

NHS COVENTRY AND NHS WARWICKSHIRE

Report To:	Arden Board
Report From:	Gill Entwistle, Cluster Director of Finance
Report Author:	Clare Hollingworth, Chief Finance Officer, NHS Coventry
Title of Report:	NHS Coventry - Finance Report – Month 04 (1 st April 2012 to 31st July 2012)

Purpose of the Report:

To advise members of the NHS Coventry financial position to the 31st July 2012 (Month 04 – 2012/13) and to advise of any other financial issues likely to impact in the current financial year.

Key Points:

- The PCT is reporting a year to date revenue surplus of £2.301m compared to a plan of £1.933m.
- In relation to the UHCW contract, a number of data issues are being investigated. Once expected adjustments are resolved it is expected that the contract will still be performing above plan year to date (£660k). A significant over-performance of almost £3.0m is forecast by year end primarily as a result of non-achievement of QIPP targets.
- Based upon two month's data, the Prescribing budget is over-spent by £670k year to date but there is scope for this position to be improved as the year progresses.
- NHSC's ability to deliver its required £5.8m control total surplus was predicated upon the PCT being able to fully utilise the mandated 2% Strategic Change Reserve (£11.7m). NHSC has now received formal SHA approval to retain this Reserve which (in line with the budget approved by the Cluster Board) will be used to a) bridge the difference between in-year and recurrent QIPP savings and b) provide non-recurrent support to Providers whose cost base cannot be realigned as quickly as income is reduced as a result of Commissioner-led demand management schemes.
- The QIPP programme is currently forecast to under-achieve by £3.08m. A number of QIPP schemes are several months behind plan. Reasons for this are varied and include delays in developing business cases, agreeing funding with providers, recruitment delays and insufficient project management capacity. Discussions with Arden Commissioning Support Service (CSS) and Providers suggest there is limited action that can be taken to recover the original QIPP savings trajectory. At this stage, all schemes are considered worthy of continuation and as having a strong likelihood of delivering planned savings on a recurrent basis (with the possible exception of the Maternity QIPP).
- At this early stage in the financial year, whilst the PCT anticipates achieving its £5.8m control total surplus there are a number of potential financial risks that will need to be managed, including the upward trend in Emergency activity, volume-related risks in relation to Specialised Services and Continuing

Healthcare/Individual Placements and Transition costs.

- It is currently anticipated that the PCT will be able to achieve its running costs target but there is little uncommitted headroom with which to manage the additional workload associated with Transition, nor to absorb any non-recurrent reconfiguration costs. Corporate budgets will therefore require close management throughout the remainder of the year.

Recommendation(s):

- To note the reported £2.301m surplus after four months of the financial year, compared to a plan of £1.933m
- To note that the PCT currently anticipates being able to achieve all of its statutory financial duties in 2012/13, albeit this will require robust management of a range of potential risks.
- To note the current position against the PCT's 2012/13 capital programme.

Approved by:

Committee / Meeting	Date
Finance & Performance Committee	30 th August 2012

Implications:

Financial:	Achievement of financial duties for 2012/13
HR / OD:	None directly
Board Assurance / Healthcare Standards:	Contributes evidence to UoR KLOE 1.1 Financial Management which informs the annual Value For Money opinion.
Risk Rating:	Low – NHSC currently expects to achieve its statutory financial duties and the control total surplus required by the SHA
Equality & Diversity:	None directly
Health Strategy:	The PCT's revenue and capital budgets underpin delivery of the Arden Integrated System Plan.
Section 17:	None directly
Other	None directly

ARDEN CLUSTER

Report to: Arden Board

Report from: Gillian Entwistle, Director of Finance

Title: NHS Coventry - Finance Report
Month 4 (1st April 2012 to 31st July 2012)

1.0 Introduction

1.1 The purpose of this report is to inform Members of the PCT's financial position as at the end of July and to advise of any other financial issues likely to impact during 2012/13.

2.0 Statutory Financial Duties and Targets

6.3 Table 1 summarises the PCT's current performance against financial duties and targets:

Table 1

Description	Duty/Target		Achievement YTD
Revenue Resource Limit	Maintain expenditure within limit		Yes
Capital Resource Limit	Maintain expenditure within limit		Yes
Cash Limit	Remain within the cash limit set by the DoH		Yes
Public Sector Payment Policy	Pay 95% of non-NHS invoices within 30 days	By value	95%
		By number	95%

3.0 Revenue Position

3.1 NHSC's anticipated **allocation** for 2012-13 is £615,857k. This is detailed in Appendix 2 and contains a number of as yet unconfirmed allocations totalling £547k of which £302k relates to Clinical Excellence award pass-through payments.

3.2 The **Summary Revenue Statement** at Appendix 1 shows the Month 4 revenue position as an under-spend of £2.301m compared to a plan of £1.933m.

Acute & Specialised

- 3.3 The Acute contract portfolio is over-spent by £1.36m year to date. A full analysis is provided at Appendix 3.
- 3.4 The reported position is largely based upon Month 2 contract monitoring data extrapolated (unvalidated Month 3 data for UHCW).
- 3.5 A number of data queries are being worked through with **UHCW** in relation to the reported Month 1, 2 and 3 contract positions. These include the phasing of the activity plan, the assignment of Specialised Services activity, the application of Emergency Threshold and Readmission rules, validation of high cost drug data, and explanation of the significant rise in Outpatient with Procedure activity. The reported year-to-date overspend of £660k (1%) is adjusted for the expected outcome of these contract queries. The £660k is also net of the cost of Referral to Treatment (RTT) 'catch-up' activity which has been funded through the release of a 2011/12 over accrual. To date, no benefit has been assumed from the financial withholds relating to 2011/12 performance targets as current intelligence suggests that the Trust's performance may improve sufficiently to secure repayment of the withheld amounts. A reduction in non-recurrent QIPP support of £750k is assumed to compensate for the contract over-performance resulting from slippage in Trust-led redesign schemes. This reduction has not yet been agreed with the Trust.
- 3.6 The contract with **SWFT** is over-performing by £204k (21%) year to date. This appears to be due to elective T&O activity and is possibly related to RTT catch-up, though further analysis is needed. If RTT is the reason then the rate of over-performance would be expected to slow as the year progresses.
- 3.7 The over-performance on the **GEH** contract has reduced significantly from Month 2 as issues with Out-Patient reporting have been resolved. The remaining overspend of £120k ytd (5.5%) is however of some concern and will be analysed further to understand the cause. The same applies to the **Pathology** contract which is over-performing by £97k (3%) year to date although non-achievement of QIPP is a factor in this contract.
- 3.8 Performance at **University Hospital Birmingham (UHB) and Birmingham Children's Hospital** has returned broadly to plan as issues with mis-assigned Specialised Services activity have been resolved.
- 3.9 The latest monitoring data received in respect of the **Specialised Services (SCT)** portfolio indicates a small over-performance of £73k year to date. This includes both the impact of the increased Critical Care prices at UHB and University Hospital of North Staffordshire (as reported at Month 2) and a cost pressure arising from increased Immunoglobulin charges by UHCW following a clarification of PbR guidance. Reconciliations of activity shifts between mainstream PCT contracts and the SCT portfolio continue. Until complete, there remains a risk that some activity will be identified as not reflected in either contract.

Non-Acute Healthcare

- 3.10 The Non-Acute contract portfolio is under-spent by £356k year to date – Appendix 4 refers.
- 3.11 The two main Non-Acute contracts, with **Coventry & Warwickshire Partnership NHS Trust** for Community and Mental Health services, are predominantly block funding agreements and hence give rise to no significant in-year variances.
- 3.12 Based upon information within the new database, the **Continuing Healthcare (CHC)** budget appears to performing in line with plan (£79k under-spent ytd). As reported at Month 2, there is some concern as to the completeness of the new CHC database which is used to validate payments and prepare forecasts. Internal Audit's review of both the new database and the newly introduced mandate based payment system is expected to report next month.
- 3.13 A positive year-to-date position is also reported for **Individual Mental Health and Learning Disability Packages** (£237k under) although these budgets are phased to anticipate a much higher level of QIPP saving in the second half of the year.
- 3.14 At the request of the relevant Budget Holders the allocation of growth between CHC and Individual Care packages is being reviewed and any revisions could affect the relative budget positions going forward.
- 3.15 There are no other significant variances to note in relation to the non-Acute portfolio at this point in the year; expenditure on Smoking Cessation and Self Management Programmes will be kept under review as these areas saw significant volume growth in 2011/12.

Primary Care

- 3.16 **GP Prescribing:** the reported £670k year to date over-spend is based upon PPA data for April and May extrapolated. Whilst a £1.6m deficit is currently forecast for the year there is scope for this position to be improved upon as a result of both QIPP actions (including the recent expansion of Practice Medicines Co-ordinators) and the impact of national 'Category M' prices that will be revised in October.
- 3.17 There are currently no significant variances or concerns to note in relation to GP Medical service, primary care Dental Services, Community Pharmacy or Ophthalmic services.
- 3.18 The ring-fenced Dental allocation was not utilised in full in 2011/12 and a balance of £1.4m is held on the balance sheet and remains available for use in 2012/13.

Corporate Services / PCT Running Costs

- 3.19 A small under-spend of £207k year to date is reported against Corporate Functions, this reflects a number of staff vacancies across a range of Directorates. A £0.5m under-spend is forecast for the year; this anticipates recruitment to approved vacancies and some modest non-recurrent spend on agency staff to assist with the HR transition workload.
- 3.20 Earmarked IM&T (NPfIT) investment of £0.68m has now been released into the Corporate budget. Plans are being reviewed to ensure that relevant expenditure can be accommodated within the PCT's running cost target.
- 3.21 It is currently anticipated that the PCT will be able to achieve its running costs target but after adjusting for anticipated relevant IM&T spend there is likely to be little uncommitted headroom with which to manage further non-recurrent reconfiguration/Transition costs :

	£k
2011/12 Out-turn	12,473
2012/13 Target	12,473
2012/13 FOT	12,473

4.0 QIPP Programme

- 4.1 Appendix 7 summarises performance against QIPP schemes. The year to date figures are provisional estimates prepared by the finance team and have not been validated by project leads.
- 4.2 The programme is currently forecast to under-achieve by £3.08m net. This is based upon a mix of soft and hard intelligence and reflects known or anticipated slippage against key delivery milestones.
- 4.3 A number of QIPP schemes are several months behind plan. Reasons for this are varied and include delays in developing business cases, agreeing funding with providers, recruitment delays and insufficient project management capacity. Discussions with CSS and Providers suggest there is limited action that can be taken to recover the original QIPP savings trajectory. At this stage, all schemes are considered worthy of continuation and as having a strong likelihood of delivering planned savings on a recurrent basis (with the possible exception of the Maternity QIPP); the immediate focus is therefore on ensuring full implementation by Quarter 4 of this financial year.
- 4.4 In calculating the £3.08m under-recovery, it has been assumed that a number of schemes will deliver in full, eg. GP Referral Management, Low Priority

Procedures, Mental Health repatriations. This assessment may change as the year progresses.

- 4.5 The impact of RTT catch-up activity and the data quality issues relating to UHCW's contract monitoring data make it difficult to assess the year to date performance in relation to iMSK redesign and Low Priority Procedures. For now these schemes are reported as performing to plan.
- 4.6 Through its Clinical Operational Group, Coventry & Rugby CCG is seeking assurance that its Localities are fully engaged in the QIPP agenda and taking all appropriate action to address variances from plan. Access to business intelligence has been flagged as a constraint and will need to be raised with CSS.
- 4.7 The estimated QIPP under-achievement is reflected against relevant expenditure budgets (eg. as forecast over-spends against the UHCW contract and CHC budget for example) and offset by reserves flexibility and part application of the 1% general contingency fund.

5.0 CCG Financial Position

- 5.1 The Month 4 position for the Coventry element of the Coventry & Rugby Clinical Commissioning Group delegated budget is summarised in the table below - £1.54m deficit year to date (before the application of any flexibilities).

<u>COVENTRY</u>	May	Current	Current	Current	Current
	Approval	FY Plan	YTD Plan	YTD	YTD
	£000's	£000's	£000's	Actual	Variance
Acute	223,055	232,959	77,491	78,782	1,291
Community	63,960	62,152	20,706	20,596	(110)
Mental Health	65,378	65,819	21,885	21,711	(174)
CHC	23,120	23,120	7,749	7,670	(79)
Prescribing	49,989	49,989	16,393	17,009	616
Local Enhanced Services	1,877	929	308	304	(4)
Management Allowance	1,095	1,095	248	248	0
Sub total - CCG Budget	428,474	436,063	144,780	146,320	1,540
CSS/Corporate	8,089	8,089	2,696	2,696	0
Contingency	5,850	5,850	0	0	0
Earmarked Provisions	10,987	13,998	0	0	0
Grand Total	453,400	464,000	147,476	149,016	1,540

A consolidated Coventry & Rugby position is reported to the CCG's shadow Governing Body, with further analysis provided at Locality Group level.

6.0 Financial Outlook / Risk Management Plan

- 6.1 At this relatively early stage in the financial year, whilst the PCT anticipates achieving its £5.8m control total surplus there are a number of potential financial risks that will need to be managed.
- 6.2 At Month 2 it was reported that the achievement of the £5.8m control total was reliant upon NHSC being able to retain its 2% Strategic Change Reserve monies (£11.7m). The business case submitted to the SHA in March was approved in late July thereby eliminating a significant financial risk. Application of the 2% SCR is monitored by the SHA on a monthly basis.
- 6.3 The prime financial risk remains under-achievement of the QIPP programme. As per 4.7 above, the forecast QIPP under-achievement is being offset by reserves flexibility and part application of the 1% general contingency fund.
- 6.4 Other generic risks exist in relation to volume driven expenditure (Acute and Specialised activity, Continuing Healthcare and Individual Placements, Prescribing). Local NHS Providers have significant internal cost improvement programme and may seek additional non-recurrent support later in the year. The Cluster has confirmed that this would need to be externally sourced (the Cluster's 2% SCR monies having already been fully committed). Whilst the Local Authority has sought to minimise the impact of its budget reductions on social care provision, some unintended consequences may emerge particularly through the Winter period.

7.0 Capital Programme

- 7.1 NHSC's anticipated 2012/13 Capital Resource requirement had increased by £0.25m to £3.59m of which £1.825m is confirmed. The £3.59m includes a provisional sum of £1.0m for works at UHCW to facilitate the expansion of paediatric in-patient capacity; the actual requirement is still being worked through with the Trust.
- 7.2 Appendix 10 provides a summary of the capital programme. Capital expenditure of £102k is reported to 31st July.
- 7.3 As reported to the Committee last month, it is anticipated that further capital monies will be released in-year to support works to ensure to GP premises are able to meet expected standards. The estates team is working with Primary Care Contracting to develop provisional plans.

8.0 Treasury Management

- 8.1 A summary balance sheet is presented at Appendix 9. There are no significant issues or concerns to note.

- 8.2 Performance against the Public Sector Payment Policy (PSPP) has improved with the introduction of regular monthly mandate payments to Continuing Healthcare providers. The 95% target for invoices paid within 30 days is now being achieved whereas 2011/12 performance was 89% (based on number of invoices paid).
- 8.3 A fuller report covering PSPP performance together with debtor management (aged debt analysis, bad debts) and cashflow management is provided to the Audit Committee on a quarterly basis. There are no significant issue or concerns to note.

9.0 Recommendations

Members are asked to:-

- 9.1 To note the reported £2.301m surplus after four months of the financial year, compared to a plan of £1.933m
- 9.2 To note that the PCT currently anticipates being able to achieve all of its statutory financial duties in 2012/13, albeit this will require robust management of a range of potential risks.
- 9.3 To note the current position against the PCT's 2012/13 capital programme.

Clare Hollingworth
Chief Financial Officer - NHS Coventry

NHS COVENTRY
SUMMARY REVENUE STATEMENT
 Period : April 2012 to July 2012 (Month 04)

	Appendix	Annual Budget	YEAR TO DATE			FULL YEAR FORECAST	
			Plan	Actual	(Under) / Over spend	Forecast Actuals	(Under) / Over spend
		£000s	£000s	£000s	£000s	£000s	£000s
Acute Healthcare	3	289,406	96,299	97,663	1,364	292,903	3,497
Non Acute Healthcare	4	155,165	51,698	51,342	(356)	156,081	916
Primary Care	5	125,953	41,239	41,347	108	126,921	968
Corporate Services	6a	19,685	6,180	5,973	(207)	19,185	(500)
Reserves	6b	25,648	3,210	0	(3,210)	14,967	(10,681)
Totals		615,857	198,626	196,325	(2,301)	610,057	(5,800)
Revenue Resource Limit	2	615,857					

NHS COVENTRY RESOURCE LIMIT		Appendix 2
Period: April to July 2012 (Month 4)		
Revenue Resources		£000s
Confirmed as at May Board		607,760
Confirmed Allocations > £100K Per Item		
East & West Midlands Pathlogy Project Funding		(138)
AAA screening programme		197
Adult Drugs Pooled Treatment		161
Equitable Access to Primary Care Scheme		2,200
2% SCR return		11,704
Transfer to NHSW in respect of UHCW settlement		(6,600)
Confirmed Allocations - Other		26
Total Confirmed Allocations		7,550
Total Confirmed Resource Limit		615,310
Anticipated Allocations		
Capital Grant		250
Arden Cancer Network - NCAT funding for GP Leadership		6
IAT - Regional Innovation fund underspend - Kanban Project (L		(17)
Clinical Excellence 1st instalment		153
Clinical Excellence 2nd instalment		149
GP Media Skills		1
MECC Innovations		5
Total Anticipated		547
TOTAL REVENUE RESOURCE LIMIT		615,857

**NHS COVENTRY
ACUTE SERVICES**
Period : April 2012 to July 2012 (Month 04)

	Annual Budget	YEAR TO DATE			FORECAST	
		Plan	Actual	(Under) / Over spend	Forecast Actuals	(Under) / Over spend
	£000s	£000s	£000s	£000s	£000s	£000s
<u>Coventry & Warwickshire SLAs</u>						
University Hospital Coventry & Warwickshire	195,297	65,073	65,733	660	198,275	2,978
George Eliot Hospital	6,455	2,151	2,271	120	6,455	0
South Warwickshire FT	2,858	952	1,156	204	2,858	0
West Midlands Ambulance Service - A&E Contract	9,868	3,288	3,385	97	9,868	0
Pathology Network	5,032	1,677	1,827	150	5,151	119
Sub total - Coventry & Warwickshire	219,510	73,141	74,372	1,231	222,607	3,097
<u>Out Of County SLAs</u>						
University Hospital Birmingham FT	1,630	543	538	(5)	1,630	0
Independent Sector	2,137	712	719	7	2,137	0
University Hospital Leicester NHST	948	316	268	(48)	948	0
Heart of England FT	986	329	264	(65)	986	0
Birmingham Childrens' NHST	1,246	415	493	78	1,246	0
Royal Orthopaedic Hospital NHST	255	85	74	(11)	255	0
Nottingham University Hospital NHST	60	20	22	2	60	0
Sandwell & West Birmingham NHST	332	111	145	34	332	0
Birmingham Dental Hospital	231	77	75	(2)	231	0
Sub total - Out Of County	7,825	2,608	2,598	(10)	7,825	0
<u>West Midlands Specialised Services</u>						
Specialised Services via LSCG	56,447	18,808	18,881	73	56,847	400
Sub total Specialised Services	56,447	18,808	18,881	73	56,847	400
<u>Other</u>						
Out Of Area Treatments	4,625	1,386	1,433	47	4,625	0
Bowel Screening Income (UHCW offset)	(2,770)	(899)	(899)	0	(2,770)	0
Patient Transport Service	1,577	526	521	(5)	1,577	0
All Other Acute	2,192	729	757	28	2,192	0
Sub total - Other	5,624	1,742	1,812	70	5,624	0
Total	289,406	96,299	97,663	1,364	292,903	3,497

NHS COVENTRY
NON ACUTE SERVICES
 Period : April 2012 to July 2012 (Month 04)

	Annual Budget	YEAR TO DATE			FORECAST	
		Plan	Actual	(Under) / Over spend	Forecast Actuals	(Under) / Over spend
	£000s	£000s	£000s	£000s	£000s	£000s
<u>Community Services</u>						
Coventry & Warwickshire Partnership NHS Trust	52,001	17,334	17,334	0	52,001	0
South Warwickshire FT	1,968	656	656	0	1,978	10
Other Providers	1,557	519	514	(5)	1,572	15
Sub total - Community Services	55,526	18,509	18,504	(5)	55,551	25
<u>Mental Health & Learning Disability Services</u>						
Coventry & Warwickshire Partnership NHS Trust	46,711	15,570	15,602	32	46,711	0
Personality Disorders DH Income	(941)	(314)	(314)	0	(941)	0
Other Mental Health	3,381	1,127	1,151	24	3,427	46
Drug & Alcohol Services	4,464	1,487	1,487	0	4,464	0
Other Learning Disability Services	599	200	207	7	599	0
Mental Health Treatments & S117's	9,979	3,456	3,254	(202)	9,779	(200)
Learning Dis. Treatments & S117's	1,626	359	324	(35)	1,626	0
Sub total - Mental Health & Learning Disabilities	65,819	21,885	21,711	(174)	65,665	(154)
<u>Continuing Healthcare</u>						
Free Nursing Care & Continence	1,114	371	385	14	1,156	42
Continuing Care Other	161	56	160	104	293	132
Nursing Home Packages	15,817	5,372	5,357	(15)	16,549	732
Homecare Packages	6,028	1,950	1,768	(182)	6,028	0
Sub total - Continuing Care	23,120	7,749	7,670	(79)	24,026	906
<u>Public Health Commissioning</u>						
Smoking Cessation	1,533	511	518	7	1,533	0
Sexual Health	1,899	633	633	0	1,899	0
Other Public Health Initiatives	642	214	214	0	642	0
Sub total - Public Health Commissioning	4,074	1,358	1,365	7	4,074	0
<u>Other Services</u>						
Home Oxygen	736	243	224	(19)	875	139
Older People Non - CHC	254	84	84	0	254	0
Physical Disabilities Non - CHC	1,053	342	214	(128)	1,053	0
Self Management Programmes	540	180	222	42	540	0
S256 Social Care and Re-Ablement	4,043	1,348	1,348	0	4,043	0
Sub total - Other	6,626	2,197	2,092	(105)	6,765	139
Total	155,165	51,698	51,342	(356)	156,081	916

NHS COVENTRY
PRIMARY CARE SERVICES
Period : April 2012 to July 2012 (Month 04)

	Annual Budget	YEAR TO DATE			FORECAST	
		Plan	Actual	(Under) / Over spend	Forecast Actuals	(Under) / Over spend
	£000s	£000s	£000s	£000s	£000s	£000s
<u>Practice budgets/Specialist Drugs</u>						
Practice budgets/Specialist Drugs	48,292	15,580	16,250	670	49,924	1,632
Sub total - Practice budgets/Specialis	48,292	15,580	16,250	670	49,924	1,632
<u>Prescribing</u>						
Central Prescribing Budgets	1,497	495	430	(65)	1,401	(96)
Other Prescribing Budgets	200	318	329	11	232	32
New Pharmacy Contract	12,838	4,098	4,125	27	12,850	12
Sub total - Prescribing	14,535	4,911	4,884	(27)	14,483	(52)
<u>Baseline GP Contracts</u>						
nGMS	29,094	9,688	9,622	(66)	28,881	(213)
Sub total - Baseline GP Contracts	29,094	9,688	9,622	(66)	28,881	(213)
<u>Other GP Related Expenditure</u>						
Directed Enhanced Services	2,722	722	718	(4)	2,710	(12)
Local Enhanced Services	617	204	190	(14)	577	(40)
Quality & Outcomes Framework	7,666	2,554	2,527	(27)	7,572	(94)
Premises	3,919	1,221	1,218	(3)	3,909	(10)
PCT Administered Funds	128	43	43	0	128	0
GP Dispensing Fees	189	63	38	(25)	189	0
GP Registrar Expenditure	2,642	880	775	(105)	2,325	(317)
GP Registrar Income	(2,641)	(880)	(775)	105	(2,325)	316
Other	1,598	524	451	(73)	1,470	(128)
Sub total - Other GP Related Expend	16,840	5,331	5,185	(146)	16,555	(285)
<u>General Dental Services</u>						
Contract Expenditure	17,457	5,817	5,626	(191)	17,645	188
Patient Charges	(3,410)	(1,136)	(1,199)	(63)	(3,598)	(188)
Sub total - General Dental Services	14,047	4,681	4,427	(254)	14,047	0
<u>Ophthalmic Services</u>						
Ophthamology	3,145	1,048	979	(69)	3,031	(114)
Sub total - Ophthalmic Services	3,145	1,048	979	(69)	3,031	(114)
Total	125,953	41,239	41,347	108	126,921	968

Appendix 6a				
NHS COVENTRY CORPORATE COMMISSIONING SERVICES Period : April 2012 to July 2012 (Month 04)				
	Annual Budget	YEAR TO DATE		
		Plan	Actual	(Under) / Over spend
	£000s	£000s	£000s	£000s
Corporate Staffing and Non Pay	18,790	5,662	5,473	(189)
External Audit Fees	0	0	0	0
Healthcare Commissioning Services (former C	327	283	283	0
Internal Audit & Payroll Services	122	102	102	0
Family Health Services (GP) - NHS Coventry	(11)	(9)	(27)	(18)
Cancer Network	457	142	142	0
Sub Total	895	518	500	(18)
Grand Total	19,685	6,180	5,973	(207)

FORECAST	
Forecast Actuals	(Under) / Over spend
£000s	£000s
18,290	(500)
0	0
327	0
122	0
(11)	0
457	(1)
895	0
19,185	(500)

Appendix 7b				
NHS COVENTRY RESERVES Peruod: July 2012 (Month 04)				
	Annual Budget	YEAR TO DATE		
		Plan	Actual	(Under) / Over spend
	£000s	£000s	£000s	£000s
Earmarked Provisions	10,068	633	0	(633)
General Contingency (1%)	5,850	360	0	(360)
Strategic Initiatives / QIPP Invest to Save	3,930	283	0	(283)
Planned Surplus	5,800	1,933	0	(1,933)
Total	25,648	3,210	0	(3,210)

FORECAST	
Forecast Actuals	(Under) / Over spend
£000s	£000s
8,068	(2,000)
3,819	(2,031)
3,080	(850)
0	(5,800)
14,967	(10,681)

Appendix 7a

NHS COVENTRY
QIPP SUMMARY GROSS SAVINGS
Period : April 2012 to July 2012 (Month 4)

WORKSTREAM	Ref. No.	Annual Plan	YEAR TO DATE			FORECAST	
			Plan	Actual	(Under) / Over spend	Forecast Actuals	(Under) / Over spend
			£000s	£000s	£000s	£000s	£000s
High Cost Drugs		(475)	(158)	(68)	90	(311)	164
GP Referral Management (1st OPAs)		(528)	(176)	(84)	92	(528)	0
Procedures of Limited Clinical Value		(588)	(196)	(196)	0	(588)	0
iMSK_Physio_Back Pain		(499)	(166)	(166)	0	(499)	0
Out-Patient Follow Ups		(1,033)	(344)	0	344	(258)	775
COPD		(194)	(65)	(56)	8	(194)	0
Long Term Conditions		(696)	(232)	(162)	70	(539)	157
Community Falls Service		(254)	(85)	(85)	0	(254)	0
Care Homes		(344)	(115)	(115)	0	(344)	0
Emergency Ambulatory Care		(263)	(88)	0	88	0	263
Integrated Community Teams		(1,351)	0	0	0	(536)	815
End of Life Care		(138)	0	0	0	(31)	107
Early Supported Discharge		(703)	(78)	0	78	(550)	153
Cancer		(265)	0	0	0	(66)	199
Maternity		(667)	(74)	0	74	0	667
Psychiatric Liaison - Adult		(560)	0	0	0	(240)	320
Psychiatric Liaison - Dementia		(425)	0	0	0	(283)	142
EPO GainShare		(200)	(67)	(67)	0	(200)	0
Prescribing Costs (Primary Care)		(2,285)	(1,071)	(974)	97	(2,285)	0
Pathology		(238)	(79)	0	79	(119)	119
Long-term Oxygen therapy.		(175)	(58)	0	58	(36)	139
Continuing Care (reviews)		(950)	(161)	(120)	41	(950)	0
Continuing Care (volume)		(975)	0	0	0	(243)	732
MH/LD Out of Area		(1,525)	(99)	(99)	0	(1,525)	0
Estates Rationalisation		(600)	(600)	(600)	0	(600)	0
Total		(15,931)	(3,913)	(2,792)	1,121	(11,179)	4,752

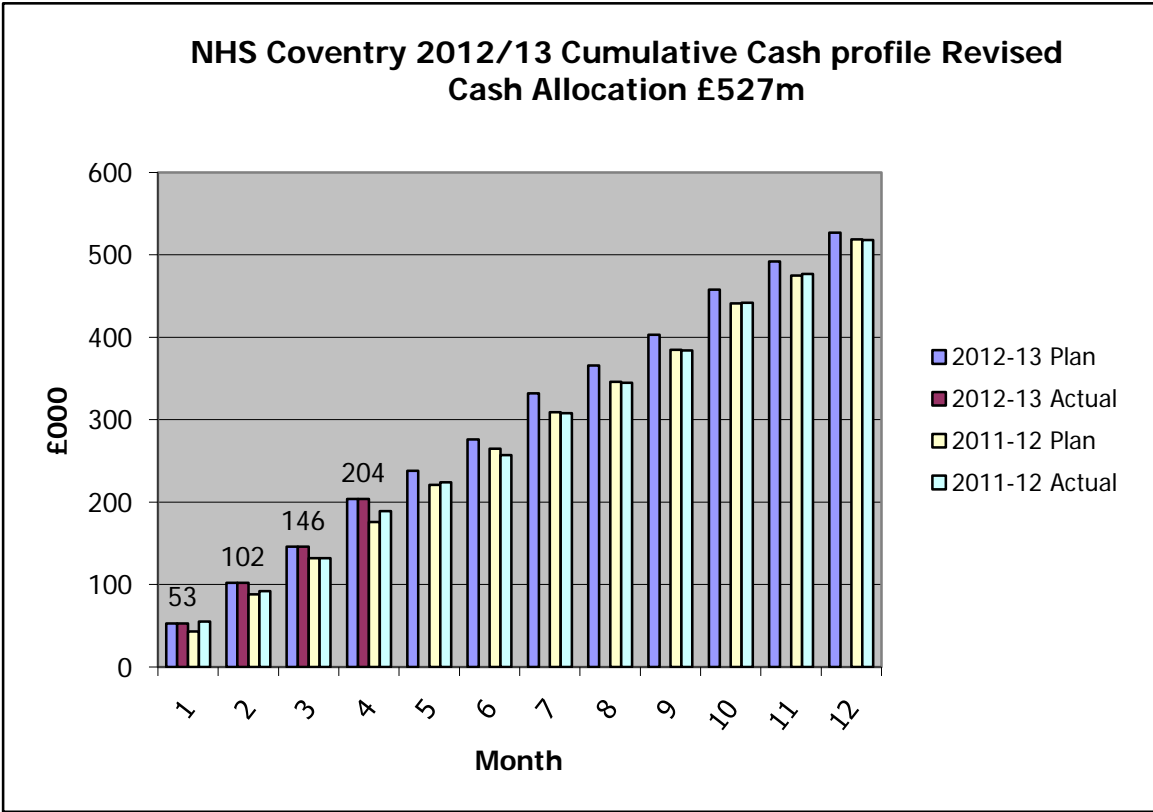
Appendix 7b

NHS COVENTRY
QIPP SUMMARY INVESTMENT
Period : April 2012 to July 2012 (Month 4)

WORKSTREAM	Ref. No.	Annual Plan	YEAR TO DATE			FORECAST	
			Plan	Actual	(Under) / Over spend	Forecast Actuals	(Under) / Over spend
			£000s	£000s	£000s	£000s	£000s
Psychiatric Liaison		500	84	0	0	500	0
Continuing Care (volume)		500	0	0	0	0	(500)
Maternity		150	52	0	25	0	(150)
Integrated Community Teams		950	0	0	0	250	(700)
End of life		150	0	0	0	0	(150)
Early Supported Discharge		300	0	4	0	130	(170)
Total		2,550	136	4	25	880	(1,670)

NET SAVINGS		(13,381)	(3,777)	(2,788)	1,146
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(10,299)	3,082
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**NHS COVENTRY
BALANCE SHEET**
Period: April 2012 to July 2012 (Month 4)

	BALANCE AT		
	31st March 2012	31st March 2013	+ / -
	£000s	£000s	£000s
<u>Non-current Assets</u>			
Property, Plant & Equipment	59,922	57,035	(2,887)
Trade & Other Receivables	80	80	0
Total Non-current Assets	60,002	57,115	(2,887)
<u>Current Assets</u>			
Inventories	1	1	0
Trade & Other Receivables	5,587	5,010	(577)
Cash & Cash Equivalents	1	1	0
Total Current Assets	5,589	5,012	(577)
TOTAL ASSETS	65,591	62,127	(3,464)
<u>Current Liabilities</u>			
Trade & Other Payables	(45,651)	(51,312)	(5,661)
Current Provisions	(3,282)	(684)	2,598
Borrowings	(1,322)	(1,083)	239
Total Current Liabilities	(50,255)	(53,079)	(2,824)
Net Current Assets/(Liabilities)	(44,666)	(48,067)	(3,401)
Total Assets Less Current Liabilities	15,336	9,048	(6,288)
<u>Non-current Liabilities</u>			
Provisions	(2,795)	(1,850)	945
Other payables	(244)	(230)	14
Borrowings	(31,115)	(30,032)	1,083
Total Non-current Liabilities	(34,154)	(32,112)	2,042
TOTAL ASSETS LESS LIABILITIES	(18,818)	(23,064)	(4,246)
<u>TAXPAYERS EQUITY</u>			
General Fund	(30,267)	(33,282)	(3,015)
Revaluation reserve	11,449	10,218	(1,231)
TOTAL TAXPAYERS EQUITY	(18,818)	(23,064)	(4,246)

NHS COVENTRY
CAPITAL RESOURCE LIMIT
 Period: April to July 2012 (Month 04)

	Annual Revised Budget	YEAR TO DATE			Forecast Outturn	Forecast Variance
		Plan	Actual	(Under) / Over spend		
	£000s	£000s	£000s	£000s		
Clay Lane purchase	850	0	0	0	850	0
C&W Hospital remedial works	300	0	10	10	300	0
IMT schemes	180	0	0	0	180	0
LIFT Equity Share	65	65	70	5	70	5
Backlog Maintenance	100	0	5	5	95	(5)
LIFT lifecycle	17	17	17	0	17	0
DEXA Scanner	250	0	0	0	250	0
Tile Hill/Wood End reconfiguration	100	0	0	0	100	0
Equipment refresh	515	0	0	0	515	0
Bell Green roof repairs	30	0	0	0	30	0
Provider Schemes	180	0	0	0	180	0
Primary Care Premises Grant	250	0	0	0	250	0
Primary Care - Cap to Rev Transfer	(250)	0	0	0	(250)	0
UHCW - Ward Reconfiguration	1,000	0	0	0	1,000	0
Totals	3,587	82	102	20	3,587	0