Date:	13-10-2	016			Report Title:
Meeting:	Governi		,		
Item Number:	8.6				FINANCE REPORT: MONTH 5 (AUGUST) 2016/17
Public/Private:	Publ	ic 🗵 I	Private [, , ,
,					Decisions to be made:
Author:	Louise T	illey – S	enior		
(Name, Title)	Finance	•			To Receive and Note the Finance report.
					·
GB Lead:	Ian Holb	orn - CF	:0		
(Name, Title)					
Continue to impro	ve the qu	ality of	services		Improve patient experience
D. d d		**			Boding the Convertation on the Month
Reduced unwarrar	ited varia	tions in	services		Reduce the inequalities gap in North Lincolnshire
Deliver the best ou	itcomes f	or every	, natient		Statutory/Regulatory
Deliver the best of	ittornes i	or cvcry	patient		Statutory, regulatory
Executive Summar	y (Questi	on, Opti	ons, Red	commend	lations):
Purpose To brief the Govern at end of August 20		membe	rs on the	e finance	position and achievement of duties so far for 2016/17 (as
Equality Impact	Yes	s 🗆 N	o 🗆		
Sustainability	Voi	s 🗆 N	о 🗆		
Sustainability	i re:	5 L IV	О		
Risk	Ye	s 🗵 N	о 🗆		
THIS I	10.	<i>,</i> , , , , , , , , , , , , , , , , , ,			
Legal	Yes	s 🗆 N	о 🗆		
J					
Finance	Yes	s 🗵 N	о 🗆		
		1		ical and S	takeholder Engagement to date
	N/A	Y	N	Date	N/A Y N Date
Patient:					Clinical:
Dublice					Other:

i. Key Messages

At Month 5 we reported to NHS England:

 $^{\sim}$ a £3.2m YTD overtrade which was mainly a result of the position with NLAG $\it and$

~ that by year end we would achieve all of our financial duties, including hitting our financial surplus

BUT....

- This is based on the assumption that QIPP/Recovery Plans will deliver significant savings by 31 March 2017
- Analysing the YTD position using a trend analysis shows that performance has deteriorated between M4 and M5 (see next slide)

SO....

- The CCG's Recovery Plan will be implemented from September, with savings phased over the remainder of the year
- Over the next few months we will be having regular communication with NHS England to monitor our performance against plan

ii. Financial Summary

	YEAR TO DATE COMPARISON					
	MONTH 5 VARIANCE	PRIOR MONTH VARIANCE	MOVEMENT	TREND		
	£ 000s	£ 000s	£ 000s			
Acute Services	2,660	2,238	422	1		
Mental Health Services	0	0	0	4		
Community Health services	(24)	0	(24)			
Continuing Care	64	0	64	1		
Mental Health and LD Out Of Area	301	101	200	4		
Mental Health and LD Pooled Budgets	137	0	137	1		
Prescribing	85	150	(65)	1		
Primary Care Services	3	0	3	4		
Other Programme Services	0	29	(29)	1		
COMMISSIONING BUDGETS	3,226	2,518	708			
Planned Surplus	0	0	0	\Rightarrow		
TOTAL COMMISSIONING ALLOCATION	0	0	0			
Running Costs	0	0	0	\Rightarrow		
TOTAL RUNNING COST ALLOCATION	0	0	0			
TOTAL CCG ALLOCATION	3,226	2,518	708	1		
Management Actions						
TOTAL REPORTED M5 POSITION	3,226	2,518	708			



	FULL YEA	AR FORECAS	Т 2016/17
	ANNUAL BUDGET	ACTUAL	VARIANCE
	£ 000s	£ 000s	£ 000s
	108,574	119,215	10,642
	14,267	14,267	0
	25,451	25,451	0
	15,530	16,022	492
	5,567	7,619	2,052
	460	840	380
	32,583	33,942	1,358
	1,472	1,472	0
	13,177	12,294	(884)
	217,082	231,122	14,040
	2,230	2230	0
	2,230	2,230	0
	3,767	3,767	0
	3,767	3,767	0
	3,707	3,707	•
ļ	223,079	237,119	14,040
		(14,040)	(14,040)
	223,079	223,079	0



iii. Discussion Points Raised with Executive Team

SPECIALIST MH AND LD

 Understand referrals across all of our Providers

ACUTE

- Prioritise investigation of known data quality issues and challenge through the Contracting Framework
 e.g. BCF and Out of Hours/A&E
- Need to understand Capacity Plans for the remainder of the year to model the impact on the finances as the RTT position improves. This may also involve a shift of work between Providers

- Prioritisation of block beds

- Use of Non Recurrent TCP funding in 2016/17

- Prioritisation of the Risk Gain Share with lead MH provider

- Buy in a specialist Case Management Service
- Close working between departments to share intel re movements in cases
 - e.g. new cases, deceased cases, increased packages etc

- Review of current arrangements to consider:

what is covered within the pooled arrangementshow the risk / gain share worksreview of patient cohorts

PRESCRIBING

- More work required to understand the current over spend position e.g. growth/volume, price, new drugs?
- Engagement with the GP's?
- Regular meetings to be set up to discuss Community Prescribing
- Regular meetings with our Medicines
 Management Service Leads to monitor the
 impact of new QIPP schemes which form part
 of the Recovery Plan.

POOLED BUDGETS



Appendix 1 - Contents

n	ltem .
	Executive Summary
1.1	Headlines
1.2	Financial Duties
	Financial Management
2.1	Summary Financial Position
2.2	Acute Services
2.3	Allocations
2.4	QIPP
	Financial Control
3.1	Statement of Financial Position (including Aged Debtors and BPCC)
3.2	Cash
	1.1 1.2 2.1 2.2 2.3 2.4



1. Executive Summary

1.1 Headlines

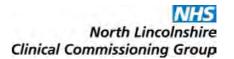
- At Month 5 the CCG has reported a YTD over-spend of £3.2m. It is however still forecasting to achieve all of its statutory duties for 2016/17 (see section 1.2) but this is heavily reliant on Management Action and risk mitigation.
- Current trend analysis highlights that if no action is taken the CCG will miss its target surplus for 2016/17 by circa £14m (see section 2.1). At Month 5 this figure has been reported to NHS England as a risk.
- Areas of emerging financial risk inloude:

Acute Services

Prescribing

Specialist Mental Health and Learning Disability Services

Mental Health and Learning Disability Pooled Budgets



1.2 Financial Duties

Financial Duties	Target	Outturn RAG	RAG Explanation
Maintain expenditure within the revenue resource limit and deliver a 1% surplus	Planned surplus or greater achieved	(At month 5 the CCG is forecasting to achieve its target surplus (£2,230k). This is however subject to the achievement of the Recovery Plan which has been implemented in September.
Maintain expenditure within the allocated cash limit	Cash drawdown less than cash limit	⊘	At month 5 the CCG is forecasting to maintain its cash spend within the allocated cash limit.
3 Maintain capital expenditure within the delagated limit from the Area Team	N/A		The CCG do not currently have any delegated capital funds from the Area Team.
4 Ensure running costs do not exceed our agreed admin allocation	Expenditure less than or equal to allocation	Ø	At month 5 the CCG is forecasting that running costs will be within its allocated budget.
5 Ensure the 1% headroom remains uncommitted	1%	②	The 1% headroom currently remains uncommitted
6 Ensure compliance with the better payment practice code (BPPC)	Greater than or equal to 95% by Number/Value	>	BPPC was achieved in month and YTD for both NHS and Non NHS suppliers, for both number and value of invoices

Please Note: Achievement of the Financial Duties is reported on the "Do Something" Position.



2. Financial Management

2.1 Summary Financial Position

	YEAR TO	DATE - AUG	SUST 2016	FULL YEA	R FORECAS	Т 2016/17
	LATEST BUDGET	ACTUAL	VARIANCE	ANNUAL BUDGET	ACTUAL	VARIANCE
	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s
Acute Services	45,239	47,899	2,660	108,574	119,215	10,642
Mental Health Services	5,760	5,760	0	14,267	14,267	0
Community Health services	10,605	10,580	(24)	25,451	25,451	0
Continuing Care	6,794	6,858	64	15,530	16,022	492
Mental Health and LD Out Of Area	2,335	2,636	301	5,567	7,619	2,052
Mental Health and LD Pooled Budgets	192	328	137	460	840	380
Prescribing	13,576	13,661	85	32,583	33,942	1,358
Primary Care Services	613	617	3	1,472	1,472	0
Other Programme Services	3,441	3,441	0	13,177	12,294	(884)
COMMISSIONING BUDGETS	88,554	91,780	3,226	217,082	231,122	14,040
Planned Surplus	0	0	0	2,230	2230	0
TOTAL COMMISSIONING ALLOCATION	0	0	0	2,230	2,230	0
Running Costs	1,570	1,570	0	3,767	3,767	0
TOTAL RUNNING COST ALLOCATION	1,570	1,570	0	3,767	3,767	0
TOTAL CCG ALLOCATION	90,124	93,349	3,226	223,079	237,119	14,040
Management Actions					(14,040)	(14,040)
TOTAL REPORTED M5 POSITION	71,818	74,335	3,226	223,079	223,079	0

Note:
The CCG has
reported a break
even forecast
position to NHS
England, however
this section
highlights the
"unmanaged"
position which
shows a £14.040m
"gap" that the
Recovery Plan must
address.

[~] The CCG has reported a £3.2m over spend at Month 5 which is mainly due to overtrades in Acute Services. More detail on this is shown in section 2.2.

[~] The forecast position based on a "do nothing" scenario shows a £14m over spend by 31 March 2017. The Recovery Plan has been implemented in September and improvements will be measured against its trajectory over the remainder of the year.

2.2 Acute Services

	YEAR TO	DATE - AUG	SUST 2016	FULL YEAR FORECAST 2016/17 (Nothing Position)		
Providers	LATEST BUDGET	ACTUAL	VARIANCE	LATEST BUDGET	ACTUAL	VARIANCE
	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s
Northern Lincolnshire & Goole Hospitals NHS FT	33,059	35,827	2,768	79,342	89,832	10,490
Hull & East Yorkshire NHS Trust	4,792	4,850	58	11,500	11,500	0
Doncaster & Bassetlaw NHS FT	1,495	1,365	(130)	3,588	3,588	0
Sheffield Teaching Hospitals NHS FT	524	609	84	1,258	1,258	0
Sheffield Children's Hospital NHS FT	240	227	(13)	576	576	0
United Lincolnshire Hospitals NHS Trust	356	348	(9)	855	855	0
Leeds Teaching Hospitals NHS Trust	323	316	(7)	776	776	0
East Midlands Ambulance Trust	2,167	2,182	15	5,200	5,200	0
Other Secondary & Tertiary Care Services	785	854	68	1,885	2,285	400
Exclusions / Non-Contract Activity	1,035	1,035	0	2,485	2,656	171
Resilience	463	288	(175)	1,110	690	(420)
TOTAL ACUTE SERVICES	45,239	47,899	2,660	108,574	119,215	10,642

NOTE:

1) Actual expenditure is based on month 4 contract monitoring reports extrapolated to month 5.

2) The position takes into account the value of any penalties/financial sanctions.

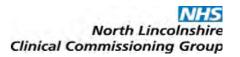
[~] The YTD overspend on Acute services mainly relates to our over performance at NLAG. Without Management Actions, the full year variance is currently forecast to be £10.490m over spent. This comprises £9.15m to take us up to the contract cap, £1.175m of unresolved prior year issues and a new cost pressure at M5 of £164k for Overseas Visitors.

An estimate of the financial impact of the RTT backlog at NLAG is currently included within the £10.490m overspend. As work on this progresses we will update the report to reflect where the activity will be carried out.

[~] There are emerging cost pressures within Exclusions and Non Contract Activity, particularly for the Goole Neuro Rehabilitation Service. These will continue to be monitored closely.

2.3 Allocations

	RECURRENT BUDGET			NON F			
	OPENING	MOVEMENT	TOTAL	OPENING	MOVEMENT	TOTAL	TOTAL BUDGET
	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s
Initial CCG Programme Allocation	217,072		217,072			0	217,072
Initial CCG Running Cost Allocation	3,767		3,767			0	3,767
Return of Surplus (2015/16)				2,210		2,210	2,210
2015-16 recurrent transfers post allocation setting	-94		-94			0	-94
Q1 Eating Disorder Service			0		90	90	90
Transfer of NHSE Support re Embed and Thirad Party			0		19	19	19
03K - GP Development Programme - reception and clerical training			0		15	15	15
CONFIRMED ALLOCATIONS AT MONTH 5	220,745	0	220,745	2,210	124	2,334	223,079



	£000's
Planned Savings Requirement from QIPP (net of investment)	£8,710
QIPP schemes with plans to deliver savings (net of investment)	£8,710
Shortfall of Schemes from Plan	£0

	YEAR TO DATE - AUGUST 2016			FULL YEAR FORECAST 2016/17		
QIPP SCHEMES - PERFORMANCE	PLAN £ 000s	ACTUAL £ 000s	VARIANCE £ 000s	PLAN £ 000s	ACTUAL £ 000s	VARIANCE £ 000s
Continuing Care	130	100	(30)	300	300	o
Prescribing	270	0	(270)	650	650	0
Acute Services	3,220	0	(3,220)	7,760	7,760	0
TOTAL	3,620	100	(3,520)	8,710	8,710	0

[~] The CCG's QIPP target required to deliver a balanced financial position for 2016/17 was £8.71m at planning stage. The split of this by area is shown in the table above and this is reported to NHS England each month.

The current forecast assumes full delivery by the end of the year. Although the YTD position is not fully achieved, we anticipate a catch up over the latter stages of the year which will be driven by the Recovery Plan and revised QIPP Schemes.

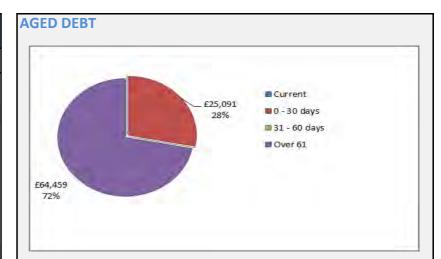


3. Financial Control

3.1 Statement of Financial Position

	OPENING	YTD	FORECAST
	POSITION	POSITION	POSITION
	£000s	£000s	£000s
Plant, Property & Equipment (PPE)	14	12	10
Total Non-Current Assets	14	12	10
Cash	71	9	71
Accounts Receivable	1,911	115	1,706
Accrued Income	301	138	1,098
Prepayments *	592	644	0
Inventory	0	0	0
Other Current Assets	17	19	17
Total Current Assets	2,892	925	2,892
Total Assets	2,906	937	2,902
Accounts Payable	(2,739)	(6,879)	(3,767)
Accrued Liabilities	(9,422)	(9,400)	(8,616)
Other - Payables	(221)	(354)	0
Current Liabilities	(12,382)	(16,633)	(12,383)
Total Liabilities	(12,382)	(16,633)	(12,383)
Assets less Liabilities	(9,476)	(15,696)	(9,481)
Financed by Taxpayers' Equity			
General Fund	9,476	15,696	9,481
Total Taxpayers' Equity	9,476	15,696	9,481

^{*} Opening prepayments are the maternity pathway balances, notified as part of the agreement of balances exercise. Movements in year relate to faster payments, which are coded here until the invoice and payment are matched, but which are not genuine prepayments.



- In Month 5 the CCG has seen an increase in debts outstanding for over 61 Days (7 invoices, totalling £64,459). EMBED continue to chase these debts on our behalf and to date we have not been informed that any of these items are being disputed.

	Target %	Actual % (Volume)	Actual % (Value)	
In Month				
NHS	95.00%	97.95%	99.19%	
Non NHS	95.00%	98.17%	99.03%	
YTD				
NHS	95.00%	98.78%	99.82%	
Non NHS	95.00%	9 7.90%	98.42%	



In Month Performance	Aug-16 £000s	Jul-16 £000s	
Cash Drawdown Amount	15,000	14,900	
Cash Balance at Month End	8	38	
%	0.05%	0.26%	
Performance against target -			
balance held is less than 1.25% of			
drawdown value			

Full Year Performance	OPENING MCD	MOVEMENT	CLOSING MCD
	£000s	£000s	£000s
Opening Cash Limit (MCD)	220,307		220,307
Month 3 Allocations		90	90
Month 4 Allocations		19	19
Month 5 Allocations		15	15
Total Agreed Cash Limit at Month 5	220,307	124	220,431
Forecast Cash Spend			220,360
Forecast Cash Balance at Year End			71
Performance against target - expenditure within agreed cash limit			Ø

Notes:

- ~ The forecast cash spend includes cash which is top sliced for drugs and home oxygen.
- ~ Achievement of the Cash Target is linked to the I&E Position, so failure to recover the £14m deficit will result in failed achievement of the cash target also.
- ~ This is illustrated in the graph below which shows the difference between the MCD and unmanaged I&E position

