


MEETING DATE:	11 th June 2015	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP Governing Body
AGENDA ITEM NUMBER:	Item 7.4.1	
AUTHOR:	Emma Munday	
JOB TITLE:	Business Intelligence Manager	
DEPARTMENT:	Business Intelligence YHCS	

North Lincolnshire CCG Corporate Performance Executive Summary – 2014/2015 Year End

PURPOSE/ACTION REQUIRED:	To Receive & Note
CONSULTATION AND/OR INVOLVEMENT PROCESS:	<i>CCG Engine Room received and discussed this paper on the 7th May 2015 CCG EMT received and discussed this paper on the 1st May 2015</i>
FREEDOM OF INFORMATION:	<i>Public</i>

1. PURPOSE OF THE REPORT:

To inform the CCG Governing Body on an Exception Basis of its corporate performance position (In support of the Business Intelligence Zone which can be accessed live by those authorised to do so)

2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:

Continue to improve the quality of services	X
Reduce unwarranted variations in services	X
Deliver the best outcomes for every patient	X
Improve patient experience	X
Reduce the inequalities gap in North Lincolnshire	X

3. ASSURANCES TO THE CLINICAL COMMISSIONING GROUP

Data included in this report has been sourced from the following sources all of which are subject to quality and assurance validations undertaken either nationally or locally at a CSU/CCG level:

- Mandatory/Statutory Submissions by Provider Organisations via Unify
- Contractual data and information flows from Provider Organisations
- The Health and Social Care Information Centre

Its purpose is to provide the CCG with assurance against its corporate performance responsibilities as set out in the CCG Assurance Framework and against its commissioning plan.

The report has been reviewed and discussed by CCG EMT on the 7th May 2015.

The report is limited to the information provided to the CCG via the sources outlined above, whilst data quality and validation checks can be performed all data is owned by provider organisations at its point of origin.

This report contains information relating to the same frameworks each month, however content will vary subject to performance exceptions.

4. IMPACT ON RISK ASSURANCE FRAMEWORK:

Yes	x	No	
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The report supports the Quality/Performance section of the CCG Assurance Map, in particular Performance reporting – Financial and Quality. It provides management level assurance to the Engine Room and Governing Body to enable them to provide second line assurance to the CCG Council of Members.

The content of the report also provides assurance in support of the NHS England Balanced Scorecard.

In addition the report provides assurance against the CCG Board Assurance Framework (BAF) Risk FP1. *Position monitored by CCG Engine Room and Governing Body. Reviews of monitoring reports. Added to BIZ. Audit Group monitors adequacy of controls.*

The key risks contained in the report relate to the delivery of the NHS constitutional standards, not limited to but predominantly the following:

- A&E 4 Hour Waiting Times
- Referral to Treatment Times
- Ambulance 8 Minute Response Times

Recovery actions against these standards can be found in the report and further detail on the CCG's Business Intelligence Zone (BIZ) <https://secure.yhcs.org.uk/biz/nlccg/>

5. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:

Yes		No	x
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6. LEGAL IMPLICATIONS:

Yes	x	No	
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CCG's are accountable for the delivery of its statutory and local priorities.

7. RESOURCE IMPLICATIONS:

Yes	x	No	
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Additional Quality funding is dependent on the delivery of the Quality Premium Measures, a summary of the position against this is contained in this report.

8. EQUALITY IMPACT ASSESSMENT:

Yes		No	x
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9. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:

Yes		No	x
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CCG Assurance Framework – Quarterly Balanced scorecard is published on the external CCG website.

10. RECOMMENDATIONS:

The CCG Governing Body is asked to: -

- To receive and note the report and be assured that areas of underperformance are being addressed at a local level to meet agreed targets and commitments.

North Lincolnshire CCG Corporate Performance Executive Summary 2014/2015

Author Business Intelligence Team

Date 4th June 2015

Meeting Date 11th June 2015



Performance Executive Summary: Year End 2014/2015 Position

The purpose of this report is to provide the North Lincolnshire CCG Engine Room and Governing Body with an updated summary position on an exception basis on the national performance indicators as set out in the NHS Outcomes Framework and Everyone Counts guidance and which form part of the CCG Assurance Framework.

This is supported by the Business Intelligence Zone (BIZ) which will be reviewed as part of the CCG Engine Room meeting, and can be visited by **CCG members** at any time on the following link: <https://secure.nyhcsu.org.uk/biz/nlccg/> - Please use this link and save to your favourites, any comments would also be appreciated. You can also sign up to receive a newsfeed e-mail alert. If you require any assistance with the site please contact either Emma Munday in the BI Department or your CCG Relationship Manager.

In all cases of deviation from target an **exception report** is raised whereby the lead in this area must provide underlying cause information as well as recovery actions if applicable. These reports are also available on the BIZ.

1. CCG Assurance

Are patient rights under the NHS Constitution being promoted?

Area	RAG	Comments	Lead
RTT Waiting Times: Admitted Pathways	A	<p>Performance against the target level of 90% of patients waiting less than 18 weeks on an admitted pathway has not been achieved at 87.94% in March 2015, although it is still waiting the CCG Assurance Framework threshold of 85%.</p> <p>Significant pressures at Hull & East Yorkshire Hospitals NHS Trust (HEY) and United Lincolnshire Hospitals NHS Trust (ULH) have had an effect on the North Lincolnshire position, as well as a number of specialties at Northern Lincolnshire & Goole Hospitals NHS Foundation Trust (NLAG). Key specialties with poor performance include General Surgery, Ophthalmology and Trauma and Orthopaedics.</p> <p>From the March Contract Management Board (CMB) with HEY and Commissioners RTT improvement timescales were noted to be, 31st March 2015 for incomplete pathways (still waiting at month end), August 2015 for admitted pathways and the end of Q1 15/16 for non-admitted pathways. These are Trust level timescales and specialty level timescales are developed.</p> <p>Commissioner and Provider Board members, NHS England and YAS met during week commencing 20th April 2015 to agree a way forward. Feedback from which has been requested and will be made available as part of the exception report on the BIZ when received.</p>	CB
RTT Incomplete Waiters > 52 Weeks	A	<p>There has been a breach of the maximum 52 week waiting time standard for incomplete waiters (still waiting at month end) in March 2015 at HEY on a General Surgery Pathway. This is however within the threshold level as set out in the CCG Assurance Framework.</p> <p>The Trust have provided the following reasons behind the patients long wait:</p>	

		<ol style="list-style-type: none"> 1. Long wait for first outpatient. 2. Then referred to another more specialised colorectal consultant. 3. Patient declined first offer of admission date in March 2015 and requested a date in April 2015. <p>The patient was admitted on the 13th April 2015.</p> <p>In addition ULH have reported an admitted patient who waited over 52 weeks for treatment. This is a patient whose details were included in previous versions of this report breaching the incomplete pathway. This breach marks their admission on the 5th March 2015.</p> <p>Full details of the above patient can be found in the Highlight section of this report.</p> <p>As previously described admitted/non-admitted >52 week waits are shown for information, external assurance is only sought on incomplete >52 week waits (patients still waiting at month end).</p> <p>ULH have experienced very high levels of emergency demand, which have continued to result in significant cancellations of elective and outpatient activity. They have been on internal Level 4 escalation on a number of occasions, when all elective (other than urgent) and some outpatient clinics have been cancelled to free up beds and staff to deal with emergency activity.</p> <p>ULH continue to be monitored on a weekly basis by the TDA on this issue.</p>	
A&E 4 Hour Waiting Times	A	<p>The CCG failed to meet the A&E 4 Hour Waiting time target for 2014/2015. The reported March 2015 year end position was 92.4% against a target of 95% however this level is above the lower threshold as set out in the CCG Assurance Framework so is Amber rather than Red.</p> <p>Improvements were seen since the December 2014 and January 2015 winter months.</p> <p>The exception report on the BIZ has recently been updated and weekly monitoring of the position and the Resilience Plan will continue through 2015/2016.</p>	CB
Cancer 62 Day Waits; Screening Service	A	<p>This cancer waiting time indicator is below the target level in March 2015 but is however inside the tolerance level.</p> <p>This breach relates to 1 patient out of a total of 8. The patient was waiting on a Lower Gastrointestinal pathway at HEY.</p> <p>The patient's referral for treatment was not received until day 91 of their pathway. Further details around this delay have been requested from the Trust.</p>	CB
Category A Ambulance Response Times 8 Minute Red 1	A	<p>Performance at East Midlands Ambulance Trust (EMAS) against both Category A 8 minute indicators did not reach the required level in March 2015.</p>	CB

		<p>Lincolnshire continues to be the only County achieving more than one of the Red standards.</p> <p>The continued non-delivery of performance is an area of concern for commissioners and formal reviews continue to take place.</p> <p>Discussions are taking place through the SRG/Urgent Care Boards in relation to the introduction of the rapid handover document.</p> <p>Due to the failure of these standards in 2014/2015 a formal performance letter has been sent to the Trust.</p> <p>EMAS overall performance is 73.16% in March 2015 (YTD 71.59%).</p> <p><i>The position for all ambulance Category A response times are assessed against Trust performance. For information the North Lincolnshire position at March 2015 is 73.3%, stronger than that of the Trust (YTD 76.3%).</i></p> <p>Despite missing the target on all 3 indicators they are all above the lower threshold limit set out in the CCG Assurance Framework giving Amber statuses.</p>	
Category A Ambulance Response Times 8 Minute Red 2	A	<p>EMAS overall performance is 71.0% in March 2015 (YTD 70.16%).</p> <p><i>North Lincolnshire March 2015 position is also below target at 75.7% (YTD 76.3%)</i></p>	CB
Category A Ambulance Response Times 19 Minute	A	<p>EMAS overall performance is 93.2% in March 2015. (YTD 92.77%)</p> <p><i>The North Lincolnshire March 2015 position has improved to 95.1% (YTD 94.3%)</i></p>	CB
Mixed Sex Accommodation	A	<p>There have been 3 breaches of the mixed sex accommodation standard at Hull & East Yorkshire Hospitals (HEY) on the Castle Hill site during March 2015.</p> <p>There were 2 situations that caused breaches. One affecting 4 patients, 1 of which was an NLCCG patient, and the other also affecting 4 patients, 2 of which were NLCCG patients. In total the Trust experienced 12 breaches of the standard in March 2015.</p> <p>Both situations affecting NLCCG patients were caused by lack of bed capacity to transfer patients who had their care stepped down from ICU (either to standard or high observation), therefore were no longer exempt from the standard and without transfer were a breach.</p> <p>Despite performance through the latter part of 2014/2015 the CCG remains above the lower threshold for this indicator of less than 10 breaches so is reported as Amber.</p> <p>A remedial action plan has been requested from the Trust, a summary of actions from which will be included in the exception report on the BIZ when returned by the Trust.</p>	CW

Are health outcomes improving for local people (CCG Assurance Indicators Only)?

Area	RAG	Comments	Lead
Reducing potential years of life lost from causes considered amenable to healthcare (all ages)	R	The indicator is calculated using the Office for National Statistics Mortality data and the mid-year population data as a directly standardised rate (DSR) per 100,000 registered patients. The target of 2151.9 has not been met as at December 2013, reaching a rate of 2209.1 (DSR). The next nationally published update of this position which will be provided on the Health and Social Care Information Centre Portal is due in September 2015.	CW
Treating and caring for people in a safe environment & protecting them from avoidable harm – MRSA	R	No further cases of MRSA were reported in March 2015. In total for the year, there were 3 cases as detailed in previous reports, and included on the Healthcare Associated Infections Report included on the BIZ.	CW

2. CCG Quality Premium

2014/2015 Achievement

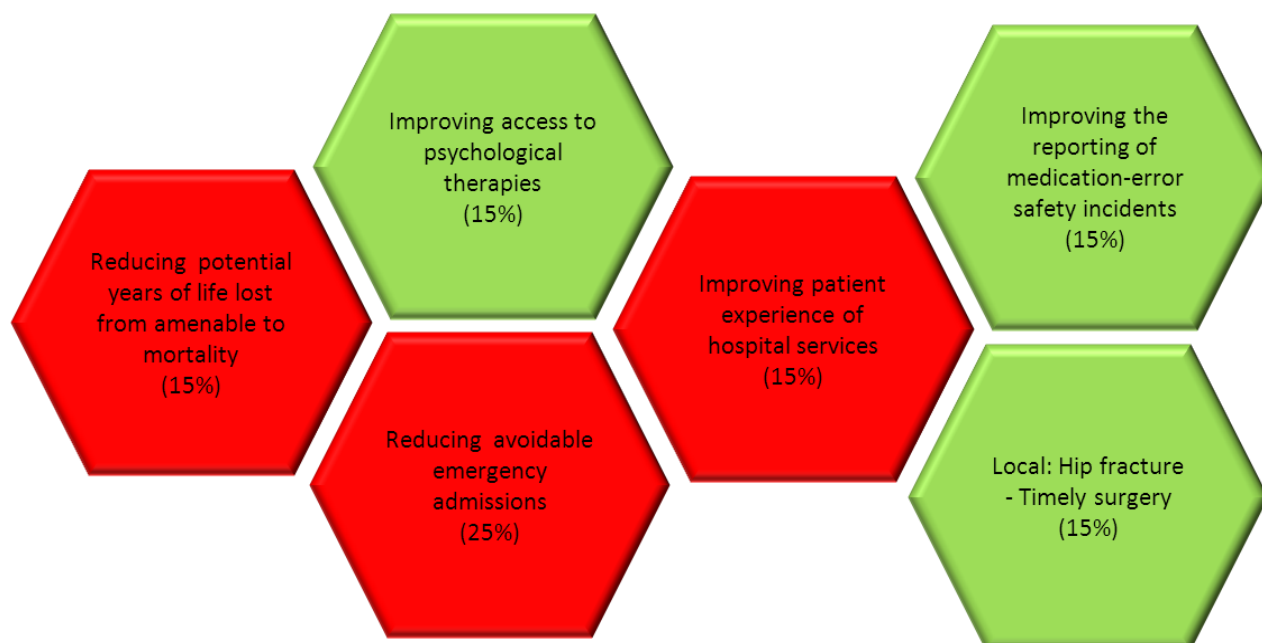
In summary this section highlights the areas included in the premium and the current position for 2014/15.

Financial Gateway

Subject to audit the CCG has achieved its target surplus for 2014/2015 so will have met the necessary requirements to pass through the financial gateway. The full quality premium is therefore applicable in the next stage of the calculation;

Quality Gateway

The following shows the areas contained in the national and local measures and a very high level colour scale view against each area. Shown for information is the percentage weighting against each of the total amount available.



The above shows therefore that approximately 45% of the premium is currently expected by the CCG.
NHS Constitution Gateway

A CCG will have its quality premium reduced if the providers from whom it commissions services do not meet the NHS Constitution requirements for the following patient rights or pledges. As assessment of the current position against these is also shown:

Quality Premium - NHS Constitution rights and pledges gateway	%	Current Achievement	Status	MET?
Referral to treatment times (18 weeks) incomplete	25%	Y	G	YES
A&E 4 Hour Waits	25%	N	R	NO
Cancer 2 week waits from urgent GP referral	25%	Y	G	YES
Category A Red 1 ambulance calls	25%	N	R	NO

This would indicate that 50% (following the 2 x 25% reductions above) of the 45% (shown in the quality gateway above) is available, which is approximately £190,000, similar to the funding paid for the 2013/2014 quality premium paid in 2014/2015.

Confirmation of the final position against the 2014/2015 quality premium will be reporting during 2015/2016 once all final data is confirmed.

3. Provider Assurance Dashboard (Appendix 1)

The Northern Lincolnshire and Goole Hospitals NHSFT Provider Assurance Dashboard for Month 12 can be found at Appendix 1 of this report.

The aim of the report is to at a high level capture the key highlights against the contract with a provider organisation. It contains 4 main sections, Quality, Performance, Finance and Contract Trading/Issues.

The document remains in development with scope from 2015/2016 to roll out to the other main contracts held by the CCG. Feedback and comments are greatly appreciated and can either be noted at the meeting or provided directly to Emma Munday, BI Manager, Yorkshire & Humber Commissioning Support.

4. Highlight Report

This section of the report is meant to act as a soft intelligence section, and also to highlight any potential new or significant performance issues or risks. It may suggest action to be undertaken or simply be used to make the CCG aware of a status.

No	Description	Flag Type	Assigned	Status
1	<p>A&E 4 Hour Waits (2014/15)</p> <p>Due to the significant issues around performance in this area it remains a risk in this section of the report.</p> <p>Final data confirmed that we failed to meet the year end 95% level of performance, both on a Month actual and full year to date basis. This however will be reported as Red for the quarter in the Q4 CCG Assurance Framework but Amber on a year to date basis.</p> <p>This position also means that the quality premium reduction of 25% will apply (see section 2 of this report).</p> <p>Weekly monitoring will continue through 2015/2016 in the same format as 2014/2015 and updates against the actions set out in the Resilience Plan will continue to be provided.</p>	Risk	KP/JE/BI Team	Open

<p>2.</p>	<p>Referral to Treatment Times – 52 Week Waits</p> <p>The following query was raised by Governing Body on the 9th April 2015:</p> <p>“Has the patient that breached the 52 Week maximum waiting time standard for Incomplete waits (still waiting) at the end of January 2015 admitted?”</p> <p>ULH have confirmed that the patient was admitted on the 5th March 2015 (causing the patient to breach again at the end of February 2015).</p> <p>RCA findings determined that the patient was added to the waiting list prior to Physiotherapy being undertaken. As a result, the pathway was lengthened causing significant delay in getting the patient dated as physiotherapy was required prior to surgery.</p> <p>Due to patient then having physiotherapy, the pathway was delayed as they were put on the WL prior to physiotherapy, where the clock could have been stopped and then added to waiting list as per access policy.</p> <p>In terms of recovery actions the Trust are ensuring that patients are monitored throughout their pathway to ensure all follow up appointments are well within 18 weeks. Patients are moved to another clinician if required to ensure they are seen within 18 weeks. Patients are offered a reasonable TCI date as soon as they are added to the W/L, where possible.</p>	<p>Query</p>	<p>For response</p>	
<p>3.</p>	<p>2014/2015 Detailed Reports</p> <p>As the live reports on the BIZ are now linked to the 2015/2016 position an additional link has been added (in the assurance section in the centre) to access the 2014/2015 position.</p> <p>This can be found at the following link: https://secure.yhcs.org.uk/biz/nlccg/data/uploads/current/assurance-framework/1415.pdf</p>	<p>News</p>	<p>For Information</p>	<p>Open</p>

Prepared by Yorkshire and Humber Commissioning Support - North Lincolnshire Business Intelligence Team on behalf of and in partnership with North Lincolnshire CCG

Emma Munday
Business Intelligence Manager

NORTH LINCOLNSHIRE CCG PROVIDER ASSURANCE DASHBOARD



Yorkshire and Humber
Commissioning Support

PROVIDER **Northern Lincolnshire & Goole Hospitals NHS Trust**

MONTH **12**

QUALITY [Click for Quality Narrative](#)

Quality Indicators **3**

PERFORMANCE [Click for Performance Narrative](#)

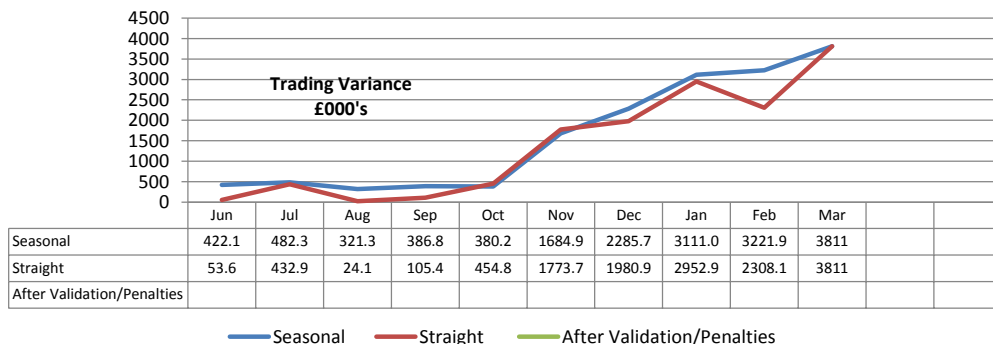
Performance Indicators **4 0 20**

Red Rated Indicators	Target	Actual	Variance	Action Plan Provided?
Patient harm (harm-free care - acute care)	95%	87%	-8.5%	
MRSA	0	1	-1	RCA Provided
Mortality - HED (Trust wide)	95.0	112.1	17.1	

Red Rated Indicators	Target	Actual	Variance	Action Plan Provided?
A&E 4 Hour Waiting Times	95%	93%	-2%	Yes
Ambulance Handovers 30 Min	0	310	310	No data since Apr 14
Ambulance Handovers 60 Min	0	51	51	No data since Apr 14
MRSA Bacteraemia	0	1	-1	RCA Provided

FINANCIAL TRADING & RECONCILIATION [Click for Further Finance Report](#)

Contract Trading Variance £000's



Outstanding Contract Variations

Name	CV No	Value	Comments

Notes:
There are no outstanding formal financial contract variations. NLaG during 2014/15 requested a variation to fund a Community Prescribing Advisor. A response has been provided showing that this is already funded through Agreement of Services payments. The CCG is investigating whether the service is being provided in line with expectations.

CONTRACT HIGHLIGHTS [Click for Contract Issues Log](#)

Key Trading Variances (by Exception Only):

POD	Specialty/ Department	Activity Volume	£000's	Comments
Elective/ Daycase	T&O	108	470.2	Overall there is an 4.1% overtrade on Elective/Daycase. Additional RTT Activity has been delivered.
	Ophthalmology	288	81.6	
	Pain	522	313.6	
Non-Elective	General Med	421	1128.4	Non-Elective in total is approx 1.23% above plan. General Med makes up over 50% of NE activity.
	TIA Elderly Med	55	182.1	
Outpatient New	Cardiology	218	36.6	Outpatient News are approx 6.1% underplan, these specialties are offset by others under plan.
	T&O	167	20.4	
Outpatient Review	Urology	709	50.1	Outpatient Review are approx 1.95% underplan, these specialties are offset by others under plan.
	T&O	757	54.5	
	Cardiology	656	61.7	
A&E	Investigation Lev 1-2 Treat Level 1-2	4543	463.2	Offset by a reduction in higher level categories. Overall A&E approx 3.8% is over plan.
Other	Rheum Drugs	n/a	476.3	High Cost Drugs and Devices are above plan by 18.9% Diagnostics are 10% above plan.
	Cardio Drugs	n/a	186.1	
	MRI/CT	1479	280.8	

QUALITY



PROVIDER Northern Lincolnshire & Goole Hospitals NHS Trust

MONTH 12

Yorkshire and Humber
Commissioning Support

Quality Assurance Statement

Quality Indicators **3** **0** **0**

Red Indicators	Target	Actual	Variance
Patient harm (harm-free care - acute care)	95%	87%	-8.5%
MRSA	0	1	-1
Mortality - HED (Trust wide)	95.0	112.1	17.1

Quality Report Narrative:

Patient Harm (Harm free care - Patient Safety Thermometer) - The Trust reviews its percentage of harm free care (old and new harms) on a monthly basis. During February 15, harm free care was provided to 86.5% of patients in Scunthorpe General Hospital, this fell below the 95% target. The Trusts trend line continues to demonstrate that performance in harm free care has begun to decline.

MRSA - The Trust reported one incident of MRSA in February 15, this is the first MRSA incident reported in 14/15. The incident took place at Scunthorpe General Hospital. No additional details have been provided at this stage but the Trust has declared that the incident was possibly preventable.

Mortality HED - The Trust wide HED SHMI is currently 112.1 (broken down into site; DPoW 113, SGH 111, GDH 50). There is a widening gap between in-hospital and out of hospital SHMI. The Trust has implemented a targeted quality evaluation and improvement programme, as part of this the following areas were prioritised as areas in need of further improvement due to high levels of mortality:

- Stroke
- Respiratory medicine
- Gastroenterology
- Sepsis
- Haematology
- Diabetes and endocrinology
- Acute kidney injury

The following areas have been identified by the Trust as areas relating to poor quality:

- Hospital acquired pneumonia
- Fluid management
- Cardiac arrests
- VTE
- Safe staffing

CQUIN Achievement Status:

15/16 CQUIN Development - the final draft scheme has been agreed by Commissioners. The key principles of the local scheme and the weightings for the entire scheme have been agreed by the Trust. However, the Trust has informed commissioners that it will not be able to gather some of the technical data required in the milestones. Commissioners (Including Quality Team and BI reps) are working with the Trust to negotiate a suitable solution, this is near completion. It has been agreed, by the Chair of the NL&G Contract Review Meeting, that the CQUIN milestones must be agreed in Q1 15/16. The Trust, and Commissioners, are on track to meet this deadline.

Workforce Information:

The Trust has undertaken a lot of work over the last few months to attract new members of staff. Recruitment projects are underway in Portugal, India and Bulgaria, local recruitment drives have also taken place in Hull, resulting in approx. 40 applications for nursing positions being received by the Trust at a recent recruitment fair. However, 5 of the 10 Portuguese nurses that were due to join the Trust in the next few weeks have since declined the offer. The Trust has reported a slight improvement in the medical vacancy rate but reported a deterioration in the nurse vacancy rate. The Trust reported an improvement in the staff sickness rate.

QUALITY

PROVIDER Northern Lincolnshire & Goole Hospitals NHS Trust

MONTH 12



Yorkshire and Humber
Commissioning Support

Quality Assurance Statement

Performance Indicators **4** **0** **20**

Red Indicators	Target	Actual	Variance
A&E 4 Hour Waiting Times	95%	93%	-2%
Ambulance Handovers 30 Min	-	310	310
Ambulance Handovers 60 Min	-	51	51
MRSA Bacteraemia	-	1	- 1

EXCEPTION SUPPORTING NARRATIVE

A&E 4 Hour Waits:

Performance is now improving. It hovers around the 95% mark yet not consistently above 95%. The bed position has improved and stabilised meaning the main reason for delay is no longer bed availability. Delayed Transfers of Care are currently low. Key actions are to ensure the Trust fully implements the service specification in particular the specification supported by a directory of service and emergency ambulatory pathways.

Ambulance Handovers

There has been no data reported against this indicator due to data collection issues. This is still shown as 'RED' due to early indications of data but until a more accurate and timely information flow is established no further information has been provided.

MRSA Bacteraemia

There has been a case of Trust acquired MRSA Bacteraemia at the Trust however this was not a North Lincolnshire CCG patient.

CONTRACT SANCTIONS (KPIs that are monitored and have financial consequence £000's of breach YTD Value):

T2 Multiple Outpatient	136.1	Due to no contract sign off sanctions have not been applied.
T3 Not Our Patient DSCRO	115.1	
T4 Activity occurring where the NHS No. is blank	11.7	
T10 Multiple inpatient spells during the same day / period	65.3	
T11 Elective Pre-operative Bed Days	28.6	

Performance Penalties £000's (contract terms - Not applied in totality as no signed contract)

RTT Admitted	66.9	A&E 4 Hours	96.8
RTT Non-Admitted	34.2	30m Handover	25.4
RTT Incomplete	13.6	60m Handover	20.9
6 Wk Diagnostic Waits	12.8	Cancer 62 Screening	1.0

FINANCIAL TRADING & RECONCILIATION



PROVIDER Northern Lincolnshire & Goole Hospitals NHS Trust

Yorkshire and Humber
Commissioning Support

MONTH 12

Trading Variance (after adjustments and contractual challenge)

	£000's											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Seasonal			422.1	482.3	321.3	386.8	380.2	1684.9	2285.7	3111.0	3221.9	3811
Straight			53.6	432.9	24.1	105.4	454.8	1773.7	1980.9	2952.9	2308.1	3811
After Validation/Penalties												

* Baseline reduced in November from £104535.5 to £102950.0 in Contract Monitor

Year To Date Contract Reconciliation Summary

Point of Delivery	Annual Plan	YTD Plan	YTD Actual - Monitor	YTD Actual - SUS	YTD Plan V YTD Actual - Monitor	YTD Actual Monitor V YTD SUS	Impact of Validation Queries	Imposed Contract Penalties	CQUIN Delivery	REVISED ACTUAL VALUE OF ACTIVITY	REVISED VARIANCE TO PLAN
Elective/Daycase	16,420	16,420	16,885		465						
Non-Elective	26,734	26,734	27,582		848						
Outpatient Attendances	16,490	16,490	15,886		604	-					
A&E	5,074	5,074	5,294		220						
Other inc Block	35,776	35,776	38,511		2,734						
CQUIN	2,456	2,456	2,604		148						
Sub Total	102,950	102,950	106,762	-	3,812	-	-	-	-	-	-
Adjustment to Agreed Plan	1,548	2,333	-		1,467	-					
TOTAL	104,498	105,283	106,762	-	2,345	-	-	-	-	-	-

Financial Compliance

NLAG OUTTURN, AGED CREDITORS & AGREEMENT OF BALANCES

Negotiations between NLaG and the CCG have reached a resolution regarding old year outstanding invoices and these were settled during March.

An additional £0.5m was paid to NLaG for transformation costs in M12 as part of the final year end agreement.

Incomplete spells movements had an impact of £13.3k on the final outturn position.

Agreement of Services invoices include an increase in contribution for Looked after Children which has not yet been finalised.

North Lincolnshire CCG											
NLAG Contract Reconciliation to Ledger											
Based on Month 12 CCG Finance Report & Month 12 Flex NLAG Contract Monitor Report											
			Reported Outturn			YTD Actual			NLAG Monitor Statement		
	Budget Annual	NLCCG Reported Outturn	Variance	YTD Budget	NLCCG YTD Actual	Variance	Plan Annual	NLAG YTD Plan	Actual M12	Comparison of Ledger to Contract Annual	
Acute	Baseline	88,430,826	88,930,826	500,000	88,430,826	88,930,827	500,001	87,901,954	87,901,954	91,565,200	
	CQUINS	2,111,905	2,111,905	-	2,111,905	2,111,905	-	2,140,734	2,140,734	2,289,088	
	Incomplete Spells movement	-	13,300	13,300	-	13,300	-	-	-	-	
Community	Baseline	12,592,458	12,592,458	-	12,592,458	12,592,458	-	12,592,500	12,592,500	12,592,500	
	CQUINS	314,811	314,811	-	314,811	314,811	-	314,813	314,813	314,813	
RTT	Baseline	145,000	145,000	-	145,000	145,000	-	-	-	-	
Winter Resilience	Baseline	903,000	903,000	-	903,000	903,000	-	-	-	-	
	Current budget	104,498,000	104,984,700	486,700	104,498,000	104,984,701	486,701	102,950,000	102,950,000	106,761,600	
NLAG Contract to NLAG Plan Value	Budget v NLAG Plan	104,498,000	104,984,700	486,700	104,498,000	104,984,701	486,701	102,950,000		- 1,548,000	
	Baseline	98,000,000									
	Unplanned Care Service - Full Year Cost	1,200,000									
	Reinvestment of readmissions	2,590,000									
	Reinvestment of MRET	1,160,000									
	Overperformance forecast to 31st March	2,000,000									
	Funding re-badged from 13/14 transformation	- 1,500,000									
	Revised baseline	103,450,000									
	Operational Resilience										
	18 Weeks Additional Funding	145,000									
	Ward 19	130,000									
	Theatres	100,000									
	Medicines Rec	129,000									
	Community Equipment	51,600									
	Discharge Lounge, Medicine	35,500									
	Tranche 2	456,900									
	Agreed contract 14/15 (4 December 2014)	104,498,000									
	Contract Variations										
	Revised baseline	104,498,000						102,950,000		- 1,548,000	
Comparison of NLAG Contract to NLAG Monitor	M12 Contract Monitor								92,340,230		
	Blocks								12,592,458		
	Less								-775,000		
	NLAG MRET										
	PATH 55% adj										
	CQUINS - balance to 2.5% on outturn								2,603,942		
	Ledger compared to actual outturn projected to M12	104,498,000	104,984,700	486,700	104,498,000	104,984,701	-	102,950,000	106,761,630	- 1,548,000	
Other NLAG Budgets	Additional Information	Annual Budget	Reported Outturn Reported	Variance	YTD Budget	YTD Actuals includes accruals	Variance				
Overseas visitors	Forecast reflects high cost Crit Care M1	264,854	284,558	19,704	264,854	284,558	19,704				
Prior Year	Prior Year Acute transactions	775,566	588,567	- 187,999	775,566	588,567	- 187,999				
Total Other NLAG Acute		1,041,420	873,125	- 168,295	1,041,420	873,125	- 168,295				
Acute Total as per Board Report OCS Category 1		105,539,420	105,857,825	318,405							
Respiratory	Funding not devolved covered under default	29,895	29,272	- 623	29,895	29,272	- 623				
Pain Management	Funding not devolved covered under default	38,634	37,595	- 1,039	38,634	37,595	- 1,039				
Ultrasound		436,162	430,897	- 5,265	436,162	430,897	- 5,265				
Agreement of Services	Designated Doctors, Nursing, admin	81,204	128,897	47,693	81,204	128,897	47,693				
Safeguarding Children	DN service to Dr Bhorchi	19,238	19,237	- 1	19,238	19,237	- 1				
Relief Team	Pharmacist	18,000	18,002	2	18,000	18,002	2				
Medicine Reconciliation	Pharmacist - Joint funded with NEL CCG	10,000	10,000	-	10,000	10,000	-				
Area Prescribing Committee											
DART Licence	Annual charge (funding covered by overall budget)	8,955	-	- 8,955	8,955	-	- 8,955				
Community consumables - Diabetes Optimum	Ad hoc charges annually between £4k to £12k		4,672	4,672		4,672	4,672				
Strips	Optimum Strips Diabetes		4,291	4,291		4,291	4,291				
Prescribing	New non recurrent allocation	20,000	-	-	20,000	-	-				
Mental Capacity Act											
Continuing Healthcare Assessment & Support	Pediatric Nurse Educator (Note part year charge, Full year £50k which 50% is recharges to NLC)		16,500	16,500		16,500	16,500				
Prior Year	Prior Year Non Acute transactions		11,583	11,583		11,583	11,583				
	Total covered by other areas	662,088	730,946	68,858	662,088	730,946	68,858				
	Actual outturn projected to M12	106,201,508	106,588,771	387,263	662,088	730,946	68,858				
Other Items to Note											
		Funding requested		YTD charges received	Funding identified Recurrent	Funding Identified Non Recurrent		Net Impact			
a) Outstanding Contract Variations											
b) Items under discussion											
Agreement of Services - Community Prescribing Advice	Current stance is included in existing provisions	20,000									
	Gemma requesting more detail in what is currently funded and confirmation being delivered										
	CSU Believe this is covered by Agreement of Services					20,000					
	NLAG have note pressed any further on this issue										
Please note full year impact for 15/16 £49.4k											
		20,000		-	-	20,000	-				

CONTRACT HIGHLIGHTS

PROVIDER

Northern Lincolnshire & Goole Hospitals NHS Trust

MONTH

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Yorkshire and Humber
Commissioning Support

No.	Forum	Date	Title	Action	Lead	Person responsible for next steps	Progress	Deadline
1	CRM	26-Feb-15	QIA & CIP	Review of QIA & CIP	EMC	EMC	26-Feb-15 QIA & CIP from previous log to be removed but EMC to provide an update from HLHF meeting and feedback to the next CRM meeting 30.04.2015: Item to be moved to QCR	30.04.2015 - Closed