Monitor note

Where legacy balances have transferred to NHS foundation trusts, no numbers have been populated into month 9 FTC files. NHS foundation trusts should account for balances as advised to them via QuikR.

ISSUED BY THE DEPARTMENT OF HEALTH 20 DECEMBER 2013

Month 9 Instructions for all organisations within the Department of Health Group

These instructions are for all organisations within the Department of Health Group with the exception of those within the NHS England boundary (i.e. CCGs and CSUs) and cover important information on the treatment of legacy balances and the ALB and FMA consolidation schedules.

Legacy Balances

- The Department has been working hard with the PCT/SHA legacy teams to ensure that the detailed transaction forms containing information on the legacy balances allocated to receiver organisations are complete and accurate. However, this has been an enormous and difficult task and we have encountered significant issues with the quality of the data collections in some instances. As a result, as at 18 December 2013, only 140 sets of legacy data (rather than the full 161; comprising the legacy balances of the 151 PCTs and 10 SHAs) were issued to receiving organisations via the Department's "QuickR" data repository system.
- As a result DH has decided to apply a cut-off point over the PCT/SHA legacy balances to be recorded in the Month 9 accounts (and associated consolidation schedules) of all Group bodies, as we recognise that it is unreasonable to expect Group bodies to account for information received since 18 December 2013 in their Month 9 ledgers and accounts. A uniform cut-off point is being applied Group wide as it is essential all Group bodies account for the same amount of legacy balances (i.e. 140 legacy organisations worth of data, or the sub-set of those 140 that have transferred balances to your organisation). This is because when accounting for legacy information (in particular when recording funding transactions to reflect the payments and receipts made by legacy teams on behalf of receivers between 1 April 31 August using DH cash) a number of intra-group transactions are recorded. These will only eliminate correctly upon consolidation if both counterparties record the same transactions.
- The whole of the DH Group are therefore required to account for the legacy balances
 transferred to them from the 140 SHAs and PCTs listed in Appendix 1. The output files in
 respect of these 140 are all now available on QuickR and, when combined with the invoices
 and working papers provided by legacy teams, contain the information necessary to account
 for these legacy transactions and balances.
- It is essential that every receiver organisation in the DH Group accounts for the legacy balances allocated to them from the 140 SHAs and PCTs listed in Appendix 1 at Month 9 to ensure that intercompany balances eliminate out correctly upon consolidation of the DH Group account.

- For the avoidance of doubt, Appendix 2 lists the remaining 21 SHAs or PCTs that should <u>not</u> be recorded by receiver organisations in Month 9. DH are working hard to resolve the data issues on these forms but does not consider it appropriate to issue these yet.
- Detailed guidance covering how to account for PCT/SHA legacy balances is available on the FINMAN website: http://www.info.doh.gov.uk/doh/finman.nsf/4db79df91d978b6c00256728004f9d6b/33a66f8 64700002580257c3700550a93?OpenDocument
- Please note that as detailed in the legacy guidance the Month 9 ALB Consolidation Schedules (ENDPBs, SpHAs, Limited Companies and NHS England/NHS Foundation Trust subconsolidations) and FMA forms (NHS Trusts) issued to receivers will be pre populated with the 1 April legacy balances transferred to them from the 140 SHAs and PCTs listed in Appendix 1. These amounts will be locked into the forms and cannot be amended. This will ensure that, at a Group account level, no balances are lost between 31 March 2013 and 1 April 2013. It is therefore essential that receivers account for the exact balance values transferred to them, as detailed in the "closing balance sheet" tab of the detailed transaction form output files, or their ledgers will not support the pre populated amounts in the consolidation schedules.
- It is important to note that it is only the transfer in of the legacy balances on 1 April, and the associated modified absorption gain or loss in the general fund/retained earnings reserve, that will be pre populated in the forms. Receivers are also required to account for any payments/receipts made on their behalf by legacy teams between 1 April – 31 August (as per column AI of the "Payable balances" and "Receivable balances tabs of the detailed transaction form output files) as funding transactions and to record additional legacy accounting entries as necessary, as described in the Receiver Instructions on FINMAN. Additional accounting entries are likely to include: a) Accounting for the 2013-14 depreciation charge associated with non-current assets transferred in on 1 April; b) Reinstating any revaluation reserve amounts associated with legacy non-current assets by transferring the amount from the general fund/retained earnings reserve; c) Recording the 2013-14 I&E impact of any under/over accruals at 2012-13 year-end; and d) Recording subsequent (i.e. 2013-14) balance movements which may include the impairment or revaluation of non-current assets, the write-off of bad debts, the reversal of unsupported balances and the correction of any errors identified when reviewing the associated working papers. The consolidation schedules contain separate lines for the funding transactions recorded in respect of payments/receipts made by legacy teams on your behalf (i.e. separate grant in aid received/parliamentary funding received/PDC received/share capital received lines) and as such you will need to code all such amounts in a way that supports separate identification from standard cash based funding transactions.
- As detailed in the instructions for receiver organisations available on FINMAN all legacy balances must be accounted for at Month 9 even if you consider that certain balances have been allocated incorrectly, are unsupported or incorrect. The legacy balances reallocation process will not take place until late January 2014 and further guidance will be issued in advance of this exercise. As only substantive misallocation issues will be rectified, the Department anticipates reallocation will only take place in exceptional circumstances.

- DH will shortly be issuing a database extract to all organisations which summarises the opening balances transferred per category (i.e. land owned, current receivables other etc) and the payments and receipts made on their behalf as communicated to them previously in the detailed transaction form output files. For each balance the database provides a separate amount per sender PCT/SHA, and the sum of these amounts is the total figure you should have accounted for (and in the case of 1 April balances, is the amount locked into your consolidation schedule). Each organisation should use this as a proof in total check and reconcile to the sum of all detailed transaction form output files received (which will be up to 140 files depending on the number of PCTs/SHAs who have allocated balances to your organisation). Note that this database is provided to assist proof in total checks only, with the detailed transaction form output files containing the information necessary to devise the necessary accounting journals.
- DH will continue to issue the remaining 21 output files as they reach the appropriate standard. I.e. the application of the Month 9 cut-off will not delay the issue of the remaining 21 legacy files to receivers. Whilst receivers may wish to review the data received and write the associated accounting journals, these journals should not be posted into receiver ledgers until Month 10 to ensure they do not form part of a receiver's Month 9 accounts. The Department anticipates all files will be issued by mid-January which will allow the legacy balances reallocations exercise to commence in late January 2014.
- The Department would like to thank all receivers for their continued support of what has been a challenging legacy balances transfer process.

ALB Consolidation schedules

- Draft consolidation schedules with final input sheet structures will be issued on 20
 December 2013. This will allow organisations to prepare mappings from their trial balance to
 the consolidation schedule. Please note that these schedules will not be fully functional
 and therefore data should not be entered on these forms.
- Final fully functional templates pre-populated with opening legacy balances will be issued on Friday 3 January. This will be accompanied by a detailed breakdown of what PCT/SHA balances have been included in the pre-populated numbers (see previous paragraph on database extracts to be issued).

Trust FMA Q3 Forms

• The Department, in conjunction with NTDA, is currently finishing final testing on the Q3 forms, they will to be issued by Thursday 2 January. . A single fully functional FMA form will be issued to each NHS Trust via pigeon holes, they will be pre-populated with legacy opening balances as described above.

Appendix 1 – SHA/PCT legacy balances to be accounted for at Month 9

Stockton-On-Tees Teaching PCT SA3 South Gloucestershire PCT SA9 Barnet PCT SAT Hillingdon PCT SC1 Enfield PCT SC2 Barking And Dagenham PCT SC3 City And Hackney Teaching PCT SC9 Haringey Teaching PCT SCN Herefordshire PCT SCQ Milton Keynes PCT
5A9 Barnet PCT 5AT Hillingdon PCT 5C1 Enfield PCT 5C2 Barking And Dagenham PCT 5C3 City And Hackney Teaching PCT 5C9 Haringey Teaching PCT 5CN Herefordshire PCT 5CQ Milton Keynes PCT
5AT Hillingdon PCT 5C1 Enfield PCT 5C2 Barking And Dagenham PCT 5C3 City And Hackney Teaching PCT 5C9 Haringey Teaching PCT 5CN Herefordshire PCT 5CQ Milton Keynes PCT
 5C1 Enfield PCT 5C2 Barking And Dagenham PCT 5C3 City And Hackney Teaching PCT 5C9 Haringey Teaching PCT 5CN Herefordshire PCT 5CQ Milton Keynes PCT
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5C3 City And Hackney Teaching PCT 5C9 Haringey Teaching PCT 5CN Herefordshire PCT 5CQ Milton Keynes PCT
5C9 Haringey Teaching PCT5CN Herefordshire PCT5CQ Milton Keynes PCT
5CN Herefordshire PCT 5CQ Milton Keynes PCT
5CQ Milton Keynes PCT
5D7 Newcastle PCT
5D8 North Tyneside PCT
5D9 Hartlepool PCT
5EF North Lincolnshire PCT
5EM Nottingham City PCT
5ET Bassetlaw PCT
5F1 Plymouth Teaching PCT
5F5 Salford PCT
5F7 Stockport PCT
5FE Portsmouth City Teaching PCT
5FL Bath And North East Somerset PCT
5GC Luton Teaching PCT
5H1 Hammersmith And Fulham PCT
5H8 Rotherham PCT
5HG Ashton, Leigh And Wigan PCT
5HP Blackpool PCT
5HQ Bolton Teaching PCT
5HX Ealing PCT
5HY Hounslow PCT
5J2 Warrington PCT
5J4 Knowsley PCT
5J5 Oldham PCT
5J6 Calderdale PCT
5J9 Darlington PCT
5JE Barnsley PCT
5JX Bury PCT
5K3 Swindon PCT
5K5 Brent Teaching PCT
5K6 Harrow PCT
5K7 Camden PCT
5K8 Islington PCT
5KF Gateshead PCT

FIC	Cauth Turasida DCT
5KG	South Tyneside PCT

5KL Sunderland Teaching PCT

5KM Middlesbrough PCT

5L1 Southampton City PCT

5L3 Medway PCT

5LA Kensington And Chelsea PCT

5LC Westminster PCT5LE Southwark PCT

5LH Tameside And Glossop PCT

5LQ Brighton And Hove City Teaching PCT

5M1 South Birmingham PCT5M2 Shropshire County PCT5M3 Walsall Teaching PCT

5M6 Richmond And Twickenham PCT

5M8 North Somerset PCT
 5MD Coventry Teaching PCT
 5MK Telford And Wrekin PCT
 5MV Wolverhampton City PCT

5MX Heart Of Birmingham Teaching PCT

5N1 Leeds PCT 5N2 Kirklees PCT

5N3 Wakefield District PCT

5N4 Sheffield PCT5N5 Doncaster PCT

5N6 Derbyshire County PCT

5N7 Derby City PCT

5N8 Nottinghamshire County Teaching PCT

5N9 Lincolnshire Teaching PCT

5NA Redbridge PCT

5NC Waltham Forest PCT5ND County Durham PCT5NE Cumbria Teaching PCT

5NF North Lancashire Teaching PCT

5NG Central Lancashire PCT

5NH East Lancashire Teaching PCT

5NJ Sefton PCT 5NK Wirral PCT

5NN Western Cheshire PCT

5NP Central And Eastern Cheshire PCT

5NQ Heywood, Middleton And Rochdale PCT

5NR Trafford PCT

5NT Manchester Teaching PCT
 5NV North Yorkshire And York PCT
 5NW East Riding Of Yorkshire PCT

5NX Hull Teaching PCT

5NY Bradford And Airedale Teaching PCT

- 5P2 Bedfordshire PCT
- 5P5 Surrey PCT
- 5P7 East Sussex Downs And Weald PCT
- 5P8 Hastings And Rother PCT
- 5P9 West Kent PCT
- 5PA Leicestershire County And Rutland PCT
- 5PC Leicester City PCT
- 5PD Northamptonshire Teaching PCT
- 5PE Dudley PCT
- 5PF Sandwell PCT
- 5PG Birmingham East And North PCT
- 5PH North Staffordshire PCT
- 5PJ Stoke On Trent PCT
- 5PK South Staffordshire PCT
- 5PL Worcestershire PCT
- 5PM Warwickshire PCT
- 5PN Peterborough PCT
- 5PP Cambridgeshire PCT
- 5PQ Norfolk PCT
- 5PR Great Yarmouth And Waveney PCT
- 5PT Suffolk PCT
- 5PV West Essex PCT
- 5PX Mid Essex PCT
- 5QC Hampshire PCT
- 5QD Buckinghamshire PCT
- 5QE Oxfordshire PCT
- 5QF Berkshire West PCT
- 5QG Berkshire East PCT
- 5QH Gloucestershire PCT
- 5QJ Bristol PCT
- 5QK Wiltshire PCT
- 5QL Somerset PCT
- 5QM Dorset PCT
- 5QN Bournemouth And Poole Teaching PCT
- 5QP Cornwall And Isles Of Scilly PCT
- 5QR Redcar And Cleveland PCT
- 5QT Isle Of Wight NHS PCT
- 5QV Hertfordshire PCT
- 5QW Solihull PCT
- Q30 North East SHA
- Q31 North West SHA
- Q32 Yorkshire And The Humber SHA
- Q33 East Midlands SHA
- Q34 West Midlands SHA
- Q35 East Of England SHA
- Q37 South East Coast SHA

Q38 South Central SHA Q39 South West SHA

TAC Northumberland Care PCT

TAL Torbay Care PCT

TAN North East Lincolnshire Care Trust Plus PCT

TAP Blackburn With Darwen Teaching Care Trust Plus PCT

Appendix 2 SHAs/PCTs not to be included in Month 9

Identifier	Org Name
5NM	Halton And St Helens PCT
5K9	Croydon PCT
5PY	South West Essex PCT
TAK	Bexley NHS Care Trust PCT
5A7	Bromley PCT
5QQ	Devon PCT
5QA	Eastern And Coastal Kent PCT
5A8	Greenwich Teaching PCT
5A4	Havering PCT
5A5	Kingston PCT
5LD	Lambeth PCT
5LF	Lewisham PCT
5NL	Liverpool PCT
Q36	London SHA
5C5	Newham PCT
5PW	North East Essex PCT
5P1	South East Essex PCT
5M7	Sutton And Merton PCT
5C4	Tower Hamlets PCT
5LG	Wandsworth PCT
5P6	West Sussex PCT