

Finance Report

Governing Body meeting

5 November 2015

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Author(s)	Jackie Mills, Deputy Director of Finance
Sponsor	Julia Newton, Director of Finance
Is your report for Approval / Consideration / Noting	
<p><u>For Consideration</u> and Approval: This report provides the Governing Body with information on the financial position for month six (September 2015), together with a discussion on key risks and challenges to deliver the planned year end surplus of £7.4m (1%). A range of pressures have been identified as discussed in previous reports. Whilst the CCG holds contingency reserves, due to the level and range of risks, the Clinical Executive Team have agreed to develop additional mitigating actions with a focus particularly on those areas which are currently forecast to overspend.</p>	
Are there any Resource Implications (including Financial, Staffing etc)?	
None.	
Audit Requirement	
<p><u>CCG Objectives</u></p> <p><i>Which of the CCG’s objectives does this paper support?</i> Strategic Objective - To ensure there is a sustainable, affordable healthcare system in Sheffield. It supports management of the CCG’s principal risks 3.1, 4.1, 4.2 and 4.3 in the Assurance Framework.</p>	
<p><u>Equality impact assessment</u></p> <p><i>Have you carried out an Equality Impact Assessment and is it attached?</i> No.</p> <p><i>If not, why not?</i> There are no specific issues associated with this report.</p>	
<p><u>PPE Activity</u></p> <p><i>How does your paper support involving patients, carers and the public?</i> Not applicable.</p>	
Recommendations	
<p>Governing Body is asked to:</p> <p>A) Consider the risks and challenges to delivery of the planned 1% surplus</p> <p>B) Approve, in line with the BCF Section 75 agreement, the changes to budgets within the BCF as set out in section 4.</p>	

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1. Executive Summary

Key Duties	Year to date	Forecast	Key Issues
Deliver 1% Surplus (£7.45m) against Commissioning Revenue Resource Limit (RRL) + RCA combined	(£3.77m) Under Spend	(£7.45m) Under Spend	The CCG's statutory duty is to breakeven but in the national planning guidance for 2015/16 CCGs have been required to make at least a 1% surplus. Due to the CCG carrying forward a historic 1% surplus from prior years, in effect for 2015/16 our plan is for breakeven. The 1% surplus carried forward is not cash backed and the CCG has no access to this resource in 2015/16. At month 6 we are forecasting delivery of plan.
a) Achieve a surplus against the Programme Allocation	(£2.8m) Under Spend	(£5.8m) Under Spend	Emergency admissions and prescribing expenditure are both forecast to be substantially above budget based on M6 information. There are also pressures on CHC and IFR budgets. The CCG is deploying both commissioning and contingency reserves established at the start of the year as part of our response to the overspends being reported, but additional QIPP and other mitigating actions are being developed and implemented.
b) Remain within Running Cost Allowance (RCA) of £12.6m.	(£1.0m) Under Spend	(£1.7m) Under Spend	At the plan stage, we agreed £1.0m of our required £7.45m total surplus should come from the RCA, leaving the CCG with £11.6m to spend on running costs. At month 6, we are forecasting an additional £0.7m underspend, in part explicitly to support delivery of the 1% surplus.
Remain within Maximum Cash Draw down target set by NHS England	£0.9m closing balance	Break- even	At M6 NHS England have not yet confirmed the maximum cash draw down for 2015/16.
Ensure that 1% of CCG resources are spent non recurrently, and so achieve a minimum underlying or recurrent surplus of 1% to take forward into 2016/17	Not applicable		CCGs must demonstrate non-recurrent spend at a min 1%. With the draw down of the £3.8m surplus we made in 2014/15 above our 1% target, the CCG needs to demonstrate non recurrent spend in excess of 1% in 2015/16. Compliance with this requirement is likely to be difficult given the level of pressures which we are managing at present. 2016/17 financial planning will need to pick up the impact of any underlying pressures.

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. Forecast Revenue Position

2.0 Overview

The financial position at month 6 is shown in summary on Appendix A and Table A below. This shows a surplus of £3.8m year-to-date (YTD) and forecasts achievement of the planned surplus of £7.4m. However, as discussed in 2.1 below, there are a range of substantial risks and uncertainties to be managed to be able to deliver this position. The upside risk assessment would give us an additional £4m resources in year but the downside risk assessment would require actions to reduce spend by over £4m. In order to effectively manage this position and ensure we have no net “uncovered” risk, additional work is taking place focussed on overspending areas and to develop and implement mitigating actions.

Appendix B breaks down the financial position by programme category.

Table A: Summary Position at 30 September 2015

	Annual Budget £'000s	Year to Date Variance £'000s	Forecast Variance £'000s	Forecast Variance %
Acute Hospital Care	379,621	1,128	5,075	1%
Mental Health & Learning Disabilities	81,922	(222)	(304)	0%
Primary & Community Services (Incl. CHC)	255,746	97	1,709	1%
Reserves including planned surplus	15,623	(3,820)	(12,232)	-78%
Programme Costs	732,912	(2,817)	(5,752)	-1%
Running Costs (analysis in section 2.1.12)	12,627	(954)	(1,698)	-13%
Total Budget 2015/16	745,539	(3,771)	(7,450)	-1.0%

2.1 Key Financial Risks, Issues and Challenges

2.1.1 Acute Hospital Activity: **Sheffield Teaching Hospitals (STH)** is by far the most significant contract in value terms as it is planned to account for £376m or 51% of programme spend. A new patient administration system has been implemented at the trust towards the end of September. Unfortunately, there have been a number of operational issues in terms of the implementation of the new system which have impacted on the production of the routine contract monitoring information. The main issues that impact on the production of financial monitoring are: a/ missing activity data where the trust has confirmed that data from a number of departments/point of delivery are still to be loaded onto the new system and b/ activity that has been loaded but is not sufficiently coded to allow a price to be attached. Whilst the trust has provided a set of contract monitoring information, there is a level of caution which needs to be applied when drawing conclusions from the data and no reliable information is available yet on the size of the inpatient and outpatient waiting queues at M6.

The reported year to date position uses the contract monitoring information provided and the forecast outturn includes an estimate to allow for activity levels in October – March to return to the levels expected before this issue occurred (i.e. October – March is based on

actual activity in April – August with the same financial adjustments for catch up on planned care, as previously assumed). This has reduced the forecast overspend position by £0.3m from £2.5m to £2.2m. However, the contract allows for the trust to update contract monitoring data until ‘freeze date’ (after this date, any further amendments are not payable by the CCG). It is likely that the trust will identify additional expenditure for which the CCG is liable.

At month 6, we are reporting a £662k (0.4%) underspend for the contract overall. Contract monitoring information at month 6 shows that elective spend continues to be well below plan (-£3.1m or -5.1%), whilst non-elective spend is £3.2m (5.6%) above plan. While the year to date position is an underspend, our modelling suggests an overall overspend of £2.2m by year end based on key assumptions that the underspend on planned care reduces as “catch up” particularly in terms of case mix occurs, at the same time as there is a limited reduction in percentage terms in the level of unplanned activity as actions such as the Prime Minister’s Challenge and winter resilience initiatives have an impact on reducing admissions.

A response has been received from the Trust in relation to the formal challenges that we raised in relation to the first quarter of the year, in line with national contract procedures. The response confirms the Trust’s agreement to actioning a rebate of £356k, with a balance of £68k which is still in query.

M6 data from **Sheffield Children’s** shows a £39k underspend, mainly in relation to planned care. The forecast overspend has reduced from £366k to £183k mainly as a result of revised estimates for high cost drugs usage and emergency inpatient activity.

2.1.2 Sheffield Health & Social Care Trust: There are no new issues at Month 6.

2.1.3 Individual Funding Requests (IFR): There are no new issues at Month 6.

2.1.4 Ambulance activity: In terms of the main emergency contract with YAS, activity is 2% above plan at M6 but due to the floor/ceiling contract agreed this year, there is no financial variance to report for activity. However, if the 2016/17 contract uses actual activity as its baseline we have a circa £250k pressure (on the basis of the shadow PbR prices in the 2015/16 contract) which needs to be factored into our planning unless as part of our service transformation projects we can seek to reduce the number of required conveyances to hospital.

2.1.5 Independent Sector (IS): Spend is nearly £1.2m above plan in the first 6 months of the year, of which a large proportion relates to MSK activity. There is an offsetting underspend on MSK activity with STH. The forecast spend for the remainder of the year takes into account the change in contractual arrangements for MSK services from 1 September 2015. Activity above plan is still assumed to continue for other specialities in particular general surgery and gynaecology. Further work is being undertaken to understand in more detail the type of activity and referral patterns.

2.1.6 Continuing Health Care (CHC): At month 6 for adult care the run rate (ie ratio of new clients to deaths/discharges) is cumulatively only slightly above plan, but there have been some additional pressures in relation to resolving re-imbursements. The number of clients in receipt of funded nursing care continues to be slightly below plan.

In relation to Children’s CHC, which is outside the BCF, a number of high cost additional packages have recently been approved, reflecting the complex care requirements for the

children/young people concerned. Based on the latest information and allowing for a small number of additional new cases, spend in 2015/16 is expected to be £611k above plan.

The forecast position assumes that the CCG's contribution to the national risk share arrangements for retrospective cases will remain unchanged all year. CCGs will not know until December/January whether this will be the position.

2.1.7 Prescribing: The prescribing budget was increased by £4.5m or 5% (after adjustment for NHSE confirming responsibility for flu vaccination costs) which was the highest increase of any budget for 2015/16 in % terms. Data for April to August is available and we have used our usual local methodology to estimate September data. The growth in the number of items has slowed slightly and is estimated at just above last year's growth of 2.64%. However, the average price per script has remained high at £7.28 for the reasons set out in last month's report. We remain on track to deliver slightly above the QIPP savings target of £500k before the impact of the revised incentive scheme and of the proposed actions discussed at last month's Governing Body, about which we have recently written to member practices. At this stage we have made no estimate of the potential reduction in expenditure which could result.

It is difficult to extrapolate the impact of year to date information with any certainty, but if the current pattern of growth of items, price and drugs switches continues for the remainder of the year we would see a £1.7m overspend against budget. This is a reduction from the estimate of £2.5m reported last month.

2.1.8 Quality Innovation, Productivity & Prevention (QIPP): The table below outlines the current position in relation to savings secured against each of the QIPP programme lines.

Programme	Net Savings Plan Full Year £'000	Net Savings Plan (April-September) £'000	Net Savings Actual (April-September) £'000	Net Variance (April-September) Positive figure = adverse variance £'000
Reducing Variations in Elective Care	(1,070)	(429)	(387)	42
Urgent Care	(3,930)	(1,890)	(210)	1,680
Effective Use of Medicines	(500)	(134)	(232)	(98)
Continuing Health Care & End of Life Care	(500)	(250)	0	250
Total	(6,000)	(2,703)	(829)	1,874

The year to date net savings achieved are only 30% or £829k against the plan of £2.7m which gives us a red RAG rating on NHS England's score card. A significant amount of work is being undertaken to address the shortfall by taking remedial action to bring existing projects back on track where practical and on establishing new projects that could deliver savings in year. As a result the position is expected to improve both in absolute financial and % terms. We have not assumed any benefit from these additional actions within the overall reported position at this stage, as we still need to assess the potential

impact of a number of schemes. As a result, we cannot quantify the likely final out-turn position on the QIPP plan with any certainty at this point.

2.1.9 Section 75 Framework Partnership Agreement (Better Care Fund): Appendix E shows the citywide position in relation to the Better Care Fund (BCF). Overall, a forecast overspend of £6.8m is being reported prior to the use of any contingency reserves.

CCG expenditure within the BCF is included within the overall CCG reported position in appendices A to D. An overall overspend of £4.0m is forecast. The main pressure relates to emergency admissions, which, as reported in section 2.1.1 are significantly above contract baselines.

Information received from Sheffield City Council (SCC) shows a forecast overspend of £2.7m (4.6%), a substantial improvement from the adverse variance of £4.9m at month 5. Most of the improvement results from reviewing activity, expenditure and client income across the range of social care budgets within the BCF.

2.1.10 1.0% Non-Recurrent Reserve. Planning guidance from NHS England requires that all CCGs hold back at least 1% of the programme revenue resource limit to be used on a non recurrent basis. Part of this reserve has been allocated to budgets, in line with plans approved by the Governing Body. The remaining £3m was established as a contingency reserve as part of our Better Care Fund risk share arrangements, to support QIPP double running costs/slippage. At Month 6 we have needed to deploy £1.9m.

2.1.11 General Contingency Reserve: At month 6, the contingency reserve stands at £4.0m. Given the financial pressures forecast at M6, this is required in full to offset areas of overspend, and so is not available to deal with any new pressures which may emerge in the remaining months of the financial year.

2.1.12 Running Costs: The split of the £12.6m running cost allocation is summarised in the table below. The Governing Body approved at the planning stage to underspend by £1m, so that these resources could be deployed to support patient care through our commissioned programmes.

Category	Annual Budget £'000s	YTD Variance £'000s	Forecast Variance £'000s
Pay	6,505	(99)	(332)
Non Pay	5,586	(208)	(324)
Income	(662)	(147)	(42)
Running Costs Reserve	197	0	0
Running Costs Planned Underspend	1,000	(500)	(1,000)
Running Cost Budget	12,627	(954)	(1,698)

The underspend at month 6 is £454k below plan (excluding the planned surplus) mainly due to staff vacancies and limited year to date expenditure against such budgets as legal fees and consultancy.

From 2 June 2015, the Department of Health has specified that CCGs need to secure advance approval from NHS England before procuring, letting or extending a consultancy project over £50,000 and, where approved, subsequently to submit a post implementation report on all such consultancy projects, detailing the benefits and value-add. At the end of September, the CCG has incurred expenditure of £46k, on individual projects. No single

project is forecast to be in excess of £50k. No new consultancy contracts have been proposed that require NHS England approval.

Good progress is being made to finalise the arrangements for the transfer of services from the Yorkshire and Humber CSU before the end of 2015/16. As part of this, work is continuing to quantify any “stranded costs” and the share of these between organisations. At this stage, we anticipate being able to absorb our share within our running cost reserves.

3. Delivery of Cash Position

The CCG has yet to be notified by NHS England of its’ cash drawdown limit. The total cash used to the end of September was £318m, against a requested cash drawdown of £317m and other income of £2.0m.

4. Key Budget Movements

In line with the Scheme of Delegation the Governing Body is required to approve all budget movements over £2m. There are no such movements this month.

In line with the section 75 agreement with Sheffield City Council, any proposed changes to the financial contributions of either party to the Better Care Fund are required to be signed off by the Governing Body (as well as the SCC Cabinet). The following budget changes were considered by the Executive Management Group on 7th October and are recommended for approval by the Governing Body:

	CCG £'000	SCC £'000	Total £'000	Comment
People Keeping Well in their Local Community	0	-1	-1	Realignment of Public Health Budgets to match expenditure with income
Active Support and Recovery	900		900	The provision of additional grants to Sheffield City Council to cover Winter Resilience funding for 2015/16.
Total	900	-1	899	

5. Recommendations:

Governing Body is asked to:

- A) Consider the risks and challenges to delivery of the planned 1% surplus and
- B) Approve, in line with the BCF Section 75 agreement, the changes to budgets within the BCF as set out in section 4.

Paper prepared by Jackie Mills, Deputy Director of Finance

On behalf of Julia Newton, Director of Finance

October 2015

NHS Sheffield Clinical Commissioning Group
Finance Report 2015/16 - Financial Position for Period Ending 30 September 2015

	Year to Date: September				Year End Forecast Out-turn				Forecast Variance @ Month 5 £'000s
	Budget	Expenditure	Variance Over (+)/ Under(-)		Budget	Forecast	Variance Over (+)/ Under(-)		
	£'000s	£'000s	£'000s	%	£'000s	£'000s	£'000s	%	
PROGRAMME COSTS									
Revenue Resource Limit	360,600	360,600	0	0%	732,912	732,912	0	0%	0
EXPENDITURE									
Acute Hospital Care									
Elective	72,846	70,774	(2,072)	-3%	147,127	145,056	(2,071)	-1%	(2,236)
Urgent care	65,595	69,098	3,503	5%	133,002	139,851	6,849	5%	7,108
Other Acute Care / Ambulance Services	49,134	48,831	(303)	-1%	99,492	99,790	298	0%	(154)
	187,575	188,703	1,128	1%	379,621	384,696	5,075	1%	4,718
Mental Health & Learning Disabilities									
Mental Health & Learning Disabilities	40,804	40,581	(222)	-1%	81,922	81,618	(304)	0%	(253)
Primary & Community Services									
Elective Community Care	20,603	20,552	(51)	0%	42,421	42,186	(234)	-1%	(167)
Urgent Community Care	3,884	3,884	(0)	0%	7,750	7,732	(17)	0%	3
Intermediate Care & Reablement	22,108	22,147	39	0%	44,217	44,232	15	0%	(32)
Long Term Care and End of Life	32,824	32,989	165	1%	63,436	63,795	359	1%	504
Prescribing	47,913	47,928	15	0%	95,751	97,385	1,634	2%	2,409
Other Commissioning	1,068	998	(70)	-7%	2,171	2,123	(48)	-2%	(69)
	128,401	128,499	98	0%	255,745	257,454	1,709	1%	2,649
Reserves									
Reserves	3,820	0	(3,820)	-100%	15,623	3,391	(12,232)	-79%	(12,894)
TOTAL EXPENDITURE - PROGRAMME COSTS	360,600	357,783	(2,817)	-1%	732,912	727,160	(5,752)	-1%	(5,780)
(UNDER/OVER SPEND - Programme Costs)	0	(2,816)	(2,817)		(0)	(5,752)	(5,752)		(5,780)
RUNNING COSTS ALLOWANCE									
Running Cost Funding	6,225	6,225	0	0%	12,627	12,627	0	0%	0
Total Running Cost Expenditure	6,225	5,272	(954)	-15%	12,627	10,929	(1,698)	-13%	(1,670)
(UNDER/OVER SPEND - Running Costs)	0	(954)	(954)		0	(1,698)	(1,698)		(1,670)
TOTAL									
Revenue Resource Limit	366,825	366,825	0	0%	745,539	745,539	0	0%	0
Expenditure	366,825	363,055	(3,771)	-1%	745,539	738,089	(7,450)	-1%	(7,450)
TOTAL (A)	0	(3,770)	(3,771)		(0)	(7,450)	(7,450)		(7,450)
RESOURCE LIMIT ALLOCATIONS									
	Revenue				Maximum Cash				
	Confirmed	Anticipated	Total		Confirmed	Anticipated	Total		
	£'000s	£'000s	£'000s		£'000s	£'000s	£'000s		
Programme Costs	732,688		732,688		736,751		736,751		
Changes since last month: Sheffield CCG Maternity Pathway - Newborn Hearing	224		224				0		
Month 6 Programme Costs Resource Limit	732,912	0	732,912		736,751	0	736,751		
Running Costs	12,627		12,627						
Changes since last month: Nil			0						
Month 6 Running Cost Resource Limit	12,627	0	12,627						
CLOSING LIMITS (B)	745,539	0	745,539		736,751	0	736,751		

Memo Table: NHS England Presentation of CCGs financial position

In-year allocation:		
15/16 Core Allocation	733,694	C
Return of prior year's surplus in excess of 1% (£4,115k) for use in 2015/16 less additional £250k surplus to be made in 2015/16 to continue at 1%	3,865	D
Total share of NHSE mandate for 2015/16	737,559	E=C+D
Expenditure:		
Forecast Expenditure (Programme Spend plus Running Costs)	737,559	A
Forecast under/(over)-spend against in year allocation	0	E-A
In-year performance:		
Performance against 15/16 core allocation	-3,865	F=C-A
Made up of:		
Planned use of prior year surpluses (agreed drawdown)	3,865	D
Other in year under/(over)-spend against resource limit	0	G=D+F
Memorandum: cumulative (historic) surplus/(deficit)		
Total share of NHSE mandate for 2015/16	737,559	E
Return of remaining prior year surplus: (£11,315k - £3,865k) to keep at 1%	7,450	H
Total allocation plus historic surplus/deficit (equals closing limits per table above)	745,009	B (or E+H)
Forecast Surplus / (deficit) against total allocation	7,450	I=B-A
Target additional surplus required to meet business rules	0	I-H

NHS Sheffield Clinical Commissioning Group
Finance Report 2015/16 - Financial Position for Period Ending 30 September 2015

	Year to Date: September				Forecast Out-turn				Forecast Variance @ Month 5 £'000s
	Budget	Expenditure	Variance		Budget	Forecast	Variance		
	£'000s	£'000s	£'000s	%	£'000s	£'000s	£'000s	%	
PROGRAMME COSTS									
Revenue Resource Limit	360,600	360,600	0	0%	732,912	732,912	0	0%	0
EXPENDITURE									
Acute Hospital Care									
Planned Care									
Sheffield Teaching Hospitals NHS FT	61,529	58,384	(3,145)	-5%	127,351	123,671	(3,680)	-3%	(3,418)
Sheffield Children's NHS FT	6,317	6,095	(222)	-4%	12,634	12,360	(274)	-2%	(321)
Other NHS Trusts	1,412	1,558	146	10%	2,666	2,908	241	9%	13
ISTC & Extended Choice	3,588	4,736	1,148	32%	4,476	6,117	1,641	37%	1,491
Planned Care	72,846	70,774	(2,072)	-3%	147,127	145,056	(2,071)	-1%	(2,236)
Urgent Care									
Sheffield Teaching Hospitals NHS FT	57,717	60,942	3,226	6%	116,188	122,740	6,552	6%	6,645
Sheffield Children's NHS FT	5,121	5,363	242	5%	11,153	11,538	384	3%	507
Other NHS Trusts	2,757	2,793	36	1%	5,661	5,573	(88)	-2%	(44)
Urgent Care	65,595	69,098	3,503	5%	133,002	139,851	6,849	5%	7,108
Other Acute Care / Ambulance Services									
Sheffield Teaching Hospitals NHS FT	33,773	33,017	(756)	-2%	69,512	68,843	(669)	-1%	(749)
Sheffield Children's NHS FT	1,159	1,091	(69)	-6%	2,318	2,372	54	2%	155
Other NHS Trusts	911	1,147	235	26%	1,544	1,779	235	15%	71
ISTC & Extended Choice	170	225	55	32%	92	291	198	215%	30
Ambulance Services	11,001	10,917	(84)	-1%	22,027	21,945	(82)	0%	(56)
Other Acute Services	2,119	2,434	315	15%	3,999	4,560	561	14%	395
Other Acute Care	49,134	48,831	(303)	-1%	99,492	99,790	298	0%	(154)
Mental Health & Learning Disabilities									
Sheffield Health and Social Care NHS FT	36,639	36,624	(15)	0%	73,581	73,566	(15)	0%	(15)
Sheffield Children's NHS FT	1,802	1,812	10	1%	3,604	3,623	19	1%	25
Local Authority	1,426	1,426	0	0%	2,852	2,852	0	0%	(1)
Other Mental Health Services	937	720	(217)	-23%	1,885	1,577	(308)	-16%	(262)
Mental Health & Learning Disabilities	40,804	40,581	(222)	-1%	81,922	81,618	(304)	0%	(253)
Primary & Community Services									
Planned Care									
Sheffield Teaching Hospitals NHS FT	7,694	7,694	0	0%	15,388	15,388	0	0%	0
Sheffield Children's NHS FT	2,283	2,283	0	0%	4,817	4,817	0	0%	0
Locally Commissioned Services	2,949	2,906	(43)	-1%	5,916	5,825	(91)	-2%	(19)
Local Authority	6,800	6,771	(29)	0%	14,499	14,437	(62)	0%	(60)
Development Nurses	232	184	(47)	-20%	463	386	(77)	-17%	(77)
Other Community Services	646	714	68	11%	1,337	1,333	(4)	0%	(10)
Planned Community Care	20,603	20,552	(51)	0%	42,421	42,186	(234)	-1%	(167)
Urgent Care									
Primary Care Access Centre	1,404	1,404	(0)	0%	2,790	2,773	(17)	-1%	3
111	611	611	0	0%	1,221	1,221	0	0%	0
Out of Hours	1,869	1,869	0	0%	3,739	3,739	0	0%	0
Urgent Community Care	3,884	3,884	(0)	0%	7,750	7,732	(17)	0%	3
Intermediate Care & Reablement									
Sheffield Teaching Hospitals NHS FT	20,130	20,130	0	0%	40,260	40,260	0	0%	0
Local Authority	1,016	1,016	0	0%	2,031	2,031	0	0%	0
Community Equipment	962	1,001	39	4%	1,925	1,940	15	1%	(32)
Intermediate Care	22,108	22,147	39	0%	44,217	44,232	15	0%	(32)
Long Term Care and End of Life									
Continuing Care	22,880	23,261	381	2%	45,760	46,494	734	2%	612
Continuing Care Retrospectives	2,569	2,569	0	0%	2,569	2,569	0	0%	0
Continuing Healthcare Assessments	1,091	910	(181)	-17%	2,539	2,235	(304)	-12%	0
Funded Nursing Care	3,263	3,215	(48)	-1%	6,526	6,430	(96)	-1%	(123)
St Lukes Hospice	1,266	1,266	0	0%	2,531	2,531	0	0%	0
Sheffield Teaching Hospitals NHS FT	1,755	1,768	12	1%	3,511	3,535	25	1%	15
Long Term Care	32,824	32,989	165	1%	63,436	63,795	359	1%	504
GP Prescribing									
Prescribing	47,288	47,395	107	0%	94,501	96,226	1,725	2%	2,500
Medicines Management Team	625	533	(92)	-15%	1,250	1,159	(91)	-7%	(91)
Prescribing	47,913	47,928	15	0%	95,751	97,385	1,634	2%	2,409
Other Commissioning	1,068	998	(70)	-7%	2,171	2,123	(48)	-2%	(69)
Other Commissioning	1,068	998	(70)	-7%	2,171	2,123	(48)	-2%	(69)
Reserves									
Commissioning Reserves	600	0	(600)	-100%	2,152	2,097	(55)	-3%	(53)
General Contingency Reserve	0	0	0	0%	4,020	0	(4,020)	-100%	(4,020)
1.0% Non Recurrent Reserve	0	0	0	0%	3,001	1,294	(1,707)	-57%	(2,371)
Planned Surplus	3,220	0	(3,220)	-100%	6,450	0	(6,450)	-100%	(6,450)
Reserves	3,820	0	(3,820)	-100%	15,623	3,391	(12,232)	-79%	(12,894)
TOTAL EXPENDITURE - PROGRAMME COSTS	360,600	357,783	(2,817)	-1%	732,912	727,160	(5,752)	-1%	(5,780)
(UNDER)/OVER SPEND - Programme Costs	0	(2,816)	(2,817)		(0)	(5,752)	(5,752)		(5,780)
RUNNING COSTS ALLOWANCE									
Funding net of £1.5m transfer to commissioning budgets	6,225	6,225	0	0%	12,627	12,627	0	0%	0
EXPENDITURE									
Governing Body & Chief Officers	1,421	1,427	7	0%	2,845	2,788	(57)	-2%	(58)
Finance & Contracting	946	673	(273)	-29%	1,892	1,507	(385)	-20%	(365)
Operations Management	967	845	(122)	-13%	1,907	1,806	(102)	-5%	(101)
Clinical Quality & Clinical Services	908	870	(38)	-4%	1,816	1,711	(106)	-6%	(106)
Premises and Bought In Services	1,410	1,379	(31)	-2%	2,821	2,777	(44)	-2%	(36)
Collaborative	73	78	4	6%	148	143	(5)	-3%	(4)
Quality Premium Allocation	0	0	0	0%	0	0	0	0%	0
Running Cost Reserve	0	0	0	0%	197	197	0	0%	0
Running Cost Planned Surplus	500	0	(500)	-100%	1,000	0	(1,000)	-100%	(1,000)
TOTAL EXPENDITURE - RUNNING COSTS	6,225	5,272	(954)	-15%	12,627	10,929	(1,698)	-13%	(1,670)

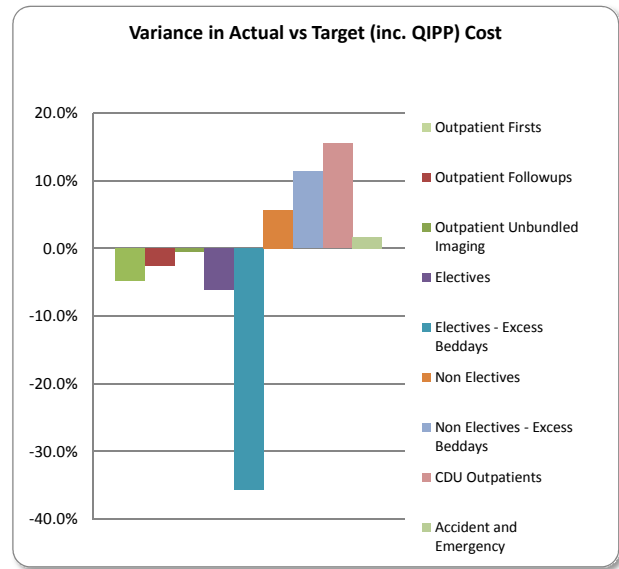
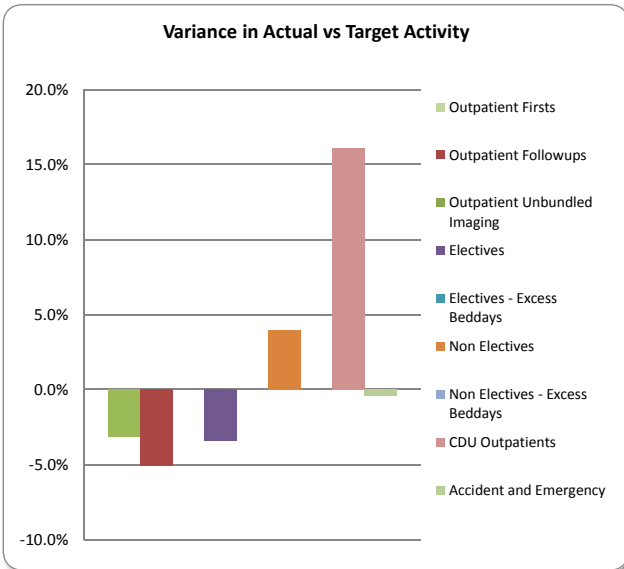
NHS Sheffield Clinical Commissioning Group
Finance Report 2015/16 - Financial Position for Period Ending 30 September 2015

Main Provider Contracts

	Year to Date: September				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 - STH	61,529	58,384	(3,145)	-5.1%	127,351	123,671	(3,680)	-2.9%
Urgent Care - STH	57,717	60,942	3,226	5.6%	116,188	122,740	6,552	5.6%
Community Care - STH	7,694	7,694	0	0.0%	15,388	15,388	0	0.0%
Other Acute - STH	17,267	16,588	(679)	-3.9%	36,499	35,984	(516)	-1.4%
High Cost Drugs - STH	9,846	9,846	(0)	0.0%	19,692	19,692	(0)	0.0%
Maternity Services	6,660	6,583	(77)	-1.2%	13,320	13,167	(153)	-1.1%
Primary Care - Out of Hours	1,869	1,869	0	0.0%	3,739	3,739	0	0.0%
Intermediate Care & Reablement	20,130	20,130	0	0.0%	40,260	40,260	0	0.0%
End of Life Care	1,755	1,768	12	0.7%	3,511	3,535	25	0.7%
<i>Sub Total</i>	184,467	183,805	(662)	-0.4%	375,948	378,177	2,228	0.6%
Sheffield Children's NHS FT								
Planned Care - SCH	6,317	6,095	(222)	-3.5%	12,634	12,360	(274)	-2.2%
Urgent Care - SCH	5,121	5,363	242	4.7%	11,153	11,538	384	3.4%
Community Care - SCH	2,107	2,107	(0)	0.0%	4,464	4,464	0	0.0%
Mental Health Services - SCH	1,802	1,812	10	0.5%	3,604	3,623	19	0.5%
Other Acute - SCH	735	744	8	1.1%	1,470	1,678	208	14.1%
High Cost Drugs - SCH	424	347	(77)	-18.1%	848	694	(154)	-18.1%
Safeguarding	177	177	0	0.0%	353	353	0	0.0%
<i>Sub Total</i>	16,683	16,644	(39)	-0.2%	34,526	34,709	183	0.5%
Sheffield Health and Social Care NHS FT								
Mental Health & Learning Disabilities	36,639	36,624	(15)	0.0%	73,581	73,566	(15)	0.0%
Community Equipment Service	634	649	15	2.4%	634	649	15	2.4%
<i>Sub Total</i>	37,273	37,273	0	0.0%	74,215	74,215	0	0.0%
Total Expenditure - main provider contracts	238,422	237,721	(701)	-0.3%	484,690	487,101	2,412	0.5%

Sheffield CCG Commissioned Activity and Costs - September 2015

Sheffield Teaching Hospitals NHS FT



Point of Delivery	Year to Date Activity Plan	Year to Date Actual Activity	Variance	
			Activity	%
Outpatient Firsts	68,017	65,863	-2,154	-3.2%
Outpatient Followups	169,550	160,943	-8,607	-5.1%
Outpatient Unbundled Imaging				
Electives	35,472	34,247	-1,225	-3.5%
Electives - Excess Beddays				
Non Electives	25,458	26,477	1,019	4.0%
Non Electives - Excess Beddays				
CDU Outpatients	13,679	15,881	2,202	16.1%
Accident and Emergency	70,331	70,040	-291	-0.4%
Total				

Year to Date Budget	Actual Expenditure	Variance	
		£'000s	%
10,558	10,051	-508	-4.8%
14,718	14,335	-382	-2.6%
2,027	2,016	-11	-0.5%
33,784	31,698	-2,086	-6.2%
442	284	-158	-35.7%
46,702	49,340	2,638	5.6%
3,093	3,443	351	11.3%
752	869	116	15.5%
7,096	7,216	120	1.7%
119,171	119,252	81	0.1%

MFF Uplift Applied to Contract Monitoring Costings at 2.9422% for PbR Activity Only
Includes PbR and Non-PbR Activity (and CDU (A&E) activity)

NHS Sheffield Clinical Commissioning Group
Finance Report 2015/16 - Financial Position for Period Ending 30 September 2015
Memorandum: Section 75 - Better Care Fund

Theme	Year to Date: September				Year End Forecast Out-turn				Forecast Variance @ Month 5 £'000s
	Budget	Expenditure	Variance Over (+)/ Under(-)		Budget	Forecast	Variance Over (+)/ Under(-)		
	£'000s	£'000s	£'000s	%	£'000s	£'000s	£'000s	%	
Citywide Position									
People Keeping Well in their local community	4,509	4,179	(330)	-7.3%	8,860	8,473	(387)	-4.4%	(186)
Active Support & Recovery	25,650	26,107	458	1.8%	51,296	52,179	883	1.7%	1,088
Independent Living Solutions	1,838	1,938	100	5.4%	3,757	3,796	39	1.0%	24
Ongoing Care	77,473	79,954	2,481	3.2%	154,529	156,568	2,040	1.3%	3,738
Emergency Medical Admissions - STH	26,624	28,721	2,097	7.9%	53,713	57,944	4,231	7.9%	3,851
Capital Grants	0	0	0		3,456	3,456	0	0.0%	0
TOTAL EXPENDITURE	136,093	140,899	4,805	3.5%	275,611	282,417	6,805	2.5%	8,515
NHS Sheffield CCG									
People Keeping Well in their local community	984	894	(90)	-9.1%	1,968	1,786	(182)	-9.2%	(161)
Active Support & Recovery	21,870	21,870	0	0.0%	43,740	43,740	0	0.0%	0
Independent Living Solutions	921	999	78	8.5%	1,925	1,943	18	0.9%	17
Ongoing Care	33,320	33,714	394	1.2%	66,640	66,641	0	0.0%	(121)
Emergency Medical Admissions - STH	26,624	28,721	2,097	7.9%	53,713	57,944	4,231	7.9%	3,851
Capital Grants	0	0	0		0	0	0		0
CCG Total	83,719	86,198	2,479	3.0%	167,986	172,053	4,067	2.4%	3,586
Sheffield City Council (SCC)									
People Keeping Well in their local community	3,525	3,285	(240)	-6.8%	6,893	6,688	(205)	-3.0%	(25)
Active Support & Recovery	3,780	4,237	458	12.1%	7,556	8,439	883	11.7%	1,088
Independent Living Solutions	917	939	22	2.4%	1,832	1,853	21	1.1%	7
Ongoing Care	44,153	46,240	2,087	4.7%	87,889	89,928	2,039	2.3%	3,859
Emergency Medical Admissions - STH	0	0	0		0	0	0		0
Capital Grants	0	0	0		3,456	3,456	0	0.0%	0
SCC Total	52,375	54,701	2,326	4.4%	107,625	110,364	2,738	2.5%	4,929

Notes:
Key elements of each theme are summarised below:

People Keeping Well in their local community	Includes Care Planning, Health trainers/ Community Support Workers, Community Grants and Support to VCF sector, Public Health, Housing related support to Older People and other support services
Active Support & Recovery	Includes community nursing, Intermediate Care Beds, CICs, Transfer of Care Teams, STIT, Intermediate Care Assessment teams
Independent Living Solutions	Includes community equipment and adaptations
Ongoing Care	Includes CHC& FNC, Learning Disabilities, Adult Social Care
Emergency Medical Admissions - STH	Includes Adult Inpatient Medical Emergency Admissions (excluding gastroenterology)