


<b>MEETING DATE:</b>	10 December 2015	 <b>North Lincolnshire Clinical Commissioning Group</b>  <b>REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY</b>
<b>AGENDA ITEM NUMBER:</b>	Item 7.4	
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<b>JOB TITLE:</b>	CFO & Business Support	
<b>DEPARTMENT:</b>	Finance	

## FINANCE REPORT: MONTH 7 (OCTOBER) 2015/16

<b>PURPOSE/ACTION REQUIRED:</b>	To Receive & Note
<b>CONSULTATION AND/OR INVOLVEMENT PROCESS:</b>	In liaison with CSU and Area Team and per Finance Plan profiled surplus.
<b>FREEDOM OF INFORMATION:</b>	Public once approved.

<b>1. PURPOSE OF THE REPORT:</b>					
To brief the CCG Governing Body members on the finance position and achievement of duties so far for 2015/16 (as at the end of October).					
<b>2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:</b>					
<b>Continue to improve the quality of services</b>					
<b>Reduce unwarranted variations in services</b>					
<b>Deliver the best outcomes for every patient</b>					
<b>Improve patient experience</b>					
<b>Reduce the inequalities gap in North Lincolnshire</b>					
Finance supports achievement of all of these					
<b>3. ASSURANCES TO THE CLINICAL COMMISSIONING GROUP</b>					
Provides assurance that the main financial duties for 2015/2016 are currently being met, and forecast to be met by 31-03-2016.					
<b>4. IMPACT ON RISK ASSURANCE FRAMEWORK:</b>					
<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px;">Yes</td> <td style="width: 20px; text-align: center;">x</td> <td style="width: 20px;">No</td> <td style="width: 20px;"></td> </tr> </table>	Yes	x	No		
Yes	x	No			
A Financial Risk section is included in the narrative					

**5. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:**

Yes		No	x
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No direct implications.

**6. LEGAL IMPLICATIONS:**

Yes	x	No	
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Financial liabilities facing the CCG are shown in the report as well as statutory financial duties.

**7. RESOURCE IMPLICATIONS:**

Yes	x	No	
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Highlights financial risks that may impact on resources available.

**8. EQUALITY IMPACT ASSESSMENT:**

Yes		No	x
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No Equality Impact Assessment has been undertaken because this is not a policy/procedure/guidance.

**9. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:**

Yes		No	x
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The monthly finance report is submitted to the Engine Room before submission to the public meeting of the CCG's Governing Body, and then to the appropriate Council of Member meetings.

**10. RECOMMENDATIONS:**

The CCG Governing Body members are asked to: -

- Receive and note the Finance report

# NORTH LINCOLNSHIRE CCG FINANCE REPORT FINANCIAL YEAR 2015/16: MONTH 7 (OCTOBER) 2015

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# 1) CCG SUMMARY - MAIN FINANCE TARGET PERFORMANCE

		MONTH 7: OCTOBER 2015	YTD AT OCTOBER (MONTH 7)	MONTH 12 YEAR END FORECAST	MAIN CHANGES TO LAST MONTH	COMMENTS
<b>A) OVERVIEW - ALL KEY TARGETS</b>						
1	Revenue Break-Even is Achieved.	G	G	G	→	
2	Revenue Expenditure = or less than the Resource Limit	G	G	G	→	
3	Cash Expenditure is less than the Cash Limit	G	G	G	→	
4	95% of NHS Invoices by Value are Paid within 30 Days	G	G	G	→	The target has been achieved for both the month and Year To Date (YTD).
5	95% of NHS Invoices by Number are Paid within 30 Days	G	G	G	→	The target has been achieved for the Month and YTD.
6	95% of Non NHS Invoices by Value are Paid within 30 Days	G	G	G	↑	The target has been achieved for both the month and Year To Date (YTD).
7	95% of Non NHS Invoices by Number are Paid within 30 Days	G	G	G	↑	The target has been achieved for the Month and YTD.
8	Period End Cash Balances are 1.25% of Drawdown	G	G	G	→	The Month end cash held at bank - was within the target value

<b>KEY:</b>	↑ = Improvement in performance	→ = No change in performance	↓ = Deterioration in performance
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B)	REVENUE BREAK-EVEN PERFORMANCE	CURRENT MONTH			YEAR TO DATE			FORECAST OUT-TURN		
		BUDGET/ TARGET	ACTUAL	VARIANCE	BUDGET/ TARGET	ACTUAL	VARIANCE	BUDGET/ TARGET	ACTUAL	VARIANCE
		£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
	<b>1 TOTAL EXPENDITURE</b>	17,117	16,933	(184)	126,517	125,231	(1,286)	220,358	218,154	(2,204)
	<b>2 RUN RATE - Planned and Actual Surplus</b>	184	184	0	1,286	1,286	0	2,204	2,204	0

## FINANCE AND CONTRACT COMMENTARY 2015/16

### Month 7 – The Period Ended 31<sup>st</sup> October 2015

#### Executive Summary

##### Overall Financial Position

At Month 7 the CCG is currently on course to achieve all of its statutory financial targets for 2015/16, including all four Better Payment Practice Code targets. This is a significant achievement due to the efforts of the CSU and CCG finance staff.

##### QIPP

Year To Date (YTD) performance is currently below target due to continued mainly due to volume cost pressures (and a small element of price cost pressures) on prescribing, but the QIPP savings target is still expected to be achieved in full by the year-end, mainly due to the contract agreement reached with NLAG NHS FT, the risk share agreement negotiated with RDASH FT and non-recurrent flexibility. However contingency plans need to be **urgently developed** to mitigate against a recurrent gap being brought forward next year.

##### Running Costs

The CCG's Running Cost Allocation for 2015/16 was reduced by 10% to £3.785m. The CCG is forecast to achieve its RCA target and on a recurrent basis, though confirmation of the Local Provider Framework (LPF) procurement exercise is still awaited.

##### Risks

The CCG currently has sufficient headroom to cope with known financial risks this financial year, and the latest risk table shared with NHS England each month is included within this report at Section 6.

##### Contract Position

The Contract Team has reviewed Month 5 & 6 performance against the contract baseline. Where activity information is available it has been utilized.

<b>MAIN REPORT CONTENT</b>	
<b>Section Number</b>	
1	Headlines and Key Messages
2	Revenue Expenditure
3	Capital Expenditure
4	2% Recurrent Headroom
5	QIPP
6	Risk Management
7	Working Balance Management
8	Other Target Delivery
9	Financial Governance
10	Contract Trading Report

## 1. Headlines & Key Messages

Target / Issue	Outturn	Comments
<b>Revenue Target</b> <ul style="list-style-type: none"> <li>Achieve £2.2m surplus</li> <li>Spend 1% of Allocation on non-recurrent (one-off) items</li> </ul>	<b>On Track</b>	<p>The CCG is on track to achieve its forecast out-turn surplus of £2.2m.</p> <p>There is no uncommitted budget for this expenditure.</p>
<b>Resource Limit</b>	<b>On Track</b>	<p>Expenditure maintained within Revenue Resource Limit (RRL).</p>
<b>QIPP Delivery</b>	<b>YTD Target Not Achieved</b>	<p>The CCG is still expecting to achieve the year-end target, using non recurrent savings, which will not be available next year.</p>
<b>Revenue Risks</b> <ul style="list-style-type: none"> <li>Acute Costs – BCF</li> <li>QIPP under achievement</li> <li>In year cost pressures</li> </ul>	<b>Known Risks Covered</b>	<p>Main Acute risks are managed through the capped contract agreed with NLAG, and remaining reserves and non-recurrent flexibilities will be used to manage QIPP and In year risks.</p>
<b>Cash Management</b>	<b>On Track</b>	<p>Cash held at the bank was £71k at 31st October 2015.</p>
<b>Better Payment Target</b>	<b>On Track</b>	<p>All four targets have been achieved for the YTD.</p>
<b>Capital Resource Target</b>	<b>On Track</b>	<p>The CCG has three GP IT Capital schemes which are at the final stage of the NHS approval process.</p>
<b>Governance</b>	<b>On Track</b>	<p>The Financial Environment Self-Assessment will be monitored by the Audit Group.</p> <p>The contract MOU has been shortlisted for the national HFMA award.</p> <p><b>There is a significant financial gap for next year that needs closing via HLHF.</b></p>

## **2. Revenue Expenditure**

The Operating Cost Statement (OCS) (Appendix 3 A2) provides a detailed analysis of the CCG's YTD revenue expenditure position and an updated forecast out-turn. The key points to note are set out below:

### **i. Acute Contracts**

Please refer to Section 10 of this report and Appendix 7 for more detail about contract trading positions.

#### **North Lincolnshire & Goole NHS Foundation Trust (NLAG FT)**

This contract is covered by a Memorandum of Understanding (MoU) and associated Payment by Results (PbR) Minimum income Guarantee (MiG) and Maximum Income thresholds, which will ensure that the CCG has no unforeseen risks to cover on the NLAG Contract for 2015/16. However, activity control is still vital for 2016/17 and beyond.

The reported YTD position from the Operating Cost Statement (OCS) Appendix 3 A2 line 1 has been reported in line with budget due to the control over expenditure provided through the MoU. However, a £2k YTD over-spend has been reported on line 1 in respect of Overseas Visitors.

The underlying trading position on the core contract shows a £194k YTD over-trade to the end of September (Month 6), which is a deterioration from the August (Month 5) position. More detail on the actual Trading performance of this contract, and all the main NHS contracts are provided at Section 10 in this report and Appendix 7.

#### **Hull & East Yorkshire Hospitals NHS Trust (HEY)**

The reported YTD position from the OCS (Appendix 3 A2 Line 2) of £146k over-spent reflects an underlying Month 5 over-trade offset by validation and KPI reconciliation adjustments. Month 5 activity monitoring was the latest available information at ledger closedown. Since then further agreed adjustments have reduced the variance down to £ 104k, as shown in the trading Position statement (Appendix 7). There is concern that now the QIPP shortfall on this contract is not expected to be addressed in year that there will be an issue for the 2016/17 contract opening baseline.



## **Other NHS Acute Contracts**

The YTD position shows a £217k over-spend (OCS Appendix 3 A2 Lines 3 to 7) for the five smaller NHS Acute sector contracts, based on Month 6 activity data where it was available. The most significant Acute Hospital variances are: Doncaster & Bassetlaw Hospitals, which is £170k over plan relating to elective activity in the main, and both Sheffield Teaching and United Lincolnshire Hospitals - which are £19k and £37k over plan respectively, the former showing an improvement from last month. There have only been small movements in the Trading Position reports received for these organisations since the ledger system closed.

## **Other Secondary Healthcare Costs**

Independent sector provider budgets (OCS Appendix 3 A2 Line 9) have a YTD adverse variance of £38k. This variance includes a £37k over-spend for Spire and £26k for St Hugh's. Formal contractual arrangements are now in place for both Spire and St Hugh's and whilst there is some natural variability there may be a shift relating to patient choice, therefore activity management plans need to be **urgently agreed** and closely monitored by Contracting and corrective action taken. There is also a YTD £10k over-spend for East Riding Fertility Services, together with a £21k under-spend for Park Hill Hospital, and these variances are not expected to vary significantly by the year end.

Analysis continues to be undertaken and now action needs to be urgently taken regarding referral trends for elective activity due to the underlying under-spend with NLaG and over-spends with Doncaster and Bassetlaw, Spire and St Hugh's.

At this stage it is believed that elective referral patterns are due at least in part, to patient choice. Draft information has been produced for consideration up to Director level in order to facilitate appropriate rectifying actions. Actions taken to date include agreeing with St Hugh's that Choose and Book will be utilised rather than the current process which allows earlier appointments.

## **Exclusions / Non-Contract Activity**

The YTD under-spend is £79k on Line 10 of the OCS Appendix 3 A2, which is estimated by using trend analysis of 2015/16 YTD activity and comparison with the equivalent YTD and Out-turn 2014/15 invoiced activity, to generate a Forecast Out-turn for 2015/16 which results in an expected under-spend of £156k for the year end.

## **Ambulance Services**

A YTD variance of £117k under-spent (Line 8 of the OCS Appendix 3 A2) is due to a YTD activity under trade and a contract performance penalty which was levied and received in April. These issues are not expected to continue at current levels and negotiations are expected for the penalties to be re-invested. The Forecast Out-turn is expected to result in a greater under-spend than the currently reported variance of £72k. The penalties and activity variance are discussed in more detail at Section 10 of this report.

## **System Resilience Monies**

Expenditure has been reported in line with budget for the YTD and forecast, as plans were submitted to NHS England in September, on this basis. Detailed plans still need to be confirmed to ensure all funds are spent by the year end.

## **ii. Community, Mental Health and Continuing Care**

### **a) Rotherham, Doncaster and South Humber NHS Foundation Trust**

The RDaSH contract is a block contract, therefore no variance is anticipated (reported on line 12 of the OCS). Costs which arise from activity performed outside of the contract are now reported under Lines 23 and 24 of the OCS (Appendix 3 A2) e.g. Coral Lodge, as this patient cohort is managed through a separate out of area process.

### **b) Community Health Services**

The NLaG Community Services budget (Line 13 of the OCS Appendix 3 A2) is reported with no variance as it relates to a block contract.

Other Community Based Services are reported with a £59k over-spend. The main individual budgets contributing to this are; Virgin Care dermatology activity which is the main area of over-spend (£97k YTD) is offset by an under-spend on areas including NLaG AQP (predominantly ultrasound) activity. A contract variation is anticipated to reduce the NLaG contract value to reflect the movement of activity in to the Virgin Care AQP, but negotiations are not complete.

The hospice budget is reported with a YTD under-spend of £42k. This relates largely to the provision of drugs by Lloyds Pharmacy for Lindsey Lodge and is not expected to continue at the current level so is only partially reflected in the year end forecast.

### **c) Services for Vulnerable People (including Continuing Care)**

Services for Vulnerable People are over-spent by £226k for the YTD. The main change from September relates to an increase in total Continuing Care (CHC) (Lines 17- 21 of the OCS at Appendix 3 A2) and Out of Area Mental Health (MH) expenditure (Line 22 of the OCS at Appendix 3 A2). QIPP savings relating to case management have been included for current patients but not newly identified patients in the year-end Forecast Out-turn.

Continuing Care has been reported with a YTD under-spend of £50k. Reasons for the under-spend include a decrease in the number of clients compared to budget due to fewer cases funded and changes in management processes such as the high cost review panel process which has been successful. Analysis shows that the number of cases has increased in Month 6 and 7 so is now much closer to planned levels. Personal Health Budgets are also starting to have an impact and will be separately identified in the OCS for next year.

The next section of Services for Vulnerable People (Lines 22 and 23 of the OCS at Appendix 3 A2) relate to Mental Health (MH) and Learning Disabilities.

For the YTD, Mental Health Out of Area Placements (Line 22) are £144k over-spent, an increase from August. The forecast over-spend for Out of Area / Non Contract MH activity has also increased to £229k as a result of new packages being added. Further validation of the patient monitoring list and review of package prices is being undertaken with the YHCS team responsible for these placements, a recently identified duplicate record and validation work with the Finance team is expected to result in a decrease in the current forecast, bringing it down nearer to a balanced position.

Learning Disability (LD) Out of Area placements (Line 23) are £40k over-spent for the YTD and the Forecast Year-end under-spend is £97k.

Projected expenditure based on available recorded patient and package details is still greater than invoiced expenditure. This is important for the due diligence process and handover of the management of out of area clients to RDaSH.

As previously reported, patient packages identified for transfer to RDaSH under the proposed arrangement have a provisionally agreed value of £5.1m. Discussions are on-going regarding due diligence of the patient numbers and package values together with the value of administrative and case management resource to be transferred. A Risk / Gain share agreement is being developed.

Further QIPP savings are expected following the planned transfer of management of the out of area budget and patient cohort to RDaSH, which is now anticipated to slip until early 2016. In the meantime the Trust is providing case management resources and other patient treatment options at zero cost to achieve QIPP, although these savings are predominantly cost avoidance rather than cash releasable savings.

#### **d) Pooled budgets**

The variances on interim pooled budgets (with North Lincolnshire Council) Lines 24 and 25 are reported within the Services for Vulnerable People section with any variance representing the CCG share of the pool over or under-spend.

Line 24 (The Mental Health Pool) has a YTD over-spend of £86k and is reported for October based on the August Pooled Budget Report for Mental Health (this being the most recent joint reporting month). The forecast over-spend of £147k is based on an over-spend on the Council Mental Health budget which now reflects their agreed additional £250k budget contribution, the net value has then had the CCG's contribution percentage of 85% applied.

Negotiation is on-going with the Council regarding contributions following the final review of patient eligibility. Some transfer to CHC from MH is also expected.

Therefore overall for Vulnerable People the year end is forecast with a £73k over-spend.

### **iii. Primary Care**

Primary Care as a whole is reported with an over-spend of £930k for the YTD and £1,559k for the Forecast Variance, broadly consistent with the previous month. The main reasons for the over-spend are explained below.

#### **a) Prescribing and Central Drugs**

The net YTD position for Prescribing shows an over-spend of £808k. This is based on five months of 2015/16 actual PMD expenditure and an accrual based on the forecast from the Prescribing Monitoring Document (PMD), reduced by Public Health recharge income and rebates.

The latest PMD forecasts, which are circulated to each Practice for review each month, show a significant increase of 6% in cost compared to 2014/15, due to increases in prescribing volumes of up to 3-6% on a number of Practices and up to 13% month on month. An average cost of £2.55m per month compares to the 2014/15 average of circa £2.42m per month.

The PPA based Forecast Variance is £1,534k which comprises a gross overspend of £1,616k, offset by income from recharges.

Recharges have been refined to reflect changes in Nutricia income which is no longer expected to be received and a one off receipt of £24k will offset prior year costs and supplement reserves. It should be noted that the Community Nursing over-spend is not reported in full as part of the forecast following discussion with the Directors as this increase of over £700k compared to 2014/15 outturn of £16k is being urgently investigated by both NLaG and the Strategic Lead Pharmacist. Initial indications suggest this cost should not all be attributed to the CCG because of a) the level of increase in the issue of chargeable dressings which are thought to have previously been covered in the NLaG Community Contract, and b) potential coding/processing issues. The increased level of Out of Area prescribing is being similarly investigated, and will be recharged as appropriate to other CCGs.

The budget and forecast are net of planned and actual QIPP savings. The Category M cost pressure from 2014/15 is projected to continue for 2015/16 but will only account for circa 31% of the variance, with the remainder of the variance due to increased volume changes.

The YHCS Finance team is working with the budget holder to understand the increase in expenditure through focus on drug types and practices with the most significant year on year increases. Investigation to date shows that some of the key areas of increase relate to prescriptions of dressings (also see note above regarding Community Nursing), nutrition / blood products and those relating to the endocrine system. Further analysis regarding these areas and potential corrective actions is under way. Additional rebates have also been identified which could reduce the over-spend and a more detailed proposal paper is being prepared for the Directors.

There are a number of planned actions which are being monitored. To facilitate the speedy implementation of these measures an urgent business case is being submitted to the Executive team. Prescribing remains an area of volatility, however, and a number of other CCG's are experiencing similar increases in expenditure which could be in part due to a change in national PPA forecasting techniques.

The other main YTD variances under Primary Care relate to Central Drugs which is reported £74k above budget and Home Oxygen at £40k over budget.

#### **b) Local Enhanced Services**

Local Enhanced Services have been reported with no material variance. The entirety of the budget is understood to be committed so there is not expected to be a year-end under or over-spend.

#### **iv. Other Programme Services**

This section of the finance report includes for example, the performance of services such as: Patient Transport Services (i.e. for non “blue light” ambulance journeys), property charges for clinical accommodation, NHS 111 and central reserves (Line 39).

It should be noted that the CCG has a contingency fund of £2.007m on Line 37 of the OCS which is mainly offset by the negative reserve of £1.50m which is within Line 38. The remaining reserves on Line 39, plus any resource freed up by the Balance Sheet reviews needed to cope with any in year risks during 2015/16.

The CCG managers have identified potential extra in year cost pressures which exceed the £300k specific reserve within Line 38. However, the list of cost pressures is under constant review and validation, and the CCG’s position is still broadly consistent with the CCG’s Financial Plan.

As long as the CCG maintains disciplined control over all expenditure and QIPP through to the year end, the CCG is still on course to meet its statutory financial targets. However, it is recommended that contingency plans are **urgently developed** by the QIPP Group should any further risks materialise including continued QIPP failure. This will also assist the CCG’s underlying financial position going into 2016/17.

### **3. Capital Expenditure**

The CCG has three GP IT schemes which have been approved by NHS England which are shown in the table below:

<b>CAPITAL SCHEME</b>	<b>VALUE £000s</b>
Wi-Fi Enabling Care Homes	12
Wi-Fi Access for Community Nursing	9
Data Sharing Hub to View Social Care Information	50
<b>Total</b>	<b>71</b>

The CCG is agreeing implementation plans with IT and will re-charge these costs to NHS England so that they will not actually feature on the CCG's "balance sheet" i.e. Statement of Financial Position at the year end and therefore the assets will remain on NHS England's' Asset register on a permanent basis.

#### 4. 1% Non- Recurrent Expenditure

The CCG has badged the national CHC levy of £1.39 million against this target in 2015/16. This levy is now expected to continue for 2016/17 as all retrospective claims must be dealt with by March 2017.

#### 5. QIPP Delivery

The following table summarises the reported 2015/16 QIPP Out-turn performance to 31 October 2015:

LOCAL QIPP SCHEMES	MONTH 7 : YEAR TO DATE			FORECAST ANNUAL POSITION		
	PLAN	ACTUAL	VARIANCE	BUDGET	FORECAST OUTTURN	FORECAST VARIANCE
	£ Million	£ Million	£ Million	£ Million	£ Million	£ Million
1) Transactional	2.70	190	(0.80)	4.63	4.63	0.00
2) Transformational - BCF	1.61	1.61	0.00	2.76	2.76	0.00
3) Other Saving Schemes	0	0	0.00	0	0	0.00
4) Non Recurrent Savings	0	0	0.00	0	0	0.00
<b>TOTAL</b>	<b>4.31</b>	<b>3.51</b>	<b>(0.80)</b>	<b>7.39</b>	<b>7.39</b>	<b>0.00</b>

It should be noted that achievement of the above Forecast position is reliant on an extra £1.19 m of non-recurrent savings in excess of the £1.50 m which the CCG planned at the start of the year. Use of these non-recurrent savings, budget reviews and balance sheet flexibilities (over the original £1.5m target) to balance the Year End position, will obviously mean that less flexibilities will be available in 2016/17.

## 6. Risk Management

At the start of the Financial Year, the CCG faced considerable risks which it has managed down to acceptable levels. The Table below summarises the CCG's latest risk position and the small headroom which the CCG possesses over all known risks as at the end of October.

		<b>POTENTIAL VALUES</b>
		<b>£ Million</b>
<b>1)</b>	<b>RISKS</b>	
1.1.	<b>Acute Services</b>	0.15
1.2.	<b>QIPP Failure</b>	
	Prescribing in particular	0.20
1.3.	<b>New Cost pressures</b>	
	Prescribing	0.60
1.4.	<b>Total Risks</b>	<b>0.95</b>
<b>2)</b>	<b>MITIGATIONS</b>	
1.1.	<b>Contingency Fund</b>	0.00
	Already used to manage Forecast Out-turn	
1.2.	<b>Earmarked Reserves</b>	0.00
1.3.	<b>BCF Reserves</b>	1.06
1.4.	<b>Total Mitigations</b>	<b>1.06</b>
<b>3</b>	<b>NET RISK HEADROOM</b>	<b>0.11</b>

Therefore, whilst the CCG is reasonably placed to manage risks for 2015/16 if due diligence continues to be exercised through to March 2016, it is important to consider the risks which continue to be faced and will feature for 2016/17.



The NHS England Non ISFE return for Month 6 also incorporates the following report, which presents the year-end position by explicitly indicating the use of recurrent resources and non-recurrent surplus drawdown. CCGs are encouraged to adopt the reporting of in-year surpluses locally to their Governing bodies and to external stakeholders, because it quickly indicates the starting “risk” for the following financial year.

To form basis of headline I&E reporting	<b>In-year allocation:</b>		<b>YTD</b>
	<b>15/16 Core Allocation</b>	<b>215.71</b>	<b>123.85</b>
	Allocation of prior years surplus for drawdown	2.44	1.40
	<b>Total share of NHSE mandate for 2015/16</b>	<b>218.15</b>	<b>125.25</b>
	<b>Expenditure:</b>		
	Forecast Expenditure	218.16	125.23
	<b>Forecast under/(over)-spend against in year allocation</b>	<b>(0.00)</b>	<b>0.02</b>

Memorandum information to be included as foot notes	<b>In-year performance:</b>	
	<b>Performance against 15/16 core allocation</b>	<b>(2.45)</b>
	Made up of:	
	Planned use of prior year surpluses (agreed drawdown)	(2.44)
	Other in year under/(over)-spend against resource limit	(0.00)
	<b>Memorandum: cumulative (historic) surplus/(deficit)</b>	
	Total share of NHSE mandate for 2015/16	218.15
	Return of remaining prior year surplus/(deficit)	2.20
	<b>Total allocation plus historic surplus/deficit</b>	<b>220.36</b>
	<b>Forecast Surplus / (deficit) against total allocation</b>	<b>2.20</b>
Target additional surplus required to meet business rules	0.00	

## 7. Working Balance Management

### Cash Flow Management

At 31<sup>st</sup> October 20115 the cash balance on the ledger was £71k, which is in line with the 1.25% NHS England target.

### Better Payment Policy (BPP) Performance

#### NHS

The monthly value of NHS invoices paid during October was above target at 99.87%, and the year-end outturn forecast is expected to continue at this level to the year end. The volume paid in month was on target at 99.43% and the forecast for the end of the year remains above target, currently at 97.78%.

### Non NHS

The Monthly value of Non-NHS invoices paid during October was above target at 99.47%. The YTD is 95.81%, which is also an improvement from last month.

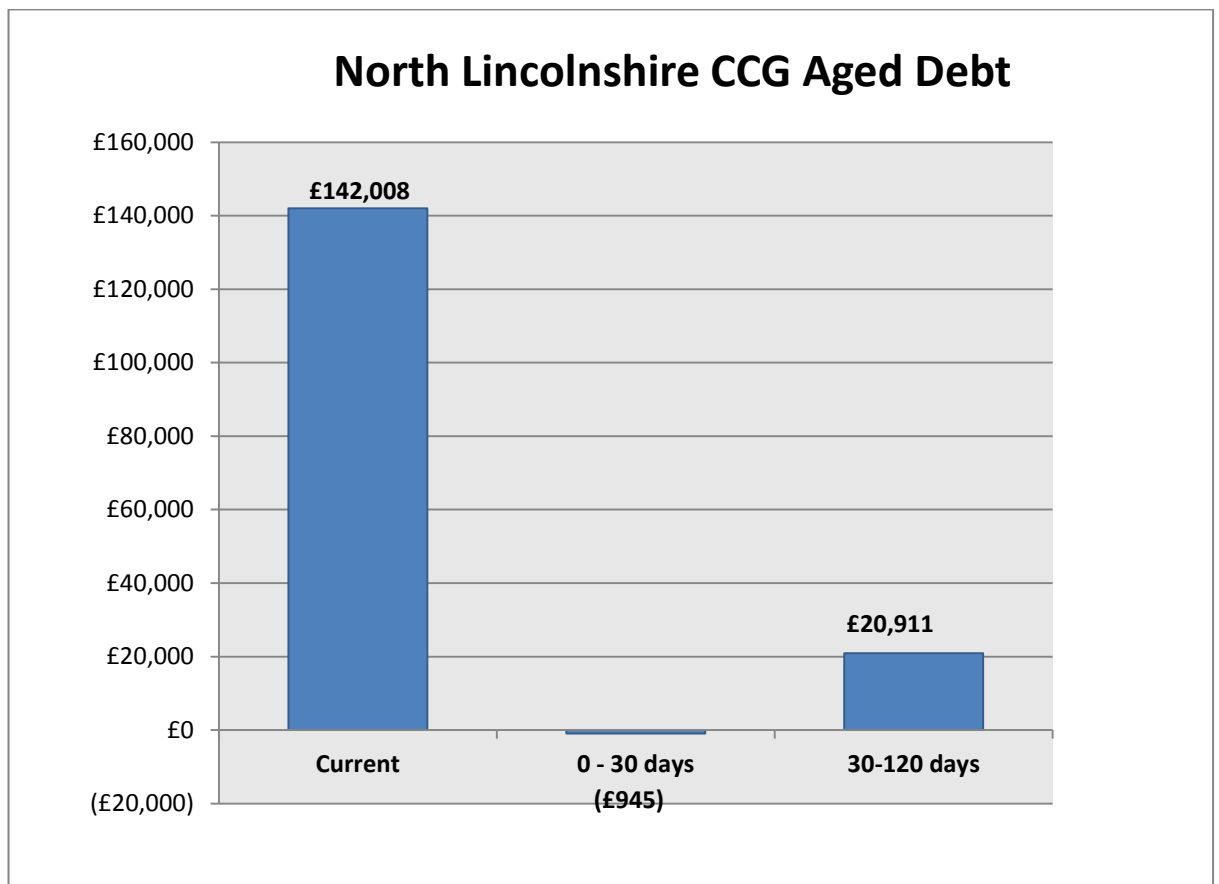
The volume of Non-NHS invoices paid is above target for both the in-month and year end measures, at 97.95% and 96.25%, respectively.

### Overall BPP- Year to Date Outturn Performance

4 out of 4 YTD targets were achieved.

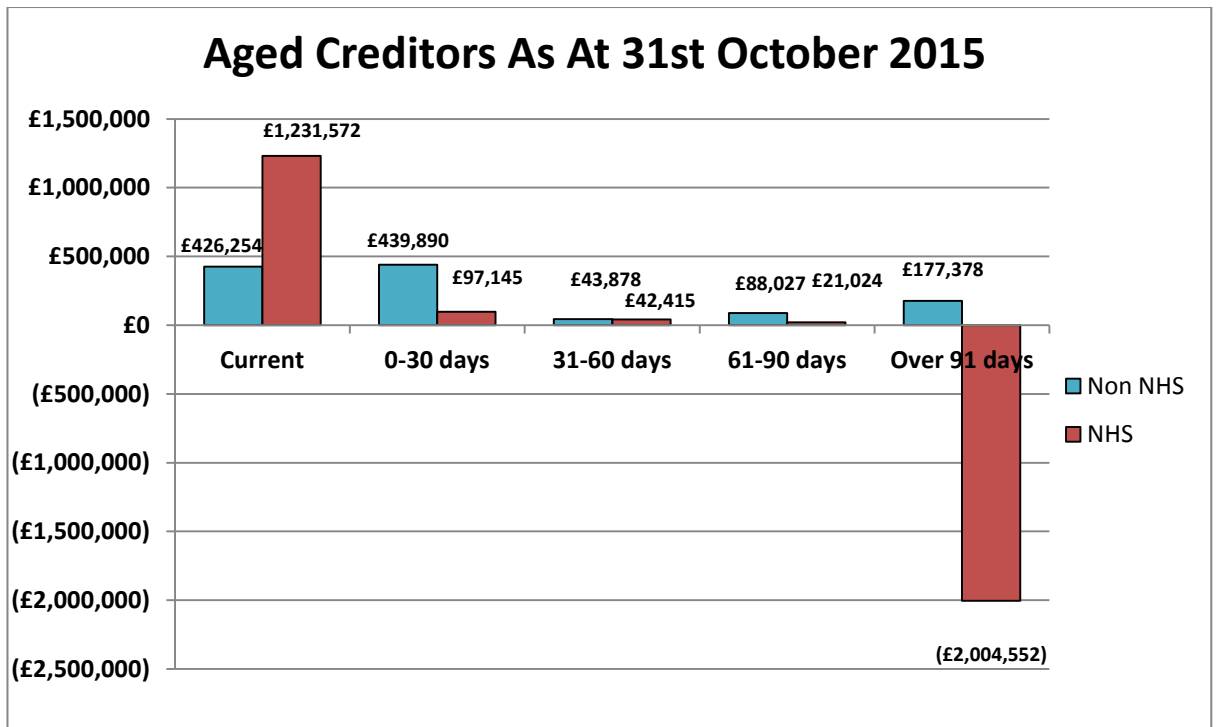
### Debtor Management

At the 31<sup>st</sup> October 2015, the CCG had a balance of £162k of outstanding invoices, as shown below and in section 4.3. of the Appendices, which has increased slightly from last month. This mainly relates to current, rather than overdue invoices.



### Creditor Management

As at the 31<sup>st</sup> October 2015, the CCG has circa £563k of total creditors outstanding. The chart below shows the split of the total Aged Creditors, by the number of days outstanding.



Please note:

- A large credit note is outstanding with North Lincolnshire and Goole Hospitals on the system, in line with the cash plan agreed with NLaG, hence the negative over 90 days value. This credit note has been redeemed against the NLAG contract payment for November.

## 8. Other Targets

### Running Costs

The CCG Running Cost Allocation for 2015/16 was reduced by 10% to £3.785m. Recurrent delivery of the RCA target is dependent upon the outcome of the LPF exercise which is still awaited.

## 9. Financial Governance

The main financial risk facing the CCG continues to be that the underlying financial position of the CCG and the health economy is unsustainable.

The CCG's underlying position is affected by the level of 'one off' funds which are supporting the budgets (and contracts) this year e.g. historic surplus drawdown and balance sheet flexibility, etc. In addition, in year pressures and investments will lead to a higher starting expenditure position next year as well as new cost pressures that we are expecting.

Following further review it has been confirmed that QIPP and HLHF Schemes amounting to a minimum of £6.1m will be needed next year to 'stand still' and enable to CCG to achieve its statutory duties. This is before agreeing any new investments that are required. A HLHF session identified some actions to help reduce the gap but will not close it fully. Further work is required working with clinical colleagues and management team to identify how this residual gap will be met. The Governing Body will need to assure itself that any HLHF savings are not already counted in the CCGs financial plans for 15/16 and are sufficient for the CCG to meet its statutory financial targets for 2016/17.

The Financial Control Environment Assessment identified the approach and successful delivery of QIPP and HLHF as the main financial risk/weak area, so urgent action needs to be taken. An action plan needs to be developed and monitored by the interim CFO and monitored by the audit group. It is also strongly recommended that the finance and performance group be more formally constituted given the financial position of the CCG going forward.

## **10. Contract Trading Position**

### **Introduction**

Please note that that the reported financial positions for organisations shown in Appendix 3 A2 often differ from the latest available trading statements for a variety of reasons, such as differences in timing, and data validation / verification issues as well as contract challenges around payment rules. However, any significant differences (e.g. due to risk sharing arrangements etc.) are still explained in Section 2 - the revenue expenditure part of this report. The latest "raw" trading positions for the CCG's main Acute Providers are shown in Appendix 3 A7, and briefly commented upon below. All references to the contract trading position refer to Month 6 information, unless otherwise stated.

### **North Lincolnshire & Goole NHS Foundation Trust (NLAG FT)**

At Month 6 Elective is down against plan by approximately 7.6% in terms of cost but the overall elective activity is only 2% below plan suggesting a shift in the case mix.

Non Elective activity is down against plan however with an over-trade on cost of 3.6% indicating a more expensive case mix. Elective activity still significantly down against plan at Month 6.

A&E activity at Month 6 is close to plan. Outpatient activity remains close to plan at Month 6, and General Medicine Excluded drugs and devices remain above plan.

For Month 6 there are challenges on 5 Key Performance Indicators – (a) Planned Procedures Not Carried Out, (b) Multiple Outpatient Attendances, (c) Non North Lincolnshire Patients, (c) Planned Procedure Not Carried Out (d) Multiple Inpatient Spells During the Same Day & (e) Elective Pre-operative Bed Days. These have a combined penalty value of £33,791. It is important to note that whilst these penalties will be actioned, the use of this funding will be managed in line with the relevant conditions of the Memorandum of Understanding and associated Minimum Income Guarantee, that were agreed with NLAG, at the start of the financial year and so will not result in funding being returned directly to the CCG. The expenditure of the penalties relates to the agreed community investment plan within the MOU.

The Trust achieved the Incomplete 18 week Referral to Treatment waiting time measure for Month 6 with waiting times down by 3%.

The average Length of Stay for Non-Elective Month 6 was 4.3 days compared with 4.0 days during that month last year. The average Length of Stay for Elective for Month 6 was 2.3 days compared to 2.7 days last year.

At Month 6 EMAS Cad data suggests a calculation of £995,000.00 in pre-handover penalties to end of August. NLaG are not in agreement with this and are reporting from another source.

There is work in progress understanding the apparent shift in elective activity from NLaG through to other NHS and Independent providers. Areas of particular interest are: Urology, Trauma & Orthopaedics, Haematology, Cardiology & Oncology as the reduction in activity in NLaG compare to increased activity in other providers.

### **Hull & East Yorkshire Hospitals NHS Trust (HEY)**

The introduction of the Lorenzo new PAS system has seriously affected the accuracy of the HEY data, this is expected to be resolved or the December report.

Month 6 shows a significant variance on actual activity against plan with several offsetting variances resulting in an overall over trade of £87k. The most significant variances are under trades on Outpatients, Non-Elective Excess bed days and Non Elective Non Emergency. These are offset by a £112k overtrade on Non Elective and an over-trade on Other Activity relating to planned savings.

For Month 6 there were challenges on three Contract Key Performance Indicators – (a) Multiple Outpatient, (b) Non North Lincolnshire Patients (c) Planned Procedures Not Carried out (d) Multiple inpatient spells during the same day/period and (e) Elective Pre-operative Bed Days. The total value of these challenges is £4,411.

Four of the Six Cancer Access Standards were not achieved by the Trust in Month 5 (latest data) – Failing indicators were the GP 2 Week Wait Standard, Breast Symptom 2 Week Wait Standard, 62 days GP referral to Treatment 31 Day Subsequent Surgery Standard, 62 Day Standard and 62 Day Screening Standard.

The Trust failed all 18 week RTT targets in Month 6.

### **East Midland Ambulance Service (EMAS)**

In Month 6, over 5,500 hours were lost on PRE Handovers that took longer than the 15 minute standard. With post handovers, 1,570 hours were lost in Month 6.

In Month 6 Red 1 performance for North Lincolnshire CCG was 69.7%% (5.3%% adown against the target of 75%). Red 2 performance for North Lincolnshire CCG was 73.9%% (1.1% below the target of 75%). A19 performance for North Lincolnshire CCG was 91.2% (3.8% below the target of 95%).

In Month 6 there were 2166 calls of which there were 270 Hear & Treat responses - up against plan by 9.7% on all Hear & Treat Tiers, See & Treat responses were 414 down against plan by 14% See, Treat & Convey responses which were down against plan by 3.3% The remaining calls were either 'no advice given', out of area, or required non-categorized responses.

As all three Red performance measures at a region-wide level were below their respective national standards in September.

In July, the coordinating commissioner and EMAS agreed a Remedial Action Plan which summarised that combined Red performance would be achieved from September with a trajectory of 75.44%. September's actual combined Red performance was 66.37% therefore the trajectory was not achieved. As a result of this, a Performance meeting was held on the 6th October between executives from EMAS and the coordinating commissioner. Following the meeting EMAS are now in the process of updating the RAP for commissioners to agree with a revised trajectory for delivery.

### **Other Key Providers at M6**

#### **Doncaster and Bassetlaw NHS Foundation Trust (D&B)**

The contract is over plan by £170k 11.2% at Month 6, mainly due to Elective activity that is over plan by £127k The main specialties driving this include; T&O £66k & outpatient activity over plan by £20k after the reduction of £15k in relation to the OP Cap. Excluded Drugs and Devices are also over planned by £17k.

In Month 6 the 4 hour access in A&E was achieved at 95.2% RTT (incomplete) was compliant at 93.2% no 52 week waiters at the end of September. The following specialty group have not achieved 52 week wait; General Surgery, Urology, T&O & ENT all performing under 92%. Two week wait performance remains below the 93% target for DBH. 62 day performance continues to be an area of concern both of which are being monitored closely.

### **United Lincolnshire Hospitals Trust (ULHT)**

Month 6 continues to increase in activity resulting in an over trade of £43k with the main contributory specialities being: A&E, diagnostic & outpatient follow ups. Once CQUINs and Home Delivery drugs costs are added, the over-trade increases to £51k.

The Trust did not achieve the 4 hour waiting time target in A&E in Month 5 with a performance of 89.17%.

The 18 week referral to treatment incomplete target was achieved in Month 5 with a performance of 92.12%.

6 out of the 9 Cancer targets were achieved in Month 4 (latest data).

### **Sheffield Teaching Hospital (STH)**

At Month 6 there was an over trade of £7k, equating to £19k against budget due to profiling differences. The Elective overtrade continues. Activity contributing to the over trade were Ophthalmology, Urology and Haematology, plastic Surgery together with additional activity in the high cost speciality of Pancreatic Surgery.

At Month 6 the Trust achieved the RTT incomplete target, but did not achieve the 4 hour A&E waiting time target with a score of 94.3%.

7 out of the 9 Cancer targets were achieved in Month 4 (latest data).

### **Sheffield Children's Hospital (SCH)**

The trading position for Month 6 was within £4k of plan.

The Trust has met all the required standards for cancer indicators for 2 week waits for both Month 5 and YTD position. The Trust has met all the required standards for cancer indicators for Max 31 day wait from diagnosis to first definitive treatment - all cancers for month position.

The Trust has met the monthly Referral to Treatment – Incomplete and Admitted pathways performance for the seventh consecutive month.

The Trust has met the required standard in the accident and emergency 4 hour indicator for both Month 6 and YTD position.

**Therese Paskell**

**Chief Finance Officer & Business Support**

**November 2015**



# APPENDIX 3: A1) SUMMARY OPERATING COST STATEMENT 2015/16 POSITION AS AT: MONTH 7 (OCTOBER 2015)

	CURRENT MONTH			YEAR TO DATE - OCTOBER 2015			FULL YEAR FORECAST 2015/16		
	LATEST BUDGET	ACTUAL	VARIANCE	LATEST BUDGET	ACTUAL	VARIANCE	LATEST BUDGET	ACTUAL	VARIANCE
	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s
<b>INCOME</b>	<b>17,117</b>	<b>17,117</b>	<b>0</b>	<b>126,517</b>	<b>126,517</b>	<b>0</b>	<b>220,358</b>	<b>220,358</b>	<b>0</b>
<b>GROSS EXPENDITURE</b>									
<b>1 Acute Services</b>	9,595	9,654	60	67,174	67,381	207	115,147	115,689	542
<b>2 Mental Health Services</b>	1,103	1,103	0	7,730	7,730	0	13,245	13,245	0
<b>3 Community Health services</b>	1,663	1,658	(4)	11,638	11,655	17	19,950	20,032	81
<b>4 Services For Vulnerable People</b>	1,692	1,849	157	13,203	13,429	226	21,615	21,891	276
<b>5 Primary Care Services</b>	2,551	2,653	102	18,037	18,967	930	30,918	32,577	1,659
<b>Other Programme Services:</b>									
<b>6 - Pay</b>	8	10	2	58	54	(4)	100	86	(13)
<b>7 - Non Pay</b>	(330)	(309)	21	3,816	3,808	(8)	7,667	7,649	(19)
<b>7 -Contingency</b>	167	0	(167)	774	0	(774)	2,007	2,007	0
<b>7 - Reserves</b>	169	0	(169)	594	0	(594)	3,720	1,193	(2,527)
<b>Total Other</b>	14	(299)	(313)	5,242	3,862	(1,380)	13,494	10,935	(2,559)
<b>8 Running Costs - Pay</b>	85	88	3	596	583	(13)	1,022	998	(24)
<b>9 Running Costs - Consultancy</b>	0	0	0	0	0	0	0	0	0
<b>9 Running Costs - Other</b>	230	227	(3)	1,612	1,625	13	2,763	2,787	24
<b>TOTAL</b>	<b>16,933</b>	<b>16,933</b>	<b>0</b>	<b>125,231</b>	<b>125,231</b>	<b>(0)</b>	<b>218,154</b>	<b>218,154</b>	<b>0</b>
<b>SURPLUS</b>	<b>184</b>	<b>184</b>	<b>0</b>	<b>1,286</b>	<b>1,286</b>	<b>0</b>	<b>2,204</b>	<b>2,204</b>	<b>0</b>

NOTE: FOR A BREAKDOWN OF EXPENDITURE BY EACH NUMBERED LINE, PLEASE REFER TO APPENDIX A3-A2 OVERLEAF

# APPENDIX 3: A2) CCG SUMMARY - COMMISSIONING OPERATING COST STATEMENT 2015/16

COMMISSIONED SERVICES		CURRENT MONTH			YEAR TO DATE - OCTOBER 2015			FULL YEAR FORECAST 2015/16		
		LATEST BUDGET	ACTUAL	VARIANCE	LATEST BUDGET	ACTUAL	VARIANCE	LATEST BUDGET	ACTUAL	VARIANCE
		£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s
<b>1</b>	<b>ACUTE SERVICES</b>									
1	Northern Lincolnshire & Goole Hospitals NHS FT	7,318	7,330	12	51,224	51,225	2	87,812	87,812	0
2	Hull & East Yorkshire NHS Trust	899	993	95	6,292	6,438	146	10,786	11,036	250
3	Doncaster & Bassetlaw NHS FT	255	284	29	1,786	1,956	170	3,062	3,362	300
4	Sheffield Teaching Hospitals NHS FT	98	79	(19)	716	735	19	1,207	1,257	50
5	Sheffield Children's Hospital NHS FT	39	30	(9)	244	239	(5)	439	449	10
6	United Lincolnshire Hospitals NHS Trust	63	69	6	441	478	37	756	831	75
7	Leeds Teaching Hospitals NHS Trust	65	59	(6)	456	452	(4)	782	782	0
8	East Midlands Ambulance Trust	428	384	(44)	2,996	2,880	(117)	5,136	5,064	(72)
9	Other Secondary & Tertiary Care Services	132	127	(5)	934	973	38	1,594	1,680	85
10	Exclusions / Non-Contract Activity	205	206	1	1,437	1,358	(79)	2,463	2,307	(156)
11	Resilience	93	93	0	648	648	0	1,110	1,110	0
		<b>9,595</b>	<b>9,654</b>	<b>60</b>	<b>67,174</b>	<b>67,381</b>	<b>207</b>	<b>115,147</b>	<b>115,689</b>	<b>542</b>
<b>2</b>	<b>MENTAL HEALTH</b>									
12	Rotherham, Doncaster & South Humber Foundation Trust	1,103	1,103	0	7,730	7,730	0	13,245	13,245	0
		<b>1,103</b>	<b>1,103</b>	<b>0</b>	<b>7,730</b>	<b>7,730</b>	<b>0</b>	<b>13,245</b>	<b>13,245</b>	<b>0</b>
<b>3</b>	<b>COMMUNITY HEALTH SERVICES</b>									
13	NLAG Community Services	1,320	1,320	0	9,241	9,241	0	15,841	15,841	0
14	Other Community Based Services	251	260	9	1,757	1,816	59	3,012	3,140	128
15	Hospices	91	78	(13)	640	598	(42)	1,097	1,050	(47)
16	Voluntary Sector	0	0	0	0	0	0	0	0	0
		<b>1,663</b>	<b>1,658</b>	<b>(4)</b>	<b>11,638</b>	<b>11,655</b>	<b>17</b>	<b>19,950</b>	<b>20,032</b>	<b>81</b>
<b>4</b>	<b>SERVICES FOR VULNERABLE PEOPLE</b>									
17	CHC Adult Fully Funded	903	986	83	7,695	7,724	29	12,209	12,092	(117)
18	CHC Adult Joint Funded	157	143	(14)	1,099	1,029	(70)	1,884	1,773	(112)
19	CHC Assessment & support	57	67	10	408	417	10	693	710	17
20	CHC Children	49	78	29	346	331	(15)	593	578	(15)
21	Funded Nursing Care & Other Care Packages	64	64	(0)	445	442	(3)	763	785	22
22	Mental Health Out of Area	320	363	43	2,285	2,409	124	3,866	4,094	229
23	Learning Disabilities	109	100	(9)	761	801	40	1,305	1,402	97
24	Mental Health Pooled Budget	30	43	13	160	246	86	259	406	147
25	Learning Disabilities Pooled Budget	4	4	0	25	30	5	43	51	8
		<b>1,692</b>	<b>1,849</b>	<b>157</b>	<b>13,203</b>	<b>13,429</b>	<b>226</b>	<b>21,615</b>	<b>21,891</b>	<b>276</b>
<b>5</b>	<b>PRIMARY CARE SERVICES</b>									
26	Prescribing Costs *	2,357	2,436	79	16,498	17,306	808	28,282	29,816	1,534
27	Central Drugs	51	62	11	359	433	74	616	686	70
28	Out Of Hours Service	0	0	0	0	0	0	0	0	0
29	Home Oxygen Costs	34	40	6	236	276	40	404	423	19
30	Local Enhanced Services	73	78	5	689	696	7	1,179	1,229	50
31	Primary Care IT	36	37	1	255	256	1	437	424	(13)
		<b>2,551</b>	<b>2,653</b>	<b>102</b>	<b>18,037</b>	<b>18,967</b>	<b>930</b>	<b>30,918</b>	<b>32,577</b>	<b>1,559</b>
<b>6</b>	<b>OTHER PROGRAMME SERVICES</b>									
32	Pay	8	10	2	58	54	(4)	100	86	(13)
33	Patient Transport	121	121	(0)	846	846	(0)	1,451	1,451	0
34	NHS Property Services	16	16	0	110	110	0	188	188	0
35	NHS 111	25	28	(3)	197	208	11	322	345	22
36	Other Programme Non Pay	(491)	(474)	18	2,663	2,644	(18)	5,706	5,665	(41)
37	Contingency	167	0	(167)	774	0	(774)	2,007	2,007	0
38	Reserves	169	0	(169)	594	0	(594)	3,720	1,193	(2,527)
		<b>14</b>	<b>(299)</b>	<b>(320)</b>	<b>5,242</b>	<b>3,862</b>	<b>(1,380)</b>	<b>13,494</b>	<b>10,935</b>	<b>(2,559)</b>
<b>7</b>	<b>RUNNING COSTS</b>									
39	Pay	85	88	3	598	583	(13)	1,022	998	(24)
40	Consultancy	0	0	0	0	0	0	0	0	0
41	Other Non Pay - Including CSU Recharge	230	227	(3)	1,612	1,625	13	2,763	2,787	24
		<b>315</b>	<b>315</b>	<b>0</b>	<b>2,208</b>	<b>2,208</b>	<b>0</b>	<b>3,785</b>	<b>3,785</b>	<b>0</b>
	<b>TOTAL DIRECT EXPENDITURE</b>	<b>16,933</b>	<b>16,933</b>	<b>0</b>	<b>125,231</b>	<b>125,231</b>	<b>0</b>	<b>218,154</b>	<b>218,154</b>	<b>0</b>
	<b>SURPLUS</b>	<b>184</b>	<b>184</b>	<b>0</b>	<b>1,286</b>	<b>1,286</b>	<b>0</b>	<b>2,204</b>	<b>2,204</b>	<b>0</b>

## APPENDIX 3: A3) STATEMENT OF FINANCIAL POSITION 2015/16 POSITION STATEMENT AS AT: MONTH 7 (OCTOBER 2015)

	Balances As At 31 March 2015 £000s	Balances As At 31 October 2015 £000s	Forecast Balances As At 31 March 2016 £000s
<b>Plant, Property &amp; Equipment (PPE)</b>	25	16	20
Accumulated Depreciation	(5)	0	(5)
<b>Net Plant Property &amp; Equipment</b>	<b>20</b>	<b>16</b>	<b>15</b>
Intangible Assets	0	0	0
Intangible Assets Depreciation	0	0	0
<b>Net Intangible Assets</b>	<b>0</b>	<b>0</b>	<b>0</b>
Investment Property	0	0	0
Non-Current Assets Held for Sale	0	0	0
Non-Current Financial Assets	0	0	0
Other Receivables Non-Current	0	0	0
<b>Total Other Non-Current Assets</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Non-Current Assets</b>	<b>20</b>	<b>16</b>	<b>15</b>
Cash	100	71	100
Accounts Receivable	700	162	700
Accrued Income	123	1,058	123
Prepayments *	0	0	0
Inventory	1	0	1
Other Current Assets	0	8	0
<b>Current Assets</b>	<b>924</b>	<b>1,299</b>	<b>924</b>
<b>TOTAL ASSETS</b>	<b>944</b>	<b>1,315</b>	<b>939</b>
Accounts Payable	(3,003)	(563)	(3,003)
Accrued Liabilities	(7,801)	(10,895)	(7,801)
Other - Payables	(60)	0	(60)
Short Term Borrowing	0	0	0
<b>Current Liabilities</b>	<b>(10,864)</b>	<b>(11,458)</b>	<b>(10,864)</b>
Non-Current Payables	0	0	0
Non-Current Borrowing	0	0	0
Other Liabilities	0	0	0
<b>Long Term Liabilities</b>	<b>0</b>	<b>0</b>	<b>0</b>
General Fund	9,920	10,143	9,925
Share Capital	0	0	0
Revaluation Reserve	0	0	0
Donated Assets Reserve	0	0	0
Government Grants Reserve	0	0	0
Other Reserves	0	0	0
Retained Earnings incl. In Year	0	0	0
<b>Total Taxpayers Equity</b>	<b>9,920</b>	<b>10,143</b>	<b>9,925</b>
<b>TOTAL EQUITY &amp; LIABILITIES</b>	<b>0</b>	<b>0</b>	<b>0</b>

\* Faster Payments are coded here in-year so this line will reduce in value when the invoices relating to these payments are correctly reconciled and matched.

## APPENDIX 3: A4) OTHER TARGETS POSITION AS AT - MONTH 7 (OCTOBER 2015)

### CASH, BETTER PROMPT PAYMENT OF INVOICES & AGED DEBTOR / CREDITOR REPORT

#### 4.1. CASH POSITION

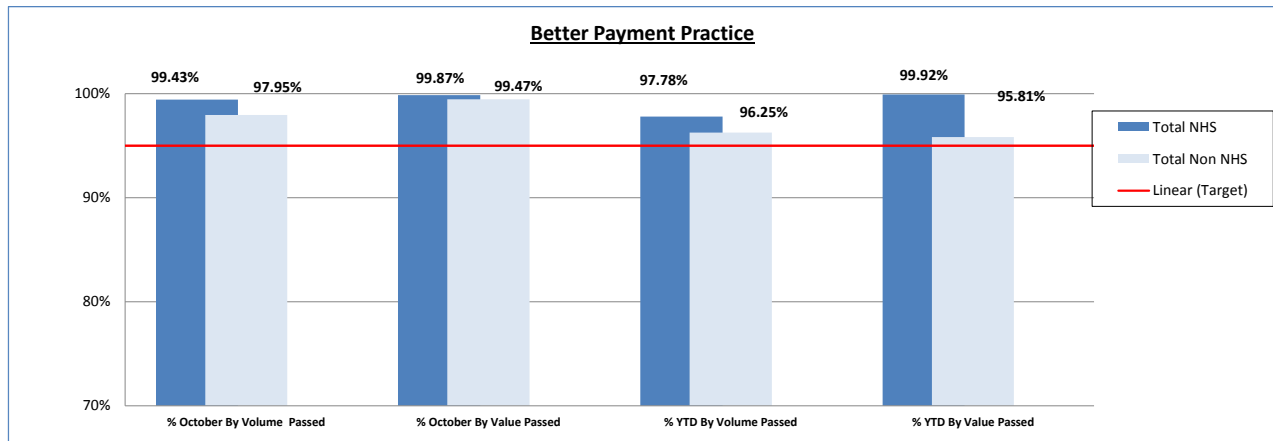
	CURRENT MONTH POSITION (OCTOBER 2015)		PREVIOUS MONTH POSITION (SEPTEMBER 2015)	
	£000s		£000s	
Cash Drawdown Amount	14,350		1,600	
Target Cash - 1.25% of Drawdown	179		200	
Cash Held At Month End	71		141	
Variance *	108		59	

\* Theoretical "Best" performance would be a positive variance near to the cash target value - which indicates a cash balance in the bank at the month end which nears, but is in excess of, zero.

#### 4.2. BETTER PROMPT PAYMENT CODE (BPPC) : INVOICE PAYMENT PERFORMANCE

Current Month Summary - October 2015	Invoice Count	Invoice Count (Passed)	% Passed	BPPC Amount	Invoice Amount (Passed)	% Amount Passed
<b>Total NHS</b>	175	174	<b>99.43%</b>	12,366,806	12,350,686	<b>99.87%</b>
<b>Total Non NHS</b>	779	763	<b>97.95%</b>	2,411,259	2,398,535	<b>99.47%</b>
Memo Item : Total BPPC	954	937	98.22%	14,778,064	14,749,221	99.80%

Year To Date Summary - October 2015	Invoice Count	Invoice Count (Passed)	% Passed	BPPC Amount £000s	Invoice Amount (Passed £000s)	% Amount Passed
<b>Total NHS</b>	1,172	1,146	<b>97.78%</b>	97,649,837	97,571,854	<b>99.92%</b>
<b>Total Non NHS</b>	5,088	4,897	<b>96.25%</b>	20,258,588	19,410,357	<b>95.81%</b>
Memo Item: Total BPPC	6,260	6,043	96.53%	117,908,425	116,982,210	99.21%



#### 4.3. AGED DEBTOR & CREDITOR ANALYSIS - AS AT 31ST OCTOBER 2015

Aged Debtors	Current		0 - 30 days		30-120 days		Total	
	£	Number	£	Number	£	Number	£	Number
Invoices below £5k	0	0	(21,900)	2	(3,789)	4	(25,689)	6
Invoices over £5k	0	0	0	0	0	0	0	0
Invoices over £10K	0	0	20,955	2	0	0	20,955	2
Invoices over £20k	142,008	3	0	0	24,700	1	166,708	4
<b>Total</b>	<b>142,008</b>	<b>3</b>	<b>(945)</b>	<b>4</b>	<b>20,911</b>	<b>5</b>	<b>161,973</b>	<b>12</b>

Aged Debt Outstanding Over 30 Days	Total Amount (£)	Number	Days Outstanding	Comments
North Lincolnshire Council	24,700	1	53	Credit Note issued to cancel off invoice  YHCS chasing payment
North Lincolnshire Council	(400)	1	129	
North Lincolnshire Council	(3,842)	1	104	
North Lincolnshire Council	475	1	240	
North Lincolnshire Council	(21)	1	200	
<b>Total</b>	<b>20,911</b>	<b>5</b>		

Aged Creditors	Current £	0-30 days £	31-60 days £	61-90 days £	Over 91 days £	Total Amount (£)
NHS Creditors	£1,231,572	£97,145	£42,415	£21,024	(£2,004,552)	(£612,396)
Non-NHS Creditors	£426,254	£439,890	£43,878	£88,027	£177,378	£1,175,427
<b>Total</b>	<b>£1,657,826</b>	<b>£537,035</b>	<b>£86,293</b>	<b>£109,051</b>	<b>(£1,827,174)</b>	<b>£563,031</b>

## APPENDIX 3: A5) ALLOCATIONS POSITION STATEMENT - AS AT MONTH 7 (OCTOBER 2015)

	Use / Destination	REVENUE RESOURCE LIMIT STATUS			OTHER TARGET LIMITS		
		RECURRENT	NON RECURRENT (ONE OFF)	TOTAL	MAXIMUM CASH DRAWDOWN (MCD)	CAPITAL RESOURCE LIMIT	TOTAL CASH LIMIT
		£000's	£000's	£000's	£000's	£000's	£000's
<b>1) BASE ALLOCATION</b>							
Programme Funding		208,430	0	208,430	208,430	0	208,430
Surplus 14-15		0	4,646	4,646	4,646	0	4,646
Running Cost	-	3,785	0	3,785	3,785	0	3,785
<b>Total Confirmed Funding</b>	-	<b>212,215</b>	<b>4,646</b>	<b>216,861</b>	<b>216,861</b>	<b>0</b>	<b>216,861</b>
Anticipated	-	0	0	0	0	0	0
<b>Total Allocated</b>		<b>212,215</b>	<b>4,646</b>	<b>216,861</b>	<b>216,861</b>	<b>0</b>	<b>216,861</b>
<b>2) NEW IN YEAR ALLOCATIONS</b>							
BCF	36	3,488	0	3,488	3,488	0	3,488
AT Specialist Transfers 2014/ 15 - Recurrent Impact	38	(1,063)	0	(1,063)	(1,063)	0	(1,063)
HEY - Specialised Vascular/CTS activity	38	(201)	0	(201)	(201)	0	(201)
ETO/DTR Funding	38	0	605	605	605	0	605
GPIT	38	0	437	437	437	0	437
GPIT - Transition Funding	31	0	100	100	100	0	100
Flu Vaccinations	26	(231)	-	(231)	0	0	0
Waiting list validation and improving operational processes	38	0	4	4	0	0	0
Initial allocation of funding for eating disorders and planning in 2015/16	38	0	93	93	0	0	0
Neurology Commissioning Responsibility Transfer - NHS England Allocation	38	0	227	227	0	0	0
Liaison Psychiatry - Mental Health Allocation	38	0	38	38	0	0	0
<b>Total Confirmed Funding</b>		<b>1,993</b>	<b>1,504</b>	<b>3,366</b>	<b>3,366</b>	<b>0</b>	<b>3,366</b>
<b>3) ANTICIPATED ALLOCATIONS</b>							
None	0	0	0	0	0	0	0
<b>Total Anticipated Funding</b>	-	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>4) TOTAL RESOURCES &amp; BUDGET RECONCILIATION</b>							
<b>4A Confirmed resources per 1) and 2) above</b>	-	214,208	6,150	220,358	220,227	0	220,227
<b>4B Anticipated resources per 3) above</b>	-	0	0	0	0	0	0
<b>4C Total Resources (3A + 3B)</b>	-	<b>214,208</b>	<b>6,150</b>	<b>220,358</b>	<b>220,227</b>	<b>0</b>	<b>220,227</b>
<b>4D Latest Budgets</b>	-	<b>214,208</b>	<b>6,150</b>	<b>220,358</b>	<b>220,227</b>	<b>0</b>	<b>220,227</b>
<b>4E Variance Should = Zero (3D Minus 3C)</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Note: All Anticipated Allocations shown above, support the existing issued CCG budgets, as shown in the Financial Plan and issued Budget Book.



# APPENDIX 3: A7) MAIN ACUTE PROVIDER CONTRACT TRADING POSITIONS AS AT MONTH 7 2015 - FINANCIAL YEAR 2015/16

MAIN ACUTE CONTRACTS		YEAR TO DATE - SEPTEMBER 2015 CONTRACT MONITORING (MONTH 6)				OTHER KEY DATA		SEE NOTE BELOW
		LATEST PLAN	ACTUAL	VARIANCE	VARIANCE	YTD VARIANCE IN FINANCE REPORT	MEMO: ANNUAL PLAN	
		£ 000s	£ 000s	£ 000s	%	£ 000s	£ 000s	Number
<b>A NORTHERN LINCOLNSHIRE &amp; GOOLE NHS FT</b>								
1	Elective	8,226	7,599	(627)	(7.62%)		16,592	
2	Non Elective	12,775	13,234	459	3.59%		25,699	
3	Outpatient	7,928	7,754	(175)	(2.20%)		15,901	
4	Accident & Emergency	2,919	2,880	(39)	(1.35%)		5,679	
5	Other Services	19,204	19,426	222	1.16%		38,476	
6	CQUINs	919	1,272	353	38.47%		2,450	
		51,971	52,165	194	0.37%		104,796	1b
Earmarked Additional Funding subject to agreement								
7	Seasonal vs Straight-line profile	0	0	0	-		-	
8	Winter Resilience / RTT funding	0	0	0	-		-	
9	Budget increase to agreed outturn value	402	402	0	-		783	
		52,373	52,567	194	0.37%	2	105,579	1
<b>B HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST</b>								
1	Elective	1,815	1,829	14	0.77%		3,997	
2	Non Elective	1,543	1,556	13	0.83%		3,037	
3	Outpatient	786	745	(41)	(5.17%)		1,652	
4	Accident & Emergency	130	121	(9)	(7.28%)		260	
5	Other Services	875	986	110	12.62%		1,582	
6	CQUINs	126	126	(0)	(0.00%)		257	
7	Contract Challenges	0	17	17	-		-	
		5,274	5,378	104	1.97%	146	10,786	2
<b>C OTHER MAIN ACUTE PROVIDERS</b>								
1	Doncaster & Bassetlaw NHS FT	1,524	1,694	170	11.15%	170	3,062	
2	United Lincolnshire Hospitals NHS Trust	376	427	51	13.51%	37	756	3
3	Sheffield Teaching Hospitals NHS FT	578	597	19	3.35%	19	1,179	
4	Sheffield Children's Hospital NHS FT	231	226	(5)	(2.07%)	(5)	466	
5	Leeds Teaching Hospitals NHS Trust	392	371	(21)	(5.48%)	(5)	782	
		3,101	3,315	214	6.90%	217	6,245	
<b>D TOTAL MAIN ACUTE CONTRACTS</b>								
		60,749	61,260	512	0.84%	365	122,610	

## Notes

- a) This value is reported within categories 1,12 and 14 of the Operating Cost Summary (OCS) at Appendix 3 A2. Included within the total Minimum Income Guarantee (MIG) envelope of £105.6m is £502k for AQP activity (line 15 of the OCS) and Non Contract Overseas Visitors at £302k on line 1. The contract baseline of £104.995m on the contract monitor provided by NLaG is being reconciled to the MIG to confirm the amounts agree. b) The variance of £21k under spent on line 1 of Operating Cost Summary (OCS) at Appendix 3 A2 relates to Overseas Visitors and not the main contract.
- This value is reported within category 2 of the Operating Cost Summary (OCS) at Appendix 3 A2, the OCS also includes non contract costs.
- This value is reported within category 6 of the Operating Cost Summary (OCS) at Appendix 3 A2. The OCS value includes high cost drugs which are charged outside of the contract baseline.