

Item Number: 7

Name of Presenter: Michael Ash-McMahon and Rachel Potts

Meeting of the Governing Body

5 February 2015



Vale of York

Clinical Commissioning Group

Finance, Activity and QIPP Report

**Purpose of Report
For Information**

1. Rationale

To brief members on the financial position and achievement of key financial duties for 2014/15 (as at end of December 2014).

To provide details and assurance around the actions being taken.

To provide an update on progress associated with QIPP schemes to date and other programme delivery areas.

2. Strategic Initiative Impact across all initiatives

- | | |
|--|---|
| <input type="checkbox"/> Integration of care | <input type="checkbox"/> Planned care |
| <input type="checkbox"/> Person centred care | <input type="checkbox"/> Transforming MH and LD services |
| <input type="checkbox"/> Primary care reform | <input type="checkbox"/> Children and maternity |
| <input type="checkbox"/> Urgent care reform | <input type="checkbox"/> Cancer, palliative care and end of life care |
| | <input type="checkbox"/> System resilience |

3. Actions / Recommendations

The Governing Body is asked to receive and note the Finance, Activity and QIPP report.

4. Engagement with groups or committees

Quality and Finance Committee

5. Significant issues for consideration

Increase in non-recurrent allocations in Month 9.

Return of the Continuing Healthcare legacy risk pool of £888k resulting in a mandated increased surplus.

Reduced Continuing Healthcare costs due to data cleansing.

Programme costs show significant pressures within the acute sector continue.

The gap between the Best and Worst case forecast outturn has reduced as a number of the risk and contingencies have either been removed or are now included within the reported position, as highlighted earlier. The Worst Case scenario still leaves the CCG in surplus (£814k).

6. Implementation

N/A

7. Monitoring

The Quality and Finance Committee receives a report each month.

8. Responsible Chief Officer and Title

Michael Ash-McMahon, Interim Chief Finance Officer
Rachel Potts, Chief Operating Officer

9. Report Author and Title

Kathryn Wright, Interim Deputy Chief Finance Officer, and Fiona Bell, Deputy Chief Operating Officer and Innovation and Improvement Lead

10. Annexes

N/A

Governing Body: 5 February 2015

Finance, Activity and QIPP Report





1. Purpose of the Report

- 1.1 To brief the Governing Body with regards to the financial position and activity performance of NHS Vale of York Clinical Commissioning Group (the CCG) as at 31st December 2015 (Month 9) and achievement of the key financial duties.

2. Month 9 Financial Position

- 2.1 There was an additional adjustment to the forecast outturn (FOT) in Month 9 due to the national underutilisation against the Continuing Healthcare legacy risk pool of £156m in 2014/15 which will now be returned to CCGs in the same proportions as their contribution to the £250m pool. The impact for the CCG is £888k that must result in an equivalent improvement to the planned surplus.
- 2.2 Table 1 below shows that in overall terms the CCG is on track with the planned financial position with a £1.6m year to date surplus at Month 9. The table also highlights the improvement in Programme expenditure from the prior month, with a slight decrease in the Running Costs underspend, and overall, the delivery of the revised £2.9m forecast surplus.

Table 1 – Vale of York CCG Month 9 Position

	Cumulative To Date			Forecast Outturn			Position from prior Month
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	
Programme	277,745	278,503	-757	374,688	374,914	-226	
Running Costs	5,989	5,210	778	8,312	7,197	1,115	
Surplus (0.57)	1,571	0	1,571	2,094	0	2,094	
Overall Financial Position	285,305	283,713	1,592	385,094	382,111	2,983	

Allocations

- 2.3 The total notified Programme allocation has increased non-recurrently by £1.2m. This comprises the additional Winter Resilience pass over funding to YFT, Capital Grants allocation for equipment stores and purchases, the Quality Premium and the additional Mental Health resilience funding.

Table 3 – Allocation Reconciliation

Description	Recurrent/Non Recurrent	Annual Budget £'0000				Total
		Administration	Programme	Surplus	Prior Year Surplus	
Initial allocation		8,312	367,439	2,094	2,046	379,891
GPIT Allocation	Non-Recurrent		876			876
GPIT Transitional Allocation	Non-Recurrent		298			298
1415 RTT Funding	Non-Recurrent		823			823
Specialist Services at HEY	Recurrent		(1,738)			(1,738)
2014-15 CEOV and non-rechargeable services allocation adjustment	Non-Recurrent		(235)			(235)
Baseline Errors/Realignment (PropCo, Primary Care)	Recurrent		4,000			4,000
Specialist Services at YFT (CNS)	Recurrent		(692)			(692)
NR Support for Specialist Transfers	Non-Recurrent		800			800
Winter resilience Funding	Non-Recurrent		1,997			1,997
Winter resilience Funding (2nd Tranche)	Non-Recurrent		443			443
Capital Grant: North Yorkshire County Council - Central Equipment Purchases for Community Equipment Store	Non-Recurrent		95			95
Capital Grant: City of York Council - Central Equipment Purchases for Community Equipment Store	Non-Recurrent		150			150
Quality Premium awards 2013-14	Non-Recurrent		313			313
Mental Health Resilience 14/15	Non-Recurrent		167			167
Closing allocation		8,312	374,736	2,094	2,046	387,188

2.4 The overall Programme allocation is £378.9m including the return of the 2013/14 surplus with a further £8.3m for Running Costs.

3. Expenditure – Programme Costs

3.1 The detailed financial position is included in Appendix A and is summarised in the following table.

3.2 In total, Programme Costs are now £757k worse than the Year to Date (YTD) plan, with a reduced surplus of £813k (38%) against a target of over £1.6m (0.57%). However, this is off-set by a £778k underspend in Running Costs, detailed later in this report, which means the CCG met its overall target surplus for the YTD.

3.3 There was an additional adjustment to the FOT in Month 9 due to the national underutilisation against the Continuing Healthcare legacy risk pool of £156m in 2014/15 which will be returned to CCGs in the same proportions as their contribution to the £250m pool. The impact for the CCG is an £888k improvement to the FOT.

Table 4 – Programme Costs - Summary financial position by area

Area	Cumulative To Date			Forecast Outturn		
	Budget	Actual	Variance	Budget	Actual	Variance
	£000	£000	£000	£000	£000	£000
Acute Services	163,868	165,316	(1,448)	218,652	220,508	(1,857)
Mental Health Services	27,687	28,264	(577)	37,076	37,856	(779)
Community Services	21,598	21,649	(51)	28,814	28,949	(134)
Other Services	23,021	21,334	1,687	30,082	26,932	3,150
Primary Care	42,129	41,939	189	56,099	55,639	460
Trading Position	278,303	278,503	(200)	370,723	369,883	840
Reserves	1,404	0	1,404	6,580	5,031	1,549
Contingency	1,378	0	1,378	1,838	0	1,838
Unallocated QIPP	(3,340)	0	(3,340)	(4,453)	0	(4,453)
Financial Position	277,745	278,503	(757)	374,688	374,914	(226)
Surplus (0.57%)	1,571	0	1,571	2,094	0	2,094
Overall Financial Position	279,316	278,503	813	376,782	374,914	1,868

Acute Services

- 3.4 The Acute Services position shows a YTD overspend of £1.4m, primarily due to increase in York Teaching Hospital NHS Foundation Trust (YFT) on Elective activity, Non elective and A&E. The YFT contract is still forecast to undertrade by £1.4m.
- 3.5 Final agreement for the Yorkshire Ambulance Services (YAS) position has been agreed across Yorkshire and Humber collaborative and has increased the FOT by £397k.

Mental Health Services

- 3.6 The overall Mental Health position has worsened since last month by £176k. The Mental Health Out of Contract spend has increased from the prior month reported outturn. As of the 1 December the Out of Contract activity has been transferred to LYPFT to manage the placements, bring patients care closer to home and provide a greater degree of certainty over the year-end financial position.
- 3.7 The new Mental Health Risk share adjustments have been taken into account in Month 9.

Community and Other Services

- 3.8 Community is showing a slight overspend of £51k YTD, mainly with YFT for continence and Minor Injuries activity that is outside of the block contract.
- 3.9 Continuing Healthcare and Funded Nursing Care YTD expenditure has improved due to data cleansing, but is partly offset by the increase in spend on Mental Health Out of Contract Placements. Additional data cleansing is being undertaken during the month of December and January.

Primary Care

- 3.10 Primary care continues to underspend. The YTD prescribing position is based on Month 7 data and the latest nationally provided phasing profile. Prescribing expenditure has increased from the prior months expenditure although this is still producing a £71k YTD under spend and £295k under for the FOT.
- 3.11 Out of Hours YTD is £115k underspent with a FOT of £129k under.

Reserves and Contingency

- 3.12 The £2.7m contingency continues to be used to offset the impact of the unidentified QIPP.

3.13 The reserves include the provision of £851k for IVF.

4. Expenditure – Running Costs

4.1 The Running Costs detailed in Appendix B and summarised in the table below reflect the actual position in October.

Table 5 – Running Costs - Summary financial position by area

Area	Cumulative to Date			Forecast		
	Budget	Actual	Variance	Budget	Actual	Variance
	£000	£000	£000	£000	£000	£000
Pay	2,987	2,518	469	3,949	3,365	584
Non-Pay	1,127	1,013	113	1,503	1,569	(66)
Commissioning Support Unit	1,897	1,896	1	2,528	2,528	0
Income	(167)	(217)	50	(186)	(265)	78
	5,844	5,210	634	7,793	7,197	596
Reserves	144	0	144	519	0	519
Total	5,989	5,210	778	8,312	7,197	1,115

4.2 The Pay budgets continue to underspend due to the number of vacancies that currently exist.

4.3 The FOT has reduced by £117k from the previous month following a review of non-pay expenditure and reserves.

5. QIPP

5.1 Updates on the key schemes are detailed below.

Better Care Fund and Integrated Care Pilots

5.2 QIPP Update and Scheme Progress

A significant number of schemes are now well into the delivery phase, with many of these continuing into next year where it is expected that full savings will be realised. As well as maintaining delivery, the team are also working hard on identifying additional schemes which will be the focus of the ongoing improvement plan. Several areas are being worked up for consideration and initial viability assessment and these will be progressed as capacity becomes available. Despite the size of the team, the workload is intensive and the challenge remains maintaining delivery of key pathway projects at the same time as supporting large enabling pieces of work such as the General Practice Improvement Plan. The numerous procurements are progressing well and are on track, but are also very resource intensive. New

requirements, such as primary care co-commissioning, will place additional demands not just on the Innovation and Improvement team, but also on finance, contracting and performance colleagues and the senior team is reviewing priority areas to maintain the balance of work and priorities.

5.3 Below are highlights for key areas of work.

Better Care Fund: The main initiatives continue to be those supported by health, such as urgent care practitioners, integration pilot schemes, hospice at home. The Joint delivery Group meeting next week will focus on the range of proposals for joint schemes with more of a locality focus and it is hoped that, following sign off, work can start on other initiatives such as lifting services, review of reablement pathways and schemes, and telecare.

Following further interviews with the national support team around the 11.7% level of ambition for reducing non elective admissions, the BCF plan for City of York was resubmitted before Christmas. We are still waiting formal notification of the level of sign off for this plan.

Priory Integration Pilot: The scheme continues to develop and is about to commence phase 2 with the planned roll out to My Health group of practices (formerly Strensall). This will be followed by extension to Unity in February and Haxby Health Group in March and April. This will take the practice population covered by this pilot to over 100,000 once roll out is complete in April.

Selby Integration Pilot: The scheme is due to go live week commencing 25th January although joint review visits have already commenced in some of the care homes in the Selby locality. Involving a consultant geriatrician, GP and the Community matron, these reviews are focussing on Advanced Care Planning and medication reviews. Recruitment to generic worker posts is almost complete, and those appointed are currently being trained around basic rehabilitation and therapy skills, care assistant roles and care support. The team are currently working with Leeds York Partnership to explore options to have a Dementia Specialist Nurse aligned to the project to provide additional support.

Pocklington Integration Pilot: The Pocklington Scheme went live in December. Hosted by Pocklington GP Surgery, the pilot aims to provide a single point of access for Pocklington based patients that have a health and / or social care need. The pilot will focus upon the top 2% of adult individuals at risk of hospital admission (an identified 2% of the local population /250 people*) with core hours between 8am - 6pm. Key areas of focus are Preventative case management, Flexible “step up, step down” service with outreach facilities using up to 3 beds in a local re-ablement facility and a Proactive discharge planning team

with access to the hospital computer systems and on site social care staff to help plan for rapid discharge after admission.

Hospice at Home: recruitment is now complete and the scheme will start to offer extended support from early January. Building on the service already provided by St Leonards Hospice, it is expected that the extra resource will enable additional patients to be supported at end of life outside of a hospital setting. The target is to prevent around 10 unplanned admissions for individuals at the end of life each week by providing support at home.

Street Triage: The project is now live and delivering support. The registered nurse post is currently being provided through overtime and slippage from other posts as despite a lot of interest in the role, the pilot nature of the project is hindering recruitment. As soon as more data becomes available, it is hoped that we will be able to make this service more permanent and develop the role further. Initial numbers show 39 Contacts in Oct, 82 in Nov, 30 in the first week of December with the December total projected to be over 100. Evaluation is challenging in terms of impact, however officers using the service have been asked the question “if the Street Triage service was not here what other option would you have taken in this case”? Of the 47 times this has been asked the responses have been:

- Section 136 (Place of Safety) detention 24
- Emergency Department visits 12
- In Police Custody 6

The team have also been delivering training with officers in recognising mental health problems and have been raising awareness of the service in shift briefings at police stations, as well as speaking at conferences

5.4 Procurements

Orthopaedic Procurement – The new provider Ramsey has now been announced and mobilisation is going well and on track for the new service to commence April 2015.

Out of Hours Procurement – Mobilisation meetings have been held throughout December and January and TUPE information will be available by the end of January. Administrative accommodation to support the service has now been identified at Clifton Moor and IT licences bought and vehicles secured. The new contract should be signed by end of the month. A range of future developments have been identified, including closer links to the services provided by our mental health providers.

5.5 Care Improvement Programme

Invitations have been sent to all practices to participate in the next phase of this improvement programme. The Aim is to support a further 12 practices over the next 3-4 months, and a further 12 in the spring. 11 practices attended a co-production and scoping event this week and numbers are looking very positive for the next phase of the roll out. As well as supporting improvements within the practices to free time and resources, there is also an expectation that the practices will work with the improvement team on an identified pathway change or improvement area that more closely links with the QIPP programme or integration agenda. 6 members of the Innovation and Improvement team have been identified to support this practice improvement work and to co-train with WID for the next cohort. The aim is for the team to lead the training for the second cohort of 12 with support where required, further building the capacity and capability within the team around lean and continuous improvement.

Table 6 – 2014/15 QIPP position

Programme	Ref	Type	Scheme Description	Dashboard	Start Date	Revised Plan		In Month		YTD		Forecast		RAG Rating		Risk Adjusted Position
						CYE	FYE	Plan	Act.	Plan	Act.	Plan	Act.	Deliverability	Finance	
						£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s			
Integration	BCF1	Transformational	Care Hub PMG	YTH FT	Jul-14	172	214	19		115		172	172			86
Integration	BCF2	Transformational	Care Hub Selby	YTH FT	Oct-14	179	269	30		90		179	179			90
Integration	BCF3	Transformational	Hospice at Home (York & NY)	YTH FT	Oct-14	182	272	30		91		182	182			91
Integration	BCF4	Transformational	Street Triage (York & NY)	YTH FT	May-14	450	488	41		327		450	450			338
Contract Negotiation	CN3	Transactional	Diagnostics direct access	YTH FT	Jul-14	0	0	0		0		0	0			0
Contract Negotiation	CN4	Transactional	FU Adj Made	YTH FT	Jul-14	770	962	86		513		770	770			578
Contract Negotiation	CN2	Transactional	CQUIN	YTH FT		73	73	0		0		73	73			55
Continuing Care	CC1	Transactional	Other PCU	Continuing Care	Apr-14	899	899	75		675		899	899			225
Contract Negotiation	CN1	Transactional	Contract Efficiency	Humber FT	Apr-14	90	90	7	7	67	67	90	90			90
Contract Negotiation	CN5	Transactional	Improving Length of Stay	YTH FT	Apr-14	113	113	9		84		113	113			84
Planned Care	PC1	Transactional	Decommissioning	Telehealth	Apr-14	164	177	14	14	123	123	164	164			164
Planned Care	PC2	Transactional	Diabetes	YTH FT	Jul-14	139	175	15		93		139	139			104
Planned Care	PC3	Transactional	DVT Pathway	YTH FT	Nov-14	50	78	10		20		50	50			13
Planned Care	PC4	Transactional	Neurology	YTH FT	Jan-15	73	127	0		0		73	73			54
Planned Care	PC5	Transactional	Referral Support Service	YTH FT	Apr-14	249	249	21		187		249	249			187
Prescribing	P1	Transactional	Dressings	Prescribing	Apr-14	125	125	10		94		125	125			63
Prescribing	P2	Transactional	Gluten free products	Prescribing	Jun-14	62	72	6		43		62	62			47
Prescribing	P3	Transactional	Diabetes	Prescribing	Apr-14	120	120	10		90		120	120			90
Prescribing	P4	Transactional	Quick Six	Prescribing	Apr-14	160	160	13		120		160	160			120
Prescribing	P5	Transactional	Sip feeds	Prescribing	Aug-14	120	160	15		75		120	120			90
Prescribing	P6	Transactional	Stoma care	Prescribing	Jun-14	150	176	15		105		150	150			113
Urgent Care	UC1	Transformational	UCP (York and N Yorks)	YTH FT / YAS	May-14	645	699	59		469		645	645			484
Unidentified		Unidentified			Apr-14	713		67		605		713				
Unidentified		Unidentified			Apr-14	3,740	3,740	304		2,735		3,740				
						9,438	9,438	857	21	6,721	190	9,438	4,985			3,166

6. Risk

6.1 The following graph highlights the overall level of risk to the current FOT compared to the following scenarios:

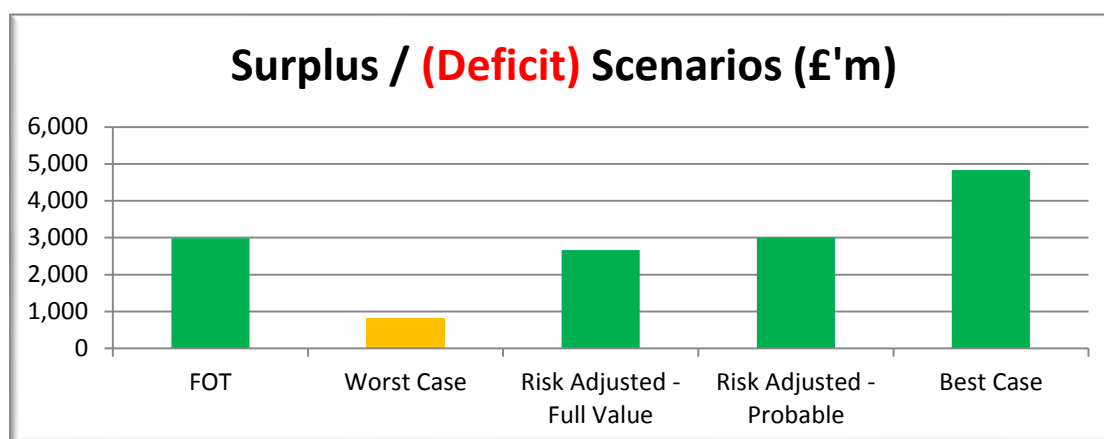
Worst Case – Full value of all risks realised with no contingencies

Risk Adjusted – Full Value – Full value of risks and contingencies

Risk Adjusted – Probable Value – Net effect of probable risk and contingency values

Best Case – Full value of all contingencies realised with no risks

Figure 1 – Risks and Mitigations effect



6.2 The gap between the Best and Worst case has remained the same, although both have improved in line with the increased surplus described earlier. There some variations within this and they are detailed below.

Table 7 – Potential Risks

NONISFE	Risks	Full value £'m	Probability	Probable value £'m
Acute SLAs	Leeds Teaching Hospital specialist allocation adjustment	0.20	100%	0.20
Total		0.20	100%	0.20
Community SLAs	CCG share of community contract pressure	0.15	60%	0.09
Total		0.15	60%	0.09
QIPP Under-Delivery	Slippage on identified QIPP	1.82	75%	1.36
QIPP Under-Delivery	Unidentified QIPP	0.00	100%	0.00
Total		1.82	75%	1.36
	Total	2.17		1.65

6.3 The **Specialist Services allocation adjustment** is still under discussion across the Yorkshire and Humber patch, therefore the additional funding has not been received as at Month 9.

6.4 The **CCG share of community contract pressures** relates to the contract position and the CCGs decision to potentially decommission some services.

6.5 **Slippage on identified QIPP** – has remained in line with Month 8.

6.6 The CCG has therefore developed a series of contingency schemes to mitigate / off-set these risks.

Table 8 – Contingencies

NONISFE	Contingencies	Full value £'m	Probability	Probable value £'m
Non-Recurrent Measures	Transfer from Running costs	0.10	100%	0.10
Non-Recurrent Measures	Reduction in 13/14 CHC accrual	0.25	80%	0.20
Total		0.35	86%	0.30
Other Mitigations	Apply contract penalties	0.80	100%	0.80
Other Mitigations	YAS CQUIN	0.06	100%	0.06
Other Mitigations	Programme budget underspend	0.65	80%	0.52
Total		1.50	91%	1.37
	Total	1.85		1.67

- 6.7 **Transfer from Running Costs** – has reduced slightly from the Month 8 position.
- 6.8 The PCU are working through the 2013/14 year end accrual for **Continuing Healthcare** against actual expenditure.
- 6.9 **YAS CQUIN** – potential non achievement of CQUIN.
- 6.10 **Apply contract penalties** – The CCG is not currently planning for any financial penalties to be applied and would prefer to work constructively with providers to help resolve any poor performance. Nevertheless, these remain as contract levers and could be applied.
- 6.11 **Programme budget underspend** – This is based on the on-going work with regards to contract management and the prudent approach that has been taken with this and the prescribing underspend. As an example, the pro rata effect of the YTD YFT position would actually improve the FOT by £2m, but there is a degree of uncertainty around this and this would have significant implications for the provider if it was realised.
- 6.12 Overall the contingencies have increased slightly from Month 8.

7. Working Capital

Cash

- 7.1 At the end of Month 9, the CCG ledger cash book balance was £135k, within the target 1.25% (circa £350k) of drawdown maximum allowed. This is a national change from 5% (£1.4m) from previous months.

Code of Better Payment Practice

- 7.2 The value and volume of NHS invoices paid during December was at 99.98% and 99.50% respectively against a target for both of 95% of invoices paid within 30 days of the invoice date. This means the CCG continues to deliver the overall target cumulatively.

Table 9 – NHS Creditors

Month	Total paid No.	Paid on time No.	Paid within target %	Total paid £	Paid on time £	Paid within target %
Apr-14	307	287	93.49	26,547,405.60	26,471,917.88	99.72
May-14	276	274	99.28	24,439,312.01	24,415,009.51	99.90
Jun-14	245	241	98.37	25,029,327.17	25,011,129.52	99.93
Jul-14	210	205	97.62	26,300,796.25	26,255,451.07	99.83
Aug-14	298	297	99.66	25,077,771.29	25,076,409.94	99.99
Sep-14	246	245	99.59	24,758,714.22	24,752,464.22	99.97
Oct-14	321	320	99.69	24,941,240.96	24,928,016.14	99.95
Nov-14	296	294	99.32	25,420,057.51	25,413,504.45	99.97
Dec-14	201	200	99.50	25,443,673.87	25,439,611.87	99.98
	2400	2363	98.46	227,958,298.88	227,763,514.60	99.91

7.3 The value and volume of Non-NHS invoices paid during November was at 99.26% and 99.25% respectively against a target for both of 95% of invoices paid within 30 days of the invoice date. Again, this means the CCG continues to deliver the overall target cumulatively.

Table 10 – Non-NHS Creditors

Month	Total paid No.	Paid on time No.	Paid within target %	Total paid £	Paid on time £	Paid within target %
Apr-14	261	258	98.85	3,129,909.86	3,128,645.52	99.96
May-14	270	266	98.52	3,037,758.87	3,015,439.38	99.27
Jun-14	230	225	97.83	2,180,383.98	2,177,480.78	99.87
Jul-14	332	319	96.08	2,193,770.62	2,123,978.14	96.82
Aug-14	259	254	98.07	2,059,629.22	2,038,327.51	98.97
Sep-14	300	300	100.00	2,160,108.06	2,160,108.06	100.00
Oct-14	374	371	99.20	1,952,348.43	1,950,962.31	99.93
Nov-14	291	290	99.66	2,540,961.03	2,539,711.03	99.95
Dec-14	267	265	99.25	2,924,084.34	2,902,338.69	99.26
	2584	2548	98.61	22,178,954.41	22,036,991.42	99.36

7.4 The total outstanding Creditors are as follows:

Table 11 – Creditors

	1-4 weeks No.	1-4 weeks £	5-8 weeks No.	5-8 weeks £	> 9 weeks No.	> 9 weeks £	Total No.	Total £
As at December	184	1,041,523	72	612,811	335	750,706	591	2,405,040
As at November	105	474,907	68	1,164,659	256	560,623	429	2,200,189

7.5 The CCG remains in a strong position in terms of its outstanding debts, with a reduction in outstanding debts from the previous month.

Table 12 – Total outstanding debtors

December 2014		Days Overdue							Total £
No. of Invoices	Current £	0-30 £	31-60 £	61-90 £	91-180 £	181-360 £	361+ £		
NHS England	2	13,521	0	0	0	0	0	0	13,521
CCG's	3	90,551	0	0	0	0	9,775	0	100,326
Councils	4	70,345	0	0	0	40,175	0	0	110,520
Trusts and Foundation Trusts	1	6,391	0	0	0	0	0	0	6,391
Other	1	1,167	0	0	0	0	0	0	1,167
	11	181,975	0	0	0	40,175	9,775	0	231,925

Aged Debt by Organisation		Days Overdue							Total £
No. of Invoices	Current £	0-30 £	31-60 £	61-90 £	91-180 £	181-360 £	361+ £		
NHS England	2	13,521	0	0	0	0	0	0	13,521
NHS East Riding Of Yorkshire CCG	1	0	0	0	0	0	9,775	0	9,775
Harrogate and Rural District CCG	1	73,167	0	0	0	0	0	0	73,167
Wakefield CCG	1	17,384	0	0	0	0	0	0	17,384
East Riding of Yorkshire Council	1	0	0	0	0	14,512	0	0	14,512
North Yorkshire County Council	3	70,345	0	0	0	25,663	0	0	96,008
York Teaching Hospitals FT	1	6,391	0	0	0	0	0	0	6,391
Other	1	1,167	0	0	0	0	0	0	1,167
	11	181,975	0	0	0	40,175	9,775	0	231,925

8. Contract Management Board (CMB) Summaries

- 8.1 **YFT** – The contract trading position for quarters 1 and 2 have been formally agreed with the Trust at £2.4m below the £88m YTD plan. This level of under-trade is not expected to continue for the remainder of the year with the current forecast outturn expected to be an under-trade of £1m (including penalties and contract adjustments).
- 8.2 The Trust successfully delivered additional planned activity during November in compliance with the national RTT backlog waiting list initiative. The CCG is currently calculating the actual level of additional activity delivered upon for which a supplementary payment of 15% above national tariff will be paid from a nationally funding allocation.
- 8.3 Table 13 below provides a summary of the cumulative contract trading position up to November 2014. There was a high level of uncoded activity in November, but first cut activity suggests the contract may have over-traded by £1m during the month of November. The Trust has also experienced a challenging period over December due to bed capacity shortages and high levels of demand through the Emergency Department.

Table 13 – York FT Contract Trading Position Summary (November Year to Date)

Point of Delivery (POD)	Plan	Actual	Var.	%
Daycase	13,474,913	12,417,084	(1,057,829)	(8%)
Elective	8,451,154	7,528,568	(922,585)	(11%)
Emergency	33,023,810	35,305,510	2,281,699	7%
Non-Emergency	4,552,015	4,947,066	395,051	9%
Accident & Emergency	4,854,598	5,426,836	572,238	12%
First Outpatient Attendances	7,473,005	7,547,978	74,973	1%
Follow Up Outpatient Attendances	8,747,631	8,919,107	171,476	2%
Outpatient Procedures	4,087,756	3,060,849	(1,026,907)	(25%)
Outpatient Non Face to Face	121,100	93,895	(27,205)	(22%)
Unbundled HRGs	686,684	1,082,690	396,006	58%
Non SUS	24,258,813	24,239,478	(19,334)	(0%)
Non SUS - Pass Through	7,643,846	7,901,752	257,906	3%
Non-Elective Threshold Adjustment	(1,105,597)	(2,693,328)	(1,587,731)	144%
Re-Admission Adjustment	(679,366)	(710,742)	(31,376)	5%
CQUIN	2,679,134	2,679,125	(9)	(0%)
Challenges	(1,094,102)	(1,316,484)	(222,382)	20%
Sub-Total	117,175,395	116,429,385	(746,010)	(1%)
Penalties	0	(620,191)	(620,191)	-
Other Adjustments	0	0	0	-
Total	117,175,395	115,809,194	(1,366,201)	(1%)

8.4 **YAS** - During November, demand for emergency ambulances increased by 5% compared to the same period last year in the Vale of York area. Life threatening and emergency calls (Red 1 and Red 2) increased most significantly at 8.9% and 16.1% respectively in the Vale of York, with increased pressures experienced by the Trust at a regional level with 14.5% (Red 1) and 17.2% (Red 2) growth year on year. Early indications suggest that December was a challenging month due to unprecedented demand.

8.5 With growth in demand, ambulance handover delays are an increasing area for concern. Throughout 2014/15, York FT have had high levels of handover delays, however these appear to have improved in November with the York site achieving 89% of handovers within 15 minutes, and a total of 65 delays over 30 minutes. The level of delayed handovers during December is likely to increase again due to the pressures across the health system during this period. YAS have provided 'self-handover' guidance to acute providers for consideration towards implementation in order to make ambulances available quicker to meet demand. We are still awaiting feedback on these proposals from the Trust.

8.6 **Leeds and York Partnership NHS Foundation Trust (LYPFT)** - The Psychiatric Liaison pilot the CCG have asked to see some data in order to make an informed decision on any future funding agreements. The CCG identified 5 key indicators they wanted monthly reporting against. The first report will come to the next Quality sub group in February.

- 8.7 LYPFT shared a paper around IAPT, and they confirmed that they will be unlikely to hit 5% for Q3. They have asked the CCG to send a communication to GP's encouraging them to utilise the Service.
- 8.8 With regards to estates there is a strategic project group looking at facilities but LYPFT have confirmed that CAMHS has now moved from Limetrees to Mill Lodge, and following the CQC report around failing mixed sex accommodation Worsley Court will now be male only and they have proposed making Meadowfield a Female only unit.
- 8.9 With regards to Section 136 while the suite is still not being utilised at the level LYPFT expected they presented figures from the Police showing the positive impact on inappropriate detentions in cells.
- 8.10 LYPFT also confirmed that they would look at any activity from non-VoY patients with regards to cross boundary recharges.
- 8.11 The CV regarding 'out of contract' activity was agreed and they would begin invoicing the block amount from January.

9. Recommendations

- 9.1 The Governing Body is asked to receive and note the finance, activity and QIPP report.

Appendix A – Detailed Programme Costs

	Cumulative To Date			Forecast Outturn		
	Month 9			Month 12		
	Budget	Actual	Variance	Budget	Actual	Variance
	£000	£000	£000	£000	£000	£000
Acute Services						
York Teaching Hospital NHS Foundation Trust	132,096	131,074	1,022	174,693	173,282	1,411
Yorkshire Ambulance Service NHS Trust	8,528	9,130	(601)	11,371	12,138	(767)
Leeds Teaching Hospitals NHS Trust	5,786	6,273	(487)	7,694	8,283	(589)
Hull and East Yorkshire Hospitals NHS Trust	1,660	1,556	104	2,232	2,083	149
Harrogate and District NHS Foundation Trust	1,016	1,013	3	1,352	1,351	1
Mid Yorkshire Hospitals NHS Trust	1,440	1,585	(145)	1,914	2,023	(109)
South Tees NHS Foundation Trust	816	866	(50)	1,085	1,164	(79)
North Lincolnshire & Goole Hospitals NHS Trust	378	531	(153)	504	682	(178)
Sheffield Teaching Hospitals NHS Foundation Trust	149	143	6	199	191	8
Non-Contracted Activity	2,069	1,968	101	2,759	2,562	197
Other Acute Commissioning	294	294	(0)	392	392	0
Ramsay	6,418	6,785	(367)	8,520	9,298	(778)
Nuffield Health	2,340	3,028	(689)	3,120	3,988	(868)
Other Private Providers	282	475	(193)	376	632	(256)
Winter Pressures	594	594	(0)	2,440	2,440	0
Sub Total	163,868	165,316	(1,448)	218,652	220,508	(1,857)
Mental Health Services						
Leeds & York Partnerships NHS Foundation Trust	22,027	20,475	1,552	29,370	27,300	2,070
Humber NHS Foundation Trust	729	796	(67)	964	943	21
Tees Esk and Wear Valleys NHS Foundation Trust	1,033	897	136	1,378	1,196	182
Specialist Services	3,558	5,951	(2,393)	4,744	7,963	(3,219)
Non-Contracted Activity - MH	165	13	152	220	137	83
Other Mental Health	175	132	43	400	316	84
Sub Total	27,687	28,264	(577)	37,076	37,856	(779)
Community Services						
York Teaching Hospital NHS Foundation Trust - Community / MSK	16,054	16,129	(75)	21,423	21,530	(107)
Harrogate and District NHS Foundation Trust - Community	3,559	3,517	41	4,745	4,724	21
Humber NHS Foundation Trust - Community	810	811	(0)	1,081	1,081	0
Hospices	880	881	(1)	1,173	1,173	0
Longer Term Conditions	262	273	(10)	350	398	(48)
Other Community	32	37	(5)	43	43	0
Sub total	21,598	21,649	(51)	28,814	28,949	(134)
Other Services						
Continuing Care	15,750	15,131	619	20,524	18,944	1,580
Funded Nursing Care	3,134	2,792	342	4,179	3,723	456
Patient Transport - Yorkshire Ambulance Service NHS Trust	1,417	1,427	(9)	1,890	1,905	(15)
Voluntary Sector / Section 256	1,209	619	590	1,591	799	792
Non-NHS Treatment	496	566	(70)	661	754	(93)
NHS 111	491	489	2	655	652	3
Other Services	524	310	214	582	154	428
Sub total	23,021	21,334	1,687	30,082	26,932	3,150
Primary Care						
Prescribing	36,643	36,572	71	48,797	48,502	295
Enhanced Services	934	925	9	1,246	1,216	30
Oxygen	209	200	9	279	274	5
Primary Care IT	880	880	0	1,174	1,174	0
Out of Hours	3,002	2,887	115	4,002	3,873	129
Other Primary Care	460	474	(15)	600	600	0
Sub Total	42,129	41,939	189	56,099	55,639	460
	278,303	278,503	(200)	370,723	369,883	840
Reserves	1,404	0	1,404	6,580	5,031	1,549
Contingency	1,378	0	1,378	1,838	0	1,838
Unallocated QIPP	(3,340)	0	(3,340)	(4,453)	0	(4,453)
	(558)	0	(558)	3,965	5,031	(1,066)
	277,745	278,503	(757)	374,688	374,914	(226)
Surplus (0.57%)	1,571	0	1,571	2,094	0	2,094
	279,316	278,503	813	376,782	374,914	1,868

Appendix B – Detailed Running Costs

	Area	Year to Date			Ledger Forecast		
		Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Pay							
	ADMIN PROJECTS	79	38	42	106	52	54
	ADMINISTRATION & BUSINESS SUPPORT	167	138	29	223	186	37
	ASSURANCE	95	122	(27)	95	132	(36)
	CEO/ BOARD OFFICE	879	810	69	1,173	1,083	89
	CLINICAL SUPPORT	89	48	41	119	63	56
	COMMISSIONING	548	422	126	731	603	128
	CONTRACT MANAGEMENT	198	168	30	270	233	37
	CORPORATE GOVERNANCE	141	116	25	188	161	28
	FINANCE	260	205	55	340	268	72
	NURSING DIRECTORATE	230	278	(48)	307	311	(4)
	QUALITY ASSURANCE	300	173	128	396	274	122
		2,987	2,518	469	3,949	3,365	584
Non Pay							
	ADMIN PROJECTS	46	35	11	61	45	16
	ADMINISTRATION & BUSINESS SUPPORT	15	16	(1)	20	21	(1)
	ASSURANCE	0	(0)	0	0	(0)	0
	CEO/ BOARD OFFICE	22	17	5	29	22	7
	CLINICAL SUPPORT	34	27	7	45	36	9
	COMMISSIONING	8	80	(72)	10	121	(111)
	CONTRACT MANAGEMENT	3	4	(1)	4	6	(2)
	CORPORATE COSTS & SERVICES	447	435	13	597	579	17
	CORPORATE GOVERNANCE	10	7	3	13	9	4
	EDUCATION AND TRAINING	194	91	103	259	299	(41)
	FINANCE	118	115	3	158	154	4
	NURSING DIRECTORATE	38	0	38	51	35	16
	PATIENT AND PUBLIC INVOLVEMENT	10	(5)	15	14	(5)	19
	QUALITY ASSURANCE	156	167	(11)	208	212	(5)
	RISK MANAGEMENT	26	25	1	35	34	1
		1,127	1,013	113	1,503	1,569	(66)
Commissioning Support Unit							
	CSU Contract	1,897	1,896	1	2,528	2,528	0
		1,897	1,896	1	2,528	2,528	0
Income							
	ASSURANCE	(95)	(122)	27	(95)	(132)	36
	CEO/ BOARD OFFICE	0	0	0	0	0	0
	COMMISSIONING	0	(8)	8	0	(10)	10
	CORPORATE COSTS & SERVICES	(59)	(49)	(10)	(78)	(65)	(13)
	FINANCE	0	0	0	0	0	0
	QUALITY ASSURANCE	(13)	(39)	26	(13)	(58)	45
		(167)	(217)	50	(186)	(265)	78
		5,844	5,210	634	7,793	7,197	596
	Reserves	144	0	144	519	0	519
	Total	5,989	5,210	778	8,312	7,197	1,115