

Month 3 Finance Update August 2021

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1. Executive Summary

Key Duties	Year to date	Forecast (M1-M6)	Key Issues
Deliver a break-even position (CCG's Control Total) against Commissioning Revenue Resource Limit (RRL) + RCA combined	(£0.1m) Under spend	(£0.0m) Break-even	<p>The CCG is still required to deliver an in year break-even position against the allocations received. (The allocations will include retrospective funding for Hospital Discharge Programme [HDP], Elective Recovery Fund [ERF] and ARRS costs in M1 to M6).</p> <p>Due to limited information at this point in the year there is still a wide range of possible forecasts and risks. There are clear pressures emerging in relation to Continuing Healthcare (CHC) and GP Prescribing. The CCG has some mitigations but at this stage the forecast rating is Amber due to the possible variability</p>
a) Achieve a break-even position against the Programme Allocation	£0.0m Break-even	£0.0m Break-even	As noted above, with Continuing Healthcare (CHC) and GP Prescribing being the areas with greatest variability and risk in the Programme allocation the forecast has an Amber rating.
b) Remain within Running Cost Allowance (RCA) of £11,154k	(£0.1m) Under Spend	(£0.0m) Break-even	The original notified allocation for RCA for the full year was £11,154k and there is a requirement not to exceed this funding level. Half of this has been allocated for months 1 to 6. H1 Quality Innovation Productivity Prevention (QIPP) of £0.25m has been taken out of the budget for non-recurrent vacancy factor based on normal levels. It is expected the QIPP will be met and therefore the duty met. The recently announced 3% pay award for NHS staff is not expected to be funded in relation to RCA and so adds an additional pressure to the RCA budget.
Remain within the Cash Limit (i.e. Maximum draw down set by NHS England)	£6.6m closing balance	Breakeven	The CCG's maximum draw down for 2021/22 notified in June was £569.6m. To remain within this limit, which requires the revenue position to be brought in on plan, cash payments will need to be managed to meet this target.

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. Introduction

The Governing Body were notified of the revised half-year budget (H1) for 2021/22 at the previous meeting in May. The budget anticipates receipt of additional allocations totalling £3.9m, a number of which are still to be confirmed, as follows:

Confirmed Revenue Resource Limit - Programme	564,936
Anticipated Allocations:	
Hospital Discharge Programme	2,798
Independent Sector ERF income	576
Other allocations not yet received - ARRS	500
Anticipated Revenue Resource Limit - Programme	568,810

Confirmed Revenue Resource Limit - Running Cost Allowance	5,577
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Anticipated Revenue Resource Limit - Total	574,387
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There are a range of risks associated with the assumed allocations, which are explained further in section 6 of this report.

3. Summary of the reported position

A summary position of the overall variances are shown in Table 2 below, for the year to date position to the end of June and the forecast for H1 (months 1-6) based on the allocations received from NHSE (including estimates for HDP, ERF and ARRS additional funding to cover costs).

More detailed analysis can be found in Appendix A which incorporates the £3.9m of additional anticipated allocations for HDP and ERF funding.

At this early stage in the financial year, it is difficult to accurately forecast the year end position, given the numerous factors that can influence spend over the year, as well as a lack of clarity regarding funding for H2.

Some initial work has been undertaken to provide an indicative forecast for both H2 (months 7-12), as well as what this would mean for the full financial year, if our allocation and financial arrangements were similar to H1 (see section 6 below). This is summarised in Appendix B. This may be an optimistic forecast given recent indications that resources in the second half of the year are likely to reduce, particularly in relation to increased efficiency expectations. However, given the level of uncertainty regarding H2, the information in the appendix is shaded in grey to signify the indicative nature at this stage. We will continue to work to refine these estimates as further information becomes available.

Whilst there remain a number of key risks and issues that need to be managed we are currently forecasting a break-even position (although with key variances in a number of areas).

TABLE 2 - Variances against budget in thousands (£000's)	YTD	M1-M6	M7-M12	Full Year
Acute & Community NHS Services	0	(1)	(1)	(2)
Other Acute & Community	(30)	(91)	(74)	(166)
Mental Health	(125)	(97)	(152)	(249)
Other Primary & Community services	(18)	34	(51)	(17)
Primary Care Co-Commissioning	375	779	779	1,559
Locally Commissioned Primary Care	(28)	(0)	(0)	(0)
Continuing Care	483	1,586	1,663	3,249
Prescribing	242	501	621	1,122
Collaborative Working	(17)	(0)	(0)	(0)
Reserves	(899)	(2,678)	(2,789)	(5,467)
Total Programme Position	(17)	32	(3)	29
Running Costs	(110)	(33)	3	(29)
	(127)	(0)	(0)	(0)

4. COVID Expenditure

A budget of £766k has been allocated to the CCG as part of the system envelope, forecast expenditure at M3 is slightly in excess of the budget and is included in the Month 3 position. As system pressures mount, we continue to review the level of additional capacity required to support both the current covid response as well as mitigating the reduce capacity due to social distancing and staff absences.

The Month 3 position also assumes additional costs associated with the Hospital Discharge Programme (HDP). Expenditure incurred under the HDP will be funded separately, as in 20/21. However, NHS England issued indicative allocations for each ICS area at the end of May. The South Yorkshire and Bassetlaw indicative allocation (£5.8m) is lower than our 'fair share' of the confirmed national funding of £475m. Forecast spend across the five CCGs is currently in excess of the indicative allocation and we are working with regional colleagues to put forward a case for additional funding.

5. Further Information on Key Budgets and Related Risks

Acute and Community NHS Services:

The block arrangements which were in place throughout 20/21 remain in place during the first six month period. These blocks are predominantly underpinned by 2019/20 payments as they were last year.

The system top-ups and COVID funding arrangements continue but the values are now based on Provider plans submitted to the ICS and reflect different elements of costs / funding than they did last year. Table 3 below shows the amounts being paid to the three Sheffield NHS Providers for M1-M6.

Table 3 :- M1-M6 System funding for Sheffield Providers (£000's)	Growth Funding	COVID Funding	System Top Up	Provider Income Loss	Total
Sheffield Health and Social Care	250	2,954	1,903	344	5,451
Sheffield Teaching Hospitals	2,290	17,621	21,328	1,657	42,896
Sheffield Children's	421	2,533	10,482	241	13,677
Total system funding	2,961	23,108	33,713	2,242	62,024

Other providers within the ICS are receiving their system top-ups from their local CCGs.

STHFT activity update:

Changes in staff at Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) mean that we have been unable to obtain the detailed information and commentary received in previous months. However, a review of STHFT data from the contract monitoring information being submitted by the Trust shows that:

	May-21	Apr-21	Mar-21	Feb-21	Jan-21	Dec-20	Trend
OP Firsts	9,981	9,854	11,495	9,304	9,685	9,439	
OP F/Ups	27,344	28,252	32,130	26,354	27,001	26,826	
OP Waiters	17,562	17,044	16,116	16,330	16,575	17,110	
Working Days	19	20	23	20	20	21	
OP Firsts per day	525	493	500	465	484	449	
OP F/Ups Per day	1,439	1,413	1,397	1,318	1,350	1,277	
IP - Non Elective	4,137	4,098	4,135	3,711	3,895	3,787	
IP - Elective	4,910	4,813	4,802	3,908	3,810	4,197	
IP Waiters	11,443	11,625	11,588	11,085	10,709	10,138	
Working Days	19	20	23	20	20	21	
IP Non-Electives per day	218	205	180	186	195	180	
IP Electives per day	258	241	209	195	191	200	

	May 21 as % of May 19	May-21	May-20	PRE-COVID May-19
OP Firsts	91%	9,981	5,693	11,016
OP F/Ups	94%	27,344	20,101	28,990
OP Waiters	91%	17,562	13,630	19,362
IP - Non Elective	92%	4,137	3,446	4,473
IP - Elective	92%	4,910	1,603	5,343
IP Waiters	151%	11,443	9,291	7,597

The number of outpatient first appointments in May was higher than that seen in April and (with the exception of March which was a 23 working day month) it was the highest in the last six months. Whilst outpatient follow-ups were lower in May than April, they were still higher than the levels seen in most recent months. And, there is a positive trend in the number of patients being seen each day. However, the reducing waiting list trend has reversed in the last two months.

There was a small increase in both elective and non-elective inpatient activity in May and, coupled with this, a small reduction in inpatient waiters and further positive movements in the daily number of elective inpatients being seen.

Whilst activity in May for Sheffield patients was below Pre-Covid levels, it is well ahead of the 75% of 2019/20 activity target, as set out in the elective recovery fund (ERF) guidance. However, NHS England has recently revised its guidance on targets for the ERF. Whereas Trusts and CCGs were previously asked to achieve a minimum of 85% of the 2019/20 activity levels from 1 July, this was increased to 95% in a letter received on 9 July. As a result, expected funding in relation to additional activity above the target will reduce.

*Please note: the figures in the tables above differ to those presented in last month's report as Business Intelligence colleagues have since refined their activity reporting.

Mental Health: The small under-spend to date relates predominantly to the Individual Funding Request (IFR) budget as no patients have yet been referred to panel for Mental Health IFR needs.

Continuing Health Care (CHC) and Funded Nursing Care (FNC): The over-spend to date is an estimate of cost pressures arising from growth in the number and cost of approved packages. It is also not yet clear whether HDP arrangements will continue into H2 (and if so, on what basis) and this makes precisions for H2 more complex. In order to help assess this, different scenarios have been calculated and included within the risk assessment in Section 6. However, the current data does indicate a significant level of challenge for the CCG. Sheffield City Council is also reporting significant financial pressures both in adults and children's social care and we continue to work with them to understand the additional pressures that are presenting.

Primary Care Co-Commissioning and Locally Commissioned Primary Care: As reported to PCCC, the position at month 3 shows an overspend of £347k and a forecast variance for H1 of £779k. This is primarily on delegated budgets which, within H1 budgets, has a shortfall of £1m between estimated expenditure and the allocation received. £0.5m is brought-forward from 20/21, other cost pressures include VAT and locum expenditure increases. Work is ongoing to identify how the shortfall can be managed and the PCCC report outlined possible mitigations.

Prescribing: Data for April/May has been received. This shows a 5% increase in the number of items prescribed compared to last financial year, the average price per item has risen slightly at £7.28 for non flu items, we are therefore forecasting an overspend of £1.1m. Within the forecast figures is £1.5m QIPP target which at this stage 50% is forecast to be achieved, given the ongoing capacity constraints as our Medicines Optimisation Teams are also being asked to support delivery of the covid vaccination programme. However as highlighted in the audited accounts of 2020/21 March's spend was much lower than accrued so the benefit from that can be used to offset part of the overspend in April - May. Since last month's report information has also been received

that means nationally set prices for certain drugs (Category M) will reduce for July to September so the forecast is based on the high spend in April & May reducing. Scenario's on forecast spend are included within the risk assessment in section 6.

Running Costs: The H1 allocation is unchanged at £5,577k, which is half of the previously report allocation of £11.154m. Within the budgeted spend £250k QIPP in H1 is expected to be delivered due to vacancies. The year to date position is an underspend of £110k although this may be used in future months. As a result, the forecast for the first six months is an underspend of £33k (achieving the £250k QIPP). The recent announcement of the pay offer of 3% is unlikely to come with additional resources in relation to staff falling within the scope of running costs. As a result this additional pressure will need to be absorbed within the total allocation (and is included in the risk assessment in section 6).

Table 5: Running Costs	Budget for M1-6 £000's	Variance M1-M3 £000's	Forecast Variance M1-M6 £000's
PAY	4,740	(386)	(339)
NON-PAY	1,609	85	(78)
INCOME	(638)	0	0
Running Cost Reserve	(384)	191	384
	5,327	(110)	(33)

6. Overall Risk Assessment

In the plan submission summarised for Governing Body in May, we identified a pressure on baseline budgets that would be partially mitigated by setting a QIPP target of £3m (against CHC, prescribing and running costs). A further £2m unidentified QIPP target was included to balance the plan, in the expectation that this could be covered off through income/expenditure slippage. The report above identifies additional pressures that have materialised since the plan was agreed. Whilst the report also identifies slippage, both in terms of the small number of investments agreed by governing body as well as additional resources received, to balance off the overall position, these mitigations are predominantly non recurrent and so work is ongoing to quantify recurrent expenditure pressures.

Our assessment, using the information available to date, identifies that in addition to the reported forecast, there are a range of risks for H1 (-£2.8m upside to +£2.8m downside). Key risks are summarised below.

Area	Key Risks
Assumed Allocations	Expenditure on hospital discharge programme and elective recovery framework is anticipated to be funded in full. For hospital discharge programme there is a funding envelope at an ICS level, there is a risk that the total for the ICS will exceed the envelope and therefore not all spend will be funded. The elective recovery framework has a national funding envelope, the guidance has changed so that less funding is received in H1 however it is still expected to cover costs incurred the current ICS for H1.
Non NHS Acute/MH/Community	Variability in IFR spend
Primary Care	Potential slippage on list size changes, pressures on locum spend.
Continuing Care	Variability of assumptions on run rate for adult Continuing Healthcare, Children's Continuing Care and Funded Nursing Care

Prescribing	Variability of assumptions on cost and item growth, impact of supply shortages.
COVID costs	Variability in costs as a result of prevalence of COVID and impact on services
Running Costs	Possible slippage on budgets including corporate costs and legal fees with additional pressure from a final pay settlement that is unlikely to come with additional resources for CCG running costs.
Reserves	Potential further slippage on additional funding received.

This level of financial risk requires careful management and we will continue to prioritise actions to ensure that we have sufficient mitigations to manage the M1-M6 position.

7. Forecasts and financial arrangements October to March

NHSE/I have yet to confirm what arrangements will be in place for the second half of the year. They have indicated that resources are likely to reduce compared to H1, particularly in relation to increased efficiency requirement and reduction in additional funding such as HDP and ERF. The M7-M12 figures in table 2 (above) and Appendix B are produced on the basis that the same arrangements continue, with the exception of any HDP or ERF schemes. As soon as planning and operational guidance is published for this period we will refresh these assumptions (this is currently expected in September).

These figures should be viewed in light of the fact that little information is available yet about how the funding may change during the second half of the year and that it is very early in the financial year.

Detailed work is ongoing to determine the range of financial risk and possible mitigations for expecting increase in spend and possible reduction in allocation in M7-M12. The main drivers in this risk assessment for M7-M12 are shown in the table below.

Area	Key Risks
Assumed Allocations	It is unclear at this point in time whether HDP and ERF funding will continue, however, some costs will continue to be incurred by the CCG. It is expected that the efficiency requirement will increase in the second half of the year and covid funding is likely to reduce, meaning that overall baseline resources in H2 are likely to be lower than in H1.
Continuing Care	With growth in packages across the year, spend will increase in the second half of the year and as shown in the point above HDP funding for the initial rehabilitation and assessment may not be received.
Prescribing	There are more Prescribing days in M7-M12 so expect spend to be higher.
COVID costs	Variability in costs as a result of prevalence of COVID and impact on services
Running Costs	Possible slippage on budgets including corporate costs and legal fees with additional pressure from a final pay settlement that is unlikely to come with additional resources for CCG running costs.
Reserves	Potential slippage on agreed investments/additional allocations
Commissioning Intentions	As agreed previously the CCG wants to press on with a small number of essential Commissioning Intentions which in some cases will result in increased spend in the second half of the year. Work is being undertaken to understand the profile expected spend as a result of Commissioning Intentions work.

One key issue we will need to understand further is how the two different funding allocations for H1 and H2 will be managed – whether any surplus or deficit from H1 will be frozen or rolled forward into H2.

8. Delivery of Cash Position

The CCG was notified of a maximum annual cash drawdown limit of £569.6m at month 3. The CCG is able to use this cash and income received, whilst some expenditure items listed are outside the cash limit. The total cash used to the end of June was £284.3m against a requested cash drawdown of £261.8m, prescribing and home oxygen of £24.8m, other income of £3.4m and a brought forward balance of £0.8m. The cash balance at bank at the end of the month was £6.6m. A minimal cash balance at bank is planned for the year end, which will have to be closely managed.

9. Better Payment Practice Code

The Better Payment Practice Code requires the CCG to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later. A summary of the position for the 12 month period to the end of June is reported in Table 6 below:

Table 6: Measure of compliance	12 months to June 2021 (Number)	12 months to June 2021 (£000's)
Non-NHS Payables		
Total Non-NHS Trade invoices paid in the year	17,758	249,734
Total Non-NHS Trade Invoices paid within target	17,621	248,519
Percentage of Non-NHS Trade invoices paid within target	99.23%	99.51%
NHS Payables		
Total NHS Trade invoices paid in the year	1,174	701,472
Total NHS Trade invoices paid within target	1,164	701,292
Percentage of NHS Trade invoices paid within target	99.15%	99.97%

In addition to the Better Payment Practice Code, the latest Procurement Policy Note guidance states that Suppliers should be paid within seven days where possible. The finance team continues to ensure that payments are processed as speedily as possible.

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On behalf of Jackie Mills, Director of Finance

July 2021

NHS Sheffield Clinical Commissioning Group
Finance Report 2021/22 - Financial Position for Period Ending 30th June 2021

	Year to Date: June				Forecast Out-turn for M1-6				Variance	Forecast Variance as at M2
	Budget	Expenditure	Variance		Budget	Forecast	Variance		Change from prev month	
	£'000	£'000	£'000	%	£'000	£'000	£'000	%		
PROGRAMME COSTS BY PROVIDER/ SERVICE										
Revenue Resource Limit	274,713	274,713	0	0.0%	564,936	564,936	0	0.0%	→	0
Anticipated Allocations										
Hospital Discharge Programme	1,795	1,795	0		2,798	2,798	0		→	0
Independent Sector ERF income	327	327	0		576	576	0		→	0
Other allocations not yet received - ARRS	250	250	0		500	500	0		→	0
Revised Budget	277,084	277,084	0		568,810	568,810	0		→	0
EXPENDITURE										
Sheffield Teaching Hospitals	134,144	134,144	0	0.0%	268,288	268,288	(0)	0.0%	→	0
Sheffield Children's Hospital	17,881	17,881	0	0.0%	35,762	35,762	(0)	0.0%	↓	0
Yorkshire Ambulance Service	7,313	7,313	0	0.0%	14,625	14,625	(0)	0.0%	↓	1
Other NHS Trusts	3,330	3,330	0	0.0%	6,659	6,659	(0)	0.0%	→	0
Acute & Community NHS Services	162,667	162,667	0	0.0%	325,334	325,333	(1)	0.0%	↓	1
ISTC & Extended Choice	1,063	1,071	8	0.8%	2,119	2,126	7	0.4%	↑	0
Ambulance Services	478	437	(41)	-8.5%	955	913	(42)	-4.4%	↓	0
Non Contract Activity	136	129	(7)	-5.1%	459	400	(59)	-12.9%	↓	93
Other Community	130	130	(0)	-0.3%	276	276	(0)		→	0
Individual Funding Requests	140	150	10	7.2%	291	293	2	0.8%	↑	0
Other Acute & Community	1,947	1,917	(30)	-1.5%	4,100	4,008	(91)	-2.2%	↓	93
Sheffield Health & Social Care	26,515	26,515	(0)	0.0%	53,031	53,031	(0)	0.0%	→	0
Other Mental Health	244	296	52	21.1%	488	591	103	21.1%	↑	93
Sheffield Local Authority (MH)	353	338	(15)	-4.2%	706	676	(30)	-4.2%	↓	0
Voluntary Sector (MH)	432	420	(11)	-2.6%	863	843	(20)	-2.3%	↓	16
Individual Funding Requests (MH)	150	0	(150)		300	150	(150)	-50.0%	↓	(100)
Mental Health	27,694	27,570	(125)	-0.4%	55,389	55,292	(97)	-0.2%	↓	9
Sheffield Local Authority	7,331	7,358	27	0.4%	14,195	14,249	54	0.4%	↑	0
St Lukes Hospice	985	985	0	0.0%	1,746	1,746	0	0.0%	→	0
Voluntary Sector	73	73	0	0.0%	146	146	0	0.0%	→	0
Other Commissioning	969	931	(38)	-3.9%	1,938	1,924	(14)	-0.7%	→	(14)
Development Nurses (Directly Employed)	120	113	(7)	-6.1%	240	234	(6)	-2.6%	↓	(5)
Other Primary & Community services	9,478	9,460	(18)	-0.2%	18,264	18,298	34	0.2%	↑	(18)
Core Contract	14,026	14,026	(0)	0.0%	28,051	28,051	0	0.0%	→	0
Premises	2,732	2,738	6	0.2%	5,483	5,483	0	0.0%	→	0
QoF	2,184	2,184	(0)	0.0%	4,369	4,369	0	0.0%	→	0
Enhanced Services	2,309	2,299	(10)	-0.4%	4,618	4,619	1	0.0%	↑	0
Primary Care Other Services	135	514	379	281.0%	252	1,031	779	309.0%	↑	0
Primary Care Co-Commissioning	21,386	21,761	375	1.8%	42,773	43,552	779	1.8%	↑	0
Locally Commissioned Services	4,024	4,010	(14)	-0.3%	8,047	8,047	(0)	0.0%	→	0
GP IT	501	487	(15)	-2.9%	1,003	1,003	0	0.0%	→	0
Locally Commissioned Primary Care	4,525	4,497	(28)	-0.6%	9,049	9,049	(0)	0.0%	→	0
Adults Continuing Care	12,441	13,003	562	4.5%	24,706	26,397	1,691	6.8%	↑	295
Children's Continuing Care	947	949	2	0.2%	1,894	1,899	4	0.2%	↑	0
Continuing Healthcare Assessments	650	585	(65)	-10.0%	1,300	1,223	(77)	-5.9%	↓	(42)
Funded Nursing Care	1,358	1,341	(16)	-1.2%	2,715	2,682	(33)	-1.2%	↓	0
Continuing Care	15,396	15,879	483	3.1%	30,615	32,201	1,586	5.2%	↑	253
Prescribing	23,968	24,269	301	1.3%	49,556	50,178	622	1.3%	↑	0
Medicines Optimisation	485	426	(60)	-12.3%	1,010	889	(121)	-12.0%	↓	(44)
Prescribing	24,453	24,695	242	1.0%	50,567	51,068	501	1.0%	↑	(44)
Accountable Care Partnership	32	32	0	0.2%	65	65	0	0.0%	↓	7
Better Care Fund	48	31	(17)	-35.3%	96	96	0	0.0%	→	0
Integrated Care System	8,662	8,662	0	0.0%	17,325	17,325	0	0.0%	→	0
Other Collaborative Working	22	21	(0)	0.0%	43	43	0	0.0%	→	0
Collaborative Working	8,764	8,747	(17)	-0.2%	17,528	17,528	(0)	0.0%	↓	7
Sub total Programme before reserves	276,310	277,192	882	0.3%	553,619	556,329	2,710	0.5%	↑	301
Reserves										
Commissioning reserves	899	0	(899)	-100.0%	3,405	931	(2,473)	-72.6%	↓	(301)
General Contingency	0	0	0		205	0	(205)	-100.0%	↓	0
ICS Reserve	0	0	0		11,832	11,832	0	0.0%	→	0
Reserves	899	0	(899)	-100.0%	15,442	12,763	(2,678)	-17.3%	↓	(301)
TOTAL EXPENDITURE - COMMISSIONING	277,209	277,192	(17)	0.0%	569,060	569,093	32	0.0%	↑	(0)
(UNDER)/OVER SPEND - COMMISSIONING	125	108	(17)		250	282	32		↑	(0)

	Year to Date: June				Forecast Out-turn for M1-6				Variance	Forecast Variance as at M2
	Budget	Expenditure	Variance Over (+)/ Under(-)		Budget	Forecast	Variance Over (+)/ Under(-)		Change from prev month	
	£'000	£'000	£'000	%	£'000	£'000	£'000	%		
PROGRAMME COSTS BY PROVIDER/ SERVICE										
RUNNING COSTS ALLOWANCE										
Allocation	2,789	2,789	0	0%	5,577	5,577	0	0%	→	0
Accountable Officer (incl Deputy Accountable Officer)	715	679	(36)	-5.1%	1,430	1,285	(145)	-10.1%	↓	(116)
Commissioning Development	534	397	(137)	-25.7%	1,068	971	(97)	-9.1%	↑	(102)
Medical Directorate	121	118	(3)	-2.7%	242	235	(7)	-2.8%	→	(7)
Corporate Services	715	731	16	2.2%	1,431	1,387	(44)	-3.0%	↓	1
Finance & Corporate Services	496	445	(50)	-10.1%	991	947	(45)	-4.5%	↑	(63)
Nursing & Quality	275	184	(91)	-33.1%	549	470	(80)	-14.5%	↓	(74)
Running Cost Reserve	(192)	0	192	-100.0%	(384)	(0)	384	-100.0%	↑	361
Running Costs	2,664	2,554	(110)	-4.1%	5,327	5,294	(33)	-0.6%	↓	0
(UNDER)/OVER SPEND - Running Costs	(125)	(235)	(110)		(250)	(283)	(33)		↓	0
TOTAL (UNDER)/OVER SPEND	0	(127)	(127)	0.0%	0	(0)	(0)	0.0%	→	0

NHS Sheffield Clinical Commissioning Group
Finance Report 2021/22 - Estimated position for M7-M12 and Year End

	Forecast Out-turn for M7-12				Forecast Out-turn for M1-12				Variance Change from prev month	Forecast Variance as at M2
	Budget	Forecast	Variance Over (+) Under(-)		Budget	Forecast	Variance Over (+) Under(-)			
	£'000	£'000	£'000	%	£'000	£'000	£'000	%		
PROGRAMME COSTS BY PROVIDER/ SERVICE										
Revenue Resource Limit	564,936	564,936	0	0.0%	1,129,873	1,129,873	0	0.0%	→	0
Anticipated Allocations										
Hospital Discharge Programme	0	0	0		2,798	2,798	0		→	0
Independent Sector ERF income	576	576	0		1,152	1,152	0		→	0
Other allocations not yet received - ARRS	500	500	0		1,000	1,000	0		→	0
Revised Budget	566,012	566,012	0		1,134,823	1,134,823	0		→	0
EXPENDITURE										
Sheffield Teaching Hospitals	268,288	268,288	(0)	0.0%	536,576	536,576	(0)	0.0%	→	0
Sheffield Children's Hospital	35,762	35,761	(1)	0.0%	71,523	71,521	(2)	0.0%	↓	0
Yorkshire Ambulance Service	14,625	14,625	(0)	0.0%	29,250	29,250	(0)	0.0%	→	0
Other NHS Trusts	6,659	6,659	(0)	0.0%	13,319	13,319	(0)	0.0%	→	0
Acute & Community NHS Services	325,334	325,333	(1)	0.0%	650,668	650,666	(2)	0.0%	↓	0
ISTC & Extended Choice	2,119	2,143	25	1.2%	4,237	4,269	32	0.8%	↑	0
Ambulance Services	955	913	(42)	-4.4%	1,911	1,826	(84)	-4.4%	↓	0
Non Contract Activity	459	400	(59)	-12.9%	917	799	(118)	-12.9%	↓	0
Other Community	135	135	(0)	0.0%	412	412	(0)	0.0%	→	0
Individual Funding Requests	291	293	2	0.8%	581	586	5	0.8%	↑	0
Other Acute & Community	3,959	3,885	(74)	-1.9%	8,059	7,893	(166)	-2.1%	↓	0
Sheffield Health & Social Care	53,031	53,031	(0)	0.0%	106,062	106,062	(0)	0.0%	→	0
Other Mental Health	488	591	103	21.1%	977	1,183	206	21.1%	↑	0
Sheffield Local Authority (MH)	706	676	(30)	-4.2%	1,413	1,353	(60)	-4.2%	↓	0
Voluntary Sector (MH)	863	789	(75)	-8.6%	1,726	1,632	(95)	-5.5%	↓	0
Individual Funding Requests (MH)	300	150	(150)	-50.0%	600	300	(300)	-50.0%	↓	0
Mental Health	55,389	55,237	(152)	-0.3%	110,777	110,529	(249)	-0.2%	↓	0
Sheffield Local Authority	12,465	12,465	(1)	0.0%	26,660	26,713	53	0.2%	↑	0
St Lukes Hospice	1,476	1,476	0	0.0%	3,222	3,222	0	0.0%	→	0
Voluntary Sector	146	146	0	0.0%	293	293	0	0.0%	→	0
Other Commissioning	1,938	1,894	(44)	-2.3%	3,875	3,818	(57)	-1.5%	↓	0
Development Nurses (Directly Employed)	240	234	(6)	-2.6%	480	467	(13)	-2.6%	↓	0
Other Primary & Community services	16,266	16,215	(51)	-0.3%	34,530	34,513	(17)	-0.1%	↓	0
Core Contract	28,051	28,051	0	0.0%	56,102	56,102	0	0.0%	→	0
Premises	5,483	5,483	0	0.0%	10,967	10,967	0	0.0%	→	0
QoF	4,369	4,369	0	0.0%	8,737	8,737	0	0.0%	→	0
Enhanced Services	4,618	4,619	1	0.0%	9,236	9,237	2	0.0%	↑	0
Primary Care Other Services	252	1,031	779	309.0%	504	2,061	1,557	309.0%	↑	0
Primary Care Co-Commissioning	42,773	43,552	779	1.8%	85,546	87,105	1,559	1.8%	↑	0
Locally Commissioned Services	7,865	7,865	(0)	0.0%	15,911	15,911	(0)	0.0%	→	0
GP IT	1,003	1,003	0	0.0%	2,006	2,006	0	0.0%	→	0
Locally Commissioned Primary Care	8,867	8,867	(0)	0.0%	17,917	17,917	(0)	0.0%	→	0
Adults Continuing Care	23,962	25,653	1,691	7.1%	48,668	52,050	3,382	6.9%	↑	0
Children's Continuing Care	1,894	1,899	4	0.2%	3,789	3,797	9	0.2%	↑	0
Continuing Healthcare Assessments	1,300	1,300	0	0.0%	2,599	2,523	(76)	-2.9%	↓	0
Funded Nursing Care	2,715	2,682	(33)	-1.2%	5,430	5,365	(66)	-1.2%	↓	0
Continuing Care	29,871	31,534	1,663	5.6%	60,486	63,735	3,249	5.4%	↑	0
Prescribing	49,966	50,588	622	1.2%	99,523	100,767	1,244	1.2%	↑	0
Medicines Optimisation	1,010	1,010	(0)	0.0%	2,021	1,900	(121)	-6.0%	↓	0
Prescribing	50,977	51,598	621	1.2%	101,544	102,666	1,122	1.1%	↑	0
Accountable Care Partnership	65	65	0	0.0%	129	129	0	0.0%	→	0
Better Care Fund	96	96	0	0.0%	192	192	0	0.0%	→	0
Integrated Care System	17,325	17,325	(0)	0.0%	34,650	34,649	(0)	0.0%	→	0
Other Collaborative Working	43	43	0	0.0%	86	86	0	0.0%	→	0
Collaborative Working	17,528	17,528	(0)	0.0%	35,057	35,056	(0)	0.0%	→	0
Sub total Programme before reserves	550,964	553,750	2,786	0.5%	1,104,583	1,110,079	5,496	0.5%	↑	0
Reserves										
Commissioning reserves	2,867	677	(2,189)	-76.4%	6,271	1,609	(4,662)	-74.3%	↓	0
General Contingency	600	0	(600)	-100.0%	805	0	(805)	-100.0%	↓	0
ICS Reserve	11,832	11,832	0	0.0%	23,664	23,664	0	0.0%	→	0
Reserves	15,299	12,509	(2,789)	-18.2%	30,740	25,273	(5,467)	-17.8%	↓	0
TOTAL EXPENDITURE - COMMISSIONING	566,262	566,259	(3)	0.0%	1,135,323	1,135,352	29	0.0%	↑	0
(UNDER)/OVER SPEND - COMMISSIONING	250	247	(3)		500	529	29		↑	0
RUNNING COSTS ALLOWANCE										
Allocation	5,577	5,577	0	0%	11,154	11,154	0	0%	→	0
Accountable Officer (incl Deputy AO)	1,430	1,300	(130)	-9.1%	2,861	2,586	(275)	-9.6%	↓	0
Commissioning Development	1,068	947	(120)	-11.3%	2,135	1,918	(218)	-10.2%	↓	0
Medical Directorate	242	232	(9)	-3.8%	483	467	(16)	-3.3%	↓	0
Corporate Services	1,431	1,414	(16)	-1.1%	2,862	2,802	(60)	-2.1%	↓	0
Finance & Corporate Services	991	969	(22)	-2.2%	1,982	1,916	(66)	-3.4%	↓	0
Nursing & Quality	549	467	(83)	-15.0%	1,099	937	(162)	-14.8%	↓	0
Running Cost Reserve	(384)	(0)	384	-100.0%	(768)	(0)	768	-100.0%	↑	0
Running Costs	5,327	5,330	3	0.1%	10,654	10,625	(29)	-0.3%	↓	0
(UNDER)/OVER SPEND - Running Costs	(250)	(247)	3		(500)	(529)	(29)		↓	0
TOTAL (UNDER)/OVER SPEND	0	0	(0)	0.0%	0	(0)	(0)	0.0%	→	0