NHS trusts and foundation trusts

Trust Accounts Consolidation (TAC) schedules: Completion instructions month 12 2019/20

March 2020

Version: Issued on 24 March to accompany M12 PFR form (including TAC schedules)

NHS England and NHS Improvement
To: NHS trust and NHS foundation trust finance teams

March 2020

Dear Colleagues

This document accompanies the release of the Trust Accounts Consolidation (TAC) schedules for month 12 2019/20.

Since the illustrative TACs were issued earlier in March, we have amended some arrangements for year end, including the timetable. Please see an updated timetable letter issued on 23 March, available here: https://improvement.nhs.uk/resources/financial-reporting/#timetable_letter_201920. Changes to this document since the version issued to accompany the month 12 illustrative TACs on 6 March are shown in red text.

The main things you need to be aware of for 2019/20 month 12 are summarised in chapter 2 of this document. This includes how to treat the uplift in employer’s contributions to the NHS pension scheme at month 12, the provision for clinician pension tax reimbursement and an update on IFRS 16.

A full list of the changes since month 9 can be found in annex 2a. As well as explaining changes since month 9, this document retains the guidance provided at month 9 on changes from the 2018/19 M12 form: a full list is included in annex 2b. In the template, rows are coloured purple where there is a new requirement compared to 2018/19. Similarly red text is used to highlight a changed requirement.

If we can help, or you’d like to provide feedback, please get in touch. Details are in section 1.

Yours sincerely

Sector Financial Accounting team
NHS Improvement
Contents

1. Introduction ................................................................................................................................. 2
   1.1. TAC schedules and PFR form ............................................................................................... 2
   1.2. Timetable and submission .................................................................................................... 3
   1.3. Supporting guidance and further information ...................................................................... 3
2. Changes to TAC schedules since month 9 ................................................................................. 5
   2.1. Key changes .......................................................................................................................... 5
   2.2. Full list of changes ............................................................................................................... 7
3. Reminder of key principles .......................................................................................................... 8
   3.1. Prior period comparatives .................................................................................................... 8
   3.2. Approach to charities .......................................................................................................... 8
   3.3. Validations and Justify or Change points (JoCs) ................................................................. 9
4. Detailed guidance: tab by tab .................................................................................................... 10
5. How to record a transfer by absorption ....................................................................................... 21
6. How to consolidate a charity into the TAC schedules ............................................................... 23
   Annex 1: Independent charities ................................................................................................... 28
   Annex 2a: Changes to TAC schedules since month 9 2019/20 .............................................. 29
   Annex 2b: Changes to TAC schedules since 2018/19 month 12 (repeated from month 9) ... 32
   Annex 3: Note 29 Reconciliation of liabilities arising from financing activities – examples .......... 35
   Annex 4: Guidance on applying IFRS 15 ................................................................................... 37
   Annex 5: DHSC related parties .................................................................................................. 43
1. Introduction

1.1. TAC schedules and PFR form

NHS Improvement will prepare consolidated provider accounts using the information provided by providers in the Trust Accounts Consolidation (TAC) schedules. NHS Improvement will also prepare a consolidation return on a specific basis for inclusion within the Department of Health and Social Care (DHSC)’s group accounts.

The TAC schedules are included alongside the standard monthly monitoring tabs in the Provider Finance Return (PFR) form at months 9 and 12. Standing guidance on the monthly monitoring tabs is issued separately in order to give continuity with other months of the year. If this is your first time completing the form, please refer to the Information tab before you start to complete the form: this explains what the colours mean for different types of cell.

We recommend the following overall approach to completing the PFR form:

1. Complete the TAC tabs:
   a. Review prior year comparatives
   b. Update prior year comparatives for any material prior year errors. Analyse any such changes on TAC33.
   c. If you have any transfers by absorption on 1 April, it’s a good idea to complete these first on TAC30 (see chapter 5).
   d. Complete the rest of the TAC schedules to achieve a balancing set of accounts, including any other absorption transfers. If you consolidate a charity, leave this out for now.

2. Check the TAC validations and TAC JoCs to ensure that you have an accurate data set.

3. If applicable, consolidate your charity into the TAC tabs (see section 3.2 and chapter 6) and re-check the TAC validations and JoCs.

4. The monthly monitoring tabs are then fed from the TAC tabs wherever possible. Review the monthly monitoring tabs and complete missing information.

5. Add in updated forecast outturn (FOT) information to the monthly monitoring tabs. [Not required at M12, with the exception of tab ‘18. Capital Funding’ and the PDC table on tab ‘13. SOCI Other’ which are FOT only]
At month 12 we issue optional accounts templates which are linked to the TAC schedules. The accounts templates remain optional and do not form part of an accounts direction to NHS trusts or foundation trusts.

1.2. Timetable and submission

We issued an updated year end timetable letter on 23 March. The letter can be found at https://improvement.nhs.uk/resources/financial-reporting/#timetable_letter_201920

The month 12 PFR form (incorporating the TAC schedules) submission dates (all submissions due by noon):

- 27 April 2020 (either full M12 submission or agreement of balances data only)
- 11 May 2020 (either full month 12 submission, if not already submitted on 27 April, or updated agreement of balances data only)
- 25 June 2020 (full M12 submission including agreement of balances data)

Please refer to the timetable letter for full details of the requirements of each submission.

**IMPORTANT – BREAKING LINKS**

All links to other workbooks must be broken before the PFR form is submitted to NHS Improvement. The protection in the PFR form means it is not possible to use the ‘edit links’ option within Excel to break all the links. Providers should use the ‘break links’ button on the cover.

1.3. Supporting guidance and further information

Please refer to the following sources of guidance:

- The [Foundation Trust Annual Reporting Manual](https://resources.nhs.uk) provides annual report guidance and accounts directions for NHS foundation trusts
- The [DHSC Agreement of Balances Guidance](https://resources.nhs.uk) is applicable to all bodies in the DHSC group.
- Additional guidance was provided in 2018/19 to help providers understand the disclosure requirements of IFRS 7 (upon adoption of IFRS 9) and IFRS
15 and the approach taken in the TAC schedules. This guidance from 2018/19 continues to be available [here](https://improve.nhs.uk/resources/financial-reporting/).

We will post any relevant updates to our webpage at [https://improve.nhs.uk/resources/financial-reporting/](https://improve.nhs.uk/resources/financial-reporting/). If there are any fixers to be issued for the PFR file, PFR contacts will be alerted by email when the fixer is available in the ‘additional documents’ section of portals. If we are aware of issues where a fixer has not yet been issued, we will post an update on the Financial Reporting webpage: you may find it helpful to check this page if you have a problem with the form.

If you have any queries on the TAC schedules, please contact the Sector Financial Accounting team at [Provider.Accounts@improvement.nhs.uk](mailto:Provider.Accounts@improvement.nhs.uk).
2. Changes to TAC schedules since month 9

Red text indicates changes since the 6 March version of this document.

2.1. Key changes

2.1.1. NHS pension scheme employer pension contributions

The employer contribution rate for NHS pensions increased from 14.38% to 20.68% (including administration charge) from 1 April 2019. For 2019/20, NHS providers have continued to pay contributions at the former rate with the additional amount being paid over by NHS England on providers’ behalf. In month 12 forms and annual accounts providers are required to account for this gross, recognising the additional 6.3% contributions as expenditure together with income from NHS England: this is confirmed in additional guidance for the DHSC GAM.

Additional rows have been added on TAC09 Staff and TAC06 Op Inc 1 to record these amounts. A figure for the 6.3% will be provided centrally and populated into a validation in the TACs. This figure will be based on month 10 pension contribution data from NHS Business Services Authority, extrapolated to a full year. Please apportion this figure between permanently employed and other categories accordingly. If significant changes have occurred at the provider in the final two months of the year such that this extrapolated figure is significantly incorrect, providers should contact the provider accounts team.

Providers should record the full 20.68% employer contributions against NHS Pensions on TAC63. The funding arrangement between NHS England and providers will be considered outside of the agreement of balances process and the income from NHS England will therefore be recorded ‘external to government’ in TAC forms and should not be included on TAC62.

2.1.2. IFRS 16 Leases

In light of COVID-19 pressures, HM Treasury and the Financial Reporting Advisory Board (FRAB) have decided that IFRS 16 implementation in the public sector will be deferred for a further year, to 2021/22.

The standard remains one that has been issued but not adopted as at 31 March 2020 and it is still expected to have a material impact on most NHS providers at this later date. This means that the disclosure of the expected future impact of the standard required in 2019/20 accounts is still relevant. However, providers should consider and consult with the local auditors on whether it is now impracticable to
reassess the impact of implementing the standard in 2021/22, given the current pressures. Where quantification is deemed impracticable, narrative disclosures should still be made. The optional accounts template contains pro-forma narrative disclosure for 2019/20 accounts. Dates should be updated locally.

For those able to make quantitative disclosures, the month 12 TAC form (TAC28 Disclosures) and accounts template contain a quantification table. TAC28 now also asks providers to confirm whether quantitative disclosures are being included in local accounts.

More information on IFRS 16 is available at https://improvement.nhs.uk/resources/ifrs-16/ but content on this page has not yet been updated to reflect the deferral.

2.1.3. Benefit obtained from the apprenticeship fund

A new memorandum table has been added to TAC07 Op Inc 2 (Table 2C) to collect the full benefit being obtained from the apprenticeship fund. Notional income from the fund is already separately recorded in the TAC07. Cash payments from the fund where the trust is an accredited training provider will have been recorded elsewhere within operating income and should also be entered into this table.

2.1.4. Interest on DHSC loans in the cash flow statement

An additional row has been added to the cash flow statement to separate out cash flows for interest paid on DHSC loans (SCF0990A) from interest paid on other loans (SCF0290C). This is to facilitate a validation on the DHSC loan interest cash flow against DHSC financing data. A tolerance of £20k has been included within the validation to allow for roundings in the DHSC loan statements, but interest cash flows must be entered on a cash basis and not an accruals basis. The latter error is creating difficulties for some providers in balancing Note 29.1 Reconciliation in liabilities arising from financing activities.

Please ensure that interest cash flows in the DHSC loan statement are reviewed when received. If you disagree with the information contained within that statement please contact the DHSC provider financing team in advance of the deadline indicated in the email. This will facilitate errors being corrected in advance of validations being populated into the TAC forms by macro fixer in April.

2.1.5. Clinician pension tax reimbursement

Clinicians who are members of the NHS Pension Scheme and face an annual allowance tax charge for work undertaken in 2019/20 can elect to have this charge paid by the NHS Pension Scheme. The employing trust will make a contractually binding commitment to pay a corresponding compensated amount on retirement,
therefore the provider has a future obligation upon the individual’s retirement. This payment will be nationally funded therefore any provisions recognised should be matched with a receivable from NHS England.

An additional provisions category has been added to TAC22 Provisions for providers to record any provisions under this scheme. This will also populate a receivable on TAC18 due from NHS England. The receivable will be populated into the ‘external to government’ column and both the receivable and provision should be excluded from the agreement of balances exercise.

When completing the TAC forms, all providers must apply paragraph 54 of IAS 37, offsetting the reimbursement income against expenditure. Therefore, no income or expenditure should appear in the income and expenditure tabs for the provider under this arrangement.

Further information on how to calculate the provision will be available from NHS England and NHS Improvement soon.

2.1.6. Hyperlinks updated on all WGA (AoB) validations

All WGA (AoB) validations were previously hyperlinked to TAC60 (summary tab) instead of the WGA input tabs (TAC61 to TAC64). All hyperlinks have been updated to take the user to the relevant input tab where differences can be directly resolved, rather than the non-editable summary sheet.

We intend to remove TAC60 in 2020/21 as we don’t currently believe this is used by providers. If you do use this tab or would like us to repurpose this into a more useful analysis, please let us know.

2.2. Full list of changes

A full list of changes to the TAC schedules compared to month 9 and month 12 2018/19 are contained in annex 2a and 2b respectively.

Changes in the form compared to the 2018/19 form can also be identified within the template using the following conventions:

- Purple shading – indicates a column, row, table or sheet that is a new requirement
- Red text – indicates a change in the requirement or definition of an existing row
- On TAC Validations and TAC JoCs, changes are marked as NEW or Amended in red text on the left-hand side.
3. Reminder of key principles

3.1. Prior period comparatives

Prior period adjustments within local accounts are rare but may be required in application of International Accounting Standard (IAS) 8. Prior period comparatives are populated into the TAC schedules using data from the 2018/19 audited PFR form and are unlocked. If a provider needs to make a prior period adjustment in its accounts, it should be reflected in the TAC schedules in exactly the same way. The key thing is that at month 12 your audited accounts and TAC schedules must be fully consistent, including prior year numbers. If you do change a prior period figure that impacts a primary statement, TAC33 (PPAs) will identify this and ask for an explanation.

Where NHS Improvement contacted your trust in the prior year in relation to an error identified in your TAC schedules, the adjustments agreed with you have been reflected in your populated comparatives. Any such central changes for your specific trust are explained in the email from Provider Accounts dated 6 March 2020 which accompanied the illustrative standalone TAC schedules. Please review this email for details; we ask you to not change the figures back without talking to us (Provider Accounts) first.

3.2. Approach to charities

Some NHS providers consolidate an NHS charity into their accounts under the requirements of IFRS 10. Section 6 explains why this means we need to allow the consolidation of charities within the TAC schedules. Within the TAC schedules there are blue headed columns to enable preparers to present intra-group eliminations for their charity consolidation specifically. If you do not consolidate a charity under IFRS 10 you can simply ignore the blue headed columns.

DHSC is required to consolidate almost all NHS charities into its accounts, regardless of local consolidation.

For an NHS provider with a linked charitable fund, there are 3 different circumstances, which determine how the TAC schedules should be completed:

1. Provider has NHS charity it is consolidating under IFRS 10:
   - The consolidation should also be reflected in the TAC schedules as the TAC schedules must be consistent with the provider’s accounts.
All providers consolidating a charity should refer to the guidance in section 6 which provides detailed instructions on charity consolidation in the TAC schedules.

In this scenario please complete TAC40 (Charity - consol) and leave TAC41 (Charity – non-consol) blank.

2. Provider is not consolidating its charity and the charity is included on the list of charities regarded as ‘fully independent’ by DHSC:
   - Some charities are ‘fully independent’ and are entirely excluded from the DHSC consolidation. These are listed in annex 1. In these cases please do not complete either TAC40 or TAC41.

3. Provider is not consolidating its charity under IFRS 10 and the charity is not listed in annex 1:
   - For these charities, we need to collect summary data to enable DHSC to complete its ‘all charities’ consolidation centrally.
   - In this scenario please ignore TAC40 (Charity - consol) and all the blue headed charity columns in the TAC (these are for charity consolidators). But please complete TAC41 (Charity – non-consol) and we will pass this information to DHSC.

If a provider is in the rare situation of being in more than one of these circumstances (i.e. they have more than one linked charity, treated differently), please get in touch with Provider Accounts.

3.3. Validations and Justify or Change points (JoCs)

Validations must be passed in each submission, unless you have contacted Provider Accounts in advance and obtained clearance prior to submission. A JoC is a softer validation: the form will identify if any data appears unusual, and the user must then justify (explain) it or make any necessary change. If you are experiencing any problems with accounts (TAC) validations or JoCs as part of completing the TAC schedules, please contact us at provider.accounts@improvement.nhs.uk well in advance of the deadline for submitting the form. We will only accept validation fails where they have been pre-approved, and will review all JoC explanations.
4. Detailed guidance: tab by tab

This section provides standing guidance on specific notes and tables in the TAC schedules. Any changes from the prior year are covered in section 2 of the document. For specific guidance defining rows, please refer to the ‘i’ boxes included within the template. Information in an ‘i’ box is not repeated in this document.

4.1.1. TAC02 SoCl, TAC06/07 Op Inc, TAC08 Op Exp, TAC11: Discontinued operations rows

- Use of these rows is expected to be very rare. Please refer to the definition in the GAM.

4.1.2. TAC05 SoCF

- This statement, like all the primary statements, is presented on a group basis including consolidated charitable funds.
- Row SCF0120 removes all income relating to capital donations from the operating section of the cash flow; row SCF0220 adds the cash element back into the investing section.
- The reconciliation boxes (tables CF1 and CF2) should largely automatically generate the cash flow statement where balances have been correctly classified in SoFP notes. Unless you know you have a rare and specific scenario, large entries in the ‘other adjustment’ rows are not expected.
- Table CF3 derives the charitable fund cash movements rows for the cash flow statement. It can be ignored if you do not consolidate a charity.
- Table CF4 is the primary source of entry for cash flow movements in DHSC and other loans. This level of detail is required so we can feed through to the monthly monitoring tabs in the PFR form. Entries in this table are also validated against DHSC financing records.

4.1.3. TAC05A SOCF MI rec

- This table computes a ‘without charity’ version of the cash flow statement to feed through to monthly monitoring tabs in the PFR form.
- This tab should be ignored by trusts that do not consolidate a charity.
- For those trusts that do consolidate a charity, this tab does not require any input, unless the trust recognises an 'other loan' from the consolidated charity. See chapter 6 for more details.

4.1.4. **TAC06 Op Inc 1: note 1.2 and note 1.3 – overseas visitors (non-reciprocal) income**

- In completing row INC1180 in note 1.2 and the analysis in note 1.3 please note:
  - Income is recognised under IFRS 15 and so should include both invoiced and accrued income, where the entity is entitled to recognise it.
  - Income in this row and note is only where the provider directly invoices the patient, so should exclude income associated with reciprocal arrangements like the European Health Insurance Card (EHIC) scheme and CCGs in connection to risk sharing arrangements.
  - In line with IFRS 15, revenue is recognised to the extent the provider is entitled to it and not what it expects to collect. If a credit loss allowance (bad debt provision) is required this should be recorded in TAC18 (note 20.1 and 20.2) and disclosed in note 1.3: such amounts should not be netted off the original income recognition if the provider is entitled to the revenue.

4.1.5. **TAC07 Op Inc 2**

- Note 2.1 is split between IFRS 15 revenue streams and non-IFRS 15 revenue streams as required by paragraph 113(a) of IFRS 15. Table 2A is a breakdown of other IFRS 15 income.

- Note 2.2 Fees and charges collects information in relation to the local accounts (/annual report) requirement included in the DHSC GAM and FT ARM. This note is a HM Treasury requirement. Trusts should refer to the DHSC GAM for further guidance.

- Note 3.1 collects information on revenue recognised under IFRS 15 in the year:
  - Paragraph 116 (b) of the standard requires disclosure of revenue recognised that was previously included in contract liabilities (ie release of deferred income during the year).
Paragraph 116 (c)) requires disclosure of additional revenue recognised from performance obligations satisfied (or partially satisfied) in a previous period. For example, this will include variable consideration where an estimate was made in the previous period.

Note 3.2 collects information on revenue expected to be recognised in future periods from performance obligations that are unsatisfied (or partially satisfied) at the period end. This is therefore contracts that have commenced prior to the period end but for which performance obligations are outstanding and income has not yet been recognised. This is required by paragraph 120 of IFRS 15. The practical expedients in paragraph 121 should be exercised therefore excluding any contracts that are for one year or less in duration and contracts where an entity has a right to consideration directly corresponding to work done to date.

4.1.6. TAC08 Op Exp

There is no separate row for ‘inventories consumed’: providers will include these costs in the relevant rows. However please note the row for drugs costs: we expect the expenditure associated with drug inventories consumed and purchase of non-inventory drugs to be included on this specific row.

Costs included within Consultancy in Operating Expenses should meet the definition provided in the GAM. Counterparties for this line have therefore been restricted as it is deemed that bodies within the Departmental Group would not be providing such services outside of business-as-usual.

4.1.7. Link between TAC09 Staff and TAC08 Op Exp

Staff costs in TAC08: Operating expenses includes a row for staff costs. Some trusts include staff costs elsewhere in operating expenses, for example research and development expenditure. Rows 31-38 on TAC09 allow the user to identify these elements which then feed into the appropriate rows on TAC08.

4.1.8. TAC09 Staff: employee expenses note

Counterparties: DHSC requires separate counterparty analyses to be provided for permanent employees and other staff costs. Counterparty analysis for expenditure relating to permanent employees is restricted to Other WGA bodies (for employer NI and pension contributions) and external to government (gross salary and other payments) only. Expenditure relating to ‘other’ is unrestricted.
• Net accounting recharges: A counterparty analysis is not expected for these monies. Both parties to the recharge arrangement should account for the income/expenditure as ‘external to government’ (as with an agency arrangement). More guidance on this is provided in the Agreement of Balances Guidance.

• Definitions:
  o Permanently employed: this relates to staff who are permanently employed by the trust and includes staff who are on outward secondment or loan to other organisations.
  o Others: this relates to others engaged on the objectives of the trust and will include staff on inward secondment or loan from other organisations, agency/temporary staff and contract staff.
  o Temporary staff – external bank: This row relates to non-payroll external bank staff costs, and should be used where the trust uses an external bank provider and the provider fulfils the requirement with staff on its own books. This line has a restricted counterparty analysis. The ‘Other WGA’ counterparty column is unlocked to permit external bank spend with NHS Professionals to be recorded in the external bank line. Note that internal bank should be recorded in the salaries and wages row.
  o Temporary staff - agency / contract: This relates to non-payroll staff only such as agency workers, interim managers and specialist contractors. It should not include bank staff or staff borrowed or seconded from other NHS bodies. These should be recorded in temporary staff – external bank or salaries and wages as appropriate. As such, this line has a restricted counterparty analysis. The ‘Other WGA’ counterparty column is unlocked to permit agency spend with NHS Professionals to be recorded in the agency line.
  o Contract staff – this means contractors engaged by the trust on a contract to undertake a project, task or interim role. It does not include amounts payable to contractors in respect of the provision of services (e.g. cleaning or security) which should not be recorded within staff costs.

4.1.9. TAC09 Staff: Notes 6.1, 6.2, 6.3: Exit packages

• Notes 6.1 and 6.2 are for all exit packages: this includes compulsory redundancies, and other (non-compulsory) departures.
• Note 6.3 is an analysis of the other departures in the above note. As explained in the GAM / FT ARM, the number of payments is likely to be higher as an exit package may have more than one element in note 6.3.

• Within note 6.3, the line STA0770 is for non-contractual payments requiring HMT approval: these are special severance payments.

4.1.10. TAC12 Impairments

• This tab is the primary input for impairments. The categorisation of impairments is important for government budgeting purposes. Definitions of the different types of impairments can be found in the Guidance for in year financial monitoring form document available on trust portals in the ‘additional guidance’ section.

• By default, impairments scoring to the revaluation reserve will appear in the ‘cost’ section of the PPE/intangible note, and impairments scoring to operating expenses will appear in the depreciation/amortisation section of the PPE/intangible note. Table 12B allows the user to elect to override this default if desired.

4.1.11. TAC13 Intangibles

• Transfer of donated assets from consolidated charitable fund to trust (which was recognised in charity balance sheet prior to transfer):
  
  o Where a consolidated charity donates an asset to the trust, this is an addition for the trust and a disposal for the charity. This row is only used where the TACs include a consolidated charity. For consolidations, this line is used to simplify that treatment and show a reclassification within the group. This is only used for the transfer of actual assets, and not donations of cash.

  o The user should input the value of the addition for the trust in columns G-O. The disposal from the charity may be net of accumulated amortisation: any entry in INT0255 column P for amortisation is then grossed up in INT0095 column P.

4.1.12. TAC14 PPE: Note 14.1

• Transfer of donated assets from consolidated charitable fund to trust (which was recognised in charity balance sheet prior to transfer):
  
  o Where a consolidated charity donates a physical asset to the trust, this is an addition for the trust and a disposal for the charity. This row is only
used where the TACs include a consolidated charity. For consolidations, this line is used to simplify that treatment and show a reclassification within the group. This is only used for the transfer of physical assets previously held by the charity and not donations of cash or purchases of assets by the charity immediately donated to the trust (without the charity capitalising it).

- The user should input the value of the addition for the trust in columns G-N. The disposal from the charity may be net of accumulated depreciation: any entry in PPE0255 column O for depreciation is then grossed up in PPE0095 column O.

4.1.13. TAC14 PPE: Table 14E Valuation methods

- This information is collected to aid the production of the accounting policies for the consolidated accounts of providers. In this table please enter the current net book value of assets.

4.1.14. TAC15 Investments

- Note 17.1 Other investments / financial assets:
  - This is a table of movements in the net carrying value of financial assets, so is after any credit loss allowances. IFRS 9 changes the way impairments to financial assets are measured by applying an expected credit loss model. Movements in stage 1 and 2 credit loss allowances (initial 12 month expected losses and lifetime expected losses where the financial asset has reduced in credit quality) should be recorded in the row for ‘(increases)/decreases in credit loss allowances’. Such losses feed into the ‘movement in credit loss allowance’ row in the operating expenses note along with any movements in allowances on receivables.

  - Once a credit impairment event has occurred, these losses reach stage 3 and the stage 1 and 2 loss allowances should be reversed and an impairment (stage 3 loss) recorded in TAC12 which will feed the net impairments row in Note 17.1. This will appear as an impairment in the operating expenses note.

- Table 17A Gross carrying value of other investments / financial assets:
  We are not collecting a full reconciliation of movements in credit loss allowances for non-receivable financial assets (investments) as we do not expect it to be material to the consolidated provider accounts and are instead recording investments on a net basis. Table 17A collects
the value of the total credit loss allowance on other financial assets and uses this to compute the gross carrying value at the balance sheet date.

4.1.15. TAC18 Receivables: note 20.1 definitions

- A **contract receivable** is a provider’s unconditional right to receive cash or other consideration in relation to contracts with customers (revenue under IFRS 15). An unconditional right will most often arise once performance obligations have been satisfied. A provider does not need to have raised an invoice to have an unconditional right to consideration. If a contract specifies that the NHS provider is entitled to payment in advance then the contract receivable arises before the performance obligations have been satisfied (a contract liability will then also be recognised where such performance obligations have not been satisfied by the period end).

- A **contract asset** is where the provider’s right to consideration is still conditional on another factor (other than the passage of time or an administrative process). This means performance obligations have been partially satisfied and revenue has been recognised but the provider has no entitlement to any consideration until further performance obligations have been satisfied. If a provider has simply not issued an invoice at the period end but otherwise has an unconditional entitlement to the consideration, this is not a contract asset – such ‘not yet invoiced’ amounts are contract receivables. We don’t expect this to be a significant item for providers.

Further guidance on classifying receivables is provided in annex 4.

4.1.16. TAC18 Receivables: note 20.2 Allowances for credit losses

- This note is split between contract receivables and all other receivables. Additionally, it collects the portion applicable to balances with DHSC group bodies, in order to facilitate group eliminations.

- In general, movements in providers’ credit loss allowances are expected to relate to the following four main rows:
  - New allowances arising – lifetime expected credit losses assessed when initially recognising the receivable
  - Changes in the calculation of existing allowances – changes in allowances for receivables recognised in a previous period including changes in the credit quality of the debtor.
  - Reversals of allowances – where the allowance is released because the receivable has been paid
Utilisation of allowances – where the receivable is subsequently written off

- Most providers are unlikely to need to use the ‘changes arising following modification of contractual cash flows’ (where credit payment terms are altered) or ‘foreign exchange and other changes’ rows.

- Checks at the bottom of the table ensure that the closing total for credit loss allowances agrees to the main receivables note.

4.1.17. TAC21 Borrowings

- In note 27, loans, including those from DHSC, are held at amortised cost. For DHSC loans both principal and interest accrual balances are validated together against this note.

- Note 29.1 is a reconciliation of the movements in liabilities that arise from financing activities, showing both cash and non-cash movements. This is a requirement of IAS 7. Examples of how to complete this note can be found in annex 3.

4.1.18. TAC24 On-SoFP PFI

- Note 33.1 is a maturity analysis of the gross and net balance sheet obligations under the service concession arrangement.

- Note 33.2 is a maturity analysis of the total future obligations under the scheme – this includes the balance sheet obligation and is expected to be at least equal to (but may not be limited to) the total future unitary payments to which the trust is committed.

- Table 33A is a maturity analysis of total future obligations under the service element of the scheme. This is not an accounts disclosure requirement, but the data is still required for the Whole Of Government Accounts.

4.1.19. TAC24 On-SoFP PFI: Note 33.3 Analysis of unitary payment

- In the analysis of amounts payable to the service concession operator, the ‘other amounts’ rows (CAP2680 and CAP2690) are expected to be used only very rarely. They are for amounts that the trust is committed to pay under the PFI / service concession contract but do not form part of the UP. Any amounts for services that the trust has elected to pay, or charges for non-contractual works (such as fixing damage) should not be included in these rows. As a general rule of thumb, if the expenditure feels more appropriate to be in Premises or elsewhere in TAC08 rather than the PFI row, do not
include in the ‘other amounts’ rows here and use the direct categorisation into the relevant operating expenses row in TAC08. Elements of the unitary payment must be completed in this table in order to flow through to the PFI row in TAC08.

4.1.20. TAC24 On-SoFP PFI: Table 33C: PFI budgeting

- This table is a comparison between costs on an IFRS basis and on a UKGAAP/ESA10 basis. This should be completed by all trusts who are disclosing a service commission (e.g. PFI) commitment at the balance sheet date.

- If the Trust’s PFI scheme was accounted for on balance sheet under UK GAAP prior to the transition to IFRS, this note should be completed with equal costs under each basis.

- The first 11 lines of the note deal with the revenue impact. The first part of the table collects the impact on the IFRS accounts of having the PFI scheme on balance sheet: i.e. charges for services, depreciation charges and so on. There is then a line for the UK GAAP / ESA 10 version of this. A further line then calculates the difference between the two.

- The UK GAAP / ESA 10 version of the revenue charge feeds from table 33D, which is designed to show how the figure should be derived. The ‘effect on PDC dividend’ in the UK GAAP analysis will be the increase to the PDC dividend as a result of the residual interest being on the balance sheet. This is different to the impact on the current IFRS accounts’ PDC dividend captured in the IFRS revenue part of table 33D.

- Capital expenditure on a UKGAAP basis is expected to relate to the build-up of a residual interest over the life of the scheme: additions to build up the residual interest were recognised under UK GAAP with an off-balance sheet PFI scheme. This is the capitalisation of part of the unitary payment under UK GAAP.

- Capital expenditure under IFRS will be any current-year capital additions recognised in the IFRS accounts, for example capital lifecycle spend.

4.1.21. TAC26 Pensions

- These notes are only for use by trusts who have defined benefit pension schemes accounted for as such in their accounts. These are commonly interests in local government pension schemes. The NHS Pension Scheme is accounted for as a defined contribution scheme so should not be included here.
• Note 35.1 should be seen as a ‘balance sheet movements’ note. Entries here feed into note 35.2 and the net liability or net asset is then automatically populated into TAC20 PAY0410 (for net liability) or TAC18 REC0620 (for net liability).

• Note 35.3 computes the amounts to be recognised in the SoCI. This does not in itself make the entries in the SoCI note(s) – the user will need to do that. This will usually be ‘pension cost – other’ on TAC09. Table 35A asks where these SOCI amounts have been recorded.

4.1.22. TAC27 Financial instruments

• These notes collect the information on carrying values and fair values of financial assets and financial liabilities required by IFRS 7.

• The primary analysis in notes 36.1 to 36.4 is the carrying value of financial assets and financial liabilities split by class of financial instrument (vertically) and IFRS 9 measurement category (horizontally). JoCs check the reasonableness of entries here against the rest of the balance sheet.

• Rather than separately collecting fair value notes, column L (for assets) and J (for liabilities) asks the user if carrying value is not a reasonable approximation of fair value, and then asks for fair value information if the answer is ‘yes’.

4.1.23. TAC30 Transfers by absorption

• These tables are only used for transactions meeting the definition of a transfer by absorption per the DHSC GAM. Refer to section 5 of this document for further guidance.

4.1.24. TAC31 / TAC32 – Newly authorised foundation trusts

• TAC31 and TAC32 are only used where an NHS trust is authorised as a foundation trust, whether at the start of or during a year. They should not be used for absorption transfers between bodies.

• They should not be used where a new NHS trust or NHS foundation trust is created. Where a new entity is formed, it is created with nil balances with absorption transfer(s) shortly after.

• The expected sign guidance applies to both a trust recording its ‘transfer to FT’ and an FT recording its ‘start of period’ balances.
4.1.25. TAC33 Prior period adjustments

- As explained in section 3, prior year figures in the TAC schedules are unlocked for editing. The original comparatives are locked into table 44A: if a prior year figure is changed, this tab will calculate the difference and ask for an explanation.

- Tables 44B and 44C then ask for more details of capital and revenue PPAs respectively: this is required as PPAs score to the current year in DHSC budgetary terms so we need to classify them appropriately.
5. How to record a transfer by absorption

This section has been drafted on the basis of an incoming absorption transfer, but the principles apply equally to an outgoing transfer. Where we refer to ‘the provider’ we mean the continuing organisation recording the inward absorption transfer.

**Step 1: Determine the transferring balance sheet numbers**

The first step is for the provider to have working papers for the balances of the SoFP at the point of transfer. Please be reminded that as set out in the DHSC GAM, the recipient of an absorption transfer should recognise assets and liabilities at their book value on transfer. If the provider needs to make any adjustments to the values or classifications either on the basis of available supporting information or accounting policy alignment, these adjustments should be made by the provider after recognising the transfer. The DHSC GAM sets out that these subsequent adjustments relating to harmonising accounting policies are made directly in taxpayers’ equity (reserves). All numbers in the TAC recognised as ‘transfer by absorption’ (and covered by the steps below) must be the unadjusted numbers sent by the divesting body. This also allows eliminations across the DHSC group.

**Step 2: Complete summary information on TAC30**

Complete Table 43A on TAC30 to provide summary information on each individual transfer by absorption.

**Step 3: Complete detailed information on the net assets transfer on TAC30**

Table 43B is then used to complete the detail of the assets and liabilities being transferred. This sums to net assets (row ABS1250) which will equate to the gain/loss on transfer recorded in the SoCI.

**Step 4: Revaluation reserve**

Any revaluation reserve balances associated with transferred assets should be reinstated in the receiving body’s revaluation reserve following transfer. Transferring revaluation reserve balances are entered in rows ABS1260 to ABS1290. Totals here then flow through to table 43C for transfers between reserves.

**Step 5: Transfers between reserves**

Applying the revaluation reserve principles in the DHSC GAM, after the net gain/loss on absorption in the SoCI flows through to reserves, any other transferring
reserves are then recreated by means of a transfer from the I&E reserve. Table 43C is used to record the transfer between reserves. It is not intended to present the ‘impact’ on reserves as it does not include the effect of the absorption gain/loss.

**Step 6: Check that inter-provider balances have been eliminated**

If the transfer relates to the provider taking on services from another provider and the two finance functions have not been merged, additional care should be taken to ensure that any internal balances between the separate organisations after the point of transfer have been eliminated prior to completion of the TAC schedules. For example in the case of a wholesale acquisition or merger, if as an interim measure the TACs have been completed by adding together TACs from the two former bodies, please ensure that any items such as loans between the bodies have been eliminated in the entity’s closing balance sheet.

Income and expenditure transactions between the two entities before the point of transfer should not be eliminated.

**Step 7: Check impact on cash flow statement**

The automation within the cash flow statement of the TAC schedules calculates gross balance sheet movements for receivables and payables. As such, any movements in receivables / payables that have resulted from the transfer by absorption must be removed from these calculations as they do not represent cash flows. These amounts will be automatically adjusted through rows CFS0120 and CFS0280 on TAC05 using information provided on TAC30.

The amounts adjusted out will relate to operating balances only (i.e. exclude items that do not relate operating cash flows such as capital payables, interest receivable etc) as these are already removed from the calculated movement. Please ensure such balances have been appropriately split out on TAC30.

**Step 8: Check absorption transfers with other providers eliminate**

Absorption transfers between providers must eliminate in the consolidated NHS provider accounts. We will review all transfers and follow up with providers where this is not the case and ask for differences to be resolved. Providers are therefore advised to check with their transfer counterparty that the figures entered into TAC forms match prior to submission; this includes gross values of cost and depreciation/amortisation in each category of PPE and intangibles. This is particularly important where absorption transfers arise following the demise of one or more providers.
6. How to consolidate a charity into the TAC schedules

6.1. Different types of charities and approach to consolidation

Section 3.2 of this guidance explains the three different circumstances for an NHS provider with a linked NHS charity.

This chapter is only applicable to providers locally consolidating a charity under IFRS 10 and explains how to reflect this in the TAC schedules.

6.2. Overall structural approach

NHS Improvement’s consolidated provider accounts will include charitable funds where consolidated locally under IFRS 10. Some providers also have other subsidiaries so prepare group accounts for that reason.

As set out in the Department of Health and Social Care Group Accounting Manual (DHSC GAM), NHS providers preparing group accounts will have ‘group’ and ‘trust’ columns in their accounts. For some providers, the ‘group’ column will include other subsidiaries, alongside the charitable funds. By default, the numbers presented in the TAC schedules are ‘group’ – this means that auditors can confirm consistency between the accounts and TACs for all bodies.

Financial planning and monthly monitoring returns are prepared on a ‘group without charities’ basis. We therefore need to be able to clearly identify group without charities in an easily understandable way in order to drive consistency between TACs and monthly monitoring.

DHSC needs to consolidate all charities (apart from a small number of fully independent charities) as a separate exercise for its compliance with the ONS definition of the departmental group. NHS Improvement is required to report to DHSC with all charities deconsolidated as part of this process.

To make this approach as straightforward as possible, local consolidation eliminations between the charity and the group without charity (a term we use rather than ‘trust’ as some providers have both a consolidated charity and other subsidiaries) are presented separately in the TAC schedules. The headers of these columns are coloured blue to ensure they stand out.
6.3. Consolidating a charity

In summary, the approach to consolidating charities in the TAC schedules is as follows:

- **Step 1:** Complete charity information on TAC40 'Charity - consol': these are the numbers per the charity accounts, adjusted for accounting policy alignment.

- **Step 2:** Complete further analyses within notes as guided by tables on TAC40 (for example PPE movements entered into relevant column on TAC14).

- **Step 3:** Make intra-group elimination adjustments to trust and charity numbers in relevant tabs in the TAC schedules.

- **Step 4:** Check the cash flow statement, where the form generates necessary adjustments.

These steps are explained in more detail below.

**Step 1: Complete charity information on TAC40 'Charity - consol'**

TAC40 is designed to collect information from the charity’s accounts, in a simplified format. This should be before any local intra-group eliminations, but after any accounting policy adjustments that you need to make to the charity numbers to bring them into line with the trust group accounting policies. This includes aligning the timing of income and expenditure recognition.

Where possible, numbers entered here feed into the rest of the TAC schedules. In some places the information on TAC40 is too summarised; more detail is required elsewhere and the two are validated. When data is entered, text alongside the TAC40 tables highlight in blue text where further analysis is required elsewhere, for example PPE movements input on TAC14.

**Statement of Financial Activities / SoCI**

On TAC40, resources expended on charitable activities should be classified by ultimate beneficiary. In most cases, donations of physical assets received by the trust occur where the charity purchases an asset which upon delivery immediately goes into the books of the trust. Row CHC0065 in this table is intended for this
scenario: this line is cash expenditure for the charity for the purchase, but the spend is categorised in columns relating to the beneficiary (the trust), which will then subsequently eliminate against the non-cash income recognised in the trust.

Where the trust recharges staff or other costs to the charity and uses net accounting for this in the ‘trust only’ accounts (thus recognising no income or overall expenditure), the expenditure within the charity should be considered as incurred directly with the employee / external to the NHS in TAC40. There will be no elimination of the expenditure upon group consolidation as the elimination has already been performed within the trust accounts through the net accounting being used.

Movement in charitable funds reserve

This is a simplified SoCIE. Where possible, movements are populated from previous tables however trusts should review the split between restricted and unrestricted reserves and clear the check which validates closing reserves against the SoFP.

Charity cash flow

The cash flow statement on TAC40 contains the charity’s position. This feeds into TAC05 (SoCF) which presents the cash flow statement on a group basis. Cash flow elimination adjustments are then computed from SoFP and I&E eliminations recorded elsewhere and displayed in tables at the bottom of TAC05. These are reversed out in generating a ‘group without charity’ cash flow statement on TAC05A.

Transfers by absorption table

Where a provider has gained control over another NHS body’s charitable funds during the year and this meets the definition of a subsidiary for the provider, this should be accounted for as an absorption transfer within the provider’s group accounts. A gain on transfer may be recognised (within the group accounts only) and the financial activity of the charitable fund should be consolidated for the current year only (i.e. no restatement of prior periods). By completing this table, assets and liabilities transferred will be automatically populated into the relevant movement notes throughout the TAC schedules.

This table should not be used where the funds of a demising charity have transferred into the funds of the provider’s existing charity. This would be recorded as incoming resources in the underlying charity’s accounts.
**Step 2: Complete further analyses within notes as guided by tables on TAC40**

Some information is entered in a summarised form on TAC40 and further analysis will be required in the corresponding group accounts note. For example, detail of PPE movements is needed on TAC14. Text alongside the primary TAC40 tables highlights in blue text where this is required.

**Step 3: Make intra-group adjustments to Trust and Charity numbers in relevant tabs in the TAC schedules**

The charity information input on TAC40 is then fed into the rest of the TAC schedules, shown as (2) in the figure below:

With gross charity numbers feeding into the column marked (2) above, the columns to the left marked (3) then enable recording of intra-group adjustments (specifically for the charity subsidiary only) in leading to the group total. Eliminations from trust numbers and charity numbers should be recorded in separate columns as indicated. There are validation checks to ensure that eliminations balance overall.

For providers with no other subsidiaries, ‘group without charity’ means the same as their ‘trust’ position. For providers with non-charity subsidiaries, these entities should already be consolidated in the ‘group before charity’ numbers.

**Step 4: Check the cash flow statement**

The TAC schedules are designed to generate cash flow adjustments as much as possible. Table CF3 on TAC05 (SoCF) calculates the post-elimination cash flow entries for working capital, operating cash flows and investing cash flows for consolidated charities. Finally, TAC05A then processes adjustments to generate a cash flow statement without the charity.

If TAC05A does not balance (i.e. cash flow statement does not agree to balance sheet cash movements), please ensure that:

1. you have fully completed the rest of the TAC schedules first;
2. you have no other validation fails and any explained JoCs are reasonable; and
3. all 'other adjustment' entries on TAC05 are reasonable

If after these steps you still have a problem with TAC05A, please get in touch with provider.accounts@improvement.nhs.uk providing a copy of your completed form.
Annex 1: Independent charities

As guided by section 3.2, providers should leave both TAC charity tabs blank if their charity is included on the list below.

‘Fully’ independent charities

These are the charities that are ‘fully’ independent and are excluded from the DHSC consolidation. These are:

**NHS trusts:**
- Barts Charity
- Imperial College Healthcare Charity
- Leeds Teaching Hospitals Charitable Foundation
- Nottingham University Hospitals Charity
- Royal National Orthopaedic Hospital Charity

**NHS foundation trusts:**
- Above & Beyond (i.e. University Hospitals of Bristol NHS FT)
- Addenbrooke’s Charitable Trust (i.e. Cambridge University Hospital NHS FT)
- The Alder Hey Charity
- Birmingham Children’s Hospital Charities
- Chelsea and Westminster Health Charity
- Great Ormond Street Hospital Children’s Charity
- Guy’s and St Thomas’ Charity
- King’s College Hospital Charity
- Maudsley Charity
- Moorfields Eye Charity
- Northamptonshire Health Charitable Fund
- Oxford Radcliffe Hospitals Charitable Fund
- Queen Elizabeth Hospital Birmingham Charity
- Royal Brompton and Harefield Hospitals Charity
- Royal Marsden cancer Charity
- The Royal Free Charity
- Sheffield Hospitals Charity
- St George’s Hospital Charity
- University College London Hospitals Charities
- University Hospitals Coventry & Warwickshire Charity
# Annex 2a: Changes to TAC schedules since month 9 2019/20

<table>
<thead>
<tr>
<th>Tab/Table/Note Affected</th>
<th>Change</th>
<th>Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Structural changes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TAC05 SoCF</td>
<td>New row</td>
<td>A new row is added to record interest on DHSC loans (SCF0290A) separately to interest on other loans (SCF0290C). Note 29.1 on TAC21 is now linked to each row individually.</td>
</tr>
<tr>
<td>TAC07 Op Inc 2 – Table 2C</td>
<td>New table</td>
<td>A new memorandum table has been added for providers to record the full benefit obtained from the apprenticeship fund. Please see section 2.1.3 for further details.</td>
</tr>
<tr>
<td>TAC06 Op Inc 1 – Note 1.1 TAC09 Staff – Note 5.1</td>
<td>New rows</td>
<td>A new row has been added to TAC09 to record the additional 6.3% pension contribution expenditure funded by NHS England. This requires entry in the ‘other WGA bodies’ column and the expenditure should be recorded against NHS Pension in TAC 63 in addition to the 14.38% paid directly by the trust. Entry of the 6.3% expenditure in TAC09 will also populate the income entry in TAC06. Note 1.1 contains a dedicated row for this income. In Note 1.2, the income will be fed into the income from NHSE row in the external to government column. This reflects the funding transaction being outside of the agreement of balances process. For more detail see section 2.1.1.</td>
</tr>
<tr>
<td>TAC18 Receivables – Note 20.1 TAC 22 Provisions – Note 30.2</td>
<td>New rows / column</td>
<td>A new category of provisions has been added to TAC22 for provisions arising in respect of clinicians’ pension tax scheme. For any provisions entered here, a matching receivable will automatically be populated into new rows on TAC18 reflecting the central funding due to the provider on settlement at retirement. No entries should made in the I&amp;E. For more details please see section 2.1.5</td>
</tr>
<tr>
<td>TAC21 Borrowings – Notes 29.1 and 29.2</td>
<td>New row</td>
<td>A new row has been added to the reconciliation of liabilities arising from financing activities for early termination of PFI or finance leases (subcode BOR0555).</td>
</tr>
<tr>
<td>TAC28 Disclosures – Note 41</td>
<td>New table</td>
<td>Note 41 has been updated to include a new table collecting the quantified estimated impact of adopting IFRS 16 in 2021/22 as required by IAS 8. Where it impracticable for a provider to do this, they should confirm in this table that a quantified impact is not being disclosed in accounts.</td>
</tr>
<tr>
<td>Tab/Table/Note Affected</td>
<td>Change</td>
<td>Detail</td>
</tr>
<tr>
<td>------------------------</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>TAC50 – YE extra</td>
<td>Removed</td>
<td>The data collected on this tab is no longer required from all providers so the tab has been removed from the form. To facilitate DHSC level eliminations, we may follow up individually on significant deferred income or credit loss allowances.</td>
</tr>
</tbody>
</table>

**Clarifications (no actual change to existing data requirements)**

| TAC06 Op Inc 1 – Note 1.3 | New input restriction | A data validation has been added to the row for cash payments received in-year from overseas visitors (sub-code OPP0020) enforcing positive entry. |

**Validations and justify or change points**

<p>| TAC Validations – validation 26 | New | A new validation checks the figure entered on the staff note for the additional 6.3% employer pension contribution matches the contribution figure provided by NHS England, which is based on actual contributions to month 10, extrapolated to a full year. |
| TAC Validations – validation 70 and 74 | Amended | The checks in these validations have been amended to fix the error identified at month 9 by providers with no unitary payment on a particular scheme category. |
| TAC Validations – validations 101 - 146 | Amended | All WGA (agreement of balances) validations are now linked to the entry tabs (TAC61 to TAC64) rather than to the non-editable summary tab (TAC60). |
| TAC Validations – validation 152 | New | A new validation checks the figure entered on the Statement of Cash Flows for interest on DHSC loans matches the interest figure on the DHSC loan statements. There is a £20k tolerance on this validation to allow for DHSC roundings. |
| TAC Validations – Valuations 158 and 159 | New | These checks ensure providers confirm whether a quantified IFRS 16 impact is being disclosed locally and where it is not, that erroneous figures have not been entered. |
| TAC JoCs – check 6 | Amended | This check has been updated to reflect the change to the cash flow statement where interest on DHSC loans and interest on other loans are now separately disclosed. |
| TAC JoCs – check 14 | Amended | This check has been amended to also flag if revenue previously recognised as a contract liability (disclosure on TAC07, Note 3.1) is more than the prior year current contract liabilities figure. |
| TAC JoCs – check 15 | New | A new check has been added to ensure that the new table for total benefits from the apprenticeship levy has been completed (Table 2C). Where providers are receiving no benefit, it asks what step are being taken to improve this. |
| TAC JoCs – checks 48 and 49 | New | Two new checks have been added to flag where capital commitments (Note 37.1) may have been omitted or entered using incorrect units. |</p>
<table>
<thead>
<tr>
<th>Tab/Table/Note Affected</th>
<th>Change</th>
<th>Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAC JoCs – checks 52 to 54</td>
<td>New</td>
<td>Three new checks to ensure Note 41 on TAC 28 (estimated impact of adopting IFRS 16 in 2020/21) is completed accurately, where a quantified impact is being disclosed in accounts.</td>
</tr>
<tr>
<td>TAC JoCs – check 56</td>
<td>Amended</td>
<td>This check has been updated to include the additional 6.3% pension contribution.</td>
</tr>
</tbody>
</table>
### Annex 2b: Changes to TAC schedules since 2018/19 month 12 (repeated from month 9)

This annex is repeated from month 9, except references to validations and JoCs have been updated with month 12 references. Updates are shown in red text.

<table>
<thead>
<tr>
<th>Tab/Table/Note Affected</th>
<th>Change</th>
<th>Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Structural changes</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| TAC07 Op Inc 2 – Table 2B | New rows | New rows have been added for:  
- Financial recovery fund (FRF) income  
- Marginal rate emergency tariff (MRET) funding and  
- 2018/19 post accounts PSF reallocation income |
| TAC11 Finance & Other  
– Note 10  
TAC34 Free text  
– Free Text 11 | New row  
New free text | A new row (Other gains/losses) has been added to capture any gains/losses which cannot be recorded in other existing rows. Such gains or losses are expected to relate to novel transactions and this row should rarely be used. It will only be unlocked on request. If you think you need to use this row, please email provider.accounts@improvement.nhs.uk. |
| TAC14 PPE  
– Tables 14A & 14B | Deleted rows | The breakdown of leased AuC additions by class of asset is no longer required by DHSC. This row has been removed from Tables 14A and 14B. Leased additions to AuC should now be entered directly into the PPE movements note (Note 14.1) as a single figure. |
| TAC20 Payables  
– Note 24.1  
TAC21 Borrowings  
– Note 27 | Moved row | Liabilities for ‘PFI lifecycle replacement received in advance’ (current and non-current) have been relocated from the borrowings note on TAC21 to the trade and other payables note on TAC20. No providers had balances in these rows in 2018/19. |
| TAC28 Disclosure – Note 38.2 Related parties | Signage change  
Moved row | The expected signs for ‘value of credit loss allowance held against related parties’ (OTD0190) and ‘value of balances with related parties written off in year’ (OTD0200) has been corrected. Comparatives have been updated to reflect this change.  
Amounts written off in year has been moved to be below the table of balances. As an in-year movement, this should be excluded from the total of balances. |
<table>
<thead>
<tr>
<th>Tab/Table/Note Affected</th>
<th>Change</th>
<th>Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAC61 to TAC65 – WGA and audit sheet</td>
<td>Updated</td>
<td>These sheets have been updated to reflect changes to NHS Providers, DHSC group bodies, Local Authorities and Other WGA bodies since 31 March 2019. Please note there are a number of code changes on TAC63 due to transfers between Government departments. Most changes on TAC63 relate to entities with whom providers are unlikely to trade with.</td>
</tr>
</tbody>
</table>

**Clarifications (no actual change to existing data requirements)**

<table>
<thead>
<tr>
<th>Tab/Table/Note Affected</th>
<th>Change</th>
<th>Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAC01 Confirmations - signature</td>
<td>Clarification</td>
<td>The declaration made by the Chief Executive when signing the confirmations sheet at month 12 audited submission has been updated to confirm that the latest mandatory fixer has been applied to the submitted TAC schedules.</td>
</tr>
<tr>
<td>TAC14 PPE – Note 14.5 Asset lives</td>
<td>New input restriction</td>
<td>Data input validations have been added to this note. Only numeric entries are permitted. ‘n/a’ should not be entered into this table.</td>
</tr>
<tr>
<td>TAC19 CCE – Note 23.3 Third party assets TAC JoCs – check 30 31</td>
<td>Clarification</td>
<td>Additional guidance text has been provided to clarify the definition of a third party asset and the nature of assets that should be included in or excluded from this note. There is no change to the operation of the JoC.</td>
</tr>
<tr>
<td>TAC21 Borrowings - Note 29.1 Reconciliation of liabilities arising from financing activities</td>
<td>New input restriction</td>
<td>Movements on DHSC loans should be limited to: - Payments and receipts of principal (cash flow) - Payment of interest (cash flow) - Interest arising in year (accruals basis) - Transfers (absorption and authorisation) The ‘other changes’ row has therefore been protected on this category of financial liability to prevent erroneous entry. If you can’t balance this column, please check interest has not been entered on an accruals basis in the cash flow statement (TAC05).</td>
</tr>
<tr>
<td>TAC24 On-SoFP PFI – Note 33.2 Total future commitments</td>
<td>Clarification</td>
<td>The information box and guidance text (in blue at the end of the note name) have been updated. The total future commitments disclosure will include at least the unitary payment. Where there are committed contractual variations under the scheme, these should also be included.</td>
</tr>
</tbody>
</table>

**Validations and justify or change points**

<table>
<thead>
<tr>
<th>Tab/Table/Note Affected</th>
<th>Change</th>
<th>Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAC Validations – validations 26</td>
<td>New</td>
<td>A new validation has been added to ensure providers recognise only the 14.38% NHS pension contribution made by the provider at month 9. [Removed at M12]</td>
</tr>
<tr>
<td>Tab/Table/Note Affected</td>
<td>Change</td>
<td>Detail</td>
</tr>
<tr>
<td>-------------------------</td>
<td>--------</td>
<td>--------</td>
</tr>
</tbody>
</table>
| TAC Validations – validations 32 & 42 | New | New validations have been added to the ‘Range of lives’ tables on TAC13 and TAC14. These validations check that:  
- assets lives have not been omitted and  
- asset lives have only been entered where a relevant asset is held by the provider.  
In 2018/19 82 providers would have failed this check for intangibles and 38 providers would have failed this check for PPE. |
| TAC Validations – validation 69 | Amended | Three on-SoFP PFI validation checks (67, 69 and 78 in the 2018/19 form) have been relocated to TAC24 as pass/fail check boxes beneath Table 33B to aid the user at the point of input.  
A fourth check has been added to TAC24 to ensure disclosure of schemes with a total commitment over £500m is not omitted.  
This validation check picks up the results of all four checks. |
| TAC Validations – Validation 71 & 72 | Amended | These checks have been updated to check that total future commitments are at least equal to the gross imputed lease obligation plus the service element commitment, for each ageing category (previously only the obligation).  
This amended check now supersedes validation 76 in the 2018/19 form which has now been removed. As this check is more robust than validation 76 in the prior year, where comparatives are failing validation 72 (prior year) in issued files, there is no requirement to restate these figures and the validation fail will be accepted on submission. All providers must pass validation 71 (current year). |
| TAC Validations – Validation 78 | Amended | Three off-SoFP validation checks (79, 80 and 82 in 2018/19 form) have been relocated to TAC25 as pass/fail check boxes beneath Table 34B to aid the user at the point of input.  
A fourth check has been added to TAC25 to ensure disclosure of schemes with a total commitment over £500m is not omitted.  
This validation check picks up the results of all four checks. |
| TAC Validations | Deleted | The following 2018/19 validations and JoCs have been removed from the template as they are no longer required (numbers refer to the 2018/19 month 12 template)  
Validations: 1, 2, 30, 67, 69, 76, 78, 79, 80, 82, 88 and 89  
JoC checks: 1 and 35 |
Annex 3: Note 29 Reconciliation of liabilities arising from financing activities – examples

Building on the additional guidance provided in section 4, this annex provides examples of how to reflect the most commonly-occurring scenarios in note 29 on TAC 21.

**DHSC and other loans**

<table>
<thead>
<tr>
<th>Note 29.1 Reconciliation of liabilities arising from financing activities - 2019/20</th>
<th>A/KEY01</th>
<th>A/KEY04</th>
<th>Memo code</th>
</tr>
</thead>
<tbody>
<tr>
<td>This disclosure is a requirement of IAS 7 (paragraph 44A)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carrying value at 1 April 2019 - brought forward</td>
<td>+</td>
<td>34,973</td>
<td>34,973</td>
</tr>
<tr>
<td>Cash movements:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financing cash flows - principal</td>
<td>+</td>
<td>(64)</td>
<td>(64)</td>
</tr>
<tr>
<td>Financing cash flows - interest (for liabilities measured at amortised cost)</td>
<td>+</td>
<td>(373)</td>
<td>(373)</td>
</tr>
<tr>
<td>Non-cash movements:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At start of period for new FIs</td>
<td>+</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transfers by absorption</td>
<td>+</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Additions</td>
<td>+</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Business combinations (not absorption transfers)</td>
<td>+</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Interest charge arising in year (application of effective interest rate)</td>
<td>+</td>
<td>402</td>
<td>402</td>
</tr>
<tr>
<td>Change in effective interest rate</td>
<td>+</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Changes in fair values</td>
<td>+</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transfer to FT upon authorisation</td>
<td>+</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other changes (briefed required)</td>
<td>+</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Carrying value at 31 December 2019</td>
<td>+</td>
<td>34,938</td>
<td>34,938</td>
</tr>
</tbody>
</table>

Closing carrying values match total borrowings (current and non-current)

**Opening balance**
The brought forward balance is populated into BOR0440 from the prior year note.

**Decreases in the liability**
- Repayments of principal – this is populated from the SoCF (note this is a net cash flow)
- Interest payments in the year are populated from the SoCF. It should be allocated between DHSC and other loans.

**Increases in the liability**
- Drawdown of funds – this is populated from the SoCF (note this is a net cash flow)
- Interest arising in year – this should be entered into BOR0530. This is expected to match the charge in TAC11 unless borrowing costs have been capitalised. A JoC checks this relationship.

**Closing balance**
The calculated closing balance will consist of the outstanding principal and any accrued and unpaid interest. This is validated against the borrowings note.
Finance lease / PFI obligations

Where finance lease entries are fed from other parts of the TAC schedules, the user will need to allocate the amounts into the finance lease counterparty columns in Note 29.

### Opening balance

The brought forward balance is populated into BOR0440 from the prior year note.

### Decreases in the liability

- Repayments of principal – this is populated from the SoCF.
- Interest payments should be entered in BOR0480. Amounts here should exclude contingent rents paid.
- Early termination – this should be used when an obligation has ceased ahead of the agreed date, stated in the contract.

### Increases in the liability

- Additions – a new finance lease arising in year is a non-cash movement and should be entered in BOR0510.
- Interest arising in year – for PFI this feeds from the finance costs note as the analysis here means we can exclude contingent rents. For finance leases the interest charge in year should be input into BOR0530, excluding contingent rents. Apart from contingent rents, this should match the charge in TAC11. A JoC checks this relationship.

The interest charge arising in year and the interest cash flow will be the same if there is no opening or closing interest accrual.

### Other movements

A freetext explanation is required where the ‘other’ row is used.
Annex 4: Guidance on applying IFRS 15

A4.1 Introduction
This annex is a summarised version of the guidance given in 2018/19 to support implementation of the IFRS 15. It should be used alongside the DHSC GAM and the standard itself. Guidance issued by NHS Improvement in 2018/19 to help providers understand the disclosure requirements in the standard is available here.

A4.2 Classifying revenue
Although IFRS 15 is titled Revenue from contracts with customers, it specifies that contracts may be written, oral or implied by customary business practices. Therefore this incorporates the majority of income that was previously recognised under IAS 18. The absence of a formal written contract does not take the revenue out of the scope of this standard. For the avoidance of doubt, the following revenue streams do fall within the scope of IFRS 15:

- Injury cost recovery income – as stated in the GAM.
- Income associated with the treatment of NHS patients, such as non-contracted activity, over-performance and partially completed spells.
- Income from the Provider Sustainability Fund (PSF), Financial recovery fund (FRF) and marginal rate emergency tariff (MRET) – the GAM clarifies PSF as ‘in scope’. The same applies for FRF and MRET.
- Cash revenue streams such as car parking income and catering where the oral or implied contract is entered into at the point of cash being taken.

Guidance on disclosures required by IFRS 15 and included in the TAC schedules is provided in section 4.1.5.

A4.3 Classifying receivables
Receivables are separated into those relating to IFRS 15 contract revenue and those that do not. We recommend the easiest approach is likely to be to identify receivables that specifically do not relate to revenue recognised under IFRS 15. These will include:

- receivables where the income is recognised in accordance with another standard (eg lease receivables and accrued grants and donations accounted for under IAS 20),
- any interest receivables where not already recognised in the carrying value of an investment,
• receivables where the associated gain or loss is not an item of revenue (e.g., proceeds on disposal of PPE),
• receivables relating to taxes paid and PDC dividends; and
• receivables where the counterparty is not considered a customer by the standard (e.g., prepayments or credit balances reclassified from payables – these relate to refunds of expenditure so the counterparty is not the customer).

Section 4.1.15 defines the difference between contract receivables and contract assets. The following decision tree may further assist with disclosure classifications:
A4.4 IFRS 15 and the NHS standard contract

For more guidance on how IFRS 15 applies to the NHS Standard Contract, please see the separate guidance issued by DHSC and NHS Improvement in January 2019. This is available at https://improvement.nhs.uk/resources/financial-reporting/ (entry dated 29 January 2019).

A4.5 Frequently asked questions

Below are questions and answers asked in the application of IFRS 15. If there is any doubt, a reading of IFRS 15 and the GAM should take precedence.

Q1: How should we deal with contract challenges from commissioners?

A1: Previously under IAS 18, where the provider has accrued income at the year end which has not been agreed and/or paid by commissioners, the provider would need to supply evidence to its auditors to show the recoverability of its receivable, and thus also support its revenue position. This principle has not changed. If the provider has evidence that it is entitled to the revenue, it should continue to recognise the revenue. It should then make separate considerations about whether any required impairment of the receivable is required under IFRS 9.

Paragraph 51 of IFRS 15 defines when an amount of consideration is variable. Paragraph 52 adds that consideration is variable if the customer has a valid expectation from the entity’s [provider’s] customary business practices, published policies or specific statements that the entity [provider] will accept an amount of consideration that is less than the price stated in the contract.

A logical application of this is that if the commissioner’s contract challenges are valid, then the provider should apply the accounting requirements for variable consideration. Paragraph 53 says that the entity shall estimate the amount of variable consideration using either the expected value of the consideration, or the most likely amount. (This is a brief summarisation of the paragraph.) Therefore if the commissioner’s challenges are considered valid by the provider and it no longer expects to be entitled to that portion of the revenue, the provider would de-recognise the revenue under IFRS 15.

Q2: We are recognising revenue from a contract but we have concerns that the customer may not be able to afford what we expect to bill. Does this mean we should not recognise the revenue?

A2: Paragraph 47 of IFRS 15 defines that the transaction price for revenue recognition as being the amount of consideration (cash or other assets) to which the entity expects to be entitled in exchange for transferring the promised goods or services to the customer. This says ‘expects to be entitled’ rather than ‘expects to collect’. If the provider is entitled to the revenue, it should recognise
the revenue. Any concerns about the customer’s ability to pay fall within the impairment provisions of IFRS 9, as adapted by the DHSC GAM.

Q3: We have income stream x that feels like it should be IFRS 15, but we don’t have a formal contract and it is not clear how we apply the five steps of IFRS 15.

A3: A revenue stream will fall under IFRS 15 if it does not fall under a different standard. The five-step model in IFRS 15 ultimately defines how revenue is accounted for. They are not a set of criteria to determine whether IFRS 15 applies. Also remember that the DHSC GAM explains that the definition of a contract is expanded to include legislation and regulations which enables an entity to obtain revenue that is not classified as a tax.

Paragraph 9 of IFRS 15 sets out the criteria to be met in defining a contract that falls under IFRS 15. Where a revenue stream does not fall under another standard but there is not a contract meeting the definition of such under IFRS 15, paragraph 15 of the standard is then important. It states:

15 When a contract with a customer does not meet the criteria in paragraph 9 and an entity receives consideration from the customer, the entity shall recognise the consideration received as revenue only when either of the following events has occurred:

(a) the entity has no remaining obligations to transfer goods or services to the customer and all, or substantially all, of the consideration promised by the customer has been received by the entity and is non-refundable; or

(b) the contract has been terminated and the consideration received from the customer is non-refundable.

This means that income can be recognised as revenue when all, or substantially all, of the promised funding has been received by the Trust. If, for example, the funding for the current financial year is received in monthly instalments and the twelfth payment is received after the year end, we believe it would be appropriate to accrue the associated revenue into the current reporting period by application of this paragraph. It should also be remembered where entities receive revenue through taxation, fines and penalties which is wholly non-refundable and leads to no obligations, entities are not required to wait until all, or substantially all, of the promised revenue has been received to recognise the revenue. In these instances, entities should recognise revenue when an equivalent to a taxable event has occurred, the revenue can be measured reliably, and it is probable that the assisted economic benefits from the taxable event will flow to the collecting entity. All these elements are required to be satisfied. Other income sources: timing of income recognition

Q4: We were awarded income from an education body at the end of the financial year telling us that the monies are to be used by the end of June in the subsequent financial year for delivering specific courses. There is no condition saying the money is repayable if not delivered by 31 March given the courses
are to be delivered by 30 June. The paying body expects us to recognise the income in the current financial year as they will be recognising the expenditure and we will need to do this otherwise we will have an agreement of balances mismatch. However, under IFRS 15 we have assessed that the performance obligation is the delivery of the courses. If we do not deliver the courses before the end of this financial year we believe this is a contract liability under IFRS 15 and we would need to defer the income at the year end. Which approach takes precedence?

A4: DHSC group counterparties are asked to work together to avoid agreement of balances mismatches and the same should apply in this case. However where disagreement remains, following accounting standards for the preparation of the entity’s own accounts takes precedent over avoiding an agreement of balances mismatch. That being said, it is not expected to be the case that both parties to a transaction accurately apply accounting standards and come to a different treatment, even though IFRS 15 is a revenue standard without an equivalent standard for expenditure recognition. In this example, the entity is correct to identify the performance obligation and should defer the revenue. The entity must take steps to communicate this position to the paying body so that they can adopt equivalent treatment: they might not know about the entity’s planned timing for this without being told. If following this the paying body continues to recognise expenditure in the current year, the entity will accurately have an agreement of balances mismatch.

Q5: Does research income fall under the scope of IFRS 15?

A5: Under many research contracts, the Trust has obligations to deliver to the funder in exchange for the consideration provided. We expect that these will fall under IFRS 15.

This might be less clear for some research grants, and where these are from government IAS 20 considerations apply. IAS 20 includes ‘grants related to income’ (i.e. revenue grants) in its scope and it defines government grants as “transfers of resources to an entity in return for past or future compliance with certain conditions relating to the operating activities of the entity”.

Research income can be recognised using IFRS 15 or another standard and the TAC schedules reflect this by having a research line for IFRS 15 and non IFRS 15 research income. Providers will need to consider the standards and the contract in detail, it may be helpful to consider whether the Trust feels it is ‘transferring a promised good or service’ to the grant-paying body (customer), in the language of IFRS 15.

Q6: What considerations should be made for research contracts that do fall under IFRS 15?

A6: As ever with applying IFRS 15, the key steps are identifying the performance obligations (the promises to transfer goods/services to the customer) and then
whether those performance obligations are settled at a point in time or over time.

For example: A provider shared an example of a research contract where it was considered the only performance obligation was the delivery of completed research at the end of three years. Upon review of the contract we felt that paragraph 35c was met, being a condition meaning the performance obligation is considered satisfied over time: “the entity’s performance does not create an asset with an alternative use to the entity (see paragraph 36) and the entity has an enforceable right to payment for performance completed to date (see paragraph 37).” The contract including a schedule of the types of activity that would be reimbursable and the research was overall specific to the contract. The contract required annual reports of work completed and expenditure incurred – in this case these were not judged as performance obligations in their own right. But the contract did say that provided the activity undertaken was in line with the schedule, then upon receipt of these reports the Trust would be paid annually. The Trust therefore recognised revenue each year as part of satisfying the ultimate performance obligation over the three years.

Q7: Under current regulations, where we invoice overseas patients where there is no reciprocal arrangement, there is a risk-share with the CCG. How much of this falls under IFRS 15?

A7: All of it. As explained in the DHSC GAM, the definition of a contract under IFRS 15 is extended to incorporate legislation and regulations which enables an entity to obtain revenue that is not classified as a tax. The risk-share arrangements for overseas visitors income are set out in regulations, and therefore fall under IFRS 15. In applying IFRS 15 to overseas visitor charging, the visitor is the customer. More guidance on the applicable regulations is available here and here (including specific guidance on accounting entries). In applying IFRS 15 to overseas visitor charging, the visitor is the customer.

Q8: Should the accrual for partially completed spells be considered a contract receivable or a contract asset?

A8: While consideration will normally flow after the patient is discharged, the provider is entitled to revenue in exchange for the work already done which is the purpose of the partially completed spell accrual. It should normally therefore be a contract receivable.
Annex 5: DHSC related parties

The DHSC GAM identifies DHSC Ministers and senior officials, and entities controlled or influenced by them as being related parties of DHSC group bodies. The Department has provided a list of Ministers and senior officials and their declared interests by the Department of Health and Social Care. NHS providers may wish to use the list below to satisfy themselves that related party disclosures within local accounts are complete.

Summary of bodies

<table>
<thead>
<tr>
<th>Bodies within government control (See GAM: fewer disclosures required for these entities)</th>
<th>Other entities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• UKRI: Medical Research Council</td>
<td>• Suffolk Philharmonic Orchestra</td>
</tr>
<tr>
<td>• Medicines and Healthcare products Regulatory Agency (MHRA)</td>
<td>• Bury St Edmunds Town Trust</td>
</tr>
<tr>
<td>• Ministry of Defence</td>
<td>• Dixons Carphone PLC</td>
</tr>
<tr>
<td></td>
<td>• Capital &amp; Counties Properties PLC</td>
</tr>
<tr>
<td></td>
<td>• Centre for Mental Health</td>
</tr>
<tr>
<td></td>
<td>• Bevan Commission</td>
</tr>
<tr>
<td></td>
<td>• Salford University</td>
</tr>
<tr>
<td></td>
<td>• Aviva</td>
</tr>
<tr>
<td></td>
<td>• HM Land Registry</td>
</tr>
<tr>
<td></td>
<td>• GambleAware</td>
</tr>
<tr>
<td></td>
<td>• Cancer Research UK</td>
</tr>
<tr>
<td></td>
<td>• HelpForce Community Trust</td>
</tr>
<tr>
<td></td>
<td>• Jane Kerr</td>
</tr>
<tr>
<td></td>
<td>• Guy’s &amp; St Thomas’ Charity</td>
</tr>
<tr>
<td></td>
<td>• NHS Providers</td>
</tr>
<tr>
<td></td>
<td>• Jeremy Heywood Foundation</td>
</tr>
<tr>
<td></td>
<td>• Kevin McCoy</td>
</tr>
<tr>
<td></td>
<td>• Clinton Health Access Initiative, Inc. (CHAI), USA</td>
</tr>
<tr>
<td></td>
<td>• Alberta Innovates Health Solutions</td>
</tr>
<tr>
<td></td>
<td>• Ashridge (Bonar Law Memorial) Trust</td>
</tr>
<tr>
<td></td>
<td>• Cambridge University</td>
</tr>
<tr>
<td></td>
<td>• Cumberland Lodge (charitable foundation)</td>
</tr>
<tr>
<td></td>
<td>• Pearce Gould Charitable Trust</td>
</tr>
<tr>
<td></td>
<td>• Healthcare UK</td>
</tr>
<tr>
<td></td>
<td>• Gosden House School</td>
</tr>
</tbody>
</table>
Sightsavers (aka Royal Commonwealth Society for the Blind)
Mike Farrar Consulting Ltd
Swim England
Yorkshire Health Economics Consortium
Hanover Communications Ltd
Vincent Housing Association
Huddersfield Giants Community Sporting Trust
Rochdale FC Community Sports Trust
British Quality Foundation
Bells Solicitors Ltd
Mind Body EDS

Original listing provided by DHSC

<table>
<thead>
<tr>
<th>Body</th>
<th>Individual</th>
<th>Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suffolk Philharmonic Orchestra</td>
<td>Jo Churchill MP</td>
<td>Member</td>
</tr>
<tr>
<td>Bury St Edmunds Town Trust</td>
<td>Jo Churchill MP</td>
<td>Trustee</td>
</tr>
<tr>
<td>Dixons Carphone PLC</td>
<td>Gerry Murphy (NED)</td>
<td>Non-executive director</td>
</tr>
<tr>
<td>Capital &amp; Counties Properties PLC</td>
<td>Gerry Murphy (NED)</td>
<td>Non-executive director</td>
</tr>
<tr>
<td>Centre for Mental Health</td>
<td>Sue Bailey (NED)</td>
<td>Chair</td>
</tr>
<tr>
<td>Bevan Commission</td>
<td>Sue Bailey (NED)</td>
<td>Member</td>
</tr>
<tr>
<td>Salford University</td>
<td>Sue Bailey (NED)</td>
<td>Member</td>
</tr>
<tr>
<td>Aviva</td>
<td>Michael Mire (NED)</td>
<td>Non-executive director</td>
</tr>
<tr>
<td>HM Land Registry</td>
<td>Michael Mire (NED)</td>
<td>Chair</td>
</tr>
<tr>
<td>GambleAware</td>
<td>Kate Lampard (NED)</td>
<td>Chair</td>
</tr>
<tr>
<td>Cancer Research UK</td>
<td>Mike Richards (NED)</td>
<td>Trustee</td>
</tr>
<tr>
<td>HelpForce Community Trust</td>
<td>Mike Richards (NED)</td>
<td>Trustee</td>
</tr>
<tr>
<td>Jane Kerr</td>
<td>Ron Kerr (NED)</td>
<td>Self-employed counsellor.</td>
</tr>
<tr>
<td>Bristol, North Somerset and South Gloucestershire Strategic Transformation Partnership</td>
<td>Ron Kerr (NED)</td>
<td>Chair</td>
</tr>
<tr>
<td>Guy's &amp; St Thomas' Charity</td>
<td>Ron Kerr (NED)</td>
<td>Member of Board of Trustees</td>
</tr>
<tr>
<td>NHS Providers</td>
<td>Ron Kerr (NED)</td>
<td>Chair</td>
</tr>
<tr>
<td>Jeremy Heywood Foundation</td>
<td></td>
<td>Trustee</td>
</tr>
<tr>
<td>Kevin McCoy</td>
<td></td>
<td>Runs a consultancy specialising in social care work.</td>
</tr>
<tr>
<td>Clinton Health Access Initiative, Inc. (CHAI), USA</td>
<td>Sally Davies</td>
<td>Member, Board of Directors</td>
</tr>
<tr>
<td>Alberta Innovates Health Solutions</td>
<td>Sally Davies</td>
<td>Chair</td>
</tr>
<tr>
<td>Body</td>
<td>Individual</td>
<td>Interest</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>Ashridge (Bonar Law Memorial) Trust</td>
<td>Sally Davies</td>
<td>Trustee</td>
</tr>
<tr>
<td>Cambridge University</td>
<td>Sally Davies</td>
<td>Employee</td>
</tr>
<tr>
<td>Cumberland Lodge (charitable foundation)</td>
<td>Sally Davies</td>
<td>Trustee</td>
</tr>
<tr>
<td>Medical Research Council</td>
<td>Sally Davies</td>
<td>Council Member</td>
</tr>
<tr>
<td>Pearce Gould Charitable Trust (Charity No. 1099765)</td>
<td>Sally Davies</td>
<td>Trustee</td>
</tr>
<tr>
<td>Medicines and Healthcare products Regulatory Agency (MHRA)</td>
<td>Jenny Richardson</td>
<td>Chief Operating Officer</td>
</tr>
<tr>
<td>Healthcare UK</td>
<td>Steve Oldfield</td>
<td>Member of their Advisory Board</td>
</tr>
<tr>
<td>Gosden House School</td>
<td>Steve Oldfield</td>
<td>Member of their board of governors</td>
</tr>
<tr>
<td>Sightsavers (aka Royal Commonwealth Society for the Blind)</td>
<td>Chris Whitty</td>
<td>Trustee</td>
</tr>
<tr>
<td>Mike Farrar Consulting Ltd</td>
<td>Ros Roughton</td>
<td>Owner and MD</td>
</tr>
<tr>
<td>Swim England</td>
<td>Ros Roughton</td>
<td>Chair</td>
</tr>
<tr>
<td>Yorkshire Health Economics Consortium</td>
<td>Ros Roughton</td>
<td>NED</td>
</tr>
<tr>
<td>Hanover Communications Ltd</td>
<td>Ros Roughton</td>
<td>NED</td>
</tr>
<tr>
<td>Vincent Housing Association</td>
<td>Ros Roughton</td>
<td>Director</td>
</tr>
<tr>
<td>Huddersfield Giants Community Sporting Trust</td>
<td>Ros Roughton</td>
<td>Chair</td>
</tr>
<tr>
<td>Rochdale FC Community Sports Trust</td>
<td>Ros Roughton</td>
<td>Non Executive Director</td>
</tr>
<tr>
<td>British Quality Foundation</td>
<td>Melinda Johnson</td>
<td>Non Executive Director</td>
</tr>
<tr>
<td>Bells Solicitors Ltd</td>
<td>Jacqueline Burke (NED)</td>
<td>Part time employee (financial management and admin support) and shareholder</td>
</tr>
<tr>
<td>Mind Body EDS</td>
<td>Jacqueline Burke (NED)</td>
<td>Chair of Trustees</td>
</tr>
<tr>
<td>Ministry of Defence</td>
<td>Cat Little (NED)</td>
<td>Director General</td>
</tr>
</tbody>
</table>