXPENDITURE						
Sheffield Teaching Hospitals	528,192	528,299	107	0.0%	↑	0
Sheffield Children's Hospital	68,689	68,753	64	0.1%	↑	0
Yorkshire Ambulance Service	30,519	30,317	(202)	-0.7%	↓	(0)
Other NHS Trusts	13,512	13,504	(8)	-0.1%	↑	(10)
Acute & Community NHS Services	640,911	640,873	(39)	0.0%	↓	(10)
ISTC & Extended Choice	4,386	4,304	(82)	-1.9%	↓	(76)
Ambulance Services	1,906	1,866	(39)	-2.1%	↓	4
Non Contract Activity	1,345	1,328	(17)	-1.3%	↑	(104)
Other Community	1,614	1,626	12	0.7%	↑	(1)
Individual Funding Requests	591	760	169	28.5%	↑	52
Other Acute & Community	9,843	9,884	42	0.4%	↑	(126)
Sheffield Health & Social Care	108,266	108,101	(165)	-0.2%	↓	0
Other Mental Health	3,506	3,108	(398)	-11.3%	↓	(23)
Sheffield Local Authority (MH)	1,352	1,365	12	0.9%	↑	10
Voluntary Sector (MH)	1,788	1,795	8	0.4%	↓	24
Individual Funding Requests (MH)	300	0	(300)	-100.0%	↓	(250)
Mental Health	115,212	114,369	(843)	-0.7%	↓	(238)
Sheffield Local Authority	38,749	38,807	58	0.1%	↑	2
St Lukes Hospice	4,144	4,459	316	7.6%	↑	(85)
Voluntary Sector	966	923	(44)	-4.5%	↓	0
Other Commissioning	4,181	3,841	(340)	-8.1%	↓	(19)
Development Nurses (Directly Employed)	486	388	(98)	-20.1%	↓	(88)
Other Primary & Community services	48,525	48,418	(108)	-0.2%	↑	(189)
Core Contract	56,007	55,524	(483)	-0.9%	↑	(484)
Premises	10,967	10,717	(250)	-2.3%	↑	(321)
QoF	8,267	8,283	16	0.2%	↑	0
Enhanced Services	12,223	12,191	(32)	-0.3%	↑	(61)
Primary Care Other Services	4,556	5,566	1,010	22.2%	↑	956
Primary Care Co-Commissioning	92,021	92,281	260	0.3%	↑	91
Locally Commissioned Services	19,256	18,854	(402)	-2.1%	↓	(320)
GP IT	1,593	975	(617)	-38.8%	↓	(359)
Locally Commissioned Primary Care	20,849	19,829	(1,019)	-4.9%	↓	(679)
Adults Continuing Care	59,007	61,463	2,456	4.2%	↑	2,293
Children's Continuing Care	4,786	4,429	(357)	-7.5%	↑	(732)
Continuing Healthcare Assessments	2,504	2,584	80	3.2%	↑	(36)
Funded Nursing Care	6,461	6,387	(74)	-1.2%	↓	(34)
Continuing Care	72,759	74,863	2,104	2.9%	↑	1,492
Prescribing	97,433	98,162	728	0.7%	↑	142
Medicines Optimisation	2,009	1,521	(488)	-24.3%	↓	(295)
Prescribing	99,443	99,683	240	0.2%	↑	(153)

NHS Sheffield Clinical Commissioning Group

Finance Report 2021/22 - Financial Position for Period Ending 31st March 2022

	Year to Date: March				Forecast var: change from prev report	M1-12 Forecast Variance previously reported
	Budget	Expenditure	Variance Over (+)/ Under(-)			
	£'000	£'000	£'000	%		
PROGRAMME COSTS BY PROVIDER/ SERVICE						
Accountable Care Partnership	134	131	(3)	-2.2%	↓	(0)
Better Care Fund	203	205	3	1.4%	↑	0
Integrated Care System	74,720	73,835	(886)	-1.2%	↑	(1,000)
Other Collaborative Working	86	101	15	17.7%	→	15
<i>Collaborative Working</i>	75,143	74,272	(871)	-1.2%	↑	(985)
Sub total Programme before reserves	1,174,706	1,174,472	(234)	0.0%	↑	(798)
Reserves						
Commissioning reserves	198	0	(198)	-100.0%	↓	2,165
General Contingency	0	0	0		↑	(77)
ICS Reserve	0	0	0		→	0
Planned Surplus/(Deficit)	21,861	0	(21,861)	-100.0%	→	(21,861)
<i>Reserves</i>	22,059	0	(22,059)	-100.0%	↓	(19,773)
TOTAL EXPENDITURE - COMMISSIONING	1,196,764	1,174,472	(22,292)	-1.9%	↓	(20,572)
(UNDER)/OVER SPEND - COMMISSIONING	417	(21,875)	(22,292)		↓	(20,572)
RUNNING COSTS ALLOWANCE						
Allocation	11,903	11,903	0	0%	→	0
Accountable Officer (incl Deputy AO)	2,861	2,691	(169)	-5.9%	↑	(281)
Commissioning Development	2,135	1,852	(283)	-13.3%	↓	(197)
Medical Directorate	483	475	(9)	-1.8%	↑	(10)
Corporate Services	2,574	2,666	92	3.6%	↑	(606)
Finance & Contracting	2,747	2,578	(169)	-6.2%	↑	(285)
Nursing & Quality	1,099	759	(340)	-31.0%	↓	(323)
Running Cost Reserve	(413)	0	413	-100.0%	→	413
Running Costs	11,486	11,020	(466)	-4%	↑	(1,289)
(UNDER)/OVER SPEND - Running Costs	(417)	(882)	(466)		↑	(1,289)
TOTAL (UNDER)/OVER SPEND	0	(22,758)	(22,758)	0%	↓	(21,861)

NHS Sheffield Clinical Commissioning Group
Finance Report 2021/22- Financial Position for Period Ending 31st March 2022
Memorandum: Section 75 - Better Care Fund

Theme	Year to Date: March			
	Budget	Expenditure	Variance	
	£'000s	£'000s	Over (+)/ Under(-)	%
Citywide Position				
People Keeping Well in their local community	7,820	7,055	(766)	(9.8%)
Active Support & Recovery	54,383	54,383	0	0.0%
Independent Living Solutions	5,297	5,429	132	2.5%
Ongoing Care	177,383	182,846	5,464	3.1%
Emergency Medical Admissions - STH	70,927	70,927	0	0.0%
Mental Health	121,268	129,495	8,228	6.8%
Capital Grants	5,853	6,451	598	10.2%
TOTAL EXPENDITURE	442,929	456,585	13,656	3.1%
NHS Sheffield CCG				
People Keeping Well in their local community	1,324	1,284	(40)	(3.0%)
Active Support & Recovery	45,609	45,609	0	0.0%
Independent Living Solutions	2,548	2,575	27	1.1%
Ongoing Care	65,593	62,632	(2,961)	(4.5%)
Emergency Medical Admissions - STH	70,927	70,927	0	0.0%
Mental Health	112,412	117,861	5,449	4.8%
Capital Grants	0	0	0	0.0%
CCG Total	298,413	300,888	2,476	0.8%
Sheffield City Council (SCC)				
People Keeping Well in their local community	6,497	5,771	(726)	(11.2%)
Active Support & Recovery	8,773	8,773	0	0.0%
Independent Living Solutions	2,749	2,853	105	3.8%
Ongoing Care	111,790	120,214	8,425	7.5%
Emergency Medical Admissions - STH	0	0	0	0.0%
Mental Health	8,856	11,634	2,778	31.4%
Capital Grants	5,853	6,451	598	10.2%
SCC Total	144,516	155,696	11,180	7.7%

Notes:**Key elements of each theme are summarised below:**

People Keeping Well in their local community	Includes Care Planning, Health trainers/ Community Support Workers, Community Grants and Support to VCF sector, Public Health, Housing related support to Older People and other support services
Active Support & Recovery	Includes community nursing, Intermediate Care Beds, CICs, Transfer of Care Teams, STIT, Intermediate Care Assessment teams
Independent Living Solutions	Includes community equipment and adaptations
Ongoing Care	Includes CHC& FNC, Learning Disabilities, Adult Social Care. This excludes spend on mental health which is now included in the mental health theme.
Emergency Medical Admissions - STH	Includes Adult Inpatient Medical Emergency Admissions (excluding gastroenterology)
Mental Health	Includes all adult mental health services as commissioned by the CCG, with those for under 65 years purchased by SCC in 2017/18.