

NHS Vale of York Clinical Commissioning Group Financial Performance Report

Report produced: January 2017

Financial Period: April to December 2016

Summary of Key Financial Measures

Indicator	Year to Date				Forecast Outturn			
	Target £000	Actual £000	Variance £000	RAG rating	Target £000	Actual £000	Variance £000	RAG rating
Achieve planned financial position	(10,009)	(25,320)	(15,310)	R ↓	(13,346)	(28,096)	(14,750)	R ↓
Programme expenditure does not exceed programme allocation	318,701	344,329	(25,628)	R ↓	429,320	457,638	(28,318)	R ↓
Running costs expenditure does not exceed running costs allocation	5,644	5,336	308	G ↓	7,525	7,303	222	G ↓
Risk adjusted deficit					(20,428)	(28,096)	(7,668)	R ↓
QIPP delivery (see section 8)	5,020	1,138	(3,882)	R ↓	12,200	2,349	(9,851)	R ↑
Better Payment Practice Code (Value)	95.00%	99.83%	4.83%	G	95.00%	>95%	0.00%	G
Better Payment Practice Code (Number)	95.00%	98.57%	3.57%	G	95.00%	>95%	0.00%	G
Cash balance at month end is within 1.5% of monthly drawdown	608	441	167	G				
CCG cash drawdown does not exceed maximum cash drawdown					464,941	464,941	0	G

The full finance dashboard is presented in Appendix 1

Key Messages

- **The CCG is operating under legal Directions issued by the NHS Commissioning Board (NHS England) effective from 1st September.** The CCG has developed a draft Medium Term Financial Strategy and will be finalising and launching this in the final quarter of 2016-17. It underpins and informs the 2017-2019 Financial Plan, the final draft of which was submitted to NHSE on 23rd December in line with the national timetable. These will set out the actions required to stabilise the current financial position and recover to a sustainable position for the financial year 2017/18 and thereafter.
- The CCG, alongside the NHS England Area Team, has undertaken a full review of the forecast financial position, including risks and mitigations. All risks and mitigations that the CCG expects to materialise are now included in the forecast outturn reported at month 9. The CCG is now forecasting a £28.10m deficit, which is a deterioration from the £24.11m risk adjusted deficit reported at month 8. The month 9 forecast outturn is £14.75m worse than the planned deficit of £13.34m. It represents the brought forward deficit of £6.30m from 2015/16 and an in year deficit of £21.8m.
- The year to date financial position is £15.31m worse than planned. This position includes several significant variances which are detailed in section 3.
- The QIPP forecast of £2.35m represents the latest assessment of the expected in-year delivery following the IP review with NHSE.

1. Red / Amber financial measures

- *'Achieve planned financial position'* – year to date expenditure is £15.31m higher than plan, and forecast outturn is £14.75m higher than the planned deficit.
- *'Programme expenditure does not exceed programme allocation'* – programme expenditure is forecast to be £28.32mm higher than allocation. This is offset by a forecast underspend on running costs of £0.22m.
- *'Risk adjusted deficit'* – The CCG's risk adjusted deficit is forecast at £28.10m, which is £7.67m higher than the £20.43m risk adjusted outturn in the 2016/17 financial plan.
- *'QIPP delivery'* – Year to date QIPP delivery is 22.7% of plan, and forecast delivery is 19.3%. The forecast delivery includes the impact of the £4m baseline difference on the YTHFT contract.

2. Key Actions

- The CCG has submitted financial plans for 2017/18 and 2018/19, which were developed alongside the NHS England Area Team. The CCG is yet to receive formal feedback on the submitted financial plan but continues to work closely with NHS England on developing and refining the plan and the contract assumptions that underpin it.
- Since the financial plan was submitted, the CCG has received confirmation from NHS England that the Property Services allocation adjustment relating to the move to market rents will take full account of the impact to the CCG for 2016/17 and the two years of the financial plan 2017-2019. Previously this was expected to cause a £1.67m pressure, which was included in the financial plan. The CCG will respond to any request from NHS England to resubmit the agreed financial plan to reflect this material change.
- The CCG's Senior Management Team continues to work to identify additional QIPP opportunities to off-set the slippage in the Improvement Plan target of £3.8m.
- The CCG has developed a draft Medium Term Financial Strategy which outlines how the CCG will stabilise the current financial position, move towards recurrent balance and a sustainable financial position by 2020/21. This has provided the basis on which to build in planning assumptions outlined in NHSE guidance for 2017/18 and will be launched with system partners through the final quarter of the year.
- The contracting team have continued to identify and formally raise contract queries with providers where appropriate. Contract challenges are detailed in section 9. An independent review of resource utilisation and detailed contract management processes with York Teaching Hospital NHS Foundation Trust (YTHFT) has been agreed with NHSE and is being undertaken in collaboration with neighbouring CCGs to ensure a consistent approach.

3. Reported year to date financial position

The CCG's year to date expenditure is £15.31m above plan. There are several key variances within this position which are detailed below.

Description	Value	Commentary / Actions
York Teaching Hospital NHS Foundation Trust – gap between contract and financial plan	(£3.00m)	This is identified within the forecast outturn. The contracting team continue to analyse the position and issue challenges where appropriate.

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Description	Value	Commentary / Actions
York Teaching Hospital NHS Foundation Trust – other variance	(£4.63m)	The over spend on the YTHFT acute contract has continued. Year to date Orthopaedic planned activity is £0.99m above plan offset by underspends on the Ramsay and Nuffield contracts of £1.18m. This position is adjusted for £3.02m of challenges which are detailed in Section 9b.
Continuing Health Care	(£3.28m)	There continues to be a higher number of referrals compared to the same period in 2015/16.
Other Acute contracts	(£1.78m)	There are overspends against all acute contracts with the exception of North Lincolnshire and Goole Hospitals NHS Trust and Sheffield Teaching Hospitals NHS Foundation Trust. These include Leeds Teaching Hospitals NHS Trust (£0.50m), Hull and East Yorkshire Hospitals NHS Trust (£0.41m), Mid Yorkshire Hospitals NHS Trust (£0.27m) and Harrogate and District NHS Foundation Trust (£0.22m).
Mental Health Out of Contract placements	(£1.61m)	The closure of Peppermill Court has led to an increase in out of contract placements.
Ramsay and Nuffield Health	£1.18m	This is partly offset by an over spend on Orthopaedic planned activity at YTHFT.
Funded Nursing Care (FNC)	(£0.81m)	The national rate for FNC has been increased from £112 per week to £156 per week. The financial plan only provided for an increase to £117 per week.
Systems Resilience Schemes	(£0.65m)	This variance represents the year to date cost of the systems resilience schemes currently in place. The financial plan did not include funding for these schemes.
Tees, Esk and Wear Valleys NHS Foundation Trust	(£0.43m)	This includes a cost pressure of £0.40m relating to the closure of Bootham Park Hospital and the requirement for an interim solution.
Primary Care Prescribing	(£0.16m)	Prescribing QIPP schemes were in plan at £1.42m for April to December; delivery is estimated at £0.59m (based on prescribing data for Apr to Oct and estimated delivery for Nov to Dec).
Reserves (Better Care Fund - BCF)	(£0.93m)	This variance represents the year to date impact of the gap between the BCF agreed schemes and available funding. BCF plans for CYC and NYCC have now been approved.
Prior Year Balances	(£0.31m)	Payments relating to 2015/16 but not provided for at year end.
Unallocated QIPP	(£0.44m)	Full year value of the unallocated QIPP is £0.58m.
Contingency	£1.63m	0.5% contingency provided for in plan.
Other variances	(£0.09m)	
Total impact on YTD position	(£15.31m)	

4. Forecast Outturn

The CCG's forecast outturn is £14.75m above planned expenditure. There are several key variances within this position which are detailed below.

Description	Value	Commentary / Actions
York Teaching Hospital NHS Foundation Trust – gap between contract and financial plan	(£4.00m)	This is the full value of the gap between contracted and financial plan values.
York Teaching Hospitals NHS Foundation Trust – other variance	(£6.48m)	The over spend on the YTHFT acute contract has continued.
Mental Health Out of Contract placements	(£2.15m)	The closure of Peppermill Court has led to an increase in out of contract mental health placements.
Ramsay and Nuffield Health	£1.46m	This is partly offset by an over spend on Orthopaedic planned activity at YTHFT.
Continuing Health Care	(£3.89m)	The forecast reflects a higher number of referrals year to date compared to 2015/16.
Funded Nursing Care	(£1.06m)	The full year impact of the increase to the national weekly FNC rate.
Systems Resilience Schemes	(£0.87m)	The full year impact of systems resilience schemes, which were not provided for in the financial plan.
Other acute contracts	(£2.29m)	Forecast overspends against all acute contracts except North Lincolnshire and Goole Hospitals NHS Trust. These include Leeds Teaching Hospitals NHS Trust (£0.60m), Hull and East Yorkshire Hospitals NHS Trust (£0.55m), Harrogate and District NHS Foundation Trust (£0.33m) and Mid Yorkshire Hospitals NHS Trust (£0.29m).
Tees, Esk and Wear Valleys NHS Foundation Trust	£0.29m	This includes a cost pressure of £0.67m relating to the closure of Bootham Park Hospital which is offset by a support agreement with TEWV relating to risk sharing the increased cost to the system over the last year in relation to the closure of Bootham.
Better Care Fund	£1.47m	Includes £0.61m of CYC risk and an estimate of system support from LA partners.
Primary Care Prescribing	£1.40m	Improved forecast as a result of October's prescribing being significantly lower than originally forecast and QIPPs performing in month.
Reserves (Better Care Fund - BCF)	(£1.59m)	This variance represents the year to date impact of the gap between the BCF agreed schemes and available funding. This is partly mitigated by the risk share with CYC.
Reserves (Other)	£1.54m	Includes £0.99m capital grant and £0.50m assumed system support and further mitigations.
Prior Year Balances	(£0.12m)	Payments relating to 2015/16 but not provided for at year end.
Contingency	£2.18m	0.5% contingency provided for in plan.
Unallocated QIPP	(£0.58m)	The full year value of the unallocated QIPP is £0.58m.
Other variances	(£0.06m)	
Total impact on forecast position	(£14.75m)	

5. Risks and mitigations

All previously reported risks and mitigations have been reviewed, and where expected to arise in 2016/17 they are now included in the forecast outturn position. There are therefore no further identified risks or mitigations to formally report to the forecast position reported at month 9.

6. Underlying Position

The underlying position has been subject to a full review with the NHS England Area Team. The underlying position reported at month 9 is detailed below.

Description	Value
Forecast Deficit at Month 9	(£28.10m)
Adjust for non-recurrent items in plan -	
Brought forward deficit	£6.30m
1% non-recurrent requirement	£4.34m
Continuing Health Care national risk pool	£0.40m
Other non-recurrent items in plan	(£0.85m)
Adjust for non-recurrent variances at Month 9 -	
Bootham Park Hospital closure cost pressure	£0.67m
Systems Resilience schemes	£0.87m
Year end system support	(£2.00m)
Prescribing year end adjustment	(£1.45m)
Capital grants	(£0.99m)
Other non-recurrent variances	(£0.16m)
Underlying financial position	(£20.97m)

7. Balance sheet / other financial considerations

There are no material concerns with the CCG's balance sheet as at 31st December 2016 and all key metrics (see page 1) are green.

8. QIPP programme

The QIPP forecast of £2.35m represents the latest assessment of the expected in-year delivery following the IP review with NHSE. Detailed PMO dashboards for each area are attached at Appendix 2.

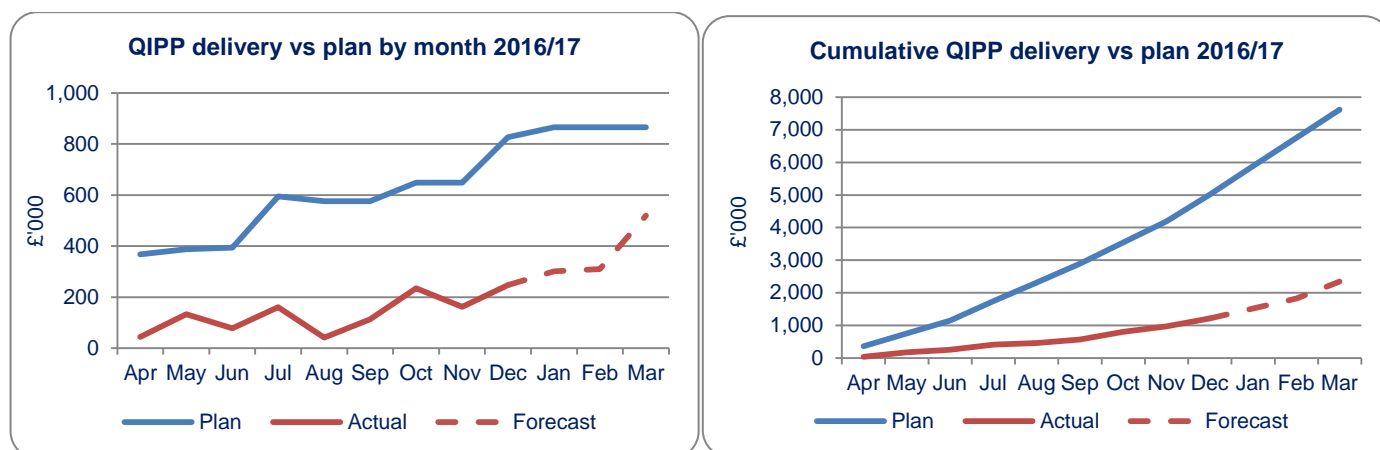
8a. QIPP progress table

Scheme Name	Ref	Planned start date	Year to Date		Forecast Outturn		Finance RAG rating	Comments
			Planned savings £000	Actual savings £000	Planned savings £000	Actual savings £000		
PRIMARY CARE								
Anti-Coagulation service	PC1	Nov-16	78	0	118	52	GA	
URGENT CARE								
Non Contracted Activity	U4	Jul-16	178	0	267	0	R	
Paediatric Zero Length of Stay	U1	Oct-16	17	0	34	34	GA	Savings expected from October but cannot evidence in Oct data due to outstanding AQN on Paediatric 0 LoS activity. To be updated when AQN resolved.
RightCare - Trauma & Injuries	U6	Oct-16	19	0	37	0	R	
RightCare - Circulation (Heart Disease)	U7	Oct-16	35	0	70	0	R	
ED Front Door	U2	Jul-16	61	0	91	0	R	
Urgent Care Practitioners	U3	Apr-16	76	84	76	84	G	FYE Apr-Jul, no further updates required
INTEGRATION AND COMMUNITY								
Review of community inpatient services	IC2	Dec-16	83	0	333	0	R	
Integrated Care Team Roll-out	IC1	Dec-16	95	0	378	0	A	
Community Equipment Procurement	IC3a	Dec-16	0	38	72	153	G	
Community Wheelchair Procurement	IC3b	Dec-16	0	27	46	109	G	
Community Diabetes	IC9	Apr-16	112	0	149	0	R	
Community IV	IC7	Jun-16	35	0	50	0	R	
Patient Transport - contracting review	IC5	May-16	67	96	92	131	G	
PRESCRIBING								
Branded generics	PS2	Jul-16	346	0	519	0	A	
Therapeutic switches	PS1a	Apr-16	300	386	400	512	GA	
Repeat prescriptions	PS1b	Oct-16	300	0	400	0	R	
Gluco Rx - Diabetic Prescribing	PS3	Jul-16	223	60	297	112	GA	
Minor Ailments Prescribing	PS7	Oct-16	100	0	138	0	R	
Continece & Stoma Care	PS4	Jul-16	25	0	38	0	GA	
SIP Feeds	PS6	Apr-16	90	131	120	188	G	
Dressings	PS5	Oct-16	31	13	63	33	GA	
Rebate Scheme	TBC1	Oct-16	0	0	0	41	GA	

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Scheme Name	Ref	Planned start date	Year to Date		Forecast Outturn		Finance RAG rating	Comments
			Planned savings £000	Actual savings £000	Planned savings £000	Actual savings £000		
PLANNED CARE								
DVT	PC3	Oct-16	8	0	17	0	R	
RightCare – Respiratory (COPD)	IC8	Oct-16	8	0	17	0	R	
Faecal Calprotectin	PC4	Oct-16	79	0	105	53	GA	
Dermatology Indicative Budgets	PC2	Apr-16	75	53	100	93	G	
High Cost Drugs & Devices Review	PL3	Apr-16	401	0	535	0	R	
YTHFT follow up ratio	PL13	Apr-16	527	0	703	0	R	
Biosimilar Etanercept (YTHFT)	PL5	Apr-16	215	104	287	163	GA	
Biosimilar Infliximab & Etanercept (LTH)	PL4	Apr-16	33	26	44	44	G	
RightCare - Diabetes	PL6	Oct-16	6	0	11	0	R	
RightCare - Orthopaedics	PL1	Oct-16	96	0	192	0	R	
ENT	PL2	Dec-16	39	0	58	0	R	
Thresholds – BMI and smoking	PL8	Jan-17	0	0	0	200	GA	
MENTAL HEALTH & CONTINUING HEALTHCARE								
Reduction in section 117 spend	M1	Apr-16	188	0	250	0	R	
Continence Supplies	C1	Sep-16	25	39	33	73	G	
Joint Funded CHC review	TBC8	Jan-17	0	0	0	0	A	
CHC review	C2	Apr-16	480	0	722	166	GA	
Respecification of May Lodge	C3	Oct-16	9	0	12	0	R	
RUNNING COSTS								
Running costs review & financial controls	B1	Apr-16	563	81	750	108	G	
Total identified QIPP			5,020	1,138	7,620	2,349		
Additional YTHFT schemes				0	4,000	0	R	
Unidentified QIPP				0	580	0	R	
Total QIPP requirement			5,020	1,138	12,200	2,349		

8b. QIPP delivery graphs



8c. QIPP report

The CCG is now forecasting delivery of £2.35m against the original QIPP plan, having predicted £2.90m in the IP. This is largely a result of two key issues:

- **Running Costs** - It has not been possible to maintain the running cost underspend of £731k, now predicted to be just £108k, as a result of the additional capacity and resource brought in in terms of consultancy and interim staff costs.
- **Non Contracted Activity (NCA)** - The forecast underspend on NCAs, £482k, has been removed based on the latest trends.

These have been off-set in part by improvements in some of the other QIPPs, most notably as a result of the threshold proposals of £75k.

The improvement plan identified a further £1.1m of medium to high risk further QIPP proposals:

- **Prescribing Waste Campaign** – Although active, the £0.3m targeted has been difficult to evidence given the nature of the scheme and the increase in overall prescribing costs. This will continue to be monitored and may still produce this saving.
- **Smoking Cessation Extension and Procedures of Limited Clinical Value** – The improvement in the threshold forecast above has taken into account what is deliverable against the £0.4m target following the delays in implementation. A one month delay equates to around a £300k saving.
- **Additional QIPP proposals** – Where these have been possible these have already been factored into the QIPP position above, but not at the £0.4m targeted in the IP.

The CCG's Senior Management Team has considered a further list of proposals targeting the shortfall of £1.6m. However, following further review and consideration including at the Clinical Executive the following proposals are all that remains to be actioned:

- **Cataract threshold** – This is being progressed with a more rapid implementation date targeting a £25k impact for a one month earlier start date.
- **Additional capital grants** – The CCG has submitted a number of capital grant proposals to NHSE, if these were to be successful it would improve the position by £282k
- **Alternative arrangements for interim staff costs** – A review of all interim arrangements and or alternative funding sources for some of the Running Cost commitments could improve the position by up to £182k, although it is likely that not all of this will be feasible

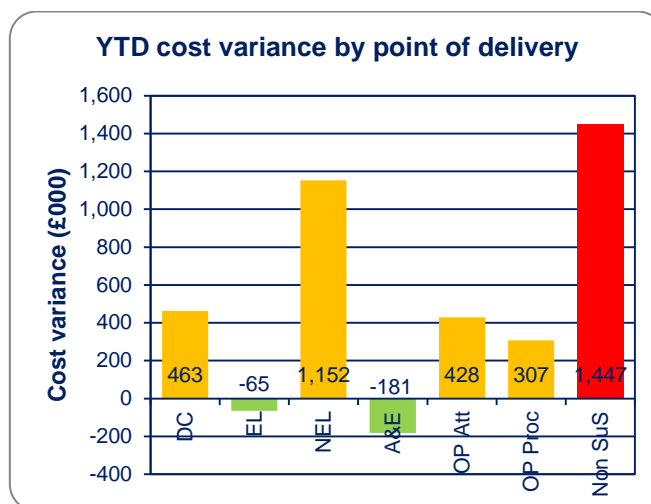
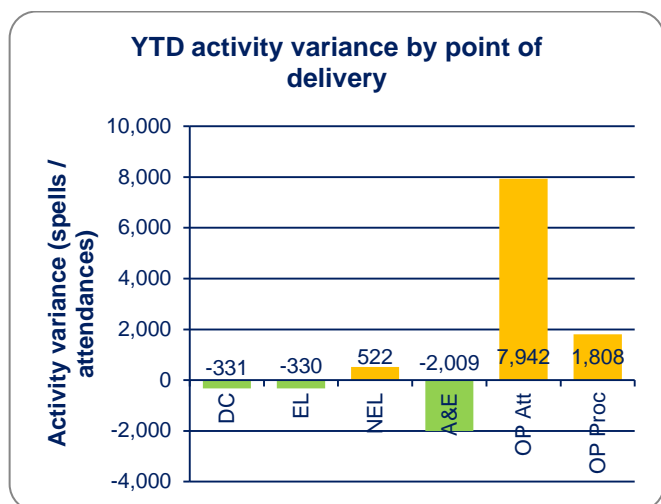
These schemes only close that gap by a maximum of £489k, which effectively means that the system ask requirement outlined in the IP increases.

9. Secondary Care activity

9a. York Teaching Hospital NHS Foundation Trust

The two graphs below show YTD activity and cost variance against plan by point of delivery (POD) with the CCG's main acute provider, YTHFT.

Year to date covers April to November data in line with acute activity data submissions.



Notes – April to October data is freeze, November is flex and may change when final freeze data is submitted. The cost graph excludes contract adjustments such as readmissions and marginal rate adjustments, penalties and CQUIN.

Non elective is over spent against plan by £1.15m, which corresponds to 2% above the activity plan. Outpatient procedures are 8% above plan with an over spend against plan of £0.31m and outpatient attendances are 6% above plan with an over spend of £0.43m. Accident and Emergency attendances are 4% below plan with an under-spend against plan of £0.18m. Non SUS expenditure is £1.45m above plan. This includes an over-spend of £0.29m on Critical Care, largely a result of one high cost patient, of which £0.30m of this was accrued at the 2015/16 year end as an incomplete spell, and has been released to offset the expenditure in 2016/17. Excluded drugs are £0.67m above plan which partly relates to the high cost drugs and devices QIPP of which £0.40m is not in delivery. Direct Access Diagnostics are £0.30m above plan.

9b. Contract challenges

The CCG are proceeding to NHSE/NHSI national arbitration with YTHFT over the three key contract challenges: Unbundled Rehab Bed Days, Ambulatory Care Unit and Sepsis.

The Trust had previously agreed to neutralise the impact of the Rehab Unbundled coding change which occurred in July 2016 (£2.6m). However as the CCG consider this a separate issue to the Heads of Terms adjustment, they have retracted this agreement and have submitted an arbitration case of £3m (full year effect). The Trust have also retracted their proposal for 50:50 on Sepsis.

The on-going challenge relating to Best Practice Heart Failure payments (£0.05m) has been concluded and YTHFT have agreed to remove this top-up payment from their data.

The stepped increase in zero length of stay Paediatric admissions has been investigated by the Trust. The Trust has assured the CCG that there haven't been any changes in pathways or coding, and the increase is therefore assumed to be a result of increased demand. Half of the admissions are referred by GP's and therefore the CCG intends to request a review in primary care to help to understand the reason why the stepped increase has occurred. This challenge is therefore closed with the Trust pending the outcome of the review.

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9c. Other secondary care providers

Other secondary care providers are showing a YTD over spend of £0.60m in the April to December financial position, however this is made up of an underspend on Ramsay and Nuffield contracts relating to planned Orthopaedic activity (£1.18m) and over spends on other acute contracts of £1.78m, detailed below.

	YTD Apr-Dec			Comments
	Plan	Actual	Variance	
Leeds Teaching Hospitals NHS Trust	6,749	7,249	(500)	Over trades in Non-Elective Care (£344k), Critical Care (£128k).
Hull and East Yorkshire Hospitals NHS Trust	1,683	2,097	(414)	Over trades in Elective Care (£127k) associated with high cost / low volume activity and Rehab Care (£81k).
Harrogate and District NHS Foundation Trust	1,218	1,437	(219)	Over trades across planned care (£198k). Relates to the fact that the 2016/17 plan did not capture an increasing trend in planned activity evident in the latter part of 2015/16.
Mid Yorkshire Hospitals NHS Trust	1,435	1,704	(269)	Over trades in Non-Elective Care (£76k) and an on-going long stay attendance in Critical Care (£115k).
South Tees NHS Foundation Trust	868	963	(95)	Over trades in Day Cases (£40k) and Non-Elective (£36k).
North Lincolnshire & Goole Hospitals NHS Trust	538	479	60	
Sheffield Teaching Hospitals NHS Foundation Trust	183	180	3	
Non-Contracted Activity	2,560	2,733	(174)	Planned QIPP on NCA expenditure of £178k YTD not in delivery.
Other Acute Commissioning	247	487	(240)	£359k impact of ED Front Door service provided by Yorkshire Doctors. Partly offset by reductions in A&E attendances at YTHFT.
Ramsay	6,784	5,811	973	Continuing under trade as a result increased T&O planned activity at YTHFT.
Nuffield Health	2,757	2,547	210	Continuing under trade as a result increased T&O planned activity at YTHFT.
Other Private Providers	824	760	64	
Total	25,846	26,447	(601)	

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Appendix 1 – Finance dashboard

	YTD Position			Forecast Outturn		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Commissioned Services						
Acute Services						
York Teaching Hospital NHS FT	134,648	142,279	(7,630)	180,500	190,983	(10,483)
Yorkshire Ambulance Service NHS Trust	9,671	9,671	(0)	12,895	12,895	0
Leeds Teaching Hospitals NHS Trust	6,749	7,249	(500)	8,965	9,569	(604)
Hull and East Yorkshire Hospitals NHS Trust	1,683	2,097	(414)	2,252	2,807	(554)
Harrogate and District NHS FT	1,218	1,437	(219)	1,630	1,956	(326)
Mid Yorkshire Hospitals NHS Trust	1,435	1,704	(269)	1,910	2,197	(288)
South Tees NHS FT	868	963	(95)	1,208	1,299	(91)
North Lincolnshire & Goole Hospitals NHS Trust	538	479	60	720	641	80
Sheffield Teaching Hospitals NHS FT	183	180	3	244	241	3
Non-Contracted Activity	2,560	2,733	(174)	3,383	3,615	(232)
Other Acute Commissioning	247	487	(240)	353	711	(359)
Ramsay	6,784	5,811	973	8,978	7,798	1,180
Nuffield Health	2,757	2,547	210	3,632	3,355	277
Other Private Providers	824	760	64	1,098	1,014	85
Systems Resilience	0	652	(652)	0	870	(870)
Sub Total	170,165	179,048	(8,883)	227,769	239,951	(12,182)
Mental Health Services						
Tees Esk and Wear Valleys NHS FT	28,829	29,261	(431)	38,439	38,148	291
Out of Contract Placements and SRBI	2,087	3,852	(1,765)	2,782	5,166	(2,384)
Non-Contracted Activity - MH	335	304	31	447	386	61
Other Mental Health	58	58	(0)	117	117	0
Sub Total	31,310	33,475	(2,165)	41,785	43,816	(2,031)
Community Services						
York Teaching Hospital NHS FT - Community	15,047	14,977	70	20,063	19,935	128
York Teaching Hospital NHS FT - MSK	1,211	1,193	18	1,665	1,616	49
Harrogate and District NHS FT - Community	3,332	3,284	48	4,325	3,976	349
Humber NHS FT - Community	776	776	0	1,035	1,035	0
Hospices	903	896	7	1,204	1,195	9
Longer Term Conditions	262	362	(99)	350	469	(119)
Other Community	138	297	(159)	184	666	(482)
Sub total	21,671	21,786	(115)	28,827	28,892	(65)
Other Services						
Continuing Care	17,041	20,326	(3,284)	22,588	26,475	(3,887)
Funded Nursing Care	2,841	3,652	(810)	3,788	4,846	(1,058)
Patient Transport - Yorkshire Ambulance Service NHS Trust	1,450	1,484	(34)	1,936	1,997	(61)
Voluntary Sector / Section 256	537	649	(112)	716	616	99
Non-NHS Treatment	627	580	47	826	763	62
NHS 111	566	569	(3)	754	757	(3)
Better Care Fund	9,012	8,791	222	12,058	10,588	1,470
Other Services	260	265	(5)	341	287	54
Sub total	32,335	36,315	(3,980)	43,007	46,330	(3,323)

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	YTD Position			Forecast Outturn		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Primary Care						
Primary Care Prescribing	37,329	37,486	(157)	49,518	48,124	1,395
Other Prescribing	243	359	(116)	324	471	(147)
Local Enhanced Services	1,306	1,117	189	1,755	1,470	286
Oxygen	174	191	(16)	233	253	(21)
Primary Care IT	787	853	(65)	1,050	1,147	(97)
Out of Hours	2,565	2,473	92	3,421	3,255	166
Other Primary Care	118	183	(66)	157	239	(82)
Sub Total	42,523	42,662	(139)	56,458	54,959	1,499
Primary Care Co-Commissioning	31,087	30,736	351	41,411	40,865	545
Running Costs	4,997	5,336	(339)	6,679	7,303	(624)
Trading Position	334,087	349,357	(15,270)	445,935	462,116	(16,181)
Prior Year Balances	0	307	(307)	0	119	(119)
Reserves	(930)	0	(930)	2,660	2,706	(46)
Contingency	1,632	0	1,632	2,177	0	2,177
Unallocated QIPP	(435)	0	(435)	(580)	0	(580)
Reserves	267	307	(40)	4,256	2,825	1,431
Financial Position	334,354	349,664	(15,310)	450,191	464,941	(14,750)
Surplus / (Deficit)	(10,009)	0	(10,009)	(13,346)	0	(13,346)
Overall Financial Position	324,345	349,664	(25,320)	436,845	464,941	(28,096)

Appendix 2 – QIPP PMO Dashboards

These are attached as separate documents.