

NHS Vale of York Clinical Commissioning Group Financial Performance Report

Report produced: November 2016

Financial Period: April to October 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	(7,785)	(16,888)	(9,103)	R ↓	(13,346)	(17,337)	(3,991)	R →
Programme expenditure does not exceed programme allocation	247,903	265,226	(17,323)	R ↓	429,624	447,807	(18,183)	R →
Running costs expenditure does not exceed running costs allocation	4,390	3,955	435	G ↑	7,525	6,679	846	G →
Risk adjusted deficit					(20,428)	(24,110)	(3,682)	R →
QIPP delivery (see section 8)	3,544	687	(2,858)	R ↓	12,200	2,273	(9,927)	R ↓
Better Payment Practice Code (Value)	95.00%	99.90%	4.90%	G	95.00%	>95%	0.00%	G
Better Payment Practice Code (Number)	95.00%	98.43%	3.43%	G	95.00%	>95%	0.00%	G
Cash balance at month end is within 1.5% of monthly drawdown	538	135	403	G				
CCG cash drawdown does not exceed maximum cash drawdown					449,767	449,767	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 submitted an Improvement Plan (IP) to NHS England (NHSE) in line with the Directions on 6th October. The CCG has developed a draft Medium Term Financial Strategy and the first draft of the 2017-2019 Financial Plan was submitted to NHSE on 1st November in line with the national timetable, with a more detailed draft due for submission on 24th November. These will set out the actions required to operate within the CCG's annual budget for the financial year 2017/18 and thereafter.
- The CCG continues to report a £24.1m risk adjusted deficit, which was identified in the IP. The IP outlined a number of measures to deliver the planned deficit of £13.3m in 2016/17. In agreement with NHSE this forecast has not been reported at Month 7 as they remain high risk.
- In the Month 7 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 £9.10m worse than planned. This position includes several significant variances which are detailed in section 3.
- The QIPP forecast of £2.27m 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 £9.10m 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.
- *'QIPP delivery'* – Year to date QIPP delivery is 19.3% of plan, and forecast delivery is 18.6%. This includes the impact of the £4m baseline difference on the YTHFT contract.

2. Key Actions

- The CCG finance team are working with NHSE to review of the 2016/17 forecast deficit and the recurrent underlying financial position which forms the start point for the 2017/18 financial plan. NHSE will continue to work with the CCG throughout 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 will provide the basis on which to build in planning assumptions outlined in NHSE guidance for 2017/18. The deadline for contract signature with providers and final submission of the financial plan is 23rd December, with a detailed draft financial plan due on 24th November.
- 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 the detailed contract management processes with York Teaching Hospital NHS Foundation Trust (YTHFT) has been agreed with NHSE and will be 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	(£2.33m)	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.
York Teaching Hospital NHS Foundation Trust – other variance	(£2.05m)	The over spend on the YTHFT acute contract has continued. Year to date Orthopaedic planned activity is £0.78m above plan offset by underspends on the Ramsay and Nuffield contracts of £1.22m.
Continuing Health Care	(£2.47m)	There continues to be a higher number of referrals compared to the same period in 2015/16.
Ramsay and Nuffield Health	£1.22m	This is partly offset by an over spend on Orthopaedic planned activity at YTHFT.
Mental Health Out of Contract placements	(£1.13m)	The closure of Peppermill Court has led to an increase in out of contract placements.
Funded Nursing Care (FNC)	(£0.62m)	The national rate for FNC has been increased from

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		£112 per week to £156 per week. The financial plan only provided for an increase to £117 per week.
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.
Systems Resilience Schemes	(£0.50m)	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.
Reserves (Better Care Fund - BCF)	(£0.41m)	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	(£0.34m)	Full year value of the unallocated QIPP is £0.58m.
Contingency	£1.27m	0.5% contingency provided for in plan.
Other variances	(£1.03m)	
Total impact on YTD position	(£8.29m)	

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 Peppercourt has led to an increase in out of contract mental health placements.
Funded Nursing Care	(£0.92m)	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	£1.17m	
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 7 Non-ISFE return to NHSE based largely on the position in the Month 6 and IP as follows. A detailed table of risks and mitigations is presented in Appendix 2.

Risks

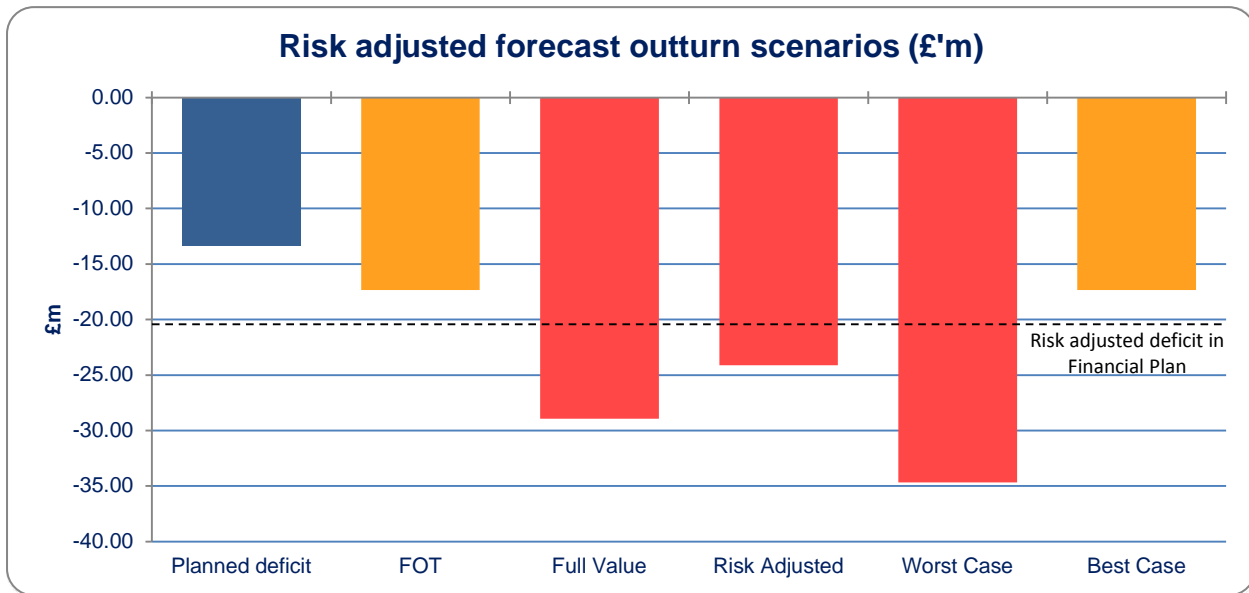
Description	Estimated Value	Commentary
QIPP under delivery	£5.55m	All schemes have been individually risk assessed following the development of the IP, this is the cumulative position. Assumed delivery in the CCG's forecast outturn is £8.20m, reported risk adjusted delivery is therefore £2.65m.
YTHFT Acute Contract	£1.72m	Actual activity levels above those planned.
Continuing Health Care	£2.29m	Continuation of year to date expenditure trend
Other risks	£1.63m	
Total	£11.19m	

Mitigations and contingencies

Description	Estimated Value	Commentary
Prescribing schemes	£1.88m	Additional opportunities to reduce prescribing spend including maximising national price adjustments and repeat. Finance and prescribing leads are working closely to identify and release savings.
Risk share with CYC on joint / CYC led schemes under section 75	£0.34m	50:50 split of risk with City of York Council off non-delivery of additional BCF savings as per S75 agreement.
Other mitigations	£2.20m	
Total	£4.42m	

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 31st October 2016 and all key metrics (see page 1) are green.

8. QIPP programme

The QIPP forecast of £2.27m represents the latest assessment of the expected in-year delivery following the IP review with NHSE.

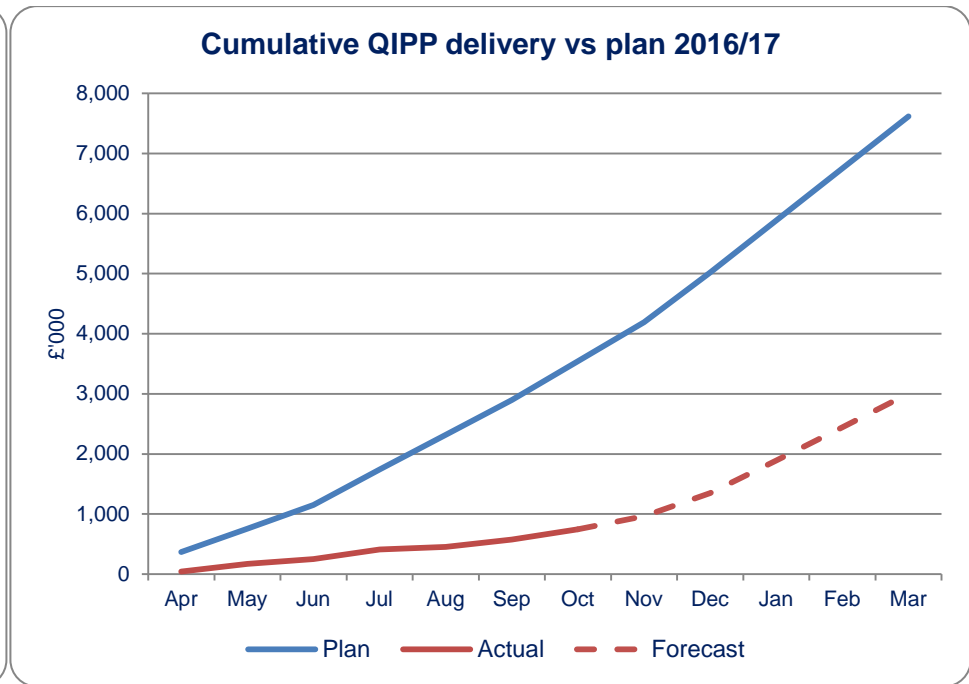
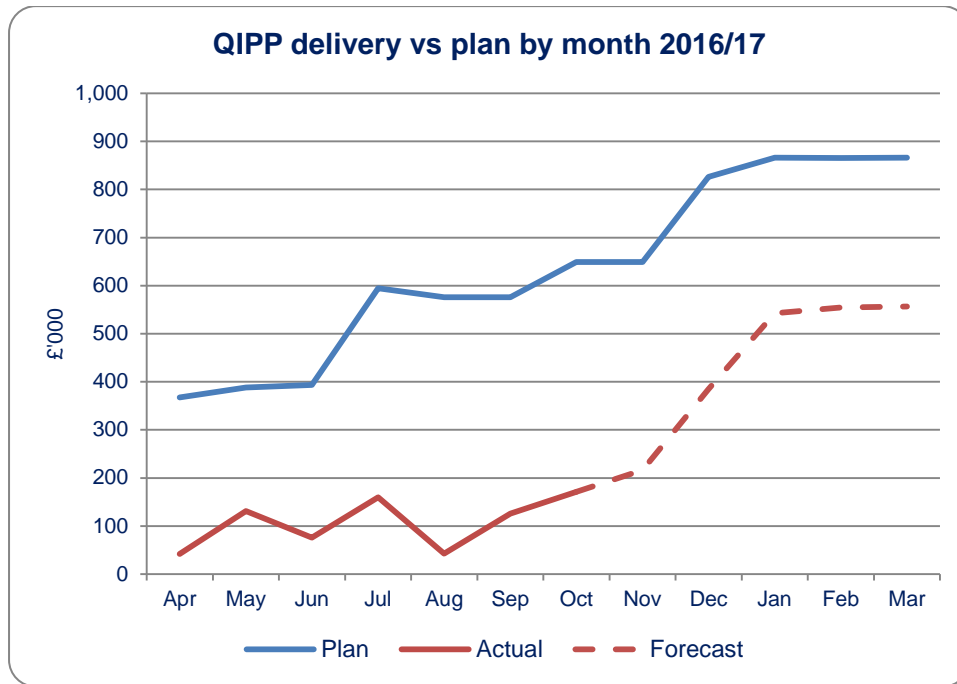
8a. QIPP progress table

Scheme Name	Ref	Planned start date	Year to Date		Outturn		Finance RAG rating	Comments
			Planned savings £000	Actual savings £000	Planned savings £000	Actual savings £000		
PRIMARY CARE								
DVT	PC3	Oct-16	3	0	17	0	R	
Anti-Coagulation service	PC1	Nov-16	52	0	118	52	GA	
URGENT CARE								
Non Contracted Activity	U4	Jul-16	119	0	267	0	R	
Paediatric Zero Length of Stay	U1	Oct-16	6	0	34	34	GA	
RightCare - Trauma & Injuries	U6	Oct-16	6	0	37	0	R	
RightCare - Circulation (Heart Disease)	U7	Oct-16	12	0	70	0	R	
ED Front Door	U2	Jul-16	41	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	
Wheelchairs & Community Equipment	IC3	Dec-16	0	0	118	222	G	
RightCare - Respiratory (COPD)	IC8	Oct-16	3	0	17	0	R	
Community Diabetes	IC9	Apr-16	87	0	149	0	R	No further savings expected following meeting with Trust 28/09. Contracting to carry out full review of Diabetes service to clarify impact of CDT
Community IV	IC7	Jun-16	25	0	50	0	R	
Patient Transport - contracting review	IC5	May-16	50	76	92	138	G	
PRESCRIBING								
Branded generics	PS2	Jul-16	231	0	519	0	A	
Therapeutic switches	PS1a	Apr-16	233	178	400	305	GA	
Repeat prescriptions	PS1b	Oct-16	233	0	400	0	R	
Gluco Rx - Diabetic Prescribing	PS3	Jul-16	173	15	297	102	GA	
Minor Ailments Prescribing	PS7	Oct-16	75	0	138	0	R	
Continence & Stoma Care	PS4	Jul-16	17	0	38	48	GA	
SIP Feeds	PS6	Apr-16	70	100	120	190	G	
Dressings	PS5	Oct-16	10	12	63	50	GA	
Rebate Scheme	TBC1	Oct-16	0	0	0	100	GA	

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Scheme Name	Ref	Planned start date	Year to Date		Outturn		Finance RAG rating	Comments
			Planned savings £000	Actual savings £000	Planned savings £000	Actual savings £000		
PLANNED CARE								
Faecal Calprotectin	PC4	Oct-16	61	0	105	53	GA	
Dermatology Indicative Budgets	PC2	Apr-16	58	45	100	85	G	
High Cost Drugs & Devices Review	PL3	Apr-16	312	0	535	0	R	
YTHFT follow up ratio	PL13	Apr-16	410	0	703	0	R	
Biosimilar Etanercept (YTHFT)	PL5	Apr-16	168	78	287	209	GA	Raised with the Trust at F&A group 28/09. Savings are higher than shown in SLAM data, awaiting full break down and update to SLAM values so QIPP achieved is expected to increased.
Biosimilar Infliximab & Etanercept (LTH)	PL4	Apr-16	25	26	44	44	G	
RightCare - Diabetes	PL6	Oct-16	2	0	11	0	R	
RightCare - Orthopaedics	PL1	Oct-16	32	0	192	0	R	
ENT	PL2	Dec-16	26	0	58	0	R	
POLCV - Hips & Knees	PL8	Jan-17	0	0	0	332	GA	
POLCV - Cataract Surgery	PL9	Jan-17	0	0	0	0	R	
POLCV - Breast Reconstruction	PL10	TBC	0	0	0	0	R	
Direct Access Radiology	PL11	TBC	0	0	0	0	R	
Review IVF commissioning	PL12	TBC	0	0	0	0	R	
MENTAL HEALTH & CONTINUING HEALTHCARE								
Reduction in section 117 spend	M1	Apr-16	146	0	250	0	R	
Continence Supplies	C1	Sep-16	19	22	33	33	R	
Joint Funded CHC review	TBC8	Jan-17	0	0	0	0	A	
CHC review	C2	Apr-16	320	0	722	166	GA	
Respecification of May Lodge	C3	Oct-16	7	0	12	0	R	
RUNNING COSTS								
Running costs review & financial controls	B1	Apr-16	438	46	750	26	G	
Total identified QIPP			1,904	583	7,620	2,273		
Additional YTHFT schemes				0	4,000	0	R	
Unidentified QIPP				0	580	0	R	
Total QIPP requirement			3,544	682	12,200	2,273		

8b. QIPP delivery graphs

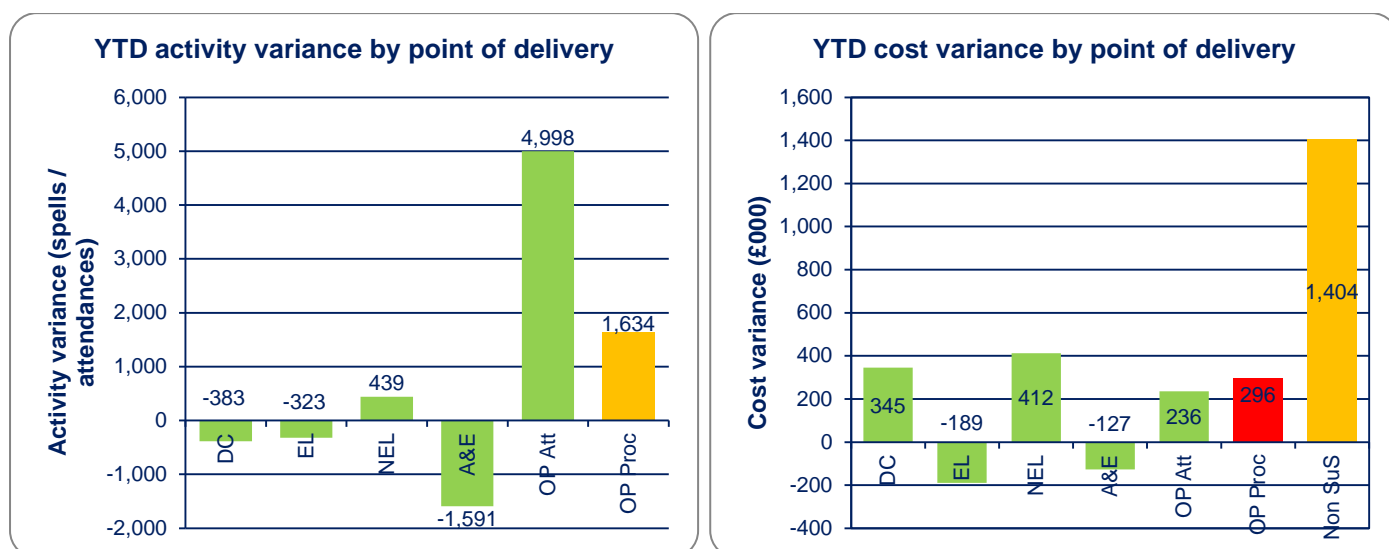


9. Secondary Care activity

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



Notes – April to August data is freeze, September 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 9% above plan with an over spend against plan of £0.30m. Accident and Emergency attendances are 4% below plan with an under-spend against plan of £0.13m. Non SUS expenditure is £1.14m above plan. This includes an over spend of £0.34m on Critical Care, which relates to one high cost patient – however within the financial position £0.30m of this was accrued at year end as an incomplete spell, and has been released to offset the expenditure in 2016/17. Excluded drugs are £0.63m above plan which partly relates to the high cost drugs and devices QIPP of £0.27m which is not in delivery.

9b. Contract challenges

Contract queries valued at £1.9m have been raised with YTHFT formally relating to April to September activity. £1.2m relates to Rehabilitation Bed Days to neutralise the change to coding impact for Rehabilitation Bed Days. The Trust accepts this adjustment but is still to confirm whether or not they agree with the methodology to calculate the impact of the adjustment. The ongoing challenge relating to Best Practice Heart Failure payments (£0.06m) has been concluded and YTHFT have agreed to remove this top up payment from their data.

An Activity Query Notice has been raised in relation to the stepped changed in admissions relating to Septicaemia. The Trust presented some initial analysis and suggested that the increase is genuine as a direct result of their approach to delivering the national Sepsis CQUIN. The benchmarking analysis suggests that similar patterns have not been observed elsewhere with YTHFT now appearing as a national outlier. The Trust suggests they are ahead of the curve and would anticipate a similar trend to be observed elsewhere in the future. A joint clinical review with Scarborough and Ryedale CCG is being organised in order to gain assurance of the appropriateness of activity recording. The Trust acknowledged that there will need to be discussions about applying a reasonable price adjustment in compliance with the national Contract Financial Period: April to October 2016

due to the significant stepped increase observed and recognition that the national tariff price as it stands does not reflect the local delivery model. An adjustment has therefore been assumed to the trading position to re-cost a proportion of the Sepsis activity to the average non-elective admission price with the estimated impact being a reduction of £62k per month. The actual adjustment still needs to be negotiated.

A further Contract Query Notice has been 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 admissions or day cases. This was corrected, but further analysis shows that a stepped change is still evident. The Trust is currently undertaking an investigation to respond to a series of specific queries raised. 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.

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 is investigating the reason for this, however in the meantime, a change in pathway or coding has been assumed with an adjustment of £44k per month being applied to the trading position pending appropriate evidence from the Trust that the stepped increase was genuine and appropriate.

9c. Other secondary care providers

Other secondary care providers are showing a YTD underspend of £0.05m in the April to October financial position. The largest underspends are with Ramsay (£0.89m) and Nuffield (£0.33m) which is offset by additional planned Orthopaedic activity at YTHFT.

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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	104,671	109,049	(4,377)	180,500	184,500	(4,000)
Yorkshire Ambulance Service NHS Trust	7,522	7,522	(0)	12,895	12,895	0
Leeds Teaching Hospitals NHS Trust	5,274	5,679	(404)	8,965	9,515	(549)
Hull and East Yorkshire Hospitals NHS Trust	1,311	1,552	(241)	2,252	2,492	(239)
Harrogate and District NHS FT	947	1,099	(153)	1,630	1,919	(289)
Mid Yorkshire Hospitals NHS Trust	1,114	1,208	(94)	1,910	2,046	(136)
South Tees NHS FT	668	741	(73)	1,208	1,337	(128)
North Lincolnshire & Goole Hospitals NHS Trust	422	387	35	720	617	104
Sheffield Teaching Hospitals NHS FT	142	146	(4)	244	244	0
Non-Contracted Activity	2,011	2,085	(74)	3,383	3,390	(7)
Other Acute Commissioning	177	372	(196)	353	787	(434)
Ramsay	5,315	4,423	892	8,978	7,181	1,797
Nuffield Health	2,165	1,840	325	3,632	3,010	623
Other Private Providers	641	605	36	1,098	1,040	58
Systems Resilience	0	504	(504)	0	866	(866)
Sub Total	132,380	137,213	(4,833)	227,769	231,836	(4,068)
Mental Health Services						
Tees Esk and Wear Valleys NHS FT	22,423	22,825	(403)	38,439	38,844	(405)
Out of Contract Placements and SRBI	1,623	2,937	(1,314)	2,782	4,523	(1,741)
Non-Contracted Activity - MH	261	232	28	447	314	133
Other Mental Health	19	19	(0)	117	117	0
Sub Total	24,326	26,015	(1,689)	41,785	43,798	(2,013)
Community Services						
York Teaching Hospital NHS FT - Community	11,703	11,673	31	20,063	19,939	124
York Teaching Hospital NHS FT - MSK	904	910	(5)	1,665	1,621	44
Harrogate and District NHS FT - Community	2,592	2,711	(119)	4,325	4,373	(48)
Humber NHS FT - Community	604	604	0	1,035	1,035	0
Hospices	703	697	5	1,204	1,195	9
Longer Term Conditions	204	203	1	350	356	(6)
Other Community	107	142	(35)	184	233	(49)
Sub total	16,817	16,939	(122)	28,827	28,753	74
Other Services						
Continuing Care	13,343	15,811	(2,468)	22,588	22,588	0
Funded Nursing Care	2,210	2,825	(615)	3,788	4,713	(925)
Patient Transport - Yorkshire Ambulance Service NHS Trust	1,126	1,135	(10)	1,936	1,958	(22)
Voluntary Sector / Section 256	417	416	1	716	714	1
Non-NHS Treatment	495	455	41	826	763	63
NHS 111	440	444	(4)	754	759	(5)
Better Care Fund	6,778	6,652	126	11,708	11,669	39
Other Services	206	154	52	341	263	78
Sub total	25,015	27,892	(2,877)	42,657	43,428	(770)

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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	28,923	28,943	(20)	49,518	49,083	436
Other Prescribing	189	261	(72)	324	509	(185)
Local Enhanced Services	1,007	934	73	1,755	1,669	86
Oxygen	136	149	(13)	233	246	(13)
Primary Care IT	612	623	(11)	1,050	1,141	(91)
Out of Hours	1,995	1,901	95	3,421	3,251	170
GP Innovation Fund	92	169	(77)	157	268	(111)
Sub Total	32,954	32,979	(25)	56,458	56,167	291
Primary Care Co-Commissioning	24,180	23,881	299	41,411	40,922	488
Running Costs	3,886	3,955	(69)	6,679	6,679	0
Trading Position	259,559	268,874	(9,315)	445,585	451,583	(5,998)
Prior Year Balances	0	307	(307)	0	307	(307)
Reserves	(413)	0	(413)	3,314	3,176	138
Contingency	1,270	0	1,270	2,177	0	2,177
Unallocated QIPP	(339)	0	(339)	(580)	(580)	0
Reserves	519	307	211	4,910	2,903	2,008
Financial Position	260,078	269,181	(9,103)	450,495	454,486	(3,991)
Surplus / (Deficit)	(7,785)	0	(7,785)	(13,346)	0	(13,346)
Overall Financial Position	252,293	269,181	(16,888)	437,149	454,486	(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	3.45	50%	1.72	3.45	50%	1.72	
Challenges on YTHFT acute activity are all assumed to be successful in M03 position.	Non recurrent	0.00	0%	0.00	0.00	0%	0.00	
		3.45	50%	1.72	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	
Mental Health Out of Contract expenditure related to closure of Peppercorn Court	Recurrent	0.00	0%	0.00	0.00	0%	0.00	
Difference in inflation assumptions on MH OOC baseline between CCG and PCU plan	Recurrent	0.00	0%	0.00	0.00	0%	0.00	
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	0.40	67%	0.27	0.40	67%	0.27	
		0.53	56%	0.30	0.53	56%	0.30	
Continuation of year to date expenditure trend	Recurrent	3.06	75%	2.29	3.06	75%	2.29	
CHC inflationary uplift and actual cost of care exercise	Recurrent	0.41	50%	0.21	0.41	50%	0.21	
National FNC rate change	Recurrent	0.00	0%	0.00	0.00	0%	0.00	
		3.47	72%	2.50	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 forecast outturn.	Recurrent	4.18	82%	3.42	4.18	82%	3.42	
QIPP included in plan is £12.2m, current schemes are forecast to deliver at £4.02m	Non recurrent	4.02	53%	2.13	4.02	53%	2.13	
		8.20	68%	5.55	8.20	68%	5.55	
Primary Care Home investment does not generate savings	Non recurrent	0.00	0%	0.00	0.00	0%	0.00	
		0.00	0%	0.00	0.00	0%	0.00	
BCF - Care Act implementation in NYCC.	Recurrent	0.36	100%	0.36	0.36	100%	0.36	
BCF - Additional efficiencies not delivered	Recurrent	1.22	56%	0.68	1.22	56%	0.68	
Systems Resilience expenditure not offset	Recurrent	0.00	100%	0.00	0.00	100%	0.00	
Prior Year pressures are not mitigated.	Non recurrent	0.00	0%	0.00	0.00	0%	0.00	
Prior Year pressure on NYCC Infrastructure Fund	Non recurrent	0.00	0%	0.00	0.00	0%	0.00	
		1.58	66%	1.04	1.58	66%	1.04	
Total		17.33		11.19	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	
0.5% Contingency	Non recurrent	0.00	0%	0.00	0.00	0%	0.00	
		0.00	0%	0.00	0.00	0%	0.00	
UCP contract challenges	Non recurrent	0.00	0%	0.00	0.00	0%	0.00	
Risk share with CYC on joint/CYC led schemes under s75	Non recurrent	0.61	56%	0.34	0.61	56%	0.34	
Contract management measures - ISTC providers	Non recurrent	0.00	0%	0.00	0.00	0%	0.00	
		0.61	56%	0.34	0.61	56%	0.34	
Reduce out of hospital spend e.g. BCF schemes, community	Recurrent	0.86	17%	0.15	0.86	17%	0.15	
Selby Hub	Recurrent	0.10	100%	0.10	0.10	100%	0.10	
Demand & waiting list management	Non recurrent	0.00	75%	0.00	0.00	75%	0.00	
		0.96	26%	0.25	0.96	26%	0.25	
Additional QIPP proposals - Council of Reps threshold, PoLCV and service changes	Recurrent	0.00	0%	0.00	0.00	0%	0.00	
Risk share with TEVV on Mental Health Out of Contract costs	Recurrent	1.19	75%	0.89	1.19	75%	0.89	
Prescribing schemes	Non-Recurrent	1.50	100%	1.50	1.50	100%	1.50	
Category M price changes made recurrent	Recurrent	0.38	100%	0.38	0.38	100%	0.38	
		3.06	90%	2.77	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		5.72		4.42	5.72		4.42	
Net risk		11.61		6.77	11.61		6.77	