


MEETING DATE:	10 January 2013	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP COMMITTEE/GOVERNING BODY
AGENDA ITEM NUMBER:	Item 7.5	
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JOB TITLE: DEPARTMENT:	Chief Finance Officer and Business Support Finance and Business Support	

FINANCE REPORT MONTH 8 (NOVEMBER 2012)

PURPOSE/ACTION REQUIRED:	To Receive & Note
CONSULTATION AND/OR INVOLVEMENT PROCESS:	
FREEDOM OF INFORMATION:	Public

1. PURPOSE OF THE REPORT:					
To receive and note the financial performance for the period up to 30 th November 2012, and the full year forecast out-turn position for 2012/13, including risks and mitigations.					
2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:					
Continue to improve the quality of services	x				
Reduce unwarranted variations in services	x				
Deliver the best outcomes for every patient	x				
Improve patient experience	x				
Reduce the inequalities gap in North Lincolnshire	x				
3. IMPACT ON RISK ASSURANCE FRAMEWORK:					
<table border="1" style="display: inline-table;"> <tr> <td style="padding: 2px;">Yes</td> <td style="padding: 2px; text-align: center;">x</td> <td style="padding: 2px;">No</td> <td style="padding: 2px;"></td> </tr> </table>		Yes	x	No	
Yes	x	No			
Highlights progress against financial plans. The financial risks and mitigations highlighted within the report are captured within the current risk framework for the PCT as a whole. Information relating to the organisation's financial performance and its ability to achieve financial targets, whilst managing any associate risks - will form part of the Trust's Legacy documentation. A new CCG BAF has been produced and is now subject to confirm and challenge.					

4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:

Yes	x	No	
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The report highlights where investment is proposed to meet our policies e.g. capital.

5. LEGAL IMPLICATIONS:

Yes	x	No	
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It provides assurance to the Committee of the organisation's current and year end forecast ability to meet its statutory financial duties.

6. RESOURCE IMPLICATIONS:

Yes	x	No	
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This report monitors the organisations resource current and forecast year-end resource utilisation.

7. EQUALITY IMPACT ASSESSMENT:

Yes		No	x
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Not applicable – the report is a summary monitoring report, not a plan or policy.

8. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:

Yes	x	No	
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This report is used to communicate summary details of the organisation's financial performance to the public.

9. RECOMMENDATIONS:

The CCG Committee is asked to: -

Receive and note the financial performance for the period up to 30th November 2012, and the full year forecast out-turn position for 2012/13 as well as the associated risks and mitigations.

**NHS NORTH LINCOLNSHIRE FINANCE REPORT.
FINANCIAL YEAR 2012/13: MONTH 8 (NOVEMBER 2012)**

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1) SUMMARY MAIN FINANCE TARGET PERFORMANCE

OVERVIEW - ALL KEY TARGETS	MONTH 8 NOVEMBER 2012	YEAR TO DATE	FORECAST YEAR END	MAIN CHANGES TO LAST MONTH	COMMENTS
1 Revenue Break-Even is Achieved.	G	G	G	➡	
2 Revenue Expenditure = or less than the Resource Limit	G	G	G	➡	
3 Capital Spend = or less than the Capital Resource Limit	G	G	G	➡	
4 Cash Expenditure is less than the Cash Limit	G	G	G	➡	
5 95% of NHS Invoices by Value are Paid within 30 Days	G	G	G	➡	Target continues to be achieved.
6 95% of NHS Invoices by Number are Paid within 30 Days	G	G	G	➡	Target continues to be achieved.
7 95% of Non NHS Invoices by Value are Paid within 30 Days	A	A	G	⬇	Slight deterioration due to CHC invoices
8 95% of Non NHS Invoices by Number are Paid within 30 Days	A	A	G	⬆	Improvement in performance in month but still below target.
9 Period End Cash Balances are less than £ 500 K	G	G	G	➡	

KEY:	⬆ = Improvement in performance	➡ = No change in performance	⬇ = Deterioration in performance
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REVENUE BREAK-EVEN PERFORMANCE	MONTH 8 NOVEMBER 2012			YEAR TO DATE			FORECAST YEAR END		
	BUDGET/TARGET	ACTUAL	VARIANCE	BUDGET/TARGET	ACTUAL	VARIANCE	BUDGET/TARGET	ACTUAL	VARIANCE
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
1 COMMISSIONED SERVICES	22,879	22,712	(167)	180,497	179,163	(1,334)	277,030	275,030	(2,000)
2 RUN RATE - Planned and actual surplus achievement	167	167	0	1,334	1,334	0	2,000	2,000	0

2012/2013: NHS NORTH LINCOLNSHIRE MONTH 8 FINANCIAL COMMENTARY

EXECUTIVE SUMMARY FOR CLUSTER DOF PURPOSES

FOT: The PCT is reporting a surplus of circa £2.0m for the 2012/13 Financial Year in line with plan.

The PCT is also reporting in line with the profiled plan surplus of £1.334m.

QIPP: In-year savings are expected to deliver as planned, despite year to date savings being behind target by £221k.

Whilst all key milestones are still on track, the major risk to recurrent delivery of the QIPP programme remains the failure to change behaviours and manage activity to the level contracted with NLAG Hospitals NHS Trust. Additional non recurrent savings have been identified across current schemes in order to cover any shortfall of savings.

Running Costs: The organisation is still planning to manage “Running Costs” for 2012/13 to circa £25 per head of weighted population for Commissioning (inclusive of double running costs), and £2.53 for Public Health. Further, more detailed, guidance is awaited for PCTs/CCGs.

Risks: Indications are that the forecast outturn will be achieved and that in reality the financial impact of any risks will be contained within the total resources of the 2012/13 financial plan and all financial targets achieved. The table below highlights the financial risk the PCT is containing to meet its control total.

Risk / £000s	Best Scenario	Likely Scenario	Worst Scenario	Comment
Secondary Care	1,300	1,700	2,000	Based on previous years' experience and potential scenarios regarding outturn / growth
Specialised Commissioning	(1000)	(200)	200	
Continuing Care	0	100	500	
CHC retrospective claims	800	1,180	3,160	
Other (incl. prescribing)	(1,300)	(1,100)	(900)	
Total Potential Risk	(200)	1,680	4,960	
Uncommitted Contingency	(3,100)	(3,100)	(3,100)	
Potential additional resource generated in year through underspend / balance sheet review/ spare reserves	(1,000)	(1,000)	(1,700)	
Potential Contingency and Risk Management Fund	(4,100)	(4,100)	(4,800)	
Unaddressed Risk / (Additional Risk Coverage)	(4,300)	(2,420)	160	

MAIN REPORT CONTENT	
Section Number	
1	Headlines and Key Messages
2	Revenue forecast and Year to date position
3	Capital
4	QIPP Delivery
5	Risk management
6	Working Balance Management
7	Other Target Delivery
8	Financial Governance

1. HEADLINES & KEY MESSAGES : MONTH 8 SUMMARY

Target / Issue	Outturn	Comments
Revenue Target <ul style="list-style-type: none"> • Achieve £2.0m surplus • Spend 2% of Allocation on one-off items 	On track On track	<p>Surplus of £2m forecast.</p> <p>In line with previous years, mostly pre-committed on healthcare contracts</p>
Resource Limit	On track	
QIPP Delivery	Largely on track	<p>In-year QIPP savings are behind profile by £221k.</p> <p>Recurrent delivery – see the Risk Management section.</p>
Revenue risks Outside QIPP <ul style="list-style-type: none"> • Secondary Care Activity • Secure Services Activity • Primary Care • Continuing HC 	Risks managed	<p>Risks are managed through contracts and as a last resort through the Contingency Reserve, of which £3.1m is un-committed. A review of budgets and balance sheet is nearly complete.</p>
Cash Management <ul style="list-style-type: none"> • Cash Balances 	Achieved	YTD cash balance of £51k is within the PCTs limits.
<ul style="list-style-type: none"> • Payment Policy 	Partial	A new service Provider and systems implemented in 2012/13 – payment rates should keep improving.
Capital	On track	<p>Forecast is in line with Plan. A £100k capital grant to Primary Care is planned, subject to SHA approval.</p> <p>A house in Auckland Road is now under offer. Any additional capital resources generated by a potential sale which the SHA allows the PCT to receive before 31st March 2013 are likely to be used to fund extra IT expenditure.</p>
Governance	Yes	The 2011/12 Accounts are unqualified and the CCG is on track so far for authorisation. CSU/Temp staff will support handover/legacy.

2. REVENUE FORECAST AND YEAR TO DATE POSITION

KEY MESSAGES

Target	Plan £m	Achieved / Forecast
Year To Date Surplus (run rate)	1.334	Yes
Full Year Surplus	2.000	Forecast to achieve
Control Total	2.600	Forecast to achieve

No contingency has had to be used to achieve this year to date position due to release of other budgeted reserves and £3.1m of the contingency budget is currently still uncommitted but hoped to be available to support transformation.

EXPENDITURE PROGRAMME BRIEFINGS

The following is a summary of the key issues informed by Budget Holder meetings and Management Accountant briefings based on month 7 information, unless otherwise stated:

CCG CORE BUDGETS (linked directly to Practices)

NHS Secondary Care Commissioning

From the month 7 contract information received so far, NLAG is reporting a year to date over-trade of £666k. This figure has increased in line with expectations since last month so the forecast position has been retained at the cap of £1m, pending further analysis and action.

There is a year to date underspend on H&EY of £200k, exclusive of SCG activity. The year-end variance is expected to reflect the agreed contract capped floor of £300k.

Overall, the main acute contracts at month 7 are over-trading to produce a net position of circa £218k overspent.

CCG NON CORE BUDGETS (apportioned to Practices)

RDASH mental health services are shown as breaking even, as there is a block contract in place.

The exclusions/non contract activity budget continues to overspend for the year to date by £250k, and is now forecast to overspend by £878k at the year-end as a number of high cost Mental Health patients are still awaiting transfer elsewhere. There has also been a marked increase in general exclusions this month (which has increased the forecast out-turn variance by £246k since last month), which will be investigated and kept under close scrutiny for the remainder of the year.

Non-Elective Threshold

For all contracts where the emergency inpatient activity threshold applies, baseline levels are largely assumed, pending the evaluation of avoidable re-admissions, when the threshold baseline will be updated.

Continuing Care

Based on previous experience, significant additional growth funding has been budgeted for continuing care in 2012/13. At present funding appears to be sufficient for the existing committed client cohort and demand growth, subject to the level of complexity of newly referred clients. At the end of Quarter 2, 162 retrospective claims were received. Following an initial piece of work on the claims submitted the risk range included in the executive summary risk table is between £0.8m and £3.2m, with £1.1m being the most probable outcome. A national 3 month deadline for claimants to provide supporting information for claims has now been set. However, based on the experience of a previous retrospective claim exercise, only a small proportion of claims are ultimately expected to be eligible for funding. NHS North Lincolnshire has earmarked existing un-utilised continuing care provisions to ensure this will not prevent the PCT from meeting its 2012/13 financial duties.

Mental Health Pooled budget

Both the mental health and learning disability pooled budgets show a worsened forecast position this month at £59k and £35k respectively. This is mainly due to underachievement of residential client income for mental health patients, and higher levels of high cost placements and out of area care packages for learning disability clients, than planned at the start of the year. The medium/high, low secure, and Leeds Partnership budgets have been removed from the mental health pool this year and therefore the forecast should be less volatile during the year.

Funding for Re-ablement and Social Care Services

The PCTs share of the re-ablement services monies is £960k and its' share of the NHS support for social care is £1.915m. A quarterly payment profile has been agreed with the Local Authority and the first two quarters invoices have been paid.

The information provided by the Local Authority for social care has been reported to the cluster, but is subject to local challenge on a monthly basis through the local Executive Strategic Commissioning Board (ESCB). A more detailed analysis for the SHA will be available in future months in line with guidance.

CLUSTER BUDGETS (NOT DELEGATED TO CCGs)

SCG Services

Based on Month 6 SCG data, the year-end forecast underspend is £1,009k on SCG services, when expenditure is compared against the newly amended budgets in respect of revised baselines, but in year activity is known to be volatile.

Primary Care Commissioned Services

GMS/PMS are still forecast to breakeven, and PDS budgets are expected to underspend by £80k at year end due to patient charges.

Prescribing and pharmacy contract performance is based on the latest available PPA information. The prescribing QIPP is currently being achieved, and a year end underspend of circa £1,007k, is anticipated on these two pharmaceutical budgets as a result of a reduction in nationally agreed drug prices, and in pharmacy contract fees. From next month therefore these additional QIPP savings will be transferred to cover the shortfall in other areas.

Therefore, the risk of these budgets overspending is considered low

OTHER BUDGET ISSUES

General Practice Commissioning

GP Commissioning budgets have been calculated in accordance with guidance and will support delivery of the 2012/13 QIPP programme with Clinical Commissioning leads identified for each stream. CCG involvement in financial and service planning, particularly with regard to QIPP, is essential to ensure decisions are taken now to enable CCG to deliver commitments within available resources when they assume statutory financial responsibility from April 2013.

2% Recurrent Headroom

The 2012/13 financial plan contains provision to ensure that 2% of the recurrent financial allocation is used on a non-recurrent / one-off basis in line with guidance. The PCT is expecting to achieve this target in line with plans.

Spending 2% of recurrent budgets non-recurrently, as required by the NHS over the last few years, has ensured budgets are not recurrently overcommitted, representing good financial management. This has not impacted on levels of spending on healthcare which is largely pre-committed in contracts.

Recruitment to the new CCG structure and CSU structures is nearly complete, and Area Team structures will follow soon after. The forecast for redundancies in NHS North Lincolnshire has been reported as zero. Therefore the remaining budget kept for this purpose by the Cluster has now been committed elsewhere in line with their Scheme of Delegation.

3. CAPITAL

Operational capital of £300k has been planned, similar to previous years, less a potential capital grant to Primary Care of £100k subject to approval by the SHA. The remaining £200k against the Capital Resource Limit (CRL) is planned to be spent on: IM&T, upgrading the estate and clinical equipment.

The work programmes will continue to progress: transition, green issues, equality and diversity, health and safety, integrated working, QIPP etc. This takes into account the on-going upgrade and replacement of Transforming Community Services (TCS) assets until transfer on 1 April 2013.

So far, capital is fully committed and the evidence for £100k capital grant application is attached to this FIMS Return as planned. In addition the Cluster Capital Committee is monitoring this on a monthly basis and will provide a revised profile of spend for cash forecasting purposes.

A house in Auckland Road is now under offer, and confirmation is being sought from the SHA that the additional capital resources generated by a potential sale can be spent by the PCT in 2012/13. Any additional capital resources which the PCT receives before 31st March 2013 are likely to be used to fund additional IT expenditure. The Cluster (Prop Co staff) has confirmed it will manage the additional estates capital spend by the end of the year.

From 1 April 2013, those properties not transferring to NLAG under TCS, will transfer instead to the new NHS Property Services ('Prop.Co.') along with the relevant/associated income and expenditure budgets. Effectively, this will tie the CCG into the continued use of current NHS buildings. Properties over which NHS North Lincolnshire holds a legal charge will transfer to Prop Co.

4. QIPP DELIVERY

So far, based on the SHAs own RAG rating system, the month 8 monitoring return indicates that the forecast year-end under achievement on the three red rated schemes, has been non-recurrently offset by additional savings on existing green and amber schemes (see the Table below).

PLANNED & FORECAST QIPP DELIVERY & RISK ASSESSMENT 2012/13										
THEME	WORKSTREAM	PLAN			IN YEAR PERFORMANCE			RISK ASSESSMENT		
		RECURRENT £000s	NON RECURRENT £000s	IN-YEAR £000s	YEAR TO DATE VARIANCE £000s	FORECAST FULL-YEAR VARIANCE £000s	FORECAST RECURRENT VARIANCE £000s	LOW RISK £000s	MEDIUM RISK £000s	HIGH RISK £000s
Home & Community	Quality Care, Right Place	0	0	0	0	0	0	0	0	0
	Mental Health & LD	(500)	0	(500)	82	0	0	0	(500)	0
	Continuing Care	(250)	0	(250)	83	0	0	0	(250)	0
	End of Life	0	0	0	0	0	0	0	0	0
Alternative Care	GP Referrals	(300)	0	(300)	50	0	0	0	(300)	0
	Consultant to Consultant Referrals	(80)	0	(80)	(2)	0	0	0	(80)	0
	Reduction in Outpatient Follow-ups	(500)	0	(500)	83	0	0	0	(500)	0
	Theatre to Clinic Settings	(300)	0	(300)	9	0	0	0	(300)	0
Integration of Care	Redesign Unplanned Care	(100)	0	(100)	0	100	100	0	0	(100)
	Long Term Conditions	0	0	0	0	0	0	0	0	0
	Multidisciplinary Working	0	0	0	0	0	0	0	0	0
	Medicines Management	(807)	(83)	(890)	(215)	(115)	(115)	(1,005)	0	(100)
Enablers	Technology Enabled Care	(65)	0	(65)	35	15	15	0	(50)	(15)
Organisational QIPP	Other Workstreams	(1,168)	(550)	(1,718)	96	0	0	(1,468)	(250)	0
TOTALS		(4,070)	(633)	(4,703)	221	0	0	(2,473)	(2,230)	(215)

52.6%	47.4%	4.6%
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TOTALS : GREEN & AMBER SCHEMES

(4,703)

KEY

Red: High risk – Scheme has detailed plans in place but is not delivering savings, or scheme does not have detailed plans yet in place
Amber: Medium risk – Scheme has detailed plans in place with savings forecast for the future and the scheme is on track to meet these savings forecasts
Green: Low risk – Scheme has detailed plans in place and has already started to deliver savings

The QIPP table is based on the Galaxy QIPP project management system. Year to date performance has deteriorated to be an estimated £221k behind target at month 8. Particular challenges remain with schemes focused on learning disabilities and changing clinical practice in outpatient and primary care settings, but previous experience still indicates that the full year target is still achievable. As in previous years, all QIPP schemes are being actively reviewed in order to ensure that additional savings are generated on schemes which are already meeting existing targets to ensure that the overall QIPP year-end savings targets are still met. There is also continued slippage in QIPP Investment spend (e.g. on public health, carers support, and teenage pregnancy), but importantly this has not delayed progress on QIPP schemes. The overall QIPP year-end forecast therefore remains as planned.

Primary Care non recurrent savings and PMS contract review are non CCG related QIPP schemes.

5. RISK MANAGEMENT

Financial risk ranges are shown in the executive summary. Risks largely remain as identified at plan stage being:

- Progress on the Sustainable Services Review
- Engagement of the wider GPs in: clinical commissioning, changing primary and secondary clinical behaviour, and delivering QIPP
- Underlying cost/activity growth above those modelled in the plan and contracts that support them
- Investments not delivering the required improvements/savings
- Resource reduction e.g. Non return of 'top sliced' funding, incorporating within existing baselines, reduced freedoms etc.
- Transition and set up costs and management capacity.

Continuing care retrospective claims is a new risk for which a risk range has been supplied to the SHA separately and is included in the risk range table.

These risks will be mitigated through a track record of internal review, tight financial control, planning and contingency resources, increased partnership working and transformation, use of contract levers and incentives and OD work with CCG and GPs. Leading up to authorisation it will be this ownership that ensures the changes to healthcare are delivered within the Single Integrated Plan.

Guidance has not been clarified around the process for accessing the threshold fund held at SHA, re business cases to support local transformation. It is currently assumed this cluster will not be offered this option now.

6. WORKING BALANCE MANAGEMENT

General Working Balance Management

The forecast balance sheet (see Appendix 2, page 15) reflects an early view that the PCT needs to clear out old balances going into the new world. There is continuing concern about the lack of clarity around carry forward of and access to year end balances.

Cash Flow Management

At the end of month 8, cash balances totalled £51k. It is anticipated that the cash allocation will be fully utilised in year to maintain the same closing and opening balances of £2k. An assessment has been made based on current information PCT cash requirements to the end of the year and incorporated within the SHA FIMS return. This excludes any cash deduction at year end to cover on-going PCT commitments into 13/14 (further guidance expected).

Payment Policy Performance

NHS

NHS invoices paid up to the end of November was: 99.3% by value, and 95.3% by number. So both the NHS invoices paid by value and by number are above target.

Non NHS

Non NHS invoices paid within target during November was 91.5% by number, which is an improvement from last month. The Non NHS invoices paid within target by value is 94.7%, which is a slight deterioration from last month. So both the NHS invoices paid by value and by number are below target. See Appendix 5 Section 2, on page 18 for details. Temporary staff issues in the payments section, along with sickness in the Continuing Healthcare team, have not assisted the achievement of the payment targets in month 8. However, improved performance to hit the targets by year end is still anticipated.

Debtor Management

At the end of November there were three outstanding debts over 60 days old, which are all being actively pursued (see Appendix 5, Section 3, on page 18 for further details).

The latest debtor reports indicate no requirement for a bad debt write off following a clearance of outstanding debt last year. Steps have been taken to ensure that “best practice” which is applied to resolve debtor issues with the major providers of NHS healthcare, is also applied to other budget areas with significant debtor issues including those relating to the Local Authority.

7. OTHER TARGET DELIVERY

Running Costs

The organisation is still planning “Running Costs” for 2012/13 per head of weighted population to be just over £25 for Commissioning, including double running costs, and £2.53 for Public Health. Further more detailed guidance is awaited for CCGs on Running Costs ceilings.

The plan figure for Commissioning reflects the intention to spend the full indicative £25 per head for CCGs, a large proportion being with the NY & Humber CSU, for which service specifications are being developed. Whilst current spend appears to be well below plan, the CSU are planning to use vacancies for investment in IT etc. in the last half of the year which is reflected in other transition costs.

8. FINANCIAL GOVERNANCE

In the PCT's 2011/12 Governance report, the PCT received an unqualified audit opinion with no identified important weaknesses in internal controls.

The Cluster Transition Programme Board is overseeing transition, handover and legacy issues and transition, with RAG ratings also being monitored by the SHA. Where necessary, temporary staff are also being recruited to ensure any essential staffing gaps are covered (with costs included within transition costs).

The CCG had a successful authorisation site visit on 16th October 2012. The revised CCG Constitution and Scheme of Delegation was agreed unanimously by Council of Members on 7 November. The CCGs 10 day window for submission of further evidence is between the 5th and 18th of December. It is therefore expected that we will know the final outcome of the CCG's authorisation process in January.

Therese Paskell, Chief Financial Officer

December 2012

3) APPENDIX 1: COMMISSIONING OPERATING COST STATEMENT (OCS) POSITION

COMMISSIONED SERVICES	MONTH 8 - NOV 2012			YTD AT NOV 2012			FULL YEAR		
	LATEST BUDGET	ACTUAL	VARIANCE	LATEST BUDGET	ACTUAL	VARIANCE	LATEST BUDGET	ACTUAL	VARIANCE
	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s
SECONDARY & TERTIARY CARE COMMISSIONED SERVICES									
1 Northern Lincolnshire & Goole Hospitals NHS FT	7,583	7,945	362	60,667	61,333	666	91,000	92,000	1,000
2 Hull & East Yorkshire NHS Trust	1,092	1,158	66	8,739	8,539	(200)	13,108	12,808	(300)
3 Doncaster & Bassetlaw NHS FT	260	242	(18)	2,080	2,023	(57)	3,119	3,069	(50)
4 Sheffield Teaching Hospitals NHS FT	140	52	(88)	1,117	1,016	(101)	1,676	1,636	(40)
5 Sheffield Childrens Hospital NHS FT	105	155	50	838	810	(28)	1,256	1,256	0
6 United Lincolnshire Hospitals NHS Trust	140	(18)	(158)	1,120	1,010	(110)	1,680	1,555	(125)
7 Leeds Teaching Hospitals NHS Trust	104	79	(25)	829	877	48	1,243	1,310	67
8 East Midlands Ambulance Trust	386	454	68	3,092	3,159	67	4,638	4,838	200
9 Rotherham, Doncaster & South Humberstone Foundation Trust	1,127	1,127	0	9,097	9,097	0	13,749	13,749	0
10 Specialist Services Group - Acute Services	1,657	1,777	120	13,255	12,678	(577)	19,883	18,874	(1,009)
11 Exclusions / Non-Contract Activity	214	197	(17)	1,212	1,462	250	1,818	2,696	878
12 Other Secondary & Tertiary Care Services	214	116	(98)	1,636	1,699	63	2,454	2,659	205
	13,022	13,284	262	103,682	103,703	21	155,624	156,450	826
PRIMARY CARE COMMISSIONED SERVICES									
13 GMS / PMS Practice Budgets and Other Primary Care Expenditure	2,012	2,012	0	15,727	15,727	0	23,643	23,643	0
14 GDS / PDS and Other Dental Expenditure	456	413	(43)	3,582	3,514	(68)	5,407	5,327	(80)
15 Ophthalmic Services	133	133	0	1,067	1,067	0	1,602	1,602	0
16 Prescribing Costs	2,542	2,324	(218)	19,976	19,298	(678)	29,776	28,769	(1,007)
17 Pharmaceutical Services	323	323	0	3,587	3,587	0	5,381	5,381	0
	5,466	5,205	(261)	43,939	43,193	(746)	65,809	64,722	(1,087)
COMMUNITY BASED SERVICES									
18 NLAG Community Services	925	925	0	7,401	7,401	0	11,101	11,101	0
19 Drug/Alcohol Community Services	240	240	0	1,938	1,938	0	3,011	3,011	0
20 Other Community Based Services	199	187	(12)	1,584	1,274	(310)	2,376	1,966	(410)
	1,364	1,352	(12)	10,923	10,613	(310)	16,488	16,078	(410)
PRIVATE & VOLUNTARY SECTOR									
21 Continuing Healthcare / Other Care Packages	1,358	1,358	0	11,247	11,258	0	16,951	17,032	0
23 Hospices	49	53	4	393	391	(2)	590	586	(4)
24 Voluntary Sector	24	32	8	190	190	0	286	286	0
	1,431	1,443	12	11,830	11,839	(2)	17,827	17,904	(4)
POOLED BUDGETS									
25 Mental Health	26	31	5	208	247	39	312	371	59
26 Learning Disabilities	35	35	0	284	307	23	430	465	35
	61	66	5	492	554	62	742	836	94
OTHER COMMISSIONED SERVICES									
27 Other Commissioned Services	216	246	0	1,957	2,077	0	2,750	2,750	0
	216	246	0	1,957	2,077	0	2,750	2,750	0
OTHER COMMISSIONING COSTS									
28 Public Health	302	291	(11)	1,670	1,579	(91)	2,555	2,427	(128)
29 Organisational Budgets (excluding Public Health)	480	488	8	4,357	4,345	(12)	6,523	6,523	0
30 Technical & Provision Costs	4	314	310	(2,596)	1,073	3,800	3,235	3,863	709
31 Depreciation & Cost of Capital Charge	31	23	(8)	251	187	(64)	377	377	0
32 Profit/ Loss on Sale of Assets	0	0	0	0	0	0	0	0	0
33 Contingency Funds	335	0	(335)	2,658	0	(2,658)	3,100	3,100	0
	1,152	1,116	(36)	6,340	7,184	844	15,790	16,290	500
34 PLANNED SURPLUS	167	0	(167)	1,334	0	(1,334)	2,000	0	(2,000)
TOTAL COMMISSIONED SERVICES	22,879	22,712	(167)	180,497	179,163	(1,334)	277,030	275,030	(2,000)
MEMORANDUM ITEM - UNCAPPED CONTRACT *									
1 Northern Lincolnshire & Goole Hospitals NHS FT	7,583	7,947	364	60,667	62,170	1,503	91,000	92,000	1,000
2 Hull & East Yorkshire NHS Trust	1,092	1,158	66	8,739	8,429	(309)	13,108	12,808	(300)
TARGET	8,675	9,105	430	69,405	70,599	1,194	104,108	104,808	700

* Note: the Year End Forecast is still shown as capped, as no uncapped values have been agreed.

3) APPENDIX 2: STATEMENT OF FINANCIAL POSITION

	A	B	B-A
	Balance at 31 March 2012 £000s	Balance at 30 November 2012 £000s	Variance B-A £000s
NON CURRENT ASSETS			
Property Plant & Equipment	12,207	11,758	(449)
Intangible assets	47	46	(1)
Other Financial Assets	0	0	0
Trade and Other Receivables	0	0	0
	12,254	11,805	(449)
CURRENT ASSETS:			
Inventories	2	2	(0)
Trade and Other Receivables	3,311	1,976	(1,335)
Other Financial Assets	0	0	0
Other Current Assets	0	0	0
Cash and Cash Equivalents	2	51	49
Sub Total Current Assets	3,315	2,028	(1,287)
Non-Current Asset Held for Sale	120	120	0
TOTAL CURRENT ASSETS	3,435	2,148	(1,287)
TOTAL ASSETS	15,689	13,953	(1,736)
CURRENT LIABILITIES			
Trade and other payables	(26,211)	(20,744)	5,467
Other Liabilities	0	0	0
Provisions	(2,125)	(2,566)	(441)
Other Financial Liabilities	0	0	0
Total Current Liabilities	(28,336)	(23,310)	5,026
NET CURRENT ASSETS/(LIABILITIES)	(24,901)	(21,162)	3,739
TOTAL ASSETS LESS CURRENT LIABILITIES	(12,647)	(9,358)	3,289
NON CURRENT LIABILITIES			
Trade and Other Payables	0	0	0
Provisions	(766)	(766)	0
Other Financial Liabilities	0	0	0
Other Liabilities	0	0	0
Total Non Current Assets	(766)	(766)	0
Total Assets Employed	(13,413)	(10,124)	3,289
TAXPAYERS EQUITY			
General Fund	(14,343)	(11,053)	3,290
Revaluation Reserve	930	929	(1)
Government Grant Reserve	0	0	0
Other Reserves	0	0	0
	(13,413)	(10,124)	3,289

3) APPENDIX 3 : CAPITAL EXPENDITURE

CAPITAL EXPENDITURE	MONTH 8 - NOVEMBER 12			YEAR TO DATE			FORECAST YEAR END		
	LATEST BUDGET	ACTUAL	VARIANCE	LATEST BUDGET	ACTUAL	VARIANCE	LATEST BUDGET	FORECAST ACTUAL	EXPECTED VARIANCE
	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s

Capital Programme Expenditure									
1 Maintenance	0	0	0	0	0	0	100	100	0
2 Equipment	0	0	0	0	0	0	200	200	0
3 TOTAL CAPITAL EXPENDITURE	0	0	0	0	0	0	300	300	0

CHARGE AGAINST CAPITAL RESOURCE LIMIT (CRL)

1 TOTAL CAPITAL EXPENDITURE (PER 3 ABOVE)	0	0	0	0	0	0	300	300	0
2 Less :Asset Sales Proceeds (i.e. Net Book Value Element)	0	0	0	0	0	0	0	0	0
3 Less: Capital Grants	0	0	0	0	0	0	(50)	(100)	50
4 NET CHARGE AGAINST THE CRL	0	0	0	0	0	0	250	200	50
5 CAPITAL RESOURCE LIMIT (CRL)	0	0	0	0	0	0	250	200	50
6 CAPITAL (UNDER) OR OVERSPEND AGAINST THE CRL	0	0	0	0	0	0	0	0	0

NOTES

The Capital Resource Limit (CRL) has now been approved by the Strategic Health Authority.
The gross CRL is expected to be £300k, however we plan to use £100k of this to fund capital grants for Primary Care. This is subject to SHA approval.

3) APPENDIX 4: CASHFLOW - YEAR TO DATE TO NOVEMBER 2012

CASHFLOW STATEMENT	£000's
Net Operating Cost	(174,920)
Profit From Sale of Fixed Asset	
Depreciation Charge	441
Working Capital	
(Increase)/Decrease in Stocks	0
(Increase)/Decrease in Receivables	1,335
Increase/(Decrease) in Payables	(5,467)
Increase/(Decrease) in Provisions	(441)
Net cash inflow/(outflow) from operating activities	(4,573)
CAPITAL EXPENDITURE	
(Payments) to acquire tangible fixed assets	(228)
Receipts from sale of tangible fixed assets	0
Net cash inflow/(outflow) from Capital Expenditure	(228)
Net cash (outflow) before financing	(179,280)
Interest Received	0
FINANCING	
Net cash inflow from financing	179,329
INCREASE/(DECREASE) IN CASH	49

3) APPENDIX 5: OTHER KEY FINANCIAL TARGET PERFORMANCE

PREVIOUS MONTH			MONTH 8 - NOVEMBER 2012			FORECAST YEAR END		
BUDGET/TARGET £000s or %	ACTUAL £000s or %	VARIANCE £000s or %	BUDGET/TARGET £000s or %	ACTUAL £000s or %	VARIANCE £000s or %	BUDGET/TARGET £000s or %	ACTUAL £000s or %	VARIANCE £000s or %

1 CASH MANAGEMENT TARGETS

	Yes	Yes	None	Yes	Yes	None	Yes	Yes	None
A) All Cash Expenditure is Kept Within Cash Limits (Not Overdrawn)	500	132	(368)	500	51	(449)	2	2	0
B) Cash Balance Held At Period End less than £500K or 5K at Y/End *									

2 PROMPT PAYMENT OF INVOICE PERFORMANCE

	95.00%	99.30%	-4.30%	95.00%	99.34%	-4.34%	95.00%	95.00%	0.00%
A) % of NHS Invoices Paid Within 30 Days - By Value	95.00%	96.20%	-1.20%	95.00%	95.32%	-0.32%	95.00%	95.00%	0.00%
B) % of NHS Invoices Paid Within 30 Days - By Number	95.00%	95.20%	-0.20%	95.00%	94.67%	0.33%	95.00%	95.00%	0.00%
C) % of Non NHS Invoices Paid Within 30 Days - By Value	95.00%	90.40%	4.60%	95.00%	91.46%	3.54%	95.00%	95.00%	0.00%
D) % of Non NHS Invoices Paid In 30 Days - By Number									

3 AGED DEBT

	Current		0-30 days		31-60 days		Over 60 days		TOTAL
	£	%	£	%	£	%	£	%	£
NHS	6,368	0.84	241,152	31.64	98,318	12.90	73,959	9.70	419,797
Non NHS	67,951	8.92	111,828	14.67	60,920	7.99	101,619	13.33	342,318
Total	74,319	9.75	352,980	46.32	159,238	20.89	175,578	23.04	762,115

Invoices outstanding over £15,000, over 60 days

Customer Name	Invoice Number	Amount £	Days Outstanding	Action (s) Taken
NORTH LINCOLNSHIRE COUNCIL	3006877	59,107.97	253	Backing data to support the invoice has been re-sent to NLC again, due to multiple sickness absences at the Council which has prevented formal sign off of the invoice. Full payment of the invoice is now expected once the Council has validated the backing data. Progress chased at the end of November, and are awaiting NLC to pay invoice
NORTH LINCOLNSHIRE COUNCIL	3007182	56,240.00	63	NLC are awaiting for copies of what was originally agreed, as there has been a change of personnel at NLC.
YORKSHIRE AND HUMBER SHA	3007089	38,223.54	113	This was paid to NELCTP by mistake, who have now refunded the SHA, and we are awaiting on the SHA to pay NL.

4 RUNNING COST

	2011/12 Running Costs in Final Accounts £	2012/13 Forecast Running Costs £	2012/13 Planned Running Costs £
PCT Commissioning Running Costs	3,727	4,058	4,132
Public Health Running Costs	392	414	456
Total Running Costs	4,119	4,472	4,588
Unified Weighted Population	163,799	163,799	163,799
PCT Commissioning Running Costs per head	22.75	24.77	25.23
Public Health Running Costs per Head	2.39	2.53	2.78
Cost per Head (Unified Weighted)	25.15	27.30	28.01

3) APPENDIX 6: RESOURCE LIMIT ALLOCATION INFORMATION

	STATUS OF ISSUED RESOURCE LIMIT ITEMS			Revenue	Capital	Total
	RECURRENT	NON RECURRENT (ONE OFF)	TOTAL	Cash Limit	Resource Limit	Cash Limit
	£000's	£000's	£000's	£000's	£000's	£000's
1) BASE ALLOCATION						
Total Confirmed Funding	263,692	0	263,692	263,692	0	263,692
2) NEW IN YEAR ALLOCATIONS						
Pharmaceutical Services	0	2,249	2,249	2,249	0	2,249
Dental Allocation	0	5,912	5,912	5,912	0	5,912
General Ophthalmic Services	0	1,602	1,602	1,602	0	1,602
Social Care Support	0	1,915	1,915	1,915	0	1,915
Cancer Drugs Fund	0	(422)	(422)	(422)	0	(422)
Free School Fruit	0	(127)	(127)	(127)	0	(127)
Drugs Pooled Treatment Budget	0	1,720	1,720	1,720	0	1,720
Emergency Threshold 70% Marginal Topslce	0	(1,803)	(1,803)	(1,803)	0	(1,803)
Human Papillomavirus (HPV) Vaccine	0	24	24	24	0	24
Long Term Conditions (LTC) allocation from innovation fund	0	19	19	19	0	19
Youth Justice Liaison & Diversion Funding	0	58	58	58	0	58
Adjustment re 12/13 Plan Depreciation and Amortisation Forecasts	0	0	0	(651)	0	(651)
nGMS Contract Fees Dispensing Doctors	0	22	22	22	0	22
GP Dispensing Personal Admin	0	1,254	1,254	1,254	0	1,254
Mental Health Capacity Act	0	31	31	31	0	31
Reduction - central pressure	0	(40)	(40)	(40)	0	(40)
Improving Health and Wealth (IHW) Bursary Allocations	0	42	42	42	0	42
Improving Access to Psychological Therapies (IAPT) Budget Allocations	0	59	59	59	0	59
Public Health Transition Support for Local Authorities	0	72	72	72	0	72
Specialist National Commissioning Group transfer	0	(1,730)	(1,730)	(1,730)	0	(1,730)
Further adjustment for opening cash balances and depreciation	0	0	0	(2)	0	(2)
Total Confirmed Funding	0	10,857	10,857	10,204	300	11,129
3) ANTICIPATED ALLOCATIONS						
Childhood Vaccination	0	28	28	28	0	28
Charge for Overseas Visitors	0	(160)	(160)	(160)	0	(160)
Strategic Investment Fund (SIF) Return	0	600	600	600	0	600
Return of Surplus from 2011/12	0	2,000	2,000	0	0	0
IAT Kirklees - Yorkshire and Humber PCT Collaborative		13	13	0	0	0
Total Anticipated Funding	0	2,481	2,481	468	0	468
4) TOTAL RESOURCES & BUDGET RECONCILIATION						
4A Confirmed resources per 1) and 2) above	263,692	10,857	274,549	273,896	300	274,196
4B Anticipated resources per 3) above	0	2,481	2,481	468	0	468
4C Total Resources (3A + 3B)	263,692	13,338	277,030	274,364	300	274,664
4D Latest Budgets	263,692	13,338	277,030	274,364	300	274,664
4E Variance Should = Zero (3D Minus 3C)	0	0	0	0	0	0

3) APPENDIX 7: CCG FORMAT - FINANCIAL MONITORING STATEMENT 2012/13. COMMISSIONING OPERATING COST AS AT (NOVEMBER 2012) - FINANCE MONTH 8.

KEY	ALL CLINICAL COMMISSIONING GROUP AREAS OF INDICATIVE BUDGET RESPONSIBILITY	YEAR TO DATE				YEAR END POSITION			
		BUDGET	SPEND	VARIANCE		BUDGET	SPEND	VARIANCE	
		£	£	£	%	£	£	£	%

1) PRACTICE AREAS OF BUDGET RESPONSIBILITY.

A) SECONDARY & TERTIARY CARE									
1	Northern Lincolnshire & Goole Hospitals NHS FT	60,666,736	61,333,402	666,666	1.10%	91,000,110	92,000,110	1,000,000	1.10%
2	Hull & East Yorkshire NHS Trust	8,738,613	8,538,613	(200,000)	(2.29%)	13,107,914	12,807,914	(300,000)	(2.29%)
3	Doncaster & Bassetlaw NHS FT	2,079,619	2,023,131	(56,488)	(2.72%)	3,119,435	3,069,435	(50,000)	(1.60%)
4	Sheffield Teaching Hospitals NHS FT	1,117,003	1,016,088	(100,915)	(9.03%)	1,675,518	1,635,518	(40,000)	(2.39%)
5	Sheffield Childrens Hospital NHS FT	837,546	809,798	(27,748)	(3.31%)	1,256,315	1,256,315	0	0.00%
6	United Lincolnshire Hospitals NHS Trust	1,120,224	1,009,846	(110,378)	(9.85%)	1,680,350	1,555,350	(125,000)	(7.44%)
7	Sub Total : Main PBR Based Care Costs	74,559,741	74,730,878	171,137	0.23%	111,839,642	112,324,642	485,000	0.43%
8	PPA Drugs & Home Oxygen Costs (Practice Specific Costs - Only)	19,153,408	18,571,815	(581,593)	(3.04%)	28,543,848	27,680,564	(863,284)	(3.02%)
9	SUB TOTAL : CORE PRACTICE AREAS OF BUDGET RESPONSIBILITY.	93,713,149	93,302,693	(410,456)	(0.44%)	140,383,490	140,005,206	(378,284)	(0.27%)
10	Budget Adjustment - For High Cost PBR Spells in Excess of £ 10K.	0	0	0	0.00%	0	0	0	-
11	TOTAL : CORE PRACTICE AREAS OF BUDGET RESPONSIBILITY.	93,713,149	93,302,693	(410,456)	(0.44%)	140,383,490	140,005,206	(378,284)	(0.27%)
12	Exclusions - Non Contract Activity	873,783	998,224	124,441	14.24%	1,311,388	1,849,388	538,000	41.03%
13	TOTAL : CORE PRACTICE AREAS OF BUDGET RESPONSIBILITY.	94,586,932	94,300,917	(286,015)	(0.30%)	141,694,878	141,854,594	159,716	0.11%

B) OTHER COMMISSIONING BUDGETS

14	East Midlands Ambulance Trust	3,091,793	3,159,249	67,456	2.18%	4,637,698	4,837,698	200,000	4.31%
15	All Other Secondary & Tertiary Care Services	2,464,703	2,575,864	111,161	4.51%	3,697,063	3,968,386	271,323	7.34%
16	Main Mental Health Contract - RDASH	9,096,990	9,096,990	(0)	(0.00%)	13,748,740	13,748,740	0	0.00%
17	NHS North Lincolnshire Community Provider Services	7,400,532	7,400,532	0	0.00%	11,100,797	11,100,797	0	0.00%
18	Other Community Based Services	1,566,900	1,230,220	(336,680)	(21.49%)	2,350,355	1,939,889	(410,466)	(17.46%)
19	Private & Voluntary Sector Services (Including : Continuing & Funded Care etc)	11,830,464	11,839,337	8,873	0.08%	17,826,985	17,903,379	76,394	0.43%
20	Pooled Mental Health Services	200,995	239,994	38,999	19.40%	301,499	360,499	59,000	19.57%
21	Pooled Learning Disability Services	283,512	306,512	23,000	8.11%	429,963	464,963	35,000	8.14%
22	Pharmacy Contract & Non Practice Specific PPA Costs.	822,269	726,093	(96,176)	(11.70%)	1,232,450	1,088,623	(143,827)	(11.67%)
23	All Other Commissioned Services	2,026,823	2,113,640	86,817	4.28%	2,850,271	2,800,271	(50,000)	(1.75%)
24	OTHER COMMISSIONING BUDGETS	38,784,981	38,688,431	(96,550)	(0.25%)	58,175,821	58,213,245	37,424	0.06%

25	TOTAL : PRACTICE AREAS OF BUDGET RESPONSIBILITY.	133,371,913	132,989,348	(382,565)	(0.29%)	199,870,699	200,067,839	197,140	0.10%
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2) CCG AREAS OF BUDGET RESPONSIBILITY

CLINICAL BUDGETS									
26	Enhanced Primary Care Services	236,642	236,643	1	0.00%	354,962	354,962	0	-
27	Out of Hours Services	1,746,846	1,746,846	0	0.00%	2,617,384	2,617,384	0	0.00%
28	Local Safeguarding of Adults & Children	137,862	112,622	(25,240)	(18.31%)	206,802	206,802	0	0.00%
29	Exclusions - Contract Based & Mental Health	337,886	463,815	125,929	0.00%	506,833	846,833	340,000	-
30	Remaining Budget Reserve - For High Cost PBR Spells in Excess of £ 10K.	0	0	0	0.00%	0	0	0	-
CENTRAL BUDGETS (INCLUDING CSS CENTRAL BUDGETS)									
31	Organisational Services	3,512,067	3,548,533	36,466	1.04%	5,268,310	5,268,310	0	0.00%
32	Technical & Provision Costs	-2,595,596	1,071,528	3,667,125	(141.28%)	3,233,563	3,862,050	628,487	19.44%
33	Contingency	2,657,994	0	(2,657,994)	(100.00%)	3,100,000	3,100,000	0	0.00%
34	Depreciation & Capital Charges	140,338	140,338	0	0.00%	210,512	210,512	0	0.00%
35	Planned Surplus	1,120,560	0	(1,120,560)	(100.00%)	1,680,000	0	(1,680,000)	(100.00%)
36	TOTAL : CCG AREAS OF BUDGET RESPONSIBILITY.	7,294,599	7,320,324	25,726	0.35%	17,178,366	16,466,853	(711,513)	(4.14%)

37	TOTAL : PRACTICE & CCG AREAS OF BUDGET RESPONSIBILITY.	140,666,512	140,309,673	(356,839)	(0.25%)	217,049,065	216,534,692	(514,373)	(0.24%)
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MEMO ITEM: OTHER AREAS OF BUDGET RESPONSIBILITY

• Estates (Prop Co)	745,310	684,247	(61,063)	(8.19%)	1,105,789	1,105,789	0	0.00%
• Commissioning Board (SCG & Primary Care)	35,454,735	34,608,777	(845,959)	(2.39%)	53,272,446	51,884,025	(1,388,421)	(2.61%)
• Public Health	3,629,244	3,559,104	(70,140)	(1.93%)	5,602,700	5,505,494	(97,206)	(1.73%)
TOTAL : OTHER AREAS OF BUDGET RESPONSIBILITY.	39,829,289	38,852,128	(977,161)	(2.45%)	59,980,935	58,495,308	(1,485,627)	(2.48%)

MEMO TOTAL : WHOLE NHS NORTH LINCOLNSHIRE POSITION	180,495,801	179,161,801	(1,334,000)	(0.74%)	277,030,000	275,030,000	(2,000,000)	(0.72%)
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NOTES

- "Core" Practice Budget areas are those areas where actual activity costs are coded direct to Practices, and where monitoring information is available down to practice level.
- "Non Core" Budgets are mainly budgets where activity has to be attributed to Practices, using an appropriate apportionment basis (e.g. Fair Share Budget % etc), because the source data is not coded down to practice level.
- The costs (budget and actual) for service areas will be analysed below cost centre level (e.g. to take account of public health costs etc) in line with a recent national exercise later in the financial year.