

NHS Vale of York Clinical Commissioning Group Financial Performance Report

Report produced: August 2016

Financial Period: April to July 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	(4,449)	(9,303)	(4,854)	R ↓	(13,346)	(13,346)	0	G →
Programme expenditure does not exceed programme allocation	142,584	152,294	(9,710)	R ↓	429,526	443,771	(14,245)	R →
Running costs expenditure does not exceed running costs allocation	2,508	2,102	407	G →	7,525	6,626	899	G →
Risk adjusted deficit					(21,951)	(21,951)	0	G →
QIPP delivery (see section 8)	1,904	565	(1,339)	R ↓	12,200	5,759	(6,441)	R ↑
Better Payment Practice Code (Value)	95.00%	99.88%	4.88%	G	95.00%	>95%	0.00%	G
Better Payment Practice Code (Number)	95.00%	98.31%	3.31%	G	95.00%	>95%	0.00%	G
Cash balance at month end is within 1.5% of monthly drawdown	548	123	425	G				
CCG cash drawdown does not exceed maximum cash drawdown					449,669	449,669	0	G

The full finance dashboard is presented in Appendix 1

Key Messages

- **The CCG is currently classed as an organisation in turnaround due to the deficit financial position.**
- The CCG is planning a year end deficit of £13.35m. This includes a brought forward deficit from 2015/16 of £6.30m, plus a planned in year deficit of £7.05m.
- The year to date financial position is £4.85m worse than planned. This position includes several significant variances which are detailed in section 3.
- £1.33m of the variance is the year to date impact to the £4m difference between the York Teaching Hospitals NHS Foundation Trust (YTHFT) contracted and financial plan values. This is identified within the QIPP risks, as it was in the Financial Plan, and whilst there is contractual agreement to work collaboratively to manage demand within the financial envelope, plans are still only in development to mitigate this. Should this pressure materialise this will only be mitigated by the CCG's intention to agree with NHS England on the use of the 1% non-recurrent contingency.
- The forecast outturn still reflects the CCG's intention to achieve its planned deficit position, although the level of unmitigated risk has increased to £8.60m (was £7.12m in June). The risks and mitigations are detailed in section 5.

1. Red / Amber financial measures

- *'Achieve planned financial position'* – year to date programme expenditure is £4.85m higher than allocation.
- *'Programme expenditure does not exceed programme allocation'* – programme expenditure is forecast to be £14.25m higher than allocation. This is offset by a forecast underspend on running costs of £0.90m.
- *'QIPP delivery'* – Year to date QIPP delivery is 30% of plan, and forecast delivery is 47%. This includes the impact of the £4m baseline difference on the YTHFT contract.

2. Key Actions

- At the time of writing this report the full set of legal directions have not been received, but the CCG has already started to construct the Financial Recovery Plan (FRP) required. The FRP structure, based on the NHS England checklist, PwC capacity and capability review and taking examples from recently assured plans from elsewhere in Yorkshire and Humber has been determined alongside key roles and responsibilities for completion. The FRP will not be developed by the CCG's finance function in isolation, and multi-disciplinary involvement must be clearly evidenced.
- July reporting was the second month of the new Finance and Contracting month-end reporting process, which has been designed to align with the NHS England monthly financial assurance requirements. The financial position was finalised on working day 5 and reporting to NHS England completed by working day 6.
- The finance and contracting team has been working on several developments to the reporting process, including an assessment of our forecasting processes against best practice techniques, reporting of contract challenges (see section 9), clearer information on risks to the financial position (see appendix 2) and underlying position and monthly run rate (see section 6). Quality & Finance Committee also received detailed contract reports this month which has given significant assurance on contract management processes.
- Contract queries with providers have been identified and formally raised where appropriate. An adjustment of £0.52m year to date has been made to the YTHFT contract for the successful zero length of stay activity query notice. Further contract queries with an estimated value of £0.15m have been raised with YTHFT in August. Contract challenges are detailed in section 9.
- The finance team has developed a new and more detailed QIPP reporting framework which has been designed and constructed with the Innovation and Improvement team. This is included in section 8 and will continue to be developed over the coming months.
- The detailed review of PCU financial reporting is complete and was discussed by Quality and Finance committee this month. This covers mental health expenditure (specifically that which sits outside the TEWV contract), continuing health care and funded nursing care. The reports and recommendations were considered by all four North Yorkshire CCG Deputy Chief Finance Officers and the Head of Finance and Contracting at the PCU at a meeting on 18th August. This will result in a finalised set of recommendations and an implementation action plan, with timescales and responsibilities, the details of which will be shared with the Quality & Finance Committee. The combined and final report will also go to the Audit Committee in September.
- An organisation wide review of resources and capacity has taken place this month with the purpose of accelerating delivery of the QIPP schemes and mitigating actions. The review has identified how any gaps can be filled and barriers to implementation can be removed.

3. Reported year to date financial position

Description	Value	Commentary / Actions
York Teaching Hospital NHS Foundation Trust – gap between contract and financial plan	(£1.33m)	This is identified within the QIPP risks and whilst there is contractual agreement to work collaboratively to manage demand within the financial envelope, plans are still only in development to mitigate this. Should this pressure materialise this will only be mitigated by the CCG's intention to agree with NHS England on the use of the 1% non-recurrent contingency.
York Teaching Hospital NHS Foundation Trust – other variance	(£1.61m)	Orthopaedic planned activity is £0.46m above plan which is offset by an equal underspend on the Ramsay contract. Non-elective activity is also above plan (see section 9).
Continuing Health Care	(£1.05m)	There has been an increase in referrals in quarter 1 of 183% compared to the same period in 2015/16. In addition, the average cost of fast track packages has risen by 17%.
Tees, Esk and Wear Valleys NHS Foundation Trust	(£0.40m)	The one-off cost pressure from 2015/16 relating to the closure of Bootham Park Hospital and the requirement for an interim solution.
Prior Year Balances	(£0.34m)	Payments relating to 2015/16 but not provided for at year end. The majority of this relates to February and March prescribing costs which were £191k higher than expected. Year-end contract positions with all main acute providers were agreed for 2015/16 so this is not expected to deteriorate further.
Funded Nursing Care (FNC)	(£0.33m)	The national rate for FNC has been increased from £112 per week to £156 per week. The financial plan provided for an increase to £117 per week.
Systems Resilience Schemes	(£0.29m)	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. The Quality & Finance Committee has requested a further detailed evaluation of these schemes and assurance of their financial benefit. This will be reported back in September.
Unallocated QIPP	(£0.19m)	Full year value of the unallocated QIPP is £0.58m.
Reserves (Better Care Fund)	(£0.17m)	This variance represents the year to date impact of the current gap between the Better Care Fund schemes and available funding. BCF plans for CYC and NYCC have now received draft approval.
Mental Health Out of Contract placements	(£0.16m)	The closure of Peppermill Court has led to an increase in out of contract mental health placements.

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Contingency	£0.73m	0.5% contingency provided for in plan.
Other variances	£0.29m	
Total impact on YTD position	(£2.18m)	

4. Forecast Outturn

The CCG is forecasting to meet its planned financial deficit. However, for July reporting there are several variances within this position which are detailed below.

Description	Value	Commentary / Actions
Tees, Esk and Wear Valleys NHS Foundation Trust	(£0.40m)	The cost pressure from 2015/16 relating to the closure of Bootham Park Hospital and the requirement for an interim solution.
Mental Health Out of Contract placements	(£0.52m)	The closure of Peppermill Court has led to an increase in out of contract mental health placements.
Funded Nursing Care	(£0.99m)	The full year impact of the increase to the national weekly FNC rate.
Prior Year Balances	(£0.34m)	Payments relating to 2015/16 but not provided for at year end.
Contingency	£2.18m	0.5% contingency provided for in plan.
Other variances	£0.07m	
Total impact on forecast position	£0.00m	

The CCG is discussing the forecast outturn position and the level of unmitigated risk with NHS England at the monthly financial assurance meetings and has been required to provide evidence of actions taken and planned to ensure delivery of the planned deficit.

5. Risks and mitigations

The following risks and mitigations to delivery of the CCG's financial plan are identified as at July month end. The detailed position is shown in Appendix 2.

Risks

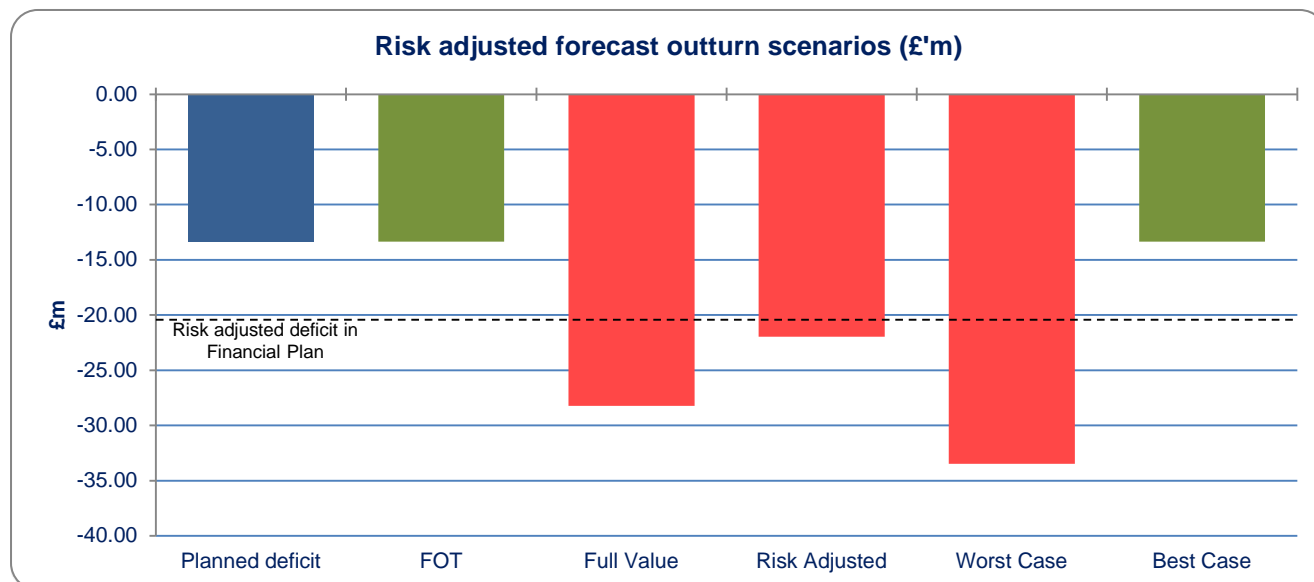
Description	Expected Value	Commentary
QIPP under delivery	£8.04m	All schemes have been individually risk assessed, this is the cumulative position.
YTHFT Acute Contract	£1.31m	Difference in baseline growth assumptions. Contract signed at CCG level, which is lower than YTHFT.
Continuing Health Care	£1.42m	Continuation of year to date expenditure trend
Other risks	£0.91m	
Total	£11.68m	

Mitigations and contingencies

Description	Expected Value	Commentary
Additional QIPP proposals	£1.68m	A number of proposals for further savings agreed for development by the Council of Representatives.
Other mitigations	£1.40m	
Total	£3.08m	

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

- FOT – forecast outturn at Month 4
- 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 CCG is required to report its underlying financial position to NHS England each month. This is included in this report for the first time. The underlying position considers the recurrent financial position and removes non recurrent items from the financial position.

Description	Value
Forecast Deficit at Month 4	(£13.35m)
Adjust for non-recurrent items in plan -	
Brought forward deficit	£6.30m
1% non-recurrent requirement	£4.34m
0.5% contingency	£2.18m
Continuing Health Care national risk pool	£0.40m
Unidentified QIPP allocated to YTHFT contract	(£3.76m)
Unallocated QIPP	(£0.58m)
Other non-recurrent items in plan	(£0.49m)
Adjust for non-recurrent variances at Month 4 -	
Release of 0.5% contingency	(£2.18m)
Bootham Park Hospital closure cost pressure	£0.40m
Prior year pressures	£0.34m
Adjust for full year effect of 2016/17 QIPP schemes	£3.38m
Underlying financial position	(£3.02m)

7. Balance sheet / other financial considerations

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

8. QIPP programme

8a. QIPP progress table

Scheme Name	Ref	Planned start date	YTD			Forecast Outturn			Finance RAG rating	Comments
			Planned savings £000	Expected savings £000	Actual savings £000	Planned savings £000	Expected savings £000	Actual savings £000		
PRIMARY CARE										
DVT	PC3	Oct-16	0	0	0	17	0	0	R	
Dermatology Indicative Budgets	PC2	Apr-16	33	33	19	100	100	86	G	
Anti-Coagulation service	PC1	Sep-16	13	0	0	118	91	91	A	
Faecal Calprotectin	PC4	Jul-16	35	9	0	105	79	79	A	
URGENT CARE										
Non Contracted Activity	U4	Jul-16	30	0	0	267	0	0	R	
Paediatric Zero Length of Stay	U1	Oct-16	0	0	0	34	34	34	GA	
RightCare - Trauma & Injuries	U6	Oct-16	0	0	0	37	0	0	R	
RightCare - Circulation (Heart Disease)	U7	Oct-16	0	0	0	70	70	70	R	
ED Front Door	U2	Jul-16	10	0	0	91	0	0	R	
Urgent Care Practitioners	U3	Apr-16	76	76	97	76	76	97	G	
INTEGRATION AND COMMUNITY										
Review of community inpatient services	IC2	Dec-16	0	0	0	333	333	333	R	
Integrated Care Team Roll-out	IC1	Dec-16	0	0	0	378	378	378	A	
Wheelchairs & Community Equipment	IC3	Jan-17	0	0	0	118	118	118	GA	Now signed off by Governing Body and moving to mobilisation. Bids were significantly below the envelope identified to generate QIPP savings, however at this stage it is prudent to not recognise these additional savings. Until final agreement of contract and mobilisation, the status is GA.
RightCare - Respiratory (COPD)	IC8	Oct-16	0	0	0	17	0	0	R	
Community Diabetes	IC9	Apr-16	50	0	0	149	75	75	A	Discussions with Trust indicate that level of activity has not dropped as expected. Review meeting required to confirm how diabetes OP activity is being managed and whether CDT is delivering planned impact. Start date adjusted to Oct to allow this review to take place.
Community IV	IC7	Jun-16	10	0	0	50	0	0	R	
Patient Transport - contracting review	IC5	May-16	25	25	0	92	92	92	GA	Awaiting May transport recharge details from YHFT. Contracting are confident that this scheme is generating a saving but this cannot yet be evidenced.

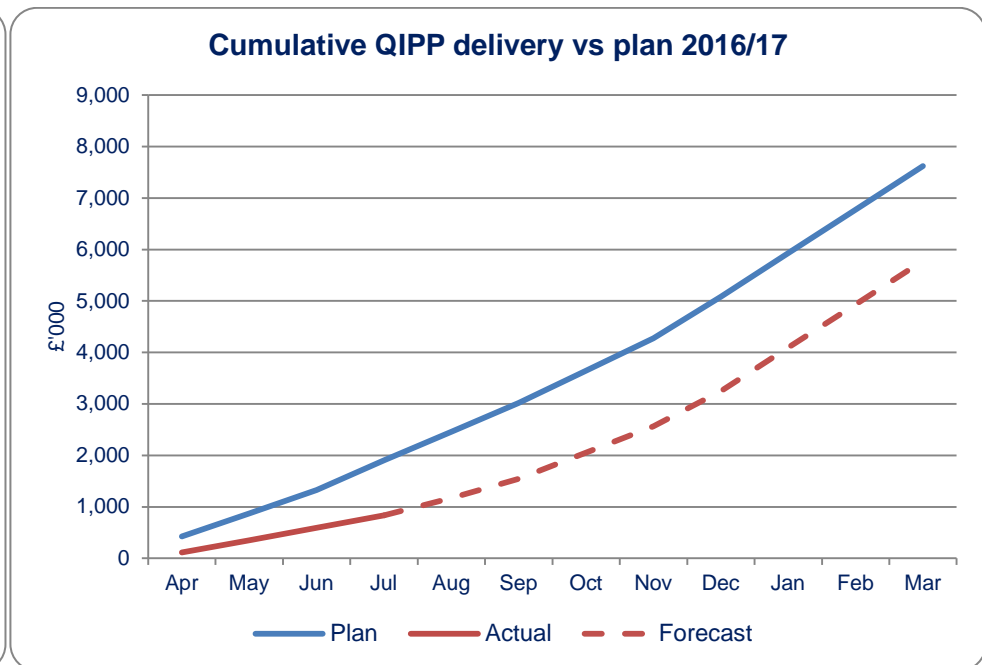
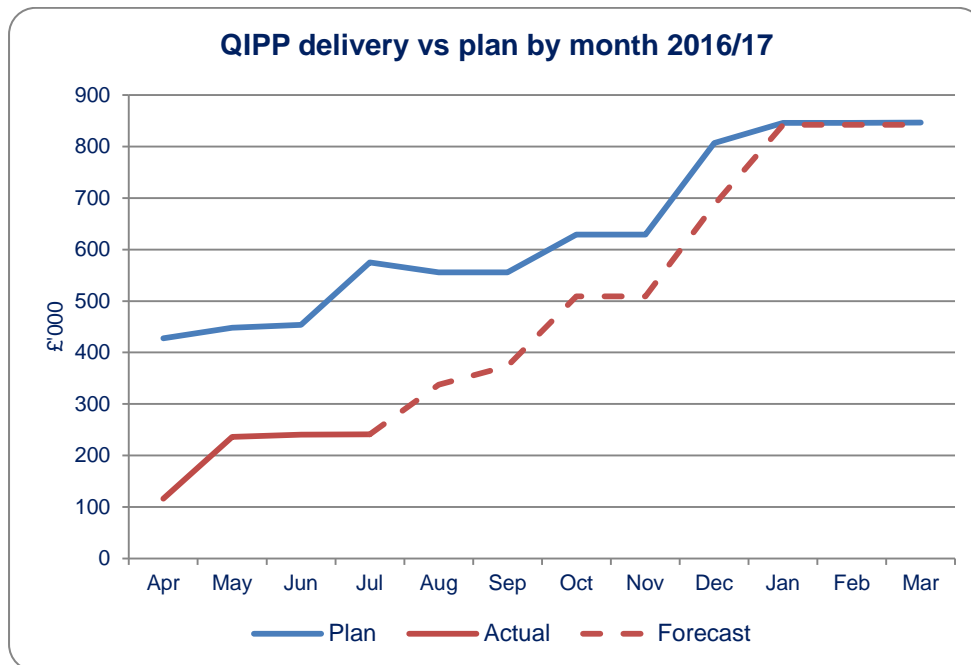
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Scheme Name	Ref	Planned start date	YTD			Forecast Outturn			Finance RAG rating	Comments
			Planned savings £000	Expected savings £000	Actual savings £000	Planned savings £000	Expected savings £000	Actual savings £000		
Community Podiatry	IC4	TBC	0	0	0	0	0	0	R	
PRESCRIBING										
Branded generics	PS2	Jul-16	58	0	0	519	162	162	R	
Therapeutic switches	PS1a	Apr-16	133	72	0	400	325	325	A	
Repeat prescriptions	PS1b	Oct-16	133	0	0	400	200	200	R	
Gluco Rx - Diabetic Prescribing	PS3	Jul-16	99	17	0	297	156	156	A	
Minor Ailments Prescribing	PS7	Aug-16	38	0	0	138	100	100	R	
Continence & Stoma Care	PS4	Jul-16	4	4	0	38	52	48	A	
SIP Feeds	PS6	Apr-16	40	20	42	120	80	169	G	April to June savings based on April-May prescribing data (June estimated)
Dressings	PS5	Oct-16	0	0	3	63	63	74	GA	Pilot in place across Selby practices, savings evidenced above plan but only on small scale (12% of VoY practices)
PLANNED CARE										
High Cost Drugs & Devices Review	PL3	Apr-16	178	0	0	535	0	0	R	
YTHFT follow up ratio	PL13	Apr-16	234	234	0	703	703	469	R	
Biosimilar Etanercept (YTHFT)	PL5	Apr-16	96	96	6	287	287	214	G	Savings are estimated based on information from YTHFT pharmacy on number of patients switched. Savings not identified through SLAM data - reporting to be resolved with the Trust.
Biosimilar Infliximab & Etanercept (LTH)	PL4	Apr-16	14	14	1	44	44	44	A	Awaiting confirmation from Leeds on how this is reported in SLAM data
RightCare - Diabetes	PL6	Oct-16	0	0	0	11	0	0	R	
RightCare - Orthopaedics	PL1	Oct-16	0	0	0	192	192	192	R	
ENT	PL2	Jul-16	6	6	0	58	58	58	R	
POLCV - Hips & Knees	PL8	Jan-17	0	0	0	0	348	348	A	
POLCV - Cataract Surgery	PL9	TBC	0	0	0	0	0	0	R	
POLCV - Breast Reconstruction	PL10	TBC	0	0	0	0	0	0	R	
Direct Access Radiology	PL11	TBC	0	0	0	0	0	0	R	
Review IVF commissioning	PL12	TBC	0	0	0	0	0	0	R	
MENTAL HEALTH & CONTINUING HEALTHCARE										
Reduction in section 117 spend	M1	Apr-16	83	83	0	250	250	250	R	
Continence Supplies	C1	Apr-16	11	0	0	33	16	16	R	Project still to take effect and being reworked within the overall CCG continence programme. Expected savings will half.

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Scheme Name	Ref	Planned start date	YTD			Forecast Outturn			Finance RAG rating	Comments
			Planned savings £000	Expected savings £000	Actual savings £000	Planned savings £000	Expected savings £000	Actual savings £000		
CHC review	C2	Apr-16	241	241	55	722	722	722	A	Reviews now progressing with some savings identified to month 3. It is not certain that the level of savings projected will be delivered, but neither is it certain they will not be. Further review required after month 4.
Respecification of May Lodge	C3	Apr-16	4	4	0	12	12	36	R	Respecification still to be finalised, but profiled in second 6 months of financial year.
RUNNING COSTS										
Running costs review & financial controls	B1	Apr-16	250	250	359	750	750	745	G	
Total identified QIPP			1,904	1,185	583	7,620	5,962	5,777		
Additional YTHFT schemes				0	0	4,000	4,000	0	R	
Unidentified QIPP				0	0	580	2,238	0	R	
Total QIPP requirement			1,904	1,185	583	12,200	12,200	5,777		

8b. QIPP delivery graphs

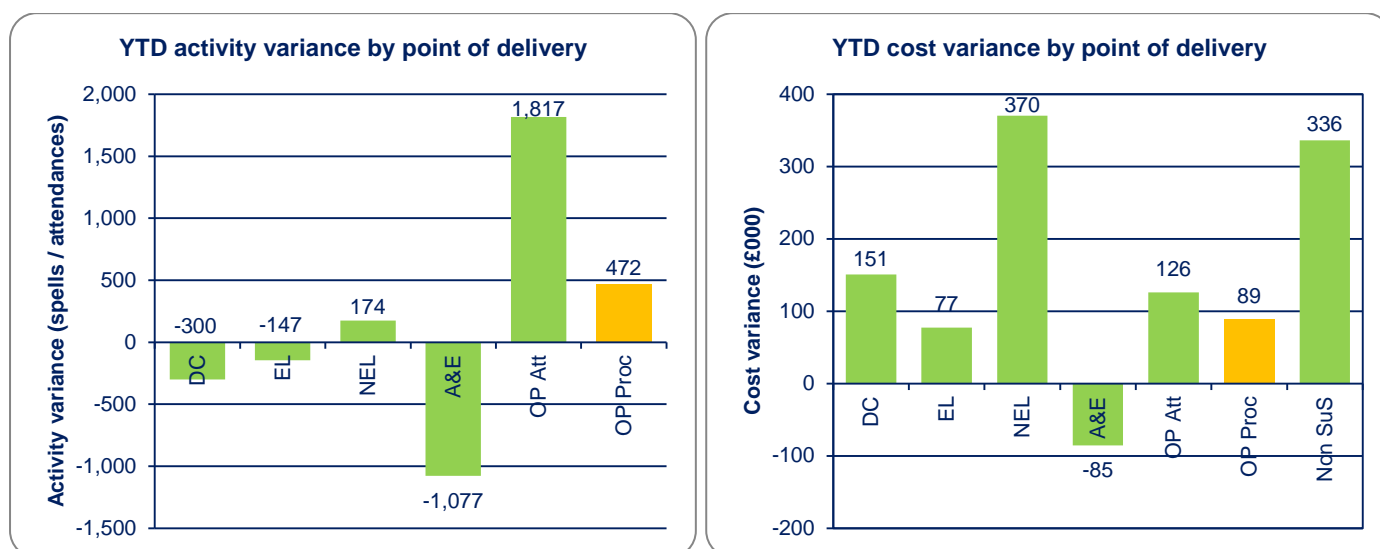


9. Secondary Care activity

9a. York Teaching Hospitals 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, York Teaching Hospital NHS Foundation Trust.

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 June data in line with acute activity data submissions.



Notes – April and May data is freeze, June 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 admissions are 2% above plan with an over spend against plan of £0.37m. Outpatient Attendances are 3% above plan with an over spend against plan of £0.12m. Accident and Emergency attendances are 6% below plan with an under-spend against plan of £0.09m.

The York Teaching Hospital NHS Foundation Trust contract trading position has deteriorated in the last month. This is due to a combination of factors including increase activity across all points of delivery, a QIPP adjustment made to the plan of £0.78m (quarter 1 only) which relates to schemes which are not delivering savings, and overtrades in the Trauma and Orthopaedics specialities which can be offset by the under trades within the Ramsay and Nuffield contracts.

9b. Contract challenges

The outcome following the Activity Query Notice raised in July to York Teaching Hospital NHS Foundation Trust regarding the marked increase in zero length of stay admissions was positive, resulting in an agreed reduction to the reported Contract Trading Position of £0.52m for April to June. The activity increase related to patients attending the Ambulatory Care Unit which was established in November 2015. The unit is commissioned on a block contract arrangement plus a charge per attendance for variable costs. However some of the activity in the unit had not been excluded from the payment data and had therefore also attracted the national tariff charges. Further work is underway to correct the data for both the current and previous financial year.

Two further contract queries have been raised to York Teaching Hospital NHS Foundation Trust formally in August for April to June activity in relation to Rehab bed days (£0.11m) and Heart Failure Best Practice payments (£0.04m). Further information on these queries are available in the Contract Trading Report. In addition, a query has been identified in relation to a stepped changed

in admissions relating to Septicaemia. This query has the potential to recover overpayments in the region of £0.08m per month, not currently reflected in the current financial trading position.

The query raised with the Yorkshire Ambulance Service (YAS) 999 contract for apparent double-charging of 999 and UCP activity has been resolved. Whilst the reports appear to double-count and charge for activity, YAS only charge per incident regardless of the number of vehicles attending the scene. Therefore the CCG has not been overcharged and is not due a financial reduction as was anticipated. The query has however highlighted the potential for improvements in efficiency and effectiveness in the UCP contract, which the Contracting team are actively pursuing to increase value for money.

9c. Other secondary care providers

Other secondary care providers are showing a YTD underspend of £0.07m in the April to July financial position. The largest underspend is with Ramsay (£0.49m) which is offset by additional planned Orthopaedic activity at York Teaching Hospital NHS Foundation Trust.

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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	60,484	63,423	(2,939)	180,500	180,500	0
Yorkshire Ambulance Service NHS Trust	4,298	4,298	0	12,895	12,895	0
Leeds Teaching Hospitals NHS Trust	3,005	3,205	(200)	8,965	9,442	(476)
Hull and East Yorkshire Hospitals NHS Trust	741	853	(111)	2,252	2,407	-154
Harrogate and District NHS FT	545	595	(50)	1,630	1,764	(134)
Mid Yorkshire Hospitals NHS Trust	637	646	(9)	1,910	1,893	17
South Tees NHS FT	392	425	(33)	1,208	1,300	(92)
North Lincolnshire & Goole Hospitals NHS Trust	241	244	(3)	720	729	(8)
Sheffield Teaching Hospitals NHS FT	81	85	(4)	244	244	0
Non-Contracted Activity	1,187	1,187	0	3,383	3,383	0
Other Acute Commissioning	71	163	(92)	353	1,144	-791
Ramsay	3,008	2,514	494	8,978	7,495	1,483
Nuffield Health	1,223	1,108	115	3,632	3,293	339
Other Private Providers	366	403	(37)	1,098	1,231	(133)
Systems Resilience	0	285	(285)	0	0	0
Sub Total	76,281	79,435	(3,154)	227,769	227,718	51
Mental Health Services						
Tees Esk and Wear Valleys NHS FT	12,813	13,213	(400)	38,439	38,839	(400)
Out of Contract Placements and SRBI	927	1,092	(164)	2,782	3,305	(523)
Non-Contracted Activity - MH	149	147	2	447	445	2
Other Mental Health	(0)	0	(0)	117	117	0
Sub Total	13,890	14,452	(562)	41,785	42,706	(921)
Community Services						
York Teaching Hospital NHS FT - Community	6,688	6,679	8	20,063	20,038	25
York Teaching Hospital NHS FT - MSK	499	501	(2)	1,665	1,667	(2)
Harrogate and District NHS FT - Community	1,481	1,509	(28)	4,325	4,377	-52
Humber NHS FT - Community	345	345	0	1,035	1,035	0
Hospices	401	398	3	1,204	1,205	(0)
Longer Term Conditions	117	116	0	350	350	0
Other Community	61	59	3	184	178	7
Sub total	9,592	9,608	(16)	28,827	28,849	(22)
Other Services						
Continuing Care	7,796	8,841	(1,045)	22,588	22,588	0
Funded Nursing Care	1,263	1,596	(333)	3,788	4,787	(999)
Patient Transport - Yorkshire Ambulance Service NHS Trust	639	642	(2)	1,936	1,938	(2)
Voluntary Sector / Section 256	239	233	5	716	710	6
Non-NHS Treatment	286	269	17	826	841	(15)
NHS 111	251	246	5	754	749	5
Better Care Fund	3,861	3,837	24	11,708	11,685	24
Other Services	125	116	9	341	320	22
Sub total	14,461	15,780	(1,319)	42,657	43,616	(959)

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	YTD Position			Full Year		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Primary Care						
Primary Care Prescribing	16,619	16,722	(103)	49,518	49,578	(60)
Other Prescribing	108	139	(31)	324	431	(107)
Local Enhanced Services	576	567	10	1,755	1,744	11
Oxygen	78	81	(4)	233	234	-2
Primary Care IT	350	348	2	1,050	1,047	3
Out of Hours	1,140	1,110	30	3,421	3,389	32
GP Innovation Fund	52	141	(88)	157	157	0
Sub Total	18,923	19,107	(184)	56,458	56,580	(122)
Primary Care Co-Commissioning	13,803	13,576	227	41,411	41,411	0
Running Costs	2,226	2,102	124	6,679	6,626	52
Trading Position	149,176	154,059	(4,883)	445,585	447,507	(1,922)
Prior Year Balances	0	337	(337)	0	337	(337)
Reserves	(167)	0	(167)	3,216	3,134	82
Contingency	726	0	726	2,177	0	2,177
Unallocated QIPP	(193)	0	(193)	(580)	(580)	0
Reserves	365	337	28	4,812	2,890	1,922
Financial Position	149,541	154,396	(4,854)	450,397	450,397	(0)
Surplus / (Deficit)	(4,449)	0	(4,449)	(13,346)	0	(13,346)
Overall Financial Position	145,092	154,396	(9,303)	437,051	450,397	(13,346)

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	2.62	50%	1.31	1.40	25%	0.35	
Challenges on YTHFT acute activity are all assumed to be successful in M03 position.	Non-recurrent	0.00	0%	0.00	0.49	33%	0.16	
		2.62	50%	1.31	1.89	27%	0.51	
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 Peppermill Court	Recurrent	0.00	0%	0.00	0.52	90%	0.47	
Difference in inflation assumptions on MH OOC baseline between CCG and PCU plan	Recurrent	0.06	50%	0.03	0.06	50%	0.03	
High cost patient - dispute with Warrington CCG	Recurrent	0.13	25%	0.03	0.13	50%	0.07	
Alternative provision costs for interim Bootham park replacement	Non-recurrent	0.00	0%	0.00	0.40	100%	0.40	
		0.19	33%	0.06	1.11	87%	0.97	
Continuation of year to date expenditure trend	Recurrent	2.84	50%	1.42	2.08	50%	1.04	
National FNC rate change	Recurrent	0.00	0%	0.00	0.00	0%	0.00	
		2.84	50%	1.42	2.08	50%	1.04	
QIPP included in plan is £12.20m, of which £6.24m is currently unidentified.	Recurrent	6.24	92%	5.76	2.61	76%	1.99	
QIPP included in plan is £12.20m, current schemes are valued at £5.96m but have been impacted by slippage and revised final costings.	Non-recurrent	5.96	38%	2.29	9.59	69%	6.61	
		12.20	66%	8.05	12.20	71%	8.60	
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	0.00	0%	0.00	0.44	100%	0.44	
BCF - Additional efficiencies not delivered	Recurrent	1.22	25%	0.31	0.00	0%	0.00	
Systems Resilience expenditure not offset	Recurrent	0.86	50%	0.43	0.00	0%	0.00	
Prior Year pressures are not mitigated.	Non-recurrent	0.00	0%	0.00	0.30	100%	0.30	
Prior Year pressure on NYCC Infrastructure Fund	Non-recurrent	0.08	50%	0.04	0.08	50%	0.04	
		2.17	36%	0.78	0.82	95%	0.78	
Total		20.12		11.69	18.21		11.98	

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	2.18	100%	2.18	
		0.00	0%	0.00	2.18	100%	2.18	
UCP contract challenges	Non-recurrent	0.00	0%	0.00	0.59	50%	0.30	
Contract management measures - ISTC providers	Non-recurrent	0.57	50%	0.29	0.00	0%	0.00	
		0.57	50%	0.29	0.59	50%	0.30	
Reduce out of hospital spend e.g. BCF schemes, community	Recurrent	0.86	50%	0.43	0.44	100%	0.44	
		0.86	50%	0.43	0.44	100%	0.44	
Additional QIPP proposals - Council of Reps threshold, PoLCV and service changes	Recurrent	2.80	60%	1.68	2.80	60%	1.68	
Risk share with TEVV on Mental Health Out of Contract costs	Recurrent	0.54	50%	0.27	0.54	50%	0.27	
Category M price changes made recurrent	Recurrent	0.38	90%	0.34	0.00	0%	0.00	
		3.71	62%	2.29	3.34	58%	1.95	
Allocation adjustment from CYC for Special School Nursing	Recurrent	0.10	75%	0.08	0.00	0%	0.00	
		0.10	75%	0.08	0.00	0%	0.00	
Total		5.25		3.08	6.55		4.86	
Net risk		14.87		8.61	11.66		7.12	