

Finance Report

Governing Body meeting

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5 June 2014

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Sponsor	Julia Newton, Director of Finance
Key messages	
<p>This report provides the Governing Body with:</p> <p>Part A: CCG Overall Financial Position for 2014/15</p> <ul style="list-style-type: none"> Information is provided on the financial position for Month 1 (April 2014), together with a discussion on key risks and challenges to deliver the planned year end 1.0% or £7.2m surplus. The annual budgets presented are those that were signed off by the Governing Body in April. A forecast position in line with plan has been shown in the report, but this is based on very little actual data as might be expected at this early point in the financial year. The format of the report has been redesigned, as discussed at the recent organisational development session with Governing Body members, to allow members to track performance against statutory duties, key clinical areas and the CCG's main contracts. The report is not fully populated at Month 1 due to the fact that detailed monitoring data is not received until Month 2 for many budget areas. <p>Part B: Proposals for setting the indicative GP practice budgets for 2014/15</p> <ul style="list-style-type: none"> The methodologies to be used are largely consistent with last year. There has been no further information or guidance from NHS England to support CCGs in setting revised "fair share" budgets. 	
Assurance Framework (AF)	
<p>GB AF references – 3.2, 4.3 and 4.4 – In particular 4.3.</p> <p>How does this paper provide assurance to the Governing Body that the risk is being addressed? RAG rated monthly financial performance report with sensitivity analysis to Governing Body monthly</p> <p>Is this an existing or additional control This is an existing control</p>	

Equality/Diversity Impact
<p><i>Has an equality impact assessment been undertaken?</i> No</p> <p><i>Which of the 9 Protected Characteristics does it have an impact on?</i> There are no specific issues associated with this report.</p>
Public and Patient Engagement
<p>There are no specific actions associated with this report.</p>
Recommendations
<p>The Governing Body is asked to:</p> <ul style="list-style-type: none">• Note the early risks and challenges to delivery of the planned 1% surplus• Endorse the approach and principles outlined for setting the GP practice budgets in 2014-15.

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5 June 2014

PART A: 2014/15 Financial Position

1. Executive Summary

Key Duties	Year to date	Forecast	Key Issues
Deliver 1% Surplus (£7.2m) against Commissioning Revenue Resource Limit (RRL)	(£0.6m) Under spend	(£7.2m) Under spend	The CCG's statutory duty is to breakeven but in the national planning guidance for 2014/15 CCGs have been set a minimum 1% surplus target. At this early stage of the year we are forecasting delivery of plan on the basis that we will be able to flex budgets and plans in year as/when pressures arise. April data is already suggesting some early pressure points.
Remain within Running Cost Allowance (RCA) of £14m.	Breakeven	Breakeven	As agreed at the planning stage, £1.5m has been transferred to Programme budgets to support delivery of our commissioning priorities. A modest RCA contingency reserve has also been retained to manage in year pressures.
Remain within Cash Limit (ie Maximum draw down set by NHS England)	£3.7m closing balance	Breakeven	At M1 NHS England have yet to confirm maximum draw down for 2014/15.
Ensure that only 97.5% of CCG resources are spent recurrently – i.e. to provide a 2.5% recurrent surplus (£17.4m for Sheffield)	Not measured year to date		For 2014/15 all CCGs have to demonstrate 2.5% on non recurrent spend of which 1% is expected to be used on transformational test of change or "Call to Action" initiatives. By 2015/16 CCGs are able to reduce non recurrent spend to 1% of total allocation and hence it might be expected that a range of these test of change initiatives, if they prove successful, are made recurrent. This is the current position within our forecast.

Key:

Red	Significant risk of non-delivery. Additional actions need to be urgently pursued.
Amber	Medium risk of non-delivery requires additional management effort.
Green	Low risk of non-delivery – current management effort should deliver success.

2. New format of the monthly finance report

2.1 Information on the new format of the monthly finance report was presented to the Organisational development session on Finance Reporting and Contracting on 22 May. The revised report takes into account comments made recognising the limitations that the nationally prescribed chart of accounts brings in terms of being able to respond to certain requests. The report is designed to allow members to track performance against statutory duties, key clinical areas and the CCG's main contracts.

2.1 Appendix A provides a summary of expenditure by main areas of commissioned spend that is Acute Hospital Care, Primary and Community Care (identifying urgent and elective care separately in both cases), Mental Health and Learning Disabilities, as well as administrative spend. It details the forecast resource allocation available to the CCG.

A split between our four/five clinical portfolio is not possible as for example the data for long term conditions is not mutually exclusive with urgent care, GP prescribing etc and is not easily extracted from financial coding structures. Spend on children and young people can largely be taken from looking at spend with Sheffield Children's NHS FT, but this does not capture eg children's continuing care. We have agreed to provide further monitoring information to Portfolio leads.

2.2 Appendix B provides a more detailed breakdown of the spend by the overall categories in Appendix A.

2.3 Appendix C provides more detail of spend against the contracts which the CCG holds with the three Sheffield NHS Foundation Trusts. The three contracts account for around two thirds (67%) of the total planned commissioning spend of the CCG.

2.4 Appendix D will provided a detailed analysis of spend and activity together for the Sheffield Teaching Hospitals FT contract from month 2, as this contract represents just over 50% of total planned commissioning spend including after seeking nearly £5m QIPP savings.

3. Forecast Revenue Position

3.1 Overview

The financial position at month 1 is shown in summary on **Appendix A**. This shows a surplus of £600k year-to-date (YTD) and forecast outturn (FOT) achievement of the planned surplus of £7.2m. **Appendix B** breaks down the financial position by programme category. Limited information is available for month 1 as very little contract monitoring data is available from key local providers and prescribing data is not expected until June. As a result for all budgets we have assumed spend in line with budget at this stage. However, as discussed below there will be a requirement to manage a range of significant risks, pressures and challenges during 2014/15 to deliver this position.

3.2 Key Financial Risks, Issues and Challenges

3.2.1 **Acute Hospital Activity:** Sheffield Teaching Hospitals (STH) is by far the most significant contract in value terms as it is planned to account for £365m or 52% of

programme spend. Performance against the STH contract will therefore be a critical financial risk issue for the CCG. A first assessment of the STH position will be provided at the July meeting once we have month 2 data as full data is not received at Month 1. We have some evidence of high levels of activity in month1. We also need to understand the impact of QIPP initiatives where first full monitoring will again be undertaken at Month 2.

M1 data received from Sheffield Children's is currently being reviewed and the data validated following the implementation of a new PAS systems. A clearer picture will be available for month 2 reporting.

Contracts were agreed with all main providers by the national deadline of 28 February 2014 and most were signed shortly thereafter. Our two main acute providers have been trading with the CCG under the terms of these agreed contracts whilst they continued to pursue agreement of contracts with NHS England. These negotiations have progressed significantly during May, although at the time of writing this report have not formally been completed. However, I am pleased to report that both trusts have recently formally signed their contracts with the CCG. The absence of agreed contracts with NHS England and the pressures on the specialised services budgets nationally do pose a risk to the local health system and we will need to closely monitor any implications for local trusts and the CCG during the year.

3.2.2 Ambulance activity: Initial activity for April is showing a significant over performance across several of the categories. The CCG has, however, raised various data clarification queries and so year to date and forecast outturn have been held at budget until this review is complete.

3.2.3 Continuing Health Care (CHC): Data for month 1 indicates a rate of new cases above budgeted levels for 2014/15. The impact of the changes to hospital discharge arrangements from autumn 2013 are being evaluated as one factor. There need to be improvements in the timeliness of reviews at M3 and M12 following discharge. Current vacancies in the assessment team are being resolved to support this.

The CCG has separately budgeted for its share (£2.8m) of the proposed national risk pool (£250m) to manage payments for retrospective claims. Discussions continue at national level with NHS England both in relation to CCG responsibilities in respect to this legacy cost and the accuracy of the £250m estimated cost for 2014/15. At this stage in the financial year a substantial variance either way from the £2.8m has to be seen as a key risk.

3.2.4 Prescribing: Spend has been set at budget because nationally produced month 1 data is not available. Local intelligence suggests that prescribing volumes for April are similar to those recorded in March, which is slightly in excess of 1 million items at an estimated cost of £7.1m. This is a very similar profile to that experienced in April 2013.

3.2.5 2.5% Non Recurrent Budget: The 2014/15 planning guidance required that CCGs put aside 2.5% of their total commissioning allocation to be used only on a non-recurrent basis. The Call to Action fund accounts for 1% (£6.9m) of this reserve. This should be utilised on projects that, in line with national guidance, look at how services are being delivered and what can be provided differently to respond to the financial challenges faced by the NHS and the service transformation required.

At month 1 we have deployed £6.6m of the £17.3m into relevant commissioning contracts, for such as the continuation/expansion of intermediate care test of change pilots as part of Right First Time and 18 week “catch up” work.

£2.8m of the budget is being held as a reserve for CHC retrospective claims as discussed above. In respect of the balance of c£8m this has been largely assigned to a range of initiatives but is in reserves at month 1 as funding has yet to be deployed. For example £0.8m has been identified for Primary Care quality proposals and £1.5m for a range of innovation initiatives at Locality and city wide level. £4m is reserved for such issues as winter resilience and QIPP double running costs /slippage in delivery.

3.2.6 Commissioning Reserves

The CCG starts the financial year with modest Commissioning Reserves at only £0.7m all of which is earmarked for specific initiatives, as most of our planned spend agreed through the Commissioning Intentions process has been incorporated into budgets at the start of the financial year. This means there is negligible flex within the commissioning reserves for any new initiatives in year.

3.2.7 QIPP

Governing Body agreed a QIPP plan of £6m gross savings of which nearly £4m to come from reducing emergency admissions and length of stay largely as a result of a range of expanding/ enhancing a range of community based care. We will start to be able to provide information against delivery of the plan from month 2. Full delivery of the plan has to be seen as fairly high risk in the context of the significant changes in clinical and other behaviours required to deliver the plan.

3.2.8 Better Care Fund (BCF)

For 2014/15 all funding (£12m) is expected to go directly to Sheffield City Council (SCC) from NHS England, with the CCG having agreed with SCC on the use of this funding. However, we are establishing shadow monitoring and governance arrangements for the planned much larger pooled budget to exist from 2015/16. Updates will be provided to Governing Body in due course. As detailed in the CCG’s Governing Body Assurance Framework being presented to this meeting, we have identified the budgetary challenges and constraints faced by SCC as a principal risk to delivery of our joint strategic objectives in relation to integration of health and social services and this risk will be monitored as part of the shadow BCF governance arrangements which are being put in place.

4. Running Costs

In line with all other CCGs, NHS Sheffield has received a running cost allowance of £24.73 per head of population which equates to £14,057k. The Governing Body approved at the planning stage to redirect £1.5m non recurrently to support delivery of our commissioning priorities. Of the remaining £12.6m allocation, £11.3m has been allocated to specific budgets, leaving £1.2m in a running cost reserve. There are a number of potential commitments against this reserve and a more detailed briefing will be provided to Governing Body at month 3.

5. Key Budget Movements

In line with the Scheme of Delegation the Governing Body is required to sign off all budget movements over £2m. At M1, there were no budget movements compared to the plan approved by the Governing Body in April.

6. Cash

The CCG has yet to be notified by NHS England of its' cash drawdown limit. The total cash used to the end of April was £52.3m, against a requested cash drawdown of £56m. Detailed work is underway to forecast the monthly cash requirements and at this early stage in the year it is anticipated that the CCG will remain within the maximum cash drawdown.

PART B: Practice Level Commissioning Budgets for 14/15

7. Setting Practice Level Indicative Commissioning Budgets

7.1 Introduction and background

The proposal is to set practice budgets which encompass all CCG commissioning budgets, even though not all elements of those budgets are actively managed at practice level.

There is a consensus that we need to incentivise practices to support the delivery of the CCG vision. Provision of relevant, timely and accurate information at practice level, to support the delivery of specific portfolio work is important. The setting of practice level budgets, and the provision of in year monitoring information, allows practices to access a range of information that they find interesting and useful.

As a membership organisation, it is important that we are able to breakdown the totality of the CCG allocation to constituent practices, in order to understand, if any practice were to opt to move to a different CCG, the level of resources that would need to transfer.

There has been no new guidance issued by NHS England on the approaches CCGs should take to set practice level budgets in 2014/15. As a result, there is no new methodology available to set practice 'fair shares' targets.

In the absence of actual activity data at practice level, some estimate of 'capitation shares' will be required to allocate certain budgets. Whilst a new formula has been used to calculate the CCG's overall target allocation, elements of this formula are not available at practice level and as a result it is not possible to calculate capitation shares for practices using the new formula. The old fair shares formula, which has been utilised for calculating practice budgets in previous years, can be updated with recent practice list size information (April 2014). As previously, local adjustments to the national formula can be made to the calculation in relation to the two main student practices.

7.2 Methodologies to be used

The key issues in terms of setting practice level budgets have been discussed with locality representatives as was the timetable for distributing Practice level budgets by the end of June 2014. This paper reflects the outcome of those discussions.

As with 2013/14 the running cost element of the CCG budget will not disaggregated to practices. It is however, the intention is to set practice budgets which encompass all

planned commissioning spend (totalling £695.8m) and this will be consistent with the approach taken in 2013/14.

Practice budgets need to be set in the context of the key financial issues and pressures which the CCG faces in 2014/15. As a result of the need to demonstrate a financially sustainable position, we would not want to set Practice budgets which would destabilise the overall CCG position. The basis on which practice level budgets can be set also needs to reflect the constraints of available information and staff time both in working out practice shares and in monitoring actual performance in year.

A summary of the budgets to be apportioned to practices is shown in the table below. The basis of apportionment is discussed in more detail in the following sections.

Budget	Total Value £m	Proposed basis of apportionment to practices
Acute	379.8	Actual share of activity in 2013/14
Mental Health	75.0	Capitation
Primary and Community	83.1	Mixture of practice SLA values for some enhanced services and capitation for remaining services
CHC (incl. Nurse Assessors)	51.8	Capitation
Prescribing	90.9	Mixture of actual 2013/14 spend and capitation
Medicines Management and Development Nurses	2.1	Capitation
Reserves	13.1	Allocated when released from reserves to relevant budget area
Total	695.8	

7.2.1 Acute Services

This forms the largest element. The proposal is to use 2013/14 activity as the basis for the 2014/15 acute budgets, this updates the position from 2013/14 which used 2012/13 PCT data. The benefit of using the latest activity information for CCG responsible activity is that practices receive a realistic share of the CCG budgets and it will allow us to understand the current pattern of spend at practice level.

7.2.2 Mental Health Services

As in 2013/14, it is proposed that these budgets be set using the updated capitation shares derived from the 'DH Fair Shares toolkit for 2010/11' updated for April 2014 list sizes. This approach will be used because reliable and robust practice level activity data is not available and the majority of expenditure on mental health relates to block contracts, with minimal adjustments for actual activity variances. Differential practice utilisation does not, therefore, substantially influence overall CCG expenditure.. It is envisaged that with the introduction of mental health clustering more detailed Practice level information will become available during 2014/15 for other methodologies to be considered in the future.

7.2.3 Primary and Community Health Services

The proposal is to devolve budgets for Locally Commissioned Services on the basis of agreed SLA values for each Practice, with other locally commissioned services budgets to be allocated using capitation shares on the basis that the majority of spend on these services is incurred on a 'block contract' basis.

7.2.4 Continuing Health Care

The proposal is to continue to devolve CHC and FNC spend to Practices on a capitation basis. Information systems are not sufficiently developed to enable spend to be allocated back to Practices. In addition, spend on certain high cost individual CHC cases could skew spend at practice level, meaning that further risk sharing arrangements would need to put in place.

7.2.5 Prescribing

It is proposed to use the same methodology as in 2013/14. The basis of the budget will be the 2013/14 outturn with some movement toward capitation shares through differential inflation uplifts. In addition to practices own prescribing budgets, as in previous years, each Practice will be devolved a capitation share of non-Practice prescribing budgets i.e. Central Drugs charges and charges for the Home Oxygen service. Expenditure on these areas is not directly attributable to specific Practices.

7.2.6 Medicines Management and Primary Care Development Nurse Teams.

For medicines management services and development nurses we currently have no data on resource usage at practice level. Allocation to practices on the basis of capitation shares is the only basis of apportionment available at present.

7.3 Risk Sharing Arrangements

The proposal is to continue to operate a risk sharing arrangement for both the acute services and prescribing elements of the budgets. It would operate as follows:

Acute Services

A sum of 1% will be taken from each Practice's allocated budget for this element to provide a "risk pool". This is a reduction on the 2.5% from previous years and reflects the change in the commissioning landscape where the majority of those services which attracted high costs now been commissioned by NHS England. This sum will then be utilised to support individual Practices using the following prioritise steps:

- Adjust budgets where a localities list size has moved more than 2%
- Adjust the budget assigned to the Primary Care Access Centre for registered patients if the list size changes significantly (greater than 5%).
- Off-set the cost above £30k for High Cost In-Patients, with the first £30k being borne by the practice budget.
- Over spending Localities.

Prescribing

It is proposed that an average of 4% be taken from each Practice's allocated prescribing budget to provide a "risk pool". This is an increase on the 2.5% in previous years due to the impact of wound care prescribing.

The new element of the risk pool for wound care would be incorporated into the practice budget element of the 14/15 prescribing budget. Non-medical prescribers (NMPs) in the community nursing team will continue to prescribe dressings and other products for the patients on their caseload. Currently there is considerable variation in the distribution of these NMPs across Sheffield. As a result, in areas where NMP provision is lacking, GPs will continue to receive

requests to prescribe dressings etc. The risk pool will help to iron out geographical inequalities in NMP availability. It is envisaged that this risk pool would be phased out over time as STH increases the number of community nursing NMPs. This element of the pool would be re-apportioned to Practice's in proportion to their expenditure.

The process for the high cost drugs element would remain the same and be re-apportioned to Practice's in proportion to expenditure on high cost drugs (drugs costing £250/month or more).

8. Recommendations:

The Governing Body is asked to:

- Note the early risks and challenges to delivery of the planned 1% surplus
- Endorse the approach and principles outlined for setting the GP Practice budgets in 2014-15.

Paper prepared by Jackie Mills, Deputy Director of Finance and Brian Richards, Senior Finance Manager

On behalf of Julia Newton, Director of Finance

May 2014

NHS Sheffield Clinical Commissioning Group
Finance Report 2014/15 - Financial Position for Period Ending 30 April 2014

	Year to Date: April				Year End Forecast Out-turn					
	Budget	Expenditure	Variance		Budget	Forecast	Variance			
	£'000s	£'000s	Over (+)/ Under(-)	%	£'000s	£'000s	Over (+)/ Under(-)	%		
PROGRAMME COSTS										
Revenue Resource Limit	58,337	58,337	-	0%	703,038	703,038	-	0%		
EXPENDITURE										
Acute Hospital Care										
Elective	12,778	12,778	-	0%	153,339	153,339	-	0%		
Urgent care	11,174	11,174	-	0%	134,084	134,084	-	0%		
Other Acute Care / Ambulance Services	6,838	6,838	-	0%	82,053	82,053	-	0%		
	30,790	30,790	-		369,477	369,477	-			
Mental Health & Learning Disabilities										
Mental Health & Learning Disabilities	6,821	6,821	-	0%	81,846	81,846	-	0%		
Primary & Community Services										
Elective Community Care	4,001	4,001	-	0%	48,007	48,007	-	0%		
Urgent Community Care	666	666	-	0%	7,986	7,986	-	0%		
Intermediate Care & Reablement	2,075	2,075	-	0%	24,897	24,897	-	0%		
Long Term Care and End of Life	4,819	4,819	-	0%	57,823	57,823	-	0%		
Prescribing	7,671	7,671	-	0%	92,057	92,057	-	0%		
	19,231	19,231	-	0%	230,770	230,770	-	0%		
Reserves										
Reserves	1,496	896	-	600	-40%	20,945	13,745	-	7,200	-34%
TOTAL EXPENDITURE - PROGRAMME COSTS	58,337	57,737	-	600	-1%	703,038	695,838	-	7,200	-1%
(UNDER)/OVER SPEND - Programme Costs	0	-	600	-	600	-	-	7,200	-	7,200
RUNNING COSTS ALLOWANCE										
Running Cost Budget after £1.5m to Programme	1,046	1,046	-	0%	12,557	12,557	-	0%		
Total Running Cost Expenditure	1,046	1,046	-	0%	12,557	12,557	-	0%		
(UNDER)/OVER SPEND - Running Costs	-	-	-	-	#DIV/0!	-	-	-	-	#DIV/0!
TOTAL										
Revenue Resource Limit	59,383	59,383	-	0%	715,595	715,595	-	0%		
Expenditure	59,383	58,783	-	600	-1%	715,595	708,395	-	7,200	-1%
TOTAL	0	-	600	-	600	-	-	7,200	-	7,200
ALLOCATIONS FROM NHS ENGLAND										
	Revenue				Cash Limits					
	Confirmed	Anticipated	Total		Confirmed	Anticipated	Total			
	£'000s	£'000s	£'000s		£'000s	£'000s	£'000s			
Opening Limits										
Programme Costs	694,638	6,900	701,538		tbc	tbc	-			
Running Costs	14,057		14,057				-			
Changes since last month:										
CLOSING LIMITS	708,695	6,900	715,595		-	-	-			

NHS Sheffield Clinical Commissioning Group
Finance Report 2014/15 - Financial Position for Period Ending 30 April 2014

	Year to Date: April				Year End Forecast Out-turn			
	Budget	Expenditure	Variance		Budget	Forecast	Variance	
	£'000s	£'000s	£'000s	%	£'000s	£'000s	£'000s	%
PROGRAMME COSTS								
Revenue Resource Limit	58,337	58,337	-	0%	703,038	703,038	-	0%
EXPENDITURE								
Acute Hospital Care								
Elective								
Sheffield Teaching Hospitals NHS FT	10,407	10,407	-	0%	124,890	124,890	-	0%
Sheffield Children's NHS FT	1,064	1,064	-	0%	12,772	12,772	-	0%
Other NHS Trusts	259	259	-	0%	3,105	3,105	-	0%
ISTC & Extended Choice	655	655	-	0%	7,863	7,863	-	0%
IFRs & NCAs	393	393	-	0%	4,710	4,710	-	0%
Elective Care	12,778	12,778	-	0%	153,339	153,339	-	0%
Urgent care								
Sheffield Teaching Hospitals NHS FT	9,861	9,861	-	0%	118,333	118,333	-	0%
Sheffield Children's NHS FT	884	884	-	0%	10,610	10,610	-	0%
Other NHS Trusts	428	428	-	0%	5,141	5,141	-	0%
Urgent Care	11,174	11,174	-	0%	134,084	134,084	-	0%
Other Acute Care / Ambulance Services eg critical care, cost per case, block								
Sheffield Teaching Hospitals NHS FT	4,877	4,877	-	0%	58,525	58,525	-	0%
Sheffield Children's NHS FT	120	120	-	0%	1,445	1,445	-	0%
Other NHS Trusts	111	111	-	0%	1,335	1,335	-	0%
Ambulance Services	1,729	1,729	-	0%	20,748	20,748	-	0%
Other Acute Care	6,838	6,838	-	0%	82,053	82,053	-	0%
Mental Health & Learning Disabilities								
Sheffield Health and Social Care NHS FT	6,114	6,114	-	0%	73,374	73,374	-	0%
Sheffield Children's NHS FT - CAMHS	273	273	-	0%	3,279	3,279	-	0%
Local Authority via S256 and S75	222	222	-	0%	2,664	2,664	-	0%
IFRs MH + Other MH contracts + Vol Sector MH	211	211	-	0%	2,530	2,530	-	0%
Mental Health & Learning Disabilities	6,821	6,821	-	0%	81,846	81,846	-	0%
Primary & Community Services (including Urgent Care)								
Elective Care								
Sheffield Teaching Hospitals NHS FT - Community Services Contract	2,908	2,908	-	0%	34,894	34,894	-	0%
Sheffield Children's NHS FT - Community Services Contract	411	411	-	0%	4,926	4,926	-	0%
Other Community incl voluntary sector	117	117	-	0%	1,407	1,407	-	0%
Locally Commissioned Services	381	381	-	0%	4,575	4,575	-	0%
Local Authority - S256 and S75 arrangements	77	77	-	0%	922	922	-	0%
Other Commissioning	65	65	-	0%	779	779	-	0%
PC Development Nurses	42	42	-	0%	503	503	-	0%
Elective Community Care	4,001	4,001	-	0%	48,007	48,007	-	0%
Urgent Care								
Primary Care Access Centre	231	231	-	0%	2,771	2,771	-	0%
111	112	112	-	0%	1,347	1,347	-	0%
Out of Hours	322	322	-	0%	3,868	3,868	-	0%
Urgent Community Care	666	666	-	0%	7,986	7,986	-	0%
Intermediate Care & Reablement								
Sheffield Teaching Hospitals NHS FT - Comm. and Bed based Care	1,762	1,762	-	0%	21,138	21,138	-	0%
Local Authority - S256 eg STIT	169	169	-	0%	2,031	2,031	-	0%
Section 75 Community Equipment Pooled Budget	144	144	-	0%	1,728	1,728	-	0%
Intermediate Care	2,075	2,075	-	0%	24,897	24,897	-	0%
Long Term Care and End of Life								
Continuing Care	3,711	3,711	-	0%	44,531	44,531	-	0%
Funded Nursing Care	461	461	-	0%	5,537	5,537	-	0%
St Lukes Hospice	208	208	-	0%	2,495	2,495	-	0%
Continuing Healthcare Assessments	123	123	-	0%	1,474	1,474	-	0%
Sheffield Teaching Hospitals NHS FT - EOL and LTC Teams	315	315	-	0%	3,785	3,785	-	0%
Long Term Care	4,819	4,819	-	0%	57,823	57,823	-	0%
GP Prescribing								
Prescribing	7,575	7,575	-	0%	90,896	90,896	-	0%
Medicines Management Team	97	97	-	0%	1,161	1,161	-	0%
Prescribing	7,671	7,671	-	0%	92,057	92,057	-	0%
Reserves								
Commissioning Reserves	-	-	-	-	698	698	-	0%
General Contingency Reserve	-	-	-	-	2,298	2,298	-	0%
Non Recurrent incl Call to Action	896	896	-	0%	10,749	10,749	-	0%
Planned Surplus	600	-	600	-100%	7,200	-	7,200	-100%
Reserves	1,496	896	- 600	-40%	20,945	13,745	- 7,200	-34%
TOTAL EXPENDITURE - PROGRAMME COSTS	58,337	57,737	- 600	-1%	703,038	695,838	- 7,200	-1%
(UNDER)/OVER SPEND - Programme Costs	0	- 600	- 600		-	- 7,200	- 7,200	

NHS Sheffield Clinical Commissioning Group
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	Year to Date: April				Year End Forecast Out-turn			
	Budget	Expenditure	Variance		Budget	Forecast	Variance	
	£'000s	£'000s	£'000s	%	£'000s	£'000s	£'000s	%
RUNNING COSTS ALLOWANCE								
Funding net of £1.5m transfer to commissioning budgets	1,046	1,046	-	0%	12,557	12,557	-	0%
EXPENDITURE								
Governing Body including Directors	238	238	-	0%	2,859	2,859	-	0%
Finance & Contracting	144	144	-	0%	1,728	1,728	-	0%
Operations Management	140	140	-	0%	1,686	1,686	-	0%
Clinical Quality & Clinical Services	130	130	-	0%	1,560	1,560	-	0%
Premises and Bought In Services	284	284	-	0%	3,405	3,405	-	0%
Collaborative	7	7	-	0%	88	88	-	0%
Running Cost Reserve	103	103	-	0%	1,231	1,231	-	0%
TOTAL EXPENDITURE - RUNNING COSTS	1,046	1,046	-	0%	12,557	12,557	-	0%
(UNDER)/OVER SPEND - Running Costs	-	-	-		-	-	-	

NHS Sheffield Clinical Commissioning Group
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Main Provider Contracts

	Year to Date: April				Year End Forecast Out-turn			
	Budget	Expenditure	Variance		Budget	Forecast	Variance	
	£'000	£'000	Over (+)/ Under(-)	%	£'000	£'000	Over (+)/ Under(-)	%
EXPENDITURE								
Sheffield Teaching Hospitals NHS FT								
Planned Care	10,407	10,407	-	0.0%	124,890	124,890	-	0.0%
Urgent Care	9,861	9,861	-	0.0%	118,333	118,333	-	0.0%
Community Care	4,678	4,678	-	0.0%	56,135	56,135	-	0.0%
Other Acute	2,578	2,578	-	0.0%	30,936	30,936	-	0.0%
High Cost Drugs	1,227	1,227	-	0.0%	14,719	14,719	-	0.0%
Maternity Services	1,072	1,072	-	0.0%	12,869	12,869	-	0.0%
Primary Care - Out of Hours	318	318	-	0.0%	3,812	3,812	-	0.0%
End of Life Care	264	264	-	0.0%	3,170	3,170	-	0.0%
Other	46	46	-	0.0%	547	547	-	0.0%
<i>Sub Total</i>	30,451	30,451	-	0.0%	365,412	365,412	-	0.0%
Sheffield Children's NHS FT								
Planned Care	1,064	1,064	-	0.0%	12,772	12,772	-	0.0%
Urgent Care	884	884	-	0.0%	10,610	10,610	-	0.0%
Community Care	381	381	-	0.0%	4,568	4,568	-	0.0%
Mental Health Services	273	273	-	0.0%	3,279	3,279	-	0.0%
Other Acute	71	71	-	0.0%	848	848	-	0.0%
High Cost Drugs	50	50	-	0.0%	597	597	-	0.0%
Other (incl. Safeguarding)	30	30	-	0.0%	358	358	-	0.0%
<i>Sub Total</i>	2,753	2,753	-	0.0%	33,033	33,033	-	0.0%
Sheffield Health and Social Care NHS FT								
Mental Health Services	5,784	5,784	-	0.0%	69,405	69,405	-	0.0%
Learning Disabilities	331	331	-	0.0%	3,969	3,969	-	0.0%
Community Equipment Service	144	144	-	0.0%	1,728	1,728	-	0.0%
<i>Sub Total</i>	6,258	6,258	-	0.0%	75,102	75,102	-	0.0%
	39,462	39,462	-	0.0%	473,547	473,547	-	0.0%