

NHS Vale of York Clinical Commissioning Group Financial Performance Report

Report produced: December 2016

Financial Period: April to November 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	(8,897)	(22,158)	(13,261)	R ↓	(13,346)	(17,337)	(3,991)	R →
Programme expenditure does not exceed programme allocation	283,747	306,302	(22,555)	R ↓	429,320	447,503	(18,183)	R →
Running costs expenditure does not exceed running costs allocation	5,017	4,620	397	G ↓	7,525	6,679	846	G →
Risk adjusted deficit					(20,428)	(24,109)	(3,681)	R →
QIPP delivery (see section 5)	4,193	730	(3,464)	R ↓	12,200	2,078	(10,122)	R ↓
Better Payment Practice Code (Value)	95.00%	99.81%	4.81%	G	95.00%	>95%	0.00%	G
Better Payment Practice Code (Number)	95.00%	98.47%	3.47%	G	95.00%	>95%	0.00%	G
Cash balance at month end is within 1.5% of monthly drawdown	549	100	449	G				□
CCG cash drawdown does not exceed maximum cash drawdown					456,161	456,161	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 continues to report a forecast £24.11m risk adjusted deficit and recognise the risk associated with delivering this, detailed in section 5.
- In the Month 8 financial return to NHSE the CCG reported a year end deficit of £17.34m based on the assessment carried out in Month 6 and as part of the construction of the IP. This represents an adverse variance of £3.99m in comparison to the planned deficit of £13.35m and includes the brought forward deficit from 2015/16 of £6.30m, plus an in year deficit of £11.04m. This continues to be the subject of further review with NHSE.
- The year to date financial position is £13.26m worse than planned. This position includes several significant variances which are detailed in section 3.
- The QIPP forecast of £2.08m represents the latest assessment of the expected in-year delivery following the IP review with NHSE.
- The level of unmitigated risk over and above the forecast outturn is £6.77m. The risks and mitigations are detailed in section 5.

1. Red / Amber financial measures

- *'Achieve planned financial position'* – year to date programme expenditure is £13.26m higher than plan, and forecast outturn is £3.99m higher than the planned deficit.
- *'Programme expenditure does not exceed programme allocation'* – programme expenditure is forecast to be £18.18m higher than allocation. This is offset by a forecast underspend on running costs of £0.85m.
- *'Risk adjusted deficit'* – The CCG's risk adjusted deficit is forecast at £24.11m, which is £3.68m higher than the £20.43m risk adjusted outturn in the 2016/17 financial plan.
- *'QIPP delivery'* – Year to date QIPP delivery is 17.4% of plan, and forecast delivery is 17.0%. The forecast delivery includes the impact of the £4m baseline difference on the YTHFT contract.

2. Key Actions

- Following submission of the 2017/18 and 2018/19 draft financial plan, the CCG has held a 'confirm and challenge' process with NHSE. Executive, clinical and programme leads have reviewed, confirmed and agreed the financial planning assumptions and QIPP schemes in their respective work streams. This process was completed on 14th December and the resulting revisions to the financial plan reflected in the final submission on 23rd December.
- The CCG's Senior Management Team is developing additional QIPP proposals to off-set the slippage in the Improvement Plan target of £3.8m.
- The CCG finance team continue to work with NHSE to review the 2016/17 forecast deficit and the development of the 2017/18 and 2018/19 financial plan which, it has been agreed, will involve additional capacity to support the senior finance team over and above that which was already been in place until at least the end of the planning round.
- 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

Description	Value	Commentary / Actions
York Teaching Hospital NHS Foundation Trust – gap between contract and financial plan	(£2.67m)	This is identified within the forecast outturn. The contracting team continue to analyse the position and issue challenges where appropriate. Any further reduction of this pressure is likely to require further demand management proposals and these are being considered by the Governing Body.

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Description	Value	Commentary / Actions
York Teaching Hospital NHS Foundation Trust – other variance	(£4.00m)	The over spend on the YTHFT acute contract has continued. Year to date Orthopaedic planned activity is £0.90m above plan offset by underspends on the Ramsay and Nuffield contracts of £1.32m. This position is adjusted for £2.58m of challenges which are detailed in Section 9b.
Continuing Health Care	(£2.84m)	There continues to be a higher number of referrals compared to the same period in 2015/16.
Other Acute contracts	(£1.49m)	There are overspends against all acute contracts with the exception of North Lincolnshire and Goole Hospitals NHS Trust. These include Leeds Teaching Hospitals NHS Trust (£0.43m), Hull and East Yorkshire Hospitals NHS Trust (£0.34m), Mid Yorkshire Hospitals NHS Trust (£0.22m) and Harrogate and District NHS Foundation Trust (£0.19m).
Mental Health Out of Contract placements	(£1.39m)	The closure of Peppermill Court has led to an increase in out of contract placements.
Ramsay and Nuffield Health	£1.32m	This is partly offset by an over spend on Orthopaedic planned activity at YTHFT.
Funded Nursing Care (FNC)	(£0.71m)	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.
Reserves (Better Care Fund - BCF)	(£0.71m)	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.
Primary Care Prescribing	(£0.58m)	Prescribing QIPP schemes were in plan at £1.23m for April to November, delivery is estimated at £0.34m (based on prescribing data for Apr to Sep and estimates delivery for Oct to Nov).
Systems Resilience Schemes	(£0.57m)	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	(£0.40m)	The cost pressure relating to the closure of Bootham Park Hospital and the requirement for an interim solution.
Prior Year Balances	(£0.31m)	Payments relating to 2015/16 but not provided for at year end.
Unallocated QIPP	(£0.39m)	Full year value of the unallocated QIPP is £0.58m.
Contingency	£1.45m	0.5% contingency provided for in plan.
Other variances	£0.03m	
Total impact on YTD position	(£13.26m)	

4. Forecast Outturn

The CCG's forecasting outturn is £3.99m 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.
Mental Health Out of Contract placements	(£1.64m)	The closure of Peppermill Court has led to an increase in out of contract mental health placements.
Funded Nursing Care	(£0.93m)	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	£0.80m	Forecast underspends across other acute contracts (i.e. excluding YTHFT).
Tees, Esk and Wear Valleys NHS Foundation Trust	(£0.40m)	Cost pressure from closure of Bootham Park Hospital and the need for an interim solution.
Prior Year Balances	(£0.31m)	Payments relating to 2015/16 but not provided for at year end.
Contingency	£2.18m	0.5% contingency provided for in plan.
Other variances	£1.18m	
Total impact on forecast position	(£3.99m)	

5. Risks and mitigations

The following risks and mitigations to delivery of the CCG's financial plan were reported in the Month 8 Non-ISFE return to NHSE based largely on the position at month 8 and the IP as follows. Net risk is reported at £6.77m which combined with the CCG's forecast outturn gives a risk adjusted forecast deficit of £24.11m. A detailed table of risks and mitigations is presented in Appendix 2.

Risks

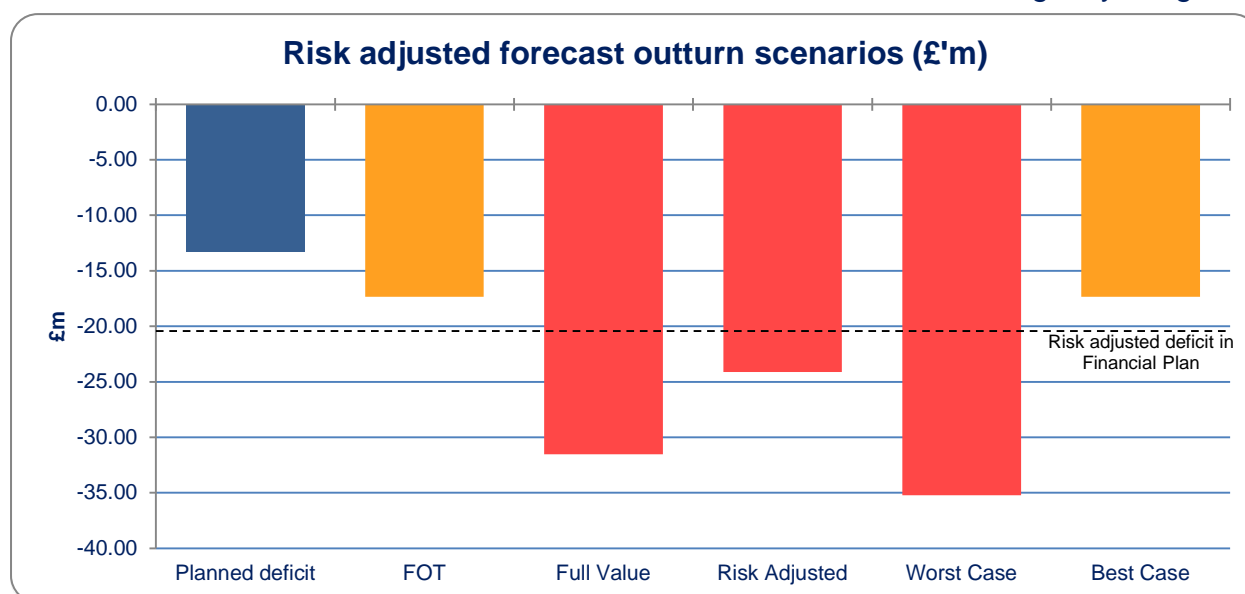
Description	Estimated Value	Commentary
QIPP under delivery	£6.33m	All schemes have been individually risk assessed following the development of the IP, this is the cumulative position. Assumed delivery in the CCG's forecast outturn is £8.20m, reported risk adjusted delivery is therefore £2.08m.
Continuing Health Care	£1.54m	Continuation of year to date expenditure trend
YTHFT Acute Contract	£0.92m	Actual activity levels above those planned.
Better Care Fund additional efficiencies not delivered	£1.04m	Efficiencies related to BCF schemes required to meet the BCF funding gap are £1.23m. These are currently forecast to deliver £0.19m.
Other risks	£0.54m	
Total	£10.37m	

Mitigations and contingencies

Description	Estimated Value	Commentary
Prescribing schemes	£1.92m	Additional opportunities to reduce prescribing spend including maximising national price adjustments and repeat prescriptions. Finance and prescribing leads are working closely to identify and release savings.
Risk share with CYC on joint / CYC led schemes under section 75	£0.52m	50:50 split of risk with City of York Council off non-delivery of additional BCF savings as per S75 agreement.
Other mitigations	£1.16m	
Total	£3.60m	

The following graph shows potential risk adjusted outturn based on the following scenarios. These are in line with the risk adjusted positions used by NHSE.

- FOT – forecast outturn at Month 6
- Risk adjusted – full value – applies risks and mitigations without probability weighting
- Risk adjusted – probable – applies risks and mitigations with probability weighting
- Worst case – assumes all risks materialise and only uncommitted contingency mitigates
- Best case – assumes no risks materialise and uncommitted contingency mitigates



6. Underlying Position

The underlying position is currently being reviewed with NHSE as part of the construction of the detailed financial plan. The detail behind this position will therefore be reviewed and agreed separately to this report as part of the associated approval process.

7. Balance sheet / other financial considerations

There are no material concerns with the CCG's balance sheet as at 30th November 2016 and all key metrics (see page 1) are green.

8. QIPP programme

The QIPP forecast of £2.08m represents the latest assessment of the expected in-year delivery following the IP review with NHSE.

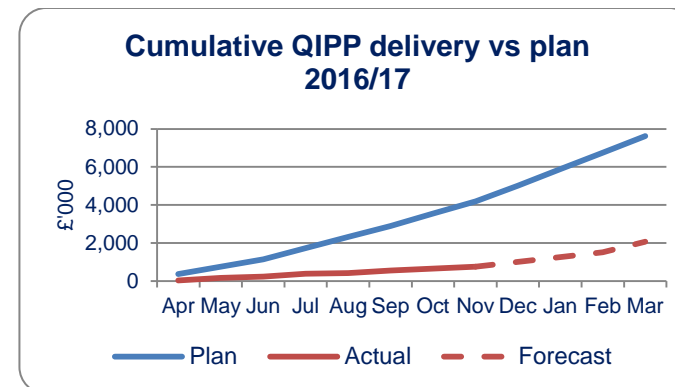
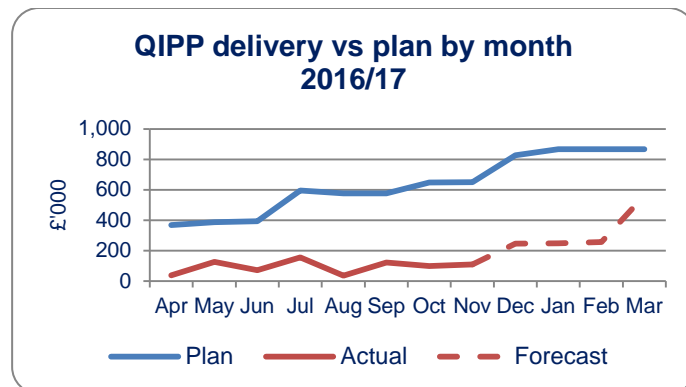
8a. QIPP progress table

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								
DVT	PC3	Oct-16	6	0	17	0	R	
Anti-Coagulation service	PC1	Nov-16	65	0	118	52	GA	
URGENT CARE								
Non Contracted Activity	U4	Jul-16	148	0	267	0	R	
Paediatric Zero Length of Stay	U1	Oct-16	11	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	12	0	37	0	R	
RightCare - Circulation (Heart Disease)	U7	Oct-16	23	0	70	0	R	
ED Front Door	U2	Jul-16	51	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	0	0	333	0	R	
Integrated Care Team Roll-out	IC1	Dec-16	0	0	378	0	A	
Community Equipment Procurement	IC3a	Dec-16	0	0	72	136	G	
Community Wheelchair Procurement	IC3b	Dec-16	0	0	46	87	G	
RightCare - Respiratory (COPD)	IC8	Oct-16	6	0	17	0	R	
Community Diabetes	IC9	Apr-16	99	0	149	0	R	
Community IV	IC7	Jun-16	30	0	50	0	R	
Patient Transport - contracting review	IC5	May-16	58	83	92	128	G	
PRESCRIBING								
Branded generics	PS2	Jul-16	288	0	519	0	A	
Therapeutic switches	PS1a	Apr-16	267	219	400	330	GA	
Repeat prescriptions	PS1b	Oct-16	267	0	400	0	R	
Gluco Rx - Diabetic Prescribing	PS3	Jul-16	198	18	297	87	GA	
Minor Ailments Prescribing	PS7	Oct-16	88	0	138	0	R	
Continence & Stoma Care	PS4	Jul-16	21	0	38	0	GA	
SIP Feeds	PS6	Apr-16	80	95	120	143	G	
Dressings	PS5	Oct-16	21	11	63	47	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								
Faecal Calprotectin	PC4	Oct-16	70	0	105	53	GA	
Dermatology Indicative Budgets	PC2	Apr-16	66	53	100	93	G	
High Cost Drugs & Devices Review	PL3	Apr-16	357	0	535	0	R	
YTHFT follow up ratio	PL13	Apr-16	469	0	703	0	R	
Biosimilar Etanercept (YTHFT)	PL5	Apr-16	192	91	287	179	GA	
Biosimilar Infliximab & Etanercept (LTH)	PL4	Apr-16	29	26	44	44	G	
RightCare - Diabetes	PL6	Oct-16	4	0	11	0	R	
RightCare - Orthopaedics	PL1	Oct-16	64	0	192	0	R	
ENT	PL2	Dec-16	32	0	58	0	R	
POLCV - Hips & Knees	PL8	Jan-17	0	0	0	300	GA	
MENTAL HEALTH & CONTINUING HEALTHCARE								
Reduction in section 117 spend	M1	Apr-16	167	0	250	0	R	
Continence Supplies	C1	Sep-16	22	22	33	33	G	
Joint Funded CHC review	TBC8	Jan-17	0	0	0	0	A	
CHC review	C2	Apr-16	400	0	722	166	GA	
Respecification of May Lodge	C3	Oct-16	8	0	12	0	R	
RUNNING COSTS								
Running costs review & financial controls	B1	Apr-16	500	29	750	43	G	
Total identified QIPP			4,193	730	7,620	2,078		
Additional YTHFT schemes				0	4,000	0	R	
Unidentified QIPP				0	580	0	R	
Total QIPP requirement			4,193	730	12,200	2,078		

8b. QIPP delivery graphs



8c. QIPP report

The CCG is now forecasting delivery of £2.1m against the original QIPP plan, having predicted £2.9m 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 £43k, 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 £175k.

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

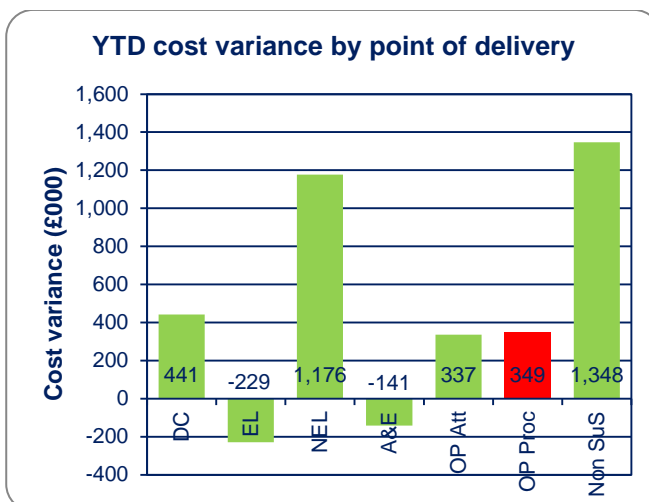
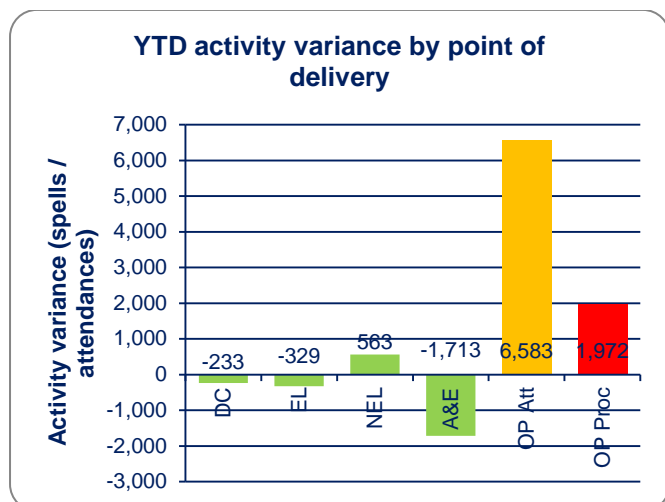
These schemes only close that gap by a maximum of £489k, which effectively means that the system ask requirement outlined in the IP increases.

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.

Variances are shown as red when they are 10% or more above plan, amber where 5-10% above plan and green where less than 5% above plan or below plan. RAG ratings are under review to ensure they accurately reflect key risk areas. Changes will be incorporated in future reports. Year to date covers April to August data in line with acute activity data submissions.



Notes – April to September data is freeze, October 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.

Outpatient procedures are 10% above plan with an over spend against plan of £0.35m. Accident and Emergency attendances are 4% below plan with an under-spend against plan of £0.14m. Non SUS expenditure is £1.35m above plan. This includes an over spend of £0.13m 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 £0.72m above plan which partly relates to the high cost drugs and devices QIPP of which £0.36m is not in delivery.

9b. Contract challenges

Resolved Challenges – Rehabilitation Bed Days and Heart Failure

Contract queries valued at £2.6m have been formally raised with YTHFT relating to April to October activity. £1.6m relates to Rehabilitation Bed Days to neutralise the change to coding impact for Rehabilitation Bed Days. The Trust accepts the principle of this adjustment, but is still to confirm whether or not they agree with the methodology to calculate the impact. 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.

Outstanding Challenges – Sepsis

An Activity Query Notice (AQN) has been raised in relation to the stepped change in admissions relating to Septicaemia. A clinical review meeting has taken place where the Trust demonstrated how CPD, the electronic clinical reporting system, is being used to proactively support the identification of suspected Sepsis to ensure patients are rapidly screened and potentially diagnosed and treated effectively. The national contract protects Commissioners against significant stepped increases in activity due to changes in pathways or coding without prior notification so an adjustment has been assumed to the trading position.

Outstanding Challenges – Ambulatory Care

A further AQN was raised with YTHFT relating to a stepped increase in non elective admissions following the implementation of the Ambulatory Care Unit (ACU). This issue was raised with YTHFT earlier in the year and it was found that some Ambulatory Care attendances were being included in the inpatient dataset and being charged as non-elective admissions or day cases. This was corrected. Further analysis shows that the expected reduction in admissions following the opening of the unit has not materialised as intended therefore further investigations are required to resolve remaining issues. There is an agreement in principle to review the costing model of the ACU and therefore a further adjustment to the trading position remains outstanding.

Outstanding Challenges – Paediatric Zero Length of Stay

Whilst undertaking the ACU analysis, a stepped change in zero length of stay for Paediatric admissions was identified at around the same time as the ACU was opened. The Trust has undertaken an investigation into the reasons why. There is no obvious reason for the increase but the Trust have assured the CCG that they have not changed any pathways. Further investigation is required to determine the reason for the increase and the CCG is now also looking at the primary care part of the pathway.

9c. Other secondary care providers

Other secondary care providers are showing a YTD over spend of £0.13m in the April to November financial position, however this is made up of an underspend on Ramsay and Nuffield contracts relating to planned Orthopaedic activity (£1.32m) and over spends on other acute contracts of £1.45m, detailed below.

	YTD Apr-Nov			Comments
	Plan	Actual	Variance	
Leeds Teaching Hospitals NHS Trust	6,039	6,472	(434)	Over trades in Non-Elective Care (£294k), Critical Care (£174k) of which approx. £70k relates to prior years pressures and £111k associated with a high cost drug cost pressure
Hull and East Yorkshire Hospitals NHS Trust	1,505	1,840	(335)	Over trades in Elective Care (£134k) associated with high cost / low volume activity and Rehab Care (£81k).
Harrogate and District NHS Foundation Trust	1,087	1,280	(192)	Over trades across planned care (£181k). 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	1,276	1,493	(218)	Over trades in Non-Elective Care (£80k) and an on-going long stay attendance in Critical Care (£82k).
South Tees NHS Foundation Trust	765	822	(57)	Non-Elective over trade (£31k).
North Lincolnshire & Goole Hospitals NHS Trust	483	444	39	
Sheffield Teaching Hospitals NHS Foundation Trust	163	166	(4)	
Non-Contracted Activity	2,285	2,395	(110)	Planned QIPP on NCA expenditure of £148k YTD not in delivery.
Other Acute Commissioning	212	411	(199)	£183k impact of ED Front Door service provided by Yorkshire Doctors. Offset by reductions in A&E attendances at YTHFT.
Ramsay	6,121	5,125	996	Continuing under trade as a result increased T&O planned activity at YTHFT.
Nuffield Health	2,487	2,165	323	Continuing under trade as a result increased T&O planned activity at YTHFT.
Other Private Providers	732	670	62	
Total	23,155	23,284	(129)	

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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	120,137	126,786	(6,648)	180,500	184,500	(4,000)
Yorkshire Ambulance Service NHS Trust	8,597	8,597	(0)	12,895	12,895	0
Leeds Teaching Hospitals NHS Trust	6,039	6,472	(434)	8,965	9,515	(549)
Hull and East Yorkshire Hospitals NHS Trust	1,505	1,840	(335)	2,252	2,492	(239)
Harrogate and District NHS FT	1,087	1,280	(192)	1,630	1,919	(289)
Mid Yorkshire Hospitals NHS Trust	1,276	1,493	(218)	1,910	2,046	(136)
South Tees NHS FT	765	822	(57)	1,208	1,337	(128)
North Lincolnshire & Goole Hospitals NHS Trust	483	444	39	720	617	104
Sheffield Teaching Hospitals NHS FT	163	166	(4)	244	244	0
Non-Contracted Activity	2,285	2,395	(110)	3,383	3,390	(7)
Other Acute Commissioning	212	411	(199)	353	787	(434)
Ramsay	6,121	5,125	996	8,978	7,181	1,797
Nuffield Health	2,487	2,165	323	3,632	3,010	623
Other Private Providers	732	670	62	1,098	1,040	58
Systems Resilience	0	574	(574)	0	866	(866)
Sub Total	151,889	159,240	(7,351)	227,769	231,836	(4,068)
Mental Health Services						
Tees Esk and Wear Valleys NHS FT	25,626	26,054	(428)	38,439	38,844	(405)
Out of Contract Placements and SRBI	1,855	3,351	(1,496)	2,782	4,523	(1,741)
Non-Contracted Activity - MH	298	264	34	447	314	133
Other Mental Health	39	39	(0)	117	117	0
Sub Total	27,818	29,709	(1,891)	41,785	43,798	(2,013)
Community Services						
York Teaching Hospital NHS FT - Community	13,375	13,324	52	20,063	19,939	124
York Teaching Hospital NHS FT - MSK	1,055	1,036	19	1,665	1,621	44
Harrogate and District NHS FT - Community	2,962	3,131	(169)	4,325	4,373	(48)
Humber NHS FT - Community	690	690	0	1,035	1,035	0
Hospices	803	797	6	1,204	1,195	9
Longer Term Conditions	233	317	(84)	350	356	(6)
Other Community	123	166	(43)	184	233	(49)
Sub total	19,241	19,460	(219)	28,827	28,753	74
Other Services						
Continuing Care	15,192	18,029	(2,836)	22,588	22,588	0
Funded Nursing Care	2,526	3,232	(706)	3,788	4,713	(925)
Patient Transport - Yorkshire Ambulance Service NHS Trust	1,288	1,309	(21)	1,936	1,958	(22)
Voluntary Sector / Section 256	477	475	2	716	714	1
Non-NHS Treatment	561	518	43	826	763	63
NHS 111	503	506	(4)	754	759	(5)
Better Care Fund	7,997	7,871	126	12,058	11,669	389
Other Services	233	211	22	341	263	78
Sub total	28,777	32,152	(3,374)	43,007	43,428	(420)

NHS Vale of York Clinical Commissioning Group Financial Performance Report

	YTD Position			Forecast Outturn		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Primary Care						
Primary Care Prescribing	32,889	33,473	(584)	49,518	49,083	436
Other Prescribing	216	314	(98)	324	509	(185)
Local Enhanced Services	1,157	1,060	96	1,755	1,669	86
Oxygen	155	171	(16)	233	246	(13)
Primary Care IT	700	747	(47)	1,050	1,141	(91)
Out of Hours	2,280	2,185	95	3,421	3,251	170
GP Innovation Fund	105	179	(74)	157	268	(111)
Sub Total	37,501	38,129	(628)	56,458	56,167	291
Primary Care Co-Commissioning	27,640	27,305	335	41,411	40,922	488
Running Costs	4,441	4,620	(179)	6,679	6,679	0
Trading Position	297,308	310,615	(13,307)	445,935	451,583	(5,648)
Prior Year Balances	0	307	(307)	0	307	(307)
Reserves	(711)	0	(711)	2,660	2,872	(212)
Contingency	1,451	0	1,451	2,177	0	2,177
Unallocated QIPP	(387)	0	(387)	(580)	(580)	0
Reserves	353	307	46	4,256	2,599	1,658
Financial Position	297,661	310,922	(13,261)	450,191	454,182	(3,991)
Surplus / (Deficit)	(8,897)	0	(8,897)	(13,346)	0	(13,346)
Overall Financial Position	288,764	310,922	(22,158)	436,845	454,182	(17,337)

Appendix 2 – Risks and Mitigations (full table)

Risks	Recurrent / Non-Recurrent	Current Month			Previous Month			Trend
		Full value £'m	Probability	Probable value £'m	Full value £'m	Probability	Probable value £'m	
Difference in baseline growth assumptions. Contract signed at CCG level, which is lower than YTHFT.	Recurrent	3.43	27%	0.92	3.45	50%	1.72	
Increased activity on other acute contracts	Recurrent	0.71	25%	0.18	0.00	0%	0.00	
		4.14	26%	1.10	3.45	50%	1.72	
Special School Nursing withdrawal of service by CYC	Recurrent	0.10	75%	0.08	0.10	75%	0.08	
		0.10	75%	0.08	0.10	75%	0.08	
High cost patient - dispute with Warrington CCG	Recurrent	0.13	25%	0.03	0.13	25%	0.03	
Alternative provision costs for interim Bootham park replacement 16/17	Non recurrent	0.27	100%	0.27	0.40	67%	0.27	
		0.40	75%	0.30	0.53	56%	0.30	
Continuation of year to date expenditure trend	Recurrent	3.84	40%	1.54	3.06	75%	2.29	
CHC inflationary uplift and actual cost of care exercise	Recurrent	0.00	0%	0.00	0.41	50%	0.21	
		3.84	40%	1.54	3.47	72%	2.50	
QIPP included in plan is £12.20m, of which £8.18m is not forecast to deliver. £4.00m of this is now recognised in the QIPP included in plan is £12.2m, current schemes are forecast to deliver at £2.08m	Recurrent	6.12	100%	6.12	4.18	82%	3.42	
	Non recurrent	2.08	10%	0.21	4.02	53%	2.13	
		8.20	77%	6.33	8.20	68%	5.55	
BCF - Care Act implementation in NYCC.	Recurrent	0.00	0%	0.00	0.36	100%	0.36	
BCF - Additional efficiencies not delivered	Recurrent	1.23	84%	1.04	1.22	56%	0.68	
		1.23	84%	1.04	1.58	66%	1.04	
Total		17.90		10.37	17.33		11.19	

Mitigations	Recurrent / Non-Recurrent	Current Month			Previous Month			Trend
		Full value £'m	Probability	Probable value £'m	Full value £'m	Probability	Probable value £'m	
Risk share with CYC on joint/CYC led schemes under s75	Non recurrent	0.61	84%	0.52	0.61	56%	0.34	
		0.61	84%	0.52	0.61	56%	0.34	
Reduce out of hospital spend e.g. BCF schemes, community Selby Hub	Recurrent	0.00	0%	0.00	0.86	17%	0.15	
	Recurrent	0.10	100%	0.10	0.10	100%	0.10	
		0.10	100%	0.10	0.96	26%	0.25	
Risk share with TEVV on Mental Health Out of Contract costs	Recurrent	0.00	0%	0.00	1.19	75%	0.89	
Prescribing schemes	Non-	1.50	100%	1.50	1.50	100%	1.50	
Category M price changes made recurrent	Recurrent	0.42	100%	0.42	0.38	100%	0.38	
		1.92	100%	1.92	3.06	90%	2.77	
Allocation adjustment from CYC for Special School Nursing	Recurrent	0.10	75%	0.08	0.10	75%	0.08	
Capital	Non recurrent	0.99	100%	0.99	0.99	100%	0.99	
		1.09	98%	1.07	1.09	98%	1.07	
Total		3.72		3.60	5.72		4.42	

Net risk		14.18		6.77	11.61		6.77	
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