


<b>MEETING DATE:</b>	14 March 2013	 <b>North Lincolnshire Clinical Commissioning Group</b>  <b>REPORT TO THE CLINICAL COMMISSIONING GROUP COMMITTEE/GOVERNING BODY</b>
<b>AGENDA ITEM NUMBER:</b>	Item 8.2	
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<b>JOB TITLE:</b>	Chief Finance Officer	
<b>DEPARTMENT:</b>	Finance and Business Support	

## FINANCE REPORT MONTH 10 (JANUARY 2013)

<b>PURPOSE/ACTION REQUIRED:</b>	To Receive & Note
<b>CONSULTATION AND/OR INVOLVEMENT PROCESS:</b>	Draft and summary figures have been shared in Cluster finance report and m10 FIMS to SHA.
<b>FREEDOM OF INFORMATION:</b>	Public

<b>1. PURPOSE OF THE REPORT:</b>					
To receive and note the financial performance for the period up to 31st January 2013, and the full year forecast out-turn position for 2012/13, including risks and mitigations.					
<b>2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:</b>					
<b>Continue to improve the quality of services</b>	<b>x</b>				
<b>Reduce unwarranted variations in services</b>	<b>x</b>				
<b>Deliver the best outcomes for every patient</b>	<b>x</b>				
<b>Improve patient experience</b>	<b>x</b>				
<b>Reduce the inequalities gap in North Lincolnshire</b>	<b>x</b>				
Budgets support all the above.					
<b>3. IMPACT ON RISK ASSURANCE FRAMEWORK:</b>					
	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px;">Yes</td> <td style="width: 20px;">x</td> <td style="width: 20px;">No</td> <td style="width: 20px;"></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 regular confirm and challenge including high level financial issues.					

<b>4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:</b>			
Yes	x	No	
The report highlights where investment is proposed to meet our policies e.g. capital.			
<b>5. LEGAL IMPLICATIONS:</b>			
Yes	x	No	
It provides assurance to the Committee of the organisation's current and year end forecast ability to meet its statutory financial duties.			
<b>6. RESOURCE IMPLICATIONS:</b>			
Yes	x	No	
This report monitors the organisations resource current and forecast year-end resource utilisation.			
<b>7. EQUALITY IMPACT ASSESSMENT:</b>			
Yes		No	x
Not applicable – the report is a summary monitoring report, not a plan or policy.			
<b>8. PROPOSED PUBLIC &amp; PATIENT INVOLVEMENT AND COMMUNICATIONS:</b>			
Yes	x	No	
This report is used to communicate summary details of the organisation's financial performance to the public.			
<b>9. RECOMMENDATIONS:</b>			
The CCG Committee/Governing Body is asked to: -			
<ul style="list-style-type: none"> <li>Receive and note the financial performance for the period up to 31st January 2013, and the full year forecast out-turn position for 2012/13 as well as the associated risks and mitigations.</li> </ul>			

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**NHS NORTH LINCOLNSHIRE FINANCE REPORT.  
FINANCIAL YEAR 2012/13: MONTH 10 (JANUARY 2013)**

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# 1) SUMMARY MAIN FINANCE TARGET PERFORMANCE

MONTH 10 JANUARY 2013	YEAR TO DATE	FORECAST YEAR END	MAIN CHANGES TO LAST MONTH	COMMENTS
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## OVERVIEW - ALL KEY TARGETS

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. Marginal Deterioration in month
6 95% of NHS Invoices by Number are Paid within 30 Days	A	A	G	⬇	Slight deterioration during the month due to the new year holiday at the beginning of the month affecting authorisation
7 95% of Non NHS Invoices by Value are Paid within 30 Days	A	A	G	⬇	Slight deterioration during the month due to the new year holiday at the beginning of the month affecting authorisation
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 10 JANUARY 2013			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	21,850	21,683	(167)	227,831	226,164	(1,667)	276,352	274,352	(2,000)
2 RUN RATE - Planned and actual surplus achievement	167	167	0	1,667	1,667	0	2,000	2,000	0

**2012/2013: NHS NORTH LINCOLNSHIRE MONTH 10 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. A Strategic Investment Fund (SIF) deposit of £0.5m has been made with the SHA which will be actioned in Month 11.

The PCT is also reporting in line with the profiled plan surplus of £1.67m.

**QIPP:** In-year savings are expected to deliver as planned, despite year to date savings being behind target by £271k.

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 savings have been identified across current schemes in order to cover any shortfall.

**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), although at month 9 this had dropped to £22.06 and £2.49 for Public Health whilst backfill plans are implemented.

**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.

<b>Risk Area</b>	<b>Best Scenario £000s</b>	<b>Likely Scenario £000s</b>	<b>Worst Scenario £000s</b>	<b>Comment</b>
Secondary Care	1,300	1,700	2,600	Based on previous years' experience and potential scenarios regarding outturn / growth
Specialised Commissioning	-1000	-600	200	
Continuing Care	0	100	500	
CHC retrospective claims	1,400	1,700	2,100	
Other (incl. prescribing)	-1,300	-1,100	-300	
<b>Total Potential Risk</b>	<b>400</b>	<b>1,800</b>	<b>5,100</b>	
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	
<b>Potential Contingency and Risk Management Fund</b>	<b>4,100</b>	<b>4,100</b>	<b>4,800</b>	
<b>Unaddressed Risk / (Additional Risk Coverage)</b>	<b>-3,700</b>	<b>-2,300</b>	<b>300</b>	

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

## 1. HEADLINES & KEY MESSAGES : MONTH 10 SUMMARY

Target / Issue	Outturn	Comments
<b>Revenue Target</b> <ul style="list-style-type: none"> <li>• Achieve £2.0m surplus</li> <li>• Spend 2% of Allocation on one-off items</li> </ul>	<b>On track</b>  <b>On track</b>	Surplus of £2m forecast. SIF deposit of £0.5m made with SHA- action month 11  In line with previous years, mostly pre-committed on healthcare contracts
Resource Limit	<b>On track</b>	
QIPP Delivery	<b>Largely on track</b>	In-year QIPP savings are behind profile by £271k.  Recurrent delivery – see the Risk Management section.
<b>Revenue risks Outside QIPP</b> <ul style="list-style-type: none"> <li>• Secondary Care Activity</li> <li>• Secure Services Activity</li> <li>• Primary Care</li> <li>• Continuing HC</li> </ul>	<b>Risks managed</b>	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.
<b>Cash Management</b> <ul style="list-style-type: none"> <li>• Cash Balances</li> <li>• Payment Policy</li> </ul>	<b>Achieved</b>  <b>Partial</b>	YTD cash balance of £402k is within the PCTs limits.  A new service Provider and systems implemented in 2012/13 – payment rates should keep improving.
<b>Capital</b>	<b>On track</b>	Forecast is in line with Plan. A £100k capital grant to Primary Care was received from SHA  A house in Auckland Road has been sold
<b>Governance</b>	<b>Yes</b>	The 2011/12 Accounts are unqualified and the CCG is authorised with no conditions. 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)	1.667	Yes
Full Year Surplus	2.000	Forecast to achieve
Control Total	2.000	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. The opportunity has been given to make a SIF deposit of £0.5m with the SHA which will increase the resource brought forward next year. This will be actioned in month 11.

### EXPENDITURE PROGRAMME BRIEFINGS

The following is a summary of the key issues informed by Budget Holder meetings and Management Accountant briefings based on month 9 information, unless otherwise stated:

#### CCG CORE BUDGETS (linked directly to Practices)

##### NHS Secondary Care Commissioning

From the month 9 contract information received so far, NLAG is reporting a year to date over-trade of £834k. 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. If the CCG had been on a full PbR contract, the forecast overspend would be nearer to £2.5m. Should a capped contract not be agreed again in 2013/14 this would exhaust the CCGs contingency budget for next year should it recur.

Generally the overall main acute contract position has deteriorated, due to winter pressures, but in line with expectations. Due to other contract underspends, the main acute contracts at month 9 are over-trading to produce a net position of £539k 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.

Exclusions/ non contract activity budgets continue to overspend forecast £958k due in part to a number of high cost mental health placements. The CSU have been asked to look at contracts for next year that may minimise the risk of these budgets overspending next yr. This would be a call against the CCGs contingency budget next year if this were to continue next 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. However, the original budget is shortly to be exhausted and so additional non recurrent slippage will need to be found to ensure there is sufficient resource for the current committed client cohort, demand growth and level of complexity of newly referred clients. This will be actioned for Month 11. Some growth has been included for budgets next year but any further pressure would need to come from the CCGs contingency budget next year.

At the end of Quarter 3, 156 valid retrospective claims have been received. Since last month a further review of benchmarked figures has been made and executive summary risk table updated. In the latest return to the SHA the PCT is expecting to make a provision of circa £2.4m. NHS North Lincolnshire has earmarked existing un-utilised continuing care accruals/provisions and contingency/budget slippage to ensure this will not prevent the PCT from meeting its 2012/13 financial duties. No cash payments for retrospective cases are expected to be made in 2012/13. This provision will revert to the CCG in 13/14.

### **Mental Health Pooled Budget**

At Month 10, both the mental health and learning disability pooled budgets forecast remain 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 has been less volatile this 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 three 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 has been requested for future months.

Additional money for winter pressures for NLC has come via the PCT. The Providers received money directly from the SHA for this.

## **CLUSTER BUDGETS (NOT DELEGATED TO CCGs)**

### **SCG Services**

Based on Month 8 SCG data, the year-end forecast underspend is down to £715k (from £979k last month) on SCG services, when expenditure is compared against amended budgets in respect of revised baselines. However, SCG in year activity is known to be volatile, and this deterioration does not affect the organisation's overall forecast out-turn position.

### **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 £930k, is anticipated on these two pharmaceutical budgets as a result of a reduction in nationally agreed drug prices, and in pharmacy contract fees. £600k has already been transferred to QIPP since last month to recurrently buy out other QIPP shortfalls.

Therefore, the risk of these budgets overspending is considered low.

## **OTHER BUDGET ISSUES**

### **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, CSU structures and Area Team structures are all but complete. The forecast for redundancies in NHS North Lincolnshire is extremely low and will be paid for out of budgets currently held at cluster level.

## **3. CAPITAL**

A house in Auckland Road has been sold, the Primary Care capital grant received and transfer made to NL for the cluster IMT programme.

The original plan for operational capital of £300k has therefore been increased to an expected £539k. The total capital spend on IMT has increased to £315k; the primary care capital grant will be spent on various equipment etc. The remaining £124k against the Capital Resource Limit (CRL) is planned to be spent on upgrading the estate (Scawby House and Ironstone).

The Cluster Capital Committee is monitoring this on a monthly basis and has provided a revised profile of commitments and spend for cash forecasting purposes.

The work programmes reflect issues such as transition, green issues, equality and diversity, health and safety, integrated working, QIPP etc.

From 1 April 2013, those properties not transferring to NLAG under TCS, will transfer instead to the new NHS Property Services ('Prop.Co.'). An element of resource remains within the CCGs allocation to pay for its share of Health Place which will now hit the CCGs Running Cost Allowance. The CCG will need to attract additional income for Health Place for unused space. Properties over which NHS North Lincolnshire still holds a legal charge or lease will transfer to Prop Co.

#### 4. QIPP DELIVERY

So far, based on the SHAs RAG rating system, the forecast Month 10 monitoring return indicates that the forecast year-end under achievement on the five red rated schemes, has been recurrently offset by additional savings on existing green and amber schemes (see the Table below).

The review of QIPP schemes, in line with year to date performance, and the draft 2013/14 financial plan, has led to a number of QIPP cost avoidance measures being more accurately reflected as QIPP schemes, though the overall impact of this reclassification on the organisation's bottom line performance in 2012/13, is neutral.

#### QIPP FINANCE REPORT: FORECAST MONTH 10 2012/13

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)	245	200	200	0	(300)	(200)
	Continuing Care	(250)	0	(250)	125	0	0	0	(250)	0
	End of Life	0	0	0	0	0	0	0	0	0
Alternative Care	GP Referrals	(300)	0	(300)	200	300	300	0	0	(300)
	Consultant to Consultant Referrals	(80)	0	(80)	3	0	0	0	(80)	0
	Reduction in Outpatient Follow-ups	(500)	0	(500)	153	0	0	0	(500)	0
	Theatre to Clinic Settings	(300)	0	(300)	47	0	0	0	(300)	0
Integration of Care	Redesign Unplanned Care	(100)	0	(100)	60	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)	(744)	(715)	0	(1,605)	0	(100)
Enablers	Technology Enabled Care	(65)	0	(65)	53	65	65	0	0	(65)
Organisational QIPP	Other Workstreams	(1,168)	(550)	(1,718)	129	50	50	(1,468)	(200)	(100)
<b>TOTALS</b>		<b>(4,070)</b>	<b>(633)</b>	<b>(4,703)</b>	<b>271</b>	<b>0</b>	<b>715</b>	<b>(3,073)</b>	<b>(1,630)</b>	<b>(865)</b>

65.3% 34.7% 18.4%

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 marginally deteriorated to an estimated £271k (£218k last month) behind target at month 9. Particular challenges remain with schemes focused on continuing care and reduction in Outpatient Follow Up activity, 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 e.g. Pharmacy contract and prescribing savings. 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 forecast therefore remains as planned.

Any blanket approvals by the Cluster of disputed non contract invoices will affect the non-recurrent contract challenge QIPP savings.

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 still under regular review for which a risk range has been provided.

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.

## 6. WORKING BALANCE MANAGEMENT

### General Working Balance Management

The forecast balance sheet reflects an early view that the PCT needs to clear out old balances going into the new world. It is likely that provisions made in 12/13 will eventually make their way to the successor body for 13/14.

### Cash Flow Management

At the end of month 10, cash balances totalled £402k. 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 further cash requested to ensure the PCTs can clear as many potential year end balances as possible.

### Payment Policy Performance

#### NHS

NHS invoices paid up to the end of January was: 99.2% by value, and 94.3% by number. This means that only the NHS invoices paid by value is above the 95% target.

#### Non-NHS

Non-NHS invoices paid within target during January were 91.3% by number, which is an improvement from last month. The Non NHS invoices paid within target by value is 92.2%, which is a slight deterioration from last month. So both the Non-NHS invoices paid by value and by number are below target.

Temporary staff issues in the payments section, and annual leave generally since Christmas, have not assisted the achievement of the payment targets in month 10. However, improved performance to hit the targets by year end is still anticipated.

### Debtor Management

At the end of January 2013 there were two outstanding debts over 60 days old, which are both being actively pursued.

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, however whilst the CSU develops its backfill plans a figure of £22.06 is being reported for commissioning. The £2.49 for Public Health is

very similar to previous months. Further more detailed guidance is awaited for CCGs on Running Costs for next year.

The plan figure for Commissioning reflects the intention to spend the full allowance for CCGs, a large proportion being with the NY & Humber CSU, for which an SLA has been signed and service specifications finalised. Whilst current spend appears to be well below plan, the CSU are planning to use vacancies for investment in IT and fill temporarily to provide cover as well as ensuring legacy and closedown issues are covered etc. in the last quarter 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 timetables for 12/13 year end and accounting policies for the accounts will be agreed at the Audit Group.

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 have also been recruited to ensure any essential staffing gaps are covered.

A draft financial plan for 13/14 has been agreed by the CCG and submitted to the Commissioning Board, which will be refined over the coming weeks. Annual budgets for 13/14 are a separate paper to the CCG Committee.

**Therese Paskell, Chief Financial Officer**

**5 March 2013**

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

COMMISSIONED SERVICES	MONTH 10 JANUARY 2013			YTD AT JAN 2013			FULL YEAR		
	LATEST BUDGET	ACTUAL	VARIANCE	LATEST BUDGET	ACTUAL	VARIANCE	LATEST BUDGET	ACTUAL	VARIANCE
	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s
<b>SECONDARY &amp; TERTIARY CARE COMMISSIONED SERVICES</b>									
1 Northern Lincolnshire & Goole Hospitals NHS FT	7,583	7,667	84	78,333	79,167	834	93,500	94,500	1,000
2 Hull & East Yorkshire NHS Trust	1,092	1,334	242	10,923	10,923	0	13,108	13,108	0
3 Doncaster & Bassetlaw NHS FT	260	245	(15)	2,600	2,566	(34)	3,119	3,075	(44)
4 Sheffield Teaching Hospitals NHS FT	140	147	7	1,396	1,292	(104)	1,676	1,566	(110)
5 Sheffield Childrens Hospital NHS FT	105	71	(34)	1,047	1,008	(39)	1,256	1,216	(40)
6 United Lincolnshire Hospitals NHS Trust	140	173	33	1,400	1,285	(115)	1,680	1,540	(140)
7 Leeds Teaching Hospitals NHS Trust	104	95	(9)	1,036	1,033	(3)	1,243	1,253	10
8 East Midlands Ambulance Trust	386	473	87	3,865	4,037	172	4,638	4,827	189
9 Rotherham, Doncaster & South Humberstone Foundation Trust	1,127	1,127	0	11,472	11,472	0	13,808	13,808	0
10 Specialist Services Group - Acute Services	1,645	1,787	142	16,450	16,016	(434)	19,740	19,025	(715)
11 Exclusions / Non-Contract Activity	162	223	61	1,632	2,337	705	1,957	2,915	958
12 Other Secondary & Tertiary Care Services	204	332	128	2,045	2,286	241	2,454	2,739	285
	12,948	13,674	726	132,199	133,422	1,223	158,179	159,572	1,393
<b>PRIMARY CARE COMMISSIONED SERVICES</b>									
13 GMS / PMS Practice Budgets and Other Primary Care Expenditure	2,069	2,069	0	19,754	19,754	0	23,777	23,777	0
14 GDS / PDS and Other Dental Expenditure	518	486	(32)	4,528	4,439	(89)	5,407	5,327	(80)
15 Ophthalmic Services	133	133	0	1,335	1,335	0	1,602	1,602	0
16 Prescribing Costs	2,102	2,286	184	24,554	23,771	(783)	29,176	28,246	(930)
17 Pharmaceutical Services	448	448	0	4,484	4,484	0	5,381	5,381	0
	5,270	5,422	152	54,655	53,783	(872)	65,343	64,333	(1,010)
<b>COMMUNITY BASED SERVICES</b>									
18 NLAG Community Services	925	925	0	9,251	9,251	0	11,101	11,101	0
19 Drug/Alcohol Community Services	252	252	0	2,417	2,417	0	3,011	3,011	0
20 Other Community Based Services	198	163	(35)	1,980	1,585	(395)	2,376	1,936	(440)
	1,375	1,340	(35)	13,648	13,253	(395)	16,488	16,048	(440)
<b>PRIVATE &amp; VOLUNTARY SECTOR</b>									
21 Continuing Healthcare / Other Care Packages	1,749	1,694	(55)	14,239	14,085	(154)	17,443	17,743	300
22 Funded Nursing Care & Other Care Packages	0	0	0	0	0	0	0	0	0
23 Hospices	49	45	(4)	492	480	(12)	590	577	(13)
24 Voluntary Sector	24	6	(18)	238	220	(18)	286	286	0
	1,822	1,745	(77)	14,969	14,785	(184)	18,319	18,606	287
<b>POOLED BUDGETS</b>									
25 Mental Health	26	31	5	260	310	50	312	371	59
26 Learning Disabilities	35	35	0	356	356	0	430	465	35
	61	66	5	616	666	50	742	836	94
<b>OTHER COMMISSIONED SERVICES</b>									
27 Other Commissioned Services	207	219	12	2,427	2,547	120	2,820	2,976	156
	207	219	12	2,427	2,547	120	2,820	2,976	156
<b>OTHER COMMISSIONING COSTS</b>									
28 Public Health	341	328	(13)	2,182	2,055	(127)	2,627	2,478	(149)
29 Organisational Budgets (excluding Public Health)	645	648	3	5,460	5,444	(16)	6,623	6,623	0
30 Technical & Provision Costs	(1,353)	(2,118)	(765)	(3,635)	(3,354)	281	(266)	(499)	(233)
31 Depreciation & Cost of Capital Charge	31	23	(8)	314	234	(80)	377	279	(98)
32 Profit/ Loss on Sale of Assets	0	0	0	0	0	0	0	0	0
33 Contingency Funds	336	336	0	3,329	3,329	0	3,100	3,100	0
	0	(783)	(783)	7,650	7,708	58	12,461	11,981	(480)
34 PLANNED SURPLUS	167	0	(167)	1,667	0	(1,667)	2,000	0	(2,000)
<b>TOTAL COMMISSIONED SERVICES</b>	<b>21,850</b>	<b>21,683</b>	<b>(167)</b>	<b>227,831</b>	<b>226,164</b>	<b>(1,667)</b>	<b>276,352</b>	<b>274,352</b>	<b>(2,000)</b>
<b>MEMORANDUM ITEM - UNCAPPED CONTRACT</b>	<b>£ 000s</b>	<b>£ 000s</b>	<b>£ 000s</b>	<b>£ 000s</b>	<b>£ 000s</b>	<b>£ 000s</b>	<b>£ 000s</b>	<b>£ 000s</b>	<b>£ 000s</b>
1 Northern Lincolnshire & Goole Hospitals NHS FT	7,583	7,616	33	75,833	77,666	1,833	91,000	92,000	1,000
2 Hull & East Yorkshire NHS Trust	1,092	1,122	30	10,923	10,711	(212)	13,108	13,108	0
<b>TARGET</b>	<b>8,675</b>	<b>8,738</b>	<b>63</b>	<b>86,757</b>	<b>88,378</b>	<b>1,621</b>	<b>104,108</b>	<b>105,108</b>	<b>1,000</b>

# 3) APPENDIX 2: STATEMENT OF FINANCIAL POSITION

	<b>A</b>	<b>B</b>	<b>B-A</b>
	Balance at 31 March 2012 £000s	Balance at 31 January 2013 £000s	Variance B-A £000s
<b>NON CURRENT ASSETS</b>			
Property Plant & Equipment	12,207	11,646	(561)
Intangible assets	47	46	(1)
Other Financial Assets	0	0	0
Trade and Other Receivables	0	0	0
	<b>12,254</b>	<b>11,692</b>	<b>(562)</b>
<b>CURRENT ASSETS:</b>			
Inventories	2	0	(2)
Trade and Other Receivables	3,311	1,528	(1,783)
Other Financial Assets	0	0	0
Other Current Assets	0	0	0
Cash and Cash Equivalents	2	402	400
<b>Sub Total Current Assets</b>	<b>3,315</b>	<b>1,930</b>	<b>(1,385)</b>
Non-Current Asset Held for Sale	120	120	0
<b>TOTAL CURRENT ASSETS</b>	<b>3,435</b>	<b>2,050</b>	<b>(1,385)</b>
<b>TOTAL ASSETS</b>	<b>15,689</b>	<b>13,742</b>	<b>(1,947)</b>
<b>CURRENT LIABILITIES</b>			
Trade and other payables	(26,211)	(21,058)	5,153
Other Liabilities	0	0	0
Provisions	(2,125)	(1,777)	348
Other Financial Liabilities	0	0	0
<b>Total Current Liabilities</b>	<b>(28,336)</b>	<b>(22,835)</b>	<b>5,501</b>
<b>NET CURRENT ASSETS/(LIABILITIES)</b>	<b>(24,901)</b>	<b>(20,785)</b>	<b>4,116</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>(12,647)</b>	<b>(9,092)</b>	<b>3,555</b>
<b>NON CURRENT LIABILITIES</b>			
Trade and Other Payables	0	0	0
Provisions	(766)	(766)	0
Other Financial Liabilities	0	0	0
Other Liabilities	0	0	0
<b>Total Non Current Assets</b>	<b>(766)</b>	<b>(766)</b>	<b>0</b>
<b>Total Assets Employed</b>	<b>(13,413)</b>	<b>(9,858)</b>	<b>3,555</b>
<b>TAXPAYERS EQUITY</b>			
General Fund	(14,343)	(10,787)	3,556
Revaluation Reserve	930	929	(1)
Government Grant Reserve	0	0	0
Other Reserves	0	0	0
	<b>(13,413)</b>	<b>(9,858)</b>	<b>3,555</b>



# 3) APPENDIX 3 : CAPITAL EXPENDITURE

CAPITAL EXPENDITURE	MONTH 10 - JANUARY 2013			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	124	124	0
2 Equipment	0	0	0	0	0	0	100	100	0
3 Information Technology	0	0	0	0	0	0	315	315	0
<b>4 TOTAL CAPITAL EXPENDITURE</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>539</b>	<b>539</b>	<b>0</b>

## CHARGE AGAINST CAPITAL RESOURCE LIMIT (CRL)

1 TOTAL CAPITAL EXPENDITURE (PER 4 ABOVE)	0	0	0	0	0	0	539	539	0
2 Less :Asset Sales Proceeds (i.e. Net Book Value Element)	0	0	0	0	0	0	(120)	(120)	0
3 Less: Capital Grants	0	0	0	0	0	0	(100)	(100)	0
<b>4 NET CHARGE AGAINST THE CRL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>319</b>	<b>319</b>	<b>0</b>
<b>5 CAPITAL RESOURCE LIMIT (CRL)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>319</b>	<b>319</b>	<b>0</b>
<b>6 CAPITAL (UNDER) OR OVERSPEND AGAINST THE CRL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## NOTES

The Primary Care Grant has now been completed and all the orders are in place to hit the CRL at the year end.

The forecast actual figure reflects the potential sales proceeds, re Auckland Road, following recent completion, and subject to the receipt of the proceeds

### 3) APPENDIX 4: CASHFLOW - YEAR TO DATE TO JANUARY 2013

CASHFLOW STATEMENT	£000's
Net Operating Cost	226,164
Profit From Sale of Fixed Asset	
Depreciation Charge	(561)
Working Capital	
(Increase)/Decrease in Stocks	0
(Increase)/Decrease in Receivables	1,783
Increase/(Decrease) in Payables	(5,153)
Increase/(Decrease) in Provisions	(348)
<b>Net cash inflow/(outflow) from operating activities</b>	<b>(3,718)</b>
CAPITAL EXPENDITURE	
(Payments) to acquire tangible fixed assets	716
Receipts from sale of tangible fixed assets	0
Net cash inflow/(outflow) from Capital Expenditure	716
Net cash (outflow) before financing	<b>222,601</b>
Interest Received	0
FINANCING	
Net cash inflow from financing	<b>(222,201)</b>
<b>INCREASE/(DECREASE) IN CASH</b>	<b>400</b>

# 3) APPENDIX 5: OTHER KEY FINANCIAL TARGET PERFORMANCE

PREVIOUS MONTH			MONTH 10 - JANUARY 2013			FORECAST YEAR END		
BUDGET/TARGET	ACTUAL	VARIANCE	BUDGET/TARGET	ACTUAL	VARIANCE	BUDGET/TARGET	ACTUAL	VARIANCE
£000s or %	£000s or %	£000s or %	£000s or %	£000s or %	£000s or %	£000s or %	£000s or %	£000s or %

## 1 CASH MANAGEMENT TARGETS

- A) All Cash Expenditure is Kept Within Cash Limits (Not Overdrawn)  
 B) Cash Balance Held At Period End less than £500K or 5K at Y/End \*

Yes	Yes	None	Yes	Yes	None	Yes	Yes	None
500	51	(449)	500	402	(98)	2	2	0

## 2 PROMPT PAYMENT OF INVOICE PERFORMANCE

- A) % of NHS Invoices Paid Within 30 Days - By Value  
 B) % of NHS Invoices Paid Within 30 Days - By Number  
 C) % of Non NHS Invoices Paid Within 30 Days - By Value  
 D) % of Non NHS Invoices Paid In 30 Days - By Number

95.00%	99.41%	4.41%	95.00%	99.23%	4.23%	95.00%	95.00%	0.00%
95.00%	96.19%	1.19%	95.00%	94.33%	(0.67%)	95.00%	95.00%	0.00%
95.00%	92.82%	(2.18%)	95.00%	92.15%	(2.85%)	95.00%	95.00%	0.00%
95.00%	90.88%	(4.12%)	95.00%	91.27%	(3.73%)	95.00%	95.00%	0.00%

## 3 AGED DEBT

Current		0-30 days		31-60 days		Over 60 days		TOTAL
£	%	£	%	£	%	£	%	£
135,643	17.26	38,832	4.94	127,382	16.21	32,761	4.17	334,617
172,753	21.99	(4,146)	(0.53)	53,693	6.83	228,792	29.12	451,091
308,396	39.25	34,686	4.41	181,075	23.05	261,553	33.29	785,709

NHS	135,643	17.26
Non NHS	172,753	21.99
Total	308,396	39.25

### 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	285	Backing data to support the invoice has been re-sent to NLC. The invoice has again been disputed and NLC are requesting copies of the original agreement in place at the time of the invoice. This has been requested from the Continuing Care Department. Relates to a "Looked after Child", NLC have paid subsequent Invoices.
NORTH LINCOLNSHIRE COUNCIL	3007182	56,240.00	95	NLC are awaiting for copies of what was originally agreed, as there has been a change of personnel at NLC. NLC are been regularly contacted and payment requested. This invoice was paid on the 1st March.
NORTH LINCOLNSHIRE COUNCIL	3007216	18,862.75	68	NLC are been regularly contacted and payment requested
NORTH LINCOLNSHIRE COUNCIL	3007217	41,597.34	68	NLC are been regularly contacted and payment requested

TP is due to meet with The Director of Finance @ NLC, on 13th March, to resolve intra-organisation balance issues.

## 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	3,613	4,132
Public Health Running Costs	392	408	456
<b>Total Running Costs</b>	<b>4,119</b>	<b>4,021</b>	<b>4,588</b>
Unified Weighted Population	163,799	163,799	163,799
<b>PCT Commissioning Running Costs per head</b>	<b>22.75</b>	<b>22.06</b>	<b>25.23</b>
<b>Public Health Running Costs per Head</b>	<b>2.39</b>	<b>2.49</b>	<b>2.78</b>
<b>Cost per Head (Unified Weighted)</b>	<b>25.15</b>	<b>24.55</b>	<b>28.01</b>

### 3) APPENDIX 6: RESOURCE LIMIT ALLOCATION INFORMATION

	Use / Destination	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
<b>1) BASE ALLOCATION</b>							
Total Confirmed Funding		263,692	0	263,692	263,692	0	263,692
<b>2) NEW IN YEAR ALLOCATIONS</b>							
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 Topslice	-	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
Capital Allocation	-	0	0	0	0	300	300
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)
IAT Kirklees - Yorkshire and Humber PCT Collaborative	-	0	13	13	13	0	13
Return of Surplus from 2011/12	-	0	1,998	1,998	0	0	0
Short term funding of Pertussis outbreak	-	0	3	3	3	0	3
Private Sector Capital Grants	-	0	0	0	0	-100	(100)
Transfer of CRL to Support Cluster Plans	-	0	0	0	0	80	80
Transfer of CRL to Support Cluster Plans	-	0	0	0	0	39	39
NY&Y Risk Pool (IAT M9)	-	0	(1,000)	(1,000)	(700)	0	(700)
Charge for Overseas Visitors	-	0	(164)	(164)	(164)	0	(164)
Strategic Investment Fund (SIF) Return	-	0	600	600	0	0	0
Cash re Surplus Drawdown	-	0	0	0	598	0	598
GP Grants	-	0	100	100	100	0	100
Winter Pressures (LA)	-	0	253	253	253	0	253
Total Confirmed Funding		0	12,660	12,660	10,307	319	10,626
<b>3) ANTICIPATED ALLOCATIONS</b>							
Childhood Vaccination	-	0	28	28	28	0	28
SIF Deposit	-	0	(500)	(500)	0	0	0
	-	0	0	0	0	0	0
	-	0	0	0	0	0	0
Total Anticipated Funding		0	(472)	(472)	28	0	28
<b>4) TOTAL RESOURCES &amp; BUDGET RECONCILIATION</b>							
4A Confirmed resources per 1) and 2) above	-	263,692	12,660	276,352	273,999	319	274,318
4B Anticipated resources per 3) above	-	0	(472)	(472)	28	0	28
4C Total Resources (3A + 3B)	-	263,692	12,188	275,880	274,027	319	274,346
4D Latest Budgets	-	263,692	12,188	275,880	274,027	319	274,346
4E Variance Should = Zero (3D Minus 3C)		0	0	0	0	0	0

#### Note

The numbers in the use/destination columns, refer to the line number on the Operating Cost Statement (Page 13)

### 3) APPENDIX 7: CCG FORMAT - FINANCIAL MONITORING STATEMENT 2012/13. COMMISSIONING OPERATING COST AS AT (JANUARY 2013) - FINANCE PERIOD 10.

KEY	ALL CLINICAL COMMISSIONING GROUP AREAS OF INDICATIVE BUDGET RESPONSIBILITY	YEAR TO DATE				YEAR END POSITION			
		BUDGET	SPEND	VARIANCE		BUDGET	SPEND	VARIANCE	
		£000	£000	£000	%	£000	£000	£000	%
<b>1) PRACTICE AREAS OF BUDGET RESPONSIBILITY.</b>									
<b>A) SECONDARY &amp; TERTIARY CARE</b>									
1	Northern Lincolnshire & Goole Hospitals NHS FT	78,333	79,167	833	1.06%	93,500	94,500	1,000	1.07%
2	Hull & East Yorkshire NHS Trust	10,923	10,923	0	0.00%	13,108	13,108	0	0.00%
3	Doncaster & Bassetlaw NHS FT	2,600	2,599	(0)	(0.01%)	3,119	3,075	(44)	(1.41%)
4	Sheffield Teaching Hospitals NHS FT	1,396	1,292	(104)	(7.47%)	1,676	1,566	(110)	(6.57%)
5	Sheffield Childrens Hospital NHS FT	1,047	1,008	(39)	(3.73%)	1,256	1,216	(40)	(3.18%)
6	United Lincolnshire Hospitals NHS Trust	1,400	1,285	(115)	(8.24%)	1,680	1,540	(140)	(8.33%)
7	<b>Sub Total : Main PBR Based Care Costs</b>	<b>95,700</b>	<b>96,274</b>	<b>574</b>	<b>0.60%</b>	<b>114,340</b>	<b>115,006</b>	<b>666</b>	<b>0.58%</b>
8	PPA Drugs & Home Oxygen Costs (Practice Specific Costs - Only)	23,650	22,998	(652)	(2.76%)	28,091	27,317	(774)	(2.75%)
9	<b>SUB TOTAL : CORE PRACTICE AREAS OF BUDGET RESPONSIBILITY.</b>	<b>119,349</b>	<b>119,272</b>	<b>(78)</b>	<b>(0.06%)</b>	<b>142,430</b>	<b>142,323</b>	<b>(108)</b>	<b>(0.08%)</b>
10	Budget Adjustment - For High Cost PBR Spells in Excess of £ 10K.	0	0	0	0.00%	0	0	0	0.00%
11	<b>TOTAL : CORE PRACTICE AREAS OF BUDGET RESPONSIBILITY.</b>	<b>119,349</b>	<b>119,272</b>	<b>(78)</b>	<b>(0.06%)</b>	<b>142,430</b>	<b>142,323</b>	<b>(108)</b>	<b>(0.08%)</b>
12	Exclusions - Non Contract Activity	1,090	1,654	564	51.76%	1,307	1,995	688	52.66%
13	<b>TOTAL : CORE PRACTICE AREAS OF BUDGET RESPONSIBILITY.</b>	<b>120,439</b>	<b>120,926</b>	<b>487</b>	<b>0.40%</b>	<b>143,737</b>	<b>144,317</b>	<b>580</b>	<b>0.40%</b>
<b>B) OTHER COMMISSIONING BUDGETS</b>									
14	East Midlands Ambulance Trust	3,865	4,037	172	4.46%	4,638	4,827	190	4.09%
15	All Other Secondary & Tertiary Care Services	3,081	3,311	230	7.47%	3,697	4,022	325	8.79%
16	Main Mental Health Contract - RDASH	11,472	11,472	(0)	(0.00%)	13,808	13,808	0	0.00%
17	NHS North Lincolnshire Community Provider Services	9,426	9,426	(0)	(0.00%)	11,311	11,311	0	0.00%
18	Other Community Based Services	1,959	1,563	(395)	(20.19%)	2,350	1,908	(442)	(18.80%)
19	Private & Voluntary Sector Services (Including : Continuing & Funded Care etc)	14,969	14,785	(184)	(1.23%)	18,319	18,606	287	1.57%
20	Pooled Mental Health Services	251	300	49	19.57%	301	360	59	19.57%
21	Pooled Learning Disability Services	356	356	(0)	(0.00%)	430	465	35	8.14%
22	Pharmacy Contract & Non Practice Specific PPA Costs.	905	773	(132)	(14.58%)	1,085	928	(157)	(14.47%)
23	All Other Commissioned Services	2,562	2,485	(77)	(3.00%)	2,970	3,076	106	3.57%
24	<b>OTHER COMMISSIONING BUDGETS</b>	<b>48,845</b>	<b>48,509</b>	<b>(336)</b>	<b>(0.69%)</b>	<b>58,910</b>	<b>59,313</b>	<b>403</b>	<b>0.68%</b>
25	<b>TOTAL : PRACTICE AREAS OF BUDGET RESPONSIBILITY.</b>	<b>169,285</b>	<b>169,435</b>	<b>151</b>	<b>0.09%</b>	<b>202,647</b>	<b>203,630</b>	<b>983</b>	<b>0.48%</b>
<b>2 CCG AREAS OF BUDGET RESPONSIBILITY</b>									
<b>CLINICAL BUDGETS</b>									
26	Enhanced Primary Care Services	296	296	0	0.00%	355	355	0	0.00%
27	Out of Hours Services	2,182	2,182	(0)	(0.00%)	2,617	2,617	0	0.00%
28	Local Safeguarding of Adults & Children	155	154	(1)	(0.40%)	207	207	0	0.00%
29	Exclusions - Contract Based & Mental Health	422	543	121	28.66%	507	747	240	47.35%
30	Remaining Budget Reserve - For High Cost PBR Spells in Excess of £ 10K.	0	0	0	0.00%	0	0	0	0.00%
<b>CENTRAL BUDGETS (INCLUDING CSS CENTRAL BUDGETS)</b>									
31	Organisational Services	4,420	4,420	(1)	(0.01%)	5,368	5,368	0	0.00%
32	Technical & Provision Costs	(3,635)	(3,354)	281	(7.73%)	(266)	(499)	(233)	87.81%
33	Contingency	3,329	3,329	(0)	(0.00%)	3,100	3,100	0	0.00%
34	Depreciation & Capital Charges	0	0	0	0.00%	0	0	0	0.00%
35	Planned Surplus	1,667	0	(1,667)	(100.00%)	2,000	0	(2,000)	(100.00%)
36	<b>TOTAL : CCG AREAS OF BUDGET RESPONSIBILITY.</b>	<b>8,837</b>	<b>7,570</b>	<b>(1,266)</b>	<b>(14.33%)</b>	<b>13,889</b>	<b>11,895</b>	<b>(1,993)</b>	<b>(14.35%)</b>
37	<b>TOTAL : PRACTICE &amp; CCG AREAS OF BUDGET RESPONSIBILITY.</b>	<b>178,121</b>	<b>177,006</b>	<b>(1,116)</b>	<b>(0.63%)</b>	<b>216,536</b>	<b>215,525</b>	<b>(1,011)</b>	<b>(0.47%)</b>
<b>MEMO ITEM: OTHER AREAS OF BUDGET RESPONSIBILITY</b>									
	Estates (Prop Co)	933	851	(82)	(8.83%)	1,106	1,008	(98)	(8.86%)
	Commissioning Board (SCG & Primary Care)	44,216	43,659	(557)	(1.26%)	53,106	52,311	(794)	(1.50%)
	Public Health	4,562	4,641	79	1.73%	5,605	5,507	(97)	(1.73%)
	<b>TOTAL : OTHER AREAS OF BUDGET RESPONSIBILITY.</b>	<b>49,712</b>	<b>49,151</b>	<b>(561)</b>	<b>(1.13%)</b>	<b>59,816</b>	<b>58,827</b>	<b>(990)</b>	<b>(1.65%)</b>
<b>MEMO TOTAL : WHOLE NHS NORTH LINCOLNSHIRE POSITION</b>									
		<b>227,833</b>	<b>226,156</b>	<b>(1,676)</b>	<b>(0.74%)</b>	<b>276,352</b>	<b>274,352</b>	<b>(2,000)</b>	<b>(0.72%)</b>

<b>NOTES</b>	<ul style="list-style-type: none"> <li>● "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.</li> <li>● "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.</li> <li>● 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.</li> </ul>
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