


MEETING DATE:	11 February 2016	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY
AGENDA ITEM NUMBER:	Item 8.4	
AUTHOR:	Bill Lovell	
JOB TITLE:	Deputy CFO	
DEPARTMENT:	Finance	

FINANCE REPORT: MONTH 9 (DECEMBER) 2015/16

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

1. PURPOSE OF THE REPORT:				
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 December).				
2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:				
Continue to improve the quality of services				
Reduce unwarranted variations in services				
Deliver the best outcomes for every patient				
Improve patient experience				
Reduce the inequalities gap in North Lincolnshire				
Finance supports achievement of all of these				
3. ASSURANCES TO THE CLINICAL COMMISSIONING GROUP				
Provides assurance that the main financial duties for 2015/2016 are currently being met, and forecast to be met by 31-03-2016.				
4. IMPACT ON RISK ASSURANCE FRAMEWORK:				
<table border="1" style="display: inline-table;"> <tr> <td style="width: 20%;">Yes</td> <td style="width: 20%; text-align: center;">x</td> <td style="width: 20%;">No</td> <td style="width: 40%;"></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 9 (DECEMBER) 2015

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1) CCG SUMMARY - MAIN FINANCE TARGET PERFORMANCE

A) OVERVIEW - ALL KEY TARGETS	MONTH 9:	YTD AT	MONTH 12	MAIN	COMMENTS
	DECEMBER	DECEMBER	YEAR END		
	2015	(MONTH 9)	FORECAST	LAST MONTH	

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

KEY:	↑ = 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

1 TOTAL EXPENDITURE	19,646	19,463	(184)	164,294	162,641	(1,653)	220,927	218,723	(2,204)
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2 RUN RATE - Planned and Actual Surplus	184	184	0	1,653	1,653	0	2,204	2,204	0
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FINANCE AND CONTRACT COMMENTARY 2015/16

Month 9 – The Period Ended 31st December 2015

Executive Summary

Overall Financial Position

At Month 9 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. In December the Quality Premium allocation of £298k has been received. This has to be classified under Running Costs for the purposes of this report but can and will be spent on Programme expenditure projects. 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 being finalised.

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 7 & 8 performance against the contract baseline. Where activity information is available it has been utilized.

MAIN REPORT CONTENT	
Section Number	
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
Revenue Target <ul style="list-style-type: none"> Achieve £2.2m surplus Spend 1% of Allocation on non-recurrent (one-off) items 	On Track	<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>
Resource Limit	On Track	Expenditure maintained within Revenue Resource Limit (RRL).
QIPP Delivery	YTD Target Not Achieved	The CCG is still expecting to achieve the year-end target, using non recurrent savings, which will not be available next year.
Revenue Risks <ul style="list-style-type: none"> Acute Costs – BCF QIPP under achievement In year cost pressures 	Known Risks Covered	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.
Cash Management	On Track	Cash held at the bank was £143k at 31st December 2015.
Better Payment Target	On Track	All four targets have been achieved for the YTD.
Capital Resource Target	On Track	The CCG has three GP IT Capital schemes which are at the final stage of the NHS approval process.
Governance	On Track	<p>The contract MOU won the national HFMA award for Governance.</p> <p>There is a significant financial gap for next year that needs closing via HLHF.</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 £31k YTD over-spend has been reported on line 1 in respect of Overseas Visitors.

The underlying trading position on the core contract shows a £96k YTD over-trade to the end of November (Month 8), which is an improvement from the October (Month 7) 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 £188k over-spent reflects an underlying Month 7 over-trade offset by validation and KPI reconciliation adjustments. Month 7 activity monitoring was the latest available information at ledger closedown. The Month 8 (November) activity monitoring has now been received and shows an over-trade of £236k after draft validation adjustments, 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 £269k over-spend (OCS Appendix 3 A2 Lines 3 to 7) for the five smaller NHS Acute sector contracts, based on Month 8 activity data where it was available. The most significant Acute Hospital variances are: Doncaster & Bassetlaw Hospitals, which is £217k over plan relating to elective activity in the main, and both Sheffield Teaching and United Lincolnshire Hospitals - which are £31k and £51k over plan respectively. 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 £176k, a deterioration from last month. This variance includes a £93k over-spend for Spire and £118k for St Hugh's, both of which saw a further increase in referrals in November. Formal contractual arrangements are now in place for both Spire and St Hugh's and whilst there is some natural variability there would appear to be a shift relating to patient choice, therefore activity management plans still need to be urgently agreed and closely monitored by Contracting and corrective action taken. There is also a £25k under-spend for Park Hill Hospital.

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 and continues to be considered 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 £110k 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 £202k for the year end.

Ambulance Services

A YTD variance of £161k under-spent (Line 8 of the OCS Appendix 3 A2) is due to a YTD activity under trade. Negotiations have been instigated by EMAS which are likely to result in no further under-trades being transacted with the CCG and penalties being re-invested. The penalties have been transacted to date but not reported on the basis they were expected to be re-invested. The Forecast Out-turn is reported with a

reduced level of under-spend but this is expected to move in line with the YTD position. 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 are being progressed but require confirmation 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 £55k over-spend, a small improvement from November. The main individual budgets contributing to this are; Virgin Care dermatology activity which is the main area of over-spend (£106k 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 still not complete.

The hospice budget is reported with a YTD under-spend of £54k. 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 £236k for the YTD. The main change from November relates to reductions in total Out of Area Mental Health expenditure (Line 22 and 23 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 (Lines 17 to 20 of the OCS at Appendix 3 A2) has been reported with a YTD over-spend of £48k. Reasons for this continue to relate to increased numbers of clients compared to budget although it should be recognised that changes in management processes such as the high cost review panel process and significant progress on client eligibility reviews have been successful in mitigating expenditure and future reductions may be anticipated. 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 £152k over-spent, a small deterioration from November. Learning Disability (LD) Out of Area placements (Line 23) are £120k under-spent for the YTD and the Forecast Year-end under-spend is £140k. The forecast over-spend for Out of Area / Non Contract activity has decreased following review and challenge of active packages recorded (including duplications). Further validation of the patient monitoring list and review of package prices continues to be undertaken by the team responsible for these placements, although this is not understood to involve a significant backlog.

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. RDaSH have now indicated they will not be in a position to confirm agreement to the proposed Risk / Gain share agreement until the second quarter of 2016/17. Further QIPP savings following the planned transfer of management of the out of area budget and patient cohort to RDaSH will not therefore have an impact in 2015/16.

Whilst the discussions outlined above take place RDaSH continues to provide 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 £178k and is reported for November based on the August Pooled Budget Report for Mental Health (this being the most recent joint reporting month). The forecast over-spend of £150k 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. The forecast over-spend will increase in January to c£237k based on the latest reported values.

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.

Overall for Vulnerable People the current year end is forecast is a £152k over-spend.

iii. Primary Care

Primary Care as a whole is reported with an over-spend of £1,316k for the YTD and £1,872k for the Forecast variance, a deterioration of around 8.5% from 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 £1,114k. This is based on seven 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 £2.59m per month compares to the 2014/15 average of circa £2.42m per month.

The PPA based Forecast Variance is £1,711k which comprises a gross overspend of £1,839k, offset by income from recharges.

Recharges have been refined to reflect changes in Nutricia income which was no longer expected to be received. It will now continue for the rest of 2015/16, and so the next forecast will reflect this. Recharges also now reflect recharge invoices to be raised in respect of Flu Vaccination costs to NHS England.

It should be noted that the Community Nursing over-spend is not reported in full as part of the YTD or forecast following discussion with the Directors as this increase of over £700k compared to 2014/15 outturn of £16k continues to be urgently investigated by both NLaG and the Strategic Lead Pharmacist, with input from Finance. Analysis 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. Tentative agreement has been reached with NLaG for them to make good this increase, subject to detailed analysis, and an invoice has been raised by the CCG reflecting this. The increased level of Out of Area prescribing is being similarly investigated, and recharges have commenced as appropriate to other CCGs.

The budget and forecast are net of planned and actual QIPP savings. The Category M pricing review recently completed is expected to result in some reduction cost pressure from 2014/15 is projected to continue for 2015/16 but price variances will only account for circa 30% 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 relating to have also been identified which could reduce the over-spend and a more detailed proposal paper is will be presented imminently to the Directors by the Strategic Lead Pharmacist.

There are a number of planned actions which are being monitored. To facilitate the speedy implementation of these measures a business case for additional short term expertise is to be 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 £108k above budget and Home Oxygen at £47k 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.

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:

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

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 December 2015:

LOCAL QIPP SCHEMES	MONTH 9 : YEAR TO DATE			FORECAST ANNUAL POSITION		
	PLAN	ACTUAL	VARIANCE	BUDGET	FORECAST OUTTURN	FORECAST VARIANCE
	£ Million	£ Million	£ Million	£ Million	£ Million	£ Million
1) Transactional	3.47	2.43	(1.04)	4.63	4.63	0.00
2) Transformational - BCF	2.07	2.07	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
TOTAL	5.54	4.50	(1.04)	7.39	7.39	0.00

It should be noted that achievement of the above Forecast position is reliant on an extra £1.15 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 December.

POTENTIAL VALUES
£ Million

1)	RISKS	
	1.1. Acute Services	0.15
	1.2. QIPP Failure	
	Prescribing in particular	0.20
	1.3. New Cost pressures	
	Prescribing	0.60
	1.4. Total Risks	0.95

2)	MITIGATIONS	
	1.1. Contingency Fund	0.00
	Already used to manage Forecast Out-turn	
	1.2. Earmarked Reserves	0.00
	1.3. BCF Reserves	1.06
	1.4. Total Mitigations	1.06

3	NET RISK HEADROOM	0.11
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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 9 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	In-year allocation:		YTD	
	15/16 Core Allocation	216.28	160.84	
	Allocation of prior years surplus for drawdown	2.44	1.82	
	Total share of NHSE mandate for 2015/16	218.72	162.66	
	Expenditure:			
	Forecast Expenditure	218.72	162.64	
	Forecast under/(over)-spend against in year allocation	0.00	0.01	
Memorandum information to be included as foot notes	In-year performance:			
	Performance against 15/16 core allocation		(2.44)	
	Made up of:			
	Planned use of prior year surpluses (agreed drawdown)		(2.44)	
	Other in year under/(over)-spend against resource limit		0.00	
	Memorandum: cumulative (historic) surplus/(deficit)			
	Total share of NHSE mandate for 2015/16	218.72		
	Return of remaining prior year surplus/(deficit)	2.20		
	Total allocation plus historic surplus/deficit	220.93		
	Forecast Surplus / (deficit) against total allocation	2.20		
	Target additional surplus required to meet business rules	0.00		

7. Working Balance Management

Cash Flow Management

At 31st December 2015 the cash balance on the ledger was £144k, 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 December was above target at 99.97%, 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 96.45% and the forecast for the end of the year remains above target and based on the YTD is currently at 96.54%.

Non NHS

The monthly value of Non-NHS invoices paid during November was on target at 95.19%. The YTD is 96.66%, in line with last month.

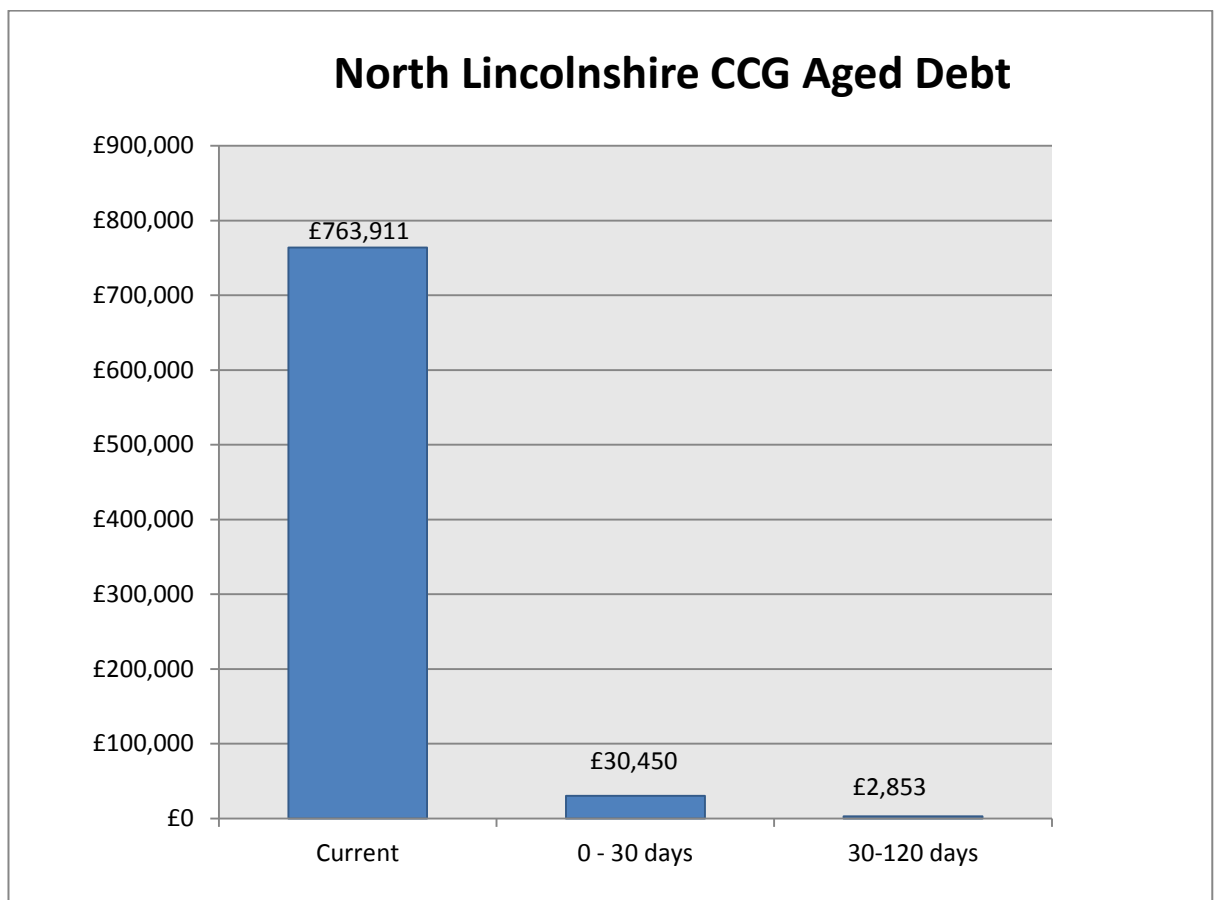
The volume of Non-NHS invoices paid is on or above target for both the in-month and YTD measures, at 95.01% and 96.29%, respectively.

Overall BPP- Year to Date Outturn Performance

4 out of 4 YTD targets were achieved.

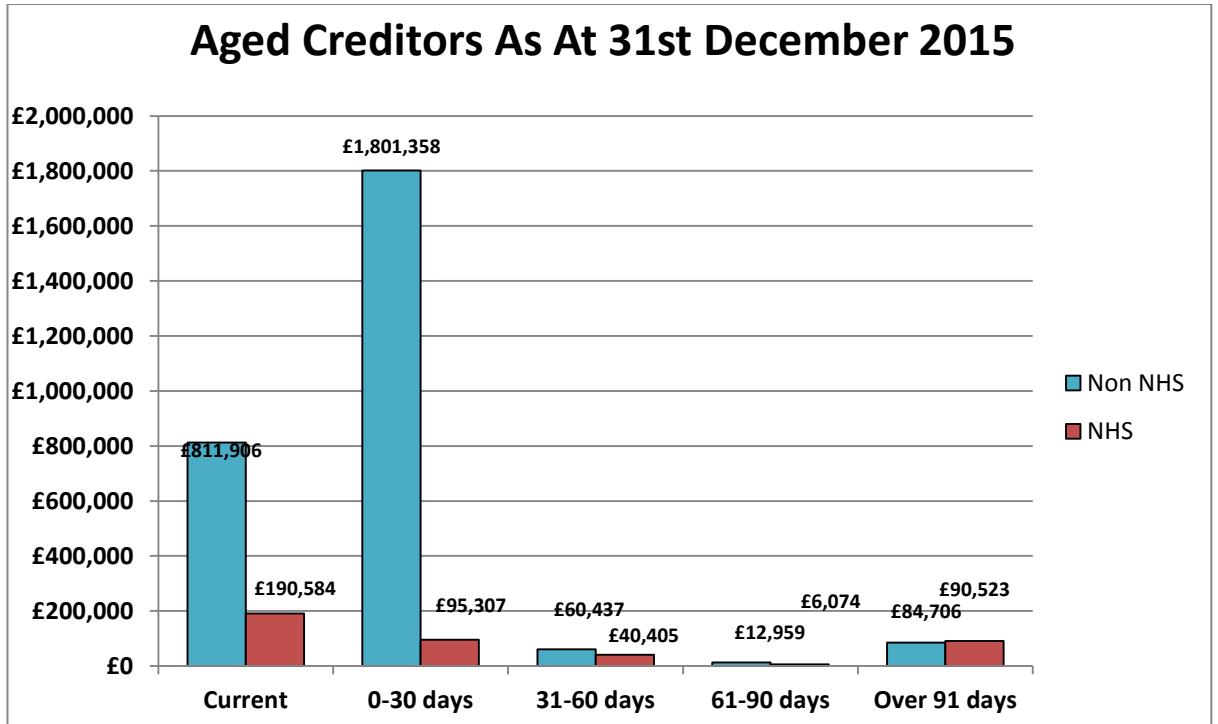
Debtor Management

At the 31st December 2015, the CCG had a balance of £797k of outstanding invoices, as shown below and in section 4.3 of the Appendices. This mainly relates to current, rather than overdue invoices. There has been a significant increase from last month and relates to the CCG raising an invoice to NLaG for the increase in Community Nursing prescribing expenditure that the CCG has incurred due to a change in process by NLaG.



Creditor Management

As at the 31st December 2015, the CCG had circa £3,194k of total accounts payable creditors outstanding. The chart below shows the split of the total Aged Creditors, by the number of days outstanding.



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 being finalised.

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.

The Accounts for the first 9 Months of 2015/16 were recently submitted to NHS England in accordance with the timetable, and will be subject to External Audit in early February. The main substantive audit checks for the year end will also be conducted at this time. In addition, the first draft of the 2016/17 Financial Plan will be submitted shortly to NHS England, in accordance with the issued deadlines.

10. Contract Trading Position

Introduction

Please note 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)

Non elective activity has nudged slightly ahead of the Trust's forecast for this point of the year. Medical admissions are increasing the fastest, reflecting the stresses facing operational capacity this winter. A&E activity has also for the first time moved ahead of forecast.

In Month 8 Elective activity again fell back form the Forecast – the notable specialties under plan being - General Surgery, Trauma & Orthopaedics, Cardiology and Medical Oncology.

Diagnostic activity continues to exceed outturn, but strong operational management planning has created more capacity whilst containing costs

For Month 8 there are challenges on 5 Key Performance Indicators – (a) Multiple Outpatient Attendances, (b) Not NL CCG Patient, (c) Planned Procedure Not Carried Out, (d) Multiple Inpatient Spells During The Same Day & (e) Elective Pre-Operative Bed Days. These areas have a combined penalty value of £32,812. 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.

In Month 8 the Trust failed to meet the 18 week Referral to Treatment (RTT) incomplete waiting time measure, falling short of the 92% with a measure of 90.21%.

The Trust did not meet the A&E 4 hour wait target for Month 8 achieving 94.3% against a target of 95%, continued improvements are being made, demonstrating the impact of the actions put in place and the efforts of the operational staff involved. High dependency patients and bed availability is an on-going occurrence increasing the time patients spend in the department.

Current provisional cancer data indicates the Trust will achieve five of the seven cancer indicators for November 2015, but it will breach the 2 week wait breast symptomatic referral to treatment target and the 62 day wait screening referral to treatment. However, validation of all breaches still needs to occur which could change this position.

The average length of stay for non-elective for Month 8 was 4.2 days and the average length of stay for elective was 2.4 days.

Hull & East Yorkshire Hospitals NHS Trust (HEY)

Month 8 shows a significant variance on actual activity against plan which is now capped at the agreed £250k

The most significant variances are over-trades on Non-Elective activity.

For Month 8 there were challenges on three Contract Key Performance Indicators – (a) Multiple Outpatient, (b) Planned Procedures Not Carried out (c) Elective Pre-operative Bed Days. The total value of these challenges is £3,605.

In Month 8 the Trust failed to meet the 18 week Referral to Treatment (RTT) incomplete waiting time measure, falling short of the 92% with a measure of 80.2%.

The Trust did not meet the A&E 4 hour wait target for Month 8 achieving 80% against a target of 95%.on Month 7 performance.

East Midland Ambulance Service (EMAS)

EMAS overall Red 1 performance in Month 8 deteriorated by 1.11% (65.61% November compared to 66.72% October) thus remaining below the 75.0% target. EMAS overall Red 1 performance Year-to-Date is 71.78% against a target of 75.00%, thus remaining below the contractual standard.

EMAS Red 1 performance in Month 8 for North Lincolnshire improved by 5.6% (75.6% November compared to 70.0% October) resulting in performance returning to above the 75.0% target. EMAS Red 1 performance Year-to-Date for North Lincolnshire is 77.8% and thus continues to meet the 75.0% target.

EMAS overall Red 2 performance in Month 8 deteriorated by 1.5% (56.90% November compared to 58.40% October) thus continues to be below the 75.0% target. EMAS overall Red 2 performance Year-to-Date is 66.97% against a target of 75.00%, so continues to be below the contractual standard.

EMAS Red 2 performance in Month 8 for North Lincolnshire improved by 1% (69.8% November compared to 68.8% October) thus continues to be below the 75.0% target. EMAS Red 2 performance Year-to-Date for North Lincolnshire is 76.5% and thus continues to meet the 75.0% target.

EMAS overall C19 (A19) performance in Month 8 deteriorated by 1% (85.30% November compared to 86.30% October) resulting in performance remaining below the 95% target. EMAS overall C19 (A19) performance Year-to-Date is at 90.24% against a target of 95.0%, thus below the contractual standard.

EMAS C19 (A19) performance in Month 8 for North Lincolnshire improved by 2.7% (91.0% November compared to 88.3% October), thus remaining below the 95.0% target. EMAS C19 (A19) performance Year-to-Date for North Lincolnshire is 92.7%, thus remaining below the 95.0% target.

For North Lincolnshire CCG in Month 8 there were 2,479 calls which was 1.2% lower than the Indicative Activity Plan (IAP). There were 342 Hear & Treat responses - up against the IAP by 27.6%. See & Treat responses were 418 - down by 24.4% against the IAP and 1,456 See, Treat & Convey responses which were up against the IAP by 1.7%.

At Scunthorpe General Hospital there were 1490 drop-offs with 67 delayed between 1-2 hours and 6 being delayed over 2 hours.

In Month 8 the North Lincolnshire fine calculation against the Trust were £220.00 for post-handover delays and £8,679.39 for failing national performance standards.

Other Key Providers at M8

Doncaster and Bassetlaw NHS Foundation Trust (D&B)

At Month 8 the contract is over plan by £217k (10.6%), driven by inpatient activity that is over planned levels by £137k. The main specialties driving this variance are: Trauma & Orthopaedics £73k and Gynaecology £33k. Outpatient activity is over plan by £28k after the deduction of £17k in relation to the OP Cap. Most other areas are over-performing by £58k in month 8, including Drugs & Obstetrics.

The four hour wait position for Month 8 was non-compliant at Trust level at 94.46% with ED attendance at the highest level for November, in 4 years. In month 8 attendances in total were 13,321. Following the launch of the new urgent care model in Doncaster on the 1st of October, the Trust no longer counts the out of hours elements of the service. A total of 738 patients failed to be treated within 4hrs, which was an increase of 119 patients from the October position.

The Referral to Treatment target is now measured against incomplete pathways only at 92%. In Month 8 the Trust achieved 92.6%. However 3 specialities failed the target: Trauma and Orthopaedics, 91.3% General Surgery, 90.9%, ENT, 83.7%. A detailed action plan is underway in ENT to address the current underperformance.

No patients waited over 52 weeks in Month 8. Diagnostic waits ended at 98.8% against the target of 99%. The numbers waiting over 6 weeks was 81; the key issue was in non-obstetric ultrasound which was down to an administrative error. The issue has been resolved.

With the exception of 62 day classic pathways all cancer targets were achieved. 2 week wait position was the best since the start of the year. Cancer performance was not achieved for 62 day pathways, the October position ended at 81%.

United Lincolnshire Hospitals Trust (ULHT)

Month 8 continues to increase in activity resulting in an over trade of £42k with the main contributory specialities being: A&E and Excluded Drugs diagnostic & outpatient follow ups. Note the Finance report also reflects £9k that is for home delivery drugs outside of the main contract, resulting in a total reported over-spend of £51k.

Sheffield Teaching Hospital (STH)

At Month 8 there was an over trade of £23k driven predominantly by increases in Elective activity for which the main variances were in: Haematology, Plastic Surgery, Ophthalmology, Urology and Pancreatic Surgery. The Elective overtrade was marginally balanced by under trades in Non-Elective, Maternity Pathways, Cardiac and General Critical Care.

The target for admitted pathways was not met in Month 8 with 86.35% being closed within 18 weeks compared to the target of 90%. The specialties that did not meet the target were: Dermatology, Cardiology, Cardiothoracic Surgery, ENT, Ophthalmology, Oral Surgery, General Surgery, Plastic Surgery, Orthopaedics and Urology. The target for Non-Admitted activity was met.

The current performance against the 62 day referral to treatment (GP referral) cancer wait target is 79% (threshold 85%). The Trust performance for non-shared pathways in Q3 to date is 84.0%.

Sheffield Children's Hospital (SCH)

The trading position for Month 8 was £13k above plan.

For Month 8 the Trust:-

- Reported no occasions in month where patients who have had cancelled operations have not been offered a new date within 28 days.
- Met all the required standards for cancer indicators for 2 week waits for both month and YTD position.
- Met all the required standards for cancer indicators for Max 31 day wait from diagnosis to first definitive treatment - all cancers for month position (reporting period – October).
- Met the monthly Referral to Treatment – Incomplete and had no patients waiting over 52 weeks for first definitive treatment.

Bill Lovell

Deputy Chief Finance Officer

January 2016

APPENDIX 3: A1) SUMMARY OPERATING COST STATEMENT 2015/16 POSITION AS AT: MONTH 9 (DECEMBER 2015)

CURRENT MONTH			YEAR TO DATE - DECEMBER 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

INCOME	19,646	19,646	0	164,294	164,294	0	220,927	220,927	0
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GROSS EXPENDITURE

	Latest Budget	Actual	Variance	Latest Budget	Actual	Variance	Latest Budget	Actual	Variance
	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s
1 Acute Services	9,595	9,704	109	86,363	86,754	391	115,147	115,757	610
2 Mental Health Services	1,103	1,103	0	9,936	9,936	0	13,245	13,245	0
3 Community Health services	2,927	2,908	(18)	16,227	16,228	1	21,302	21,279	(24)
4 Services For Vulnerable People	1,676	1,751	76	16,588	16,824	236	21,615	21,767	152
5 Primary Care Services	2,651	2,817	166	23,264	24,580	1,316	31,018	32,890	1,871
Other Programme Services:									
6 - Pay	3	(34)	(37)	117	70	(47)	125	109	(16)
7 - Non Pay	512	675	162	5,098	5,187	88	7,403	7,451	48
7 -Contingency	167	0	(167)	1,108	0	(1,108)	2,007	2,007	0
7 - Reserves	290	0	(290)	878	0	(878)	2,778	136	(2,642)
Total Other	973	641	(332)	7,202	5,257	(1,945)	12,313	9,703	(2,610)
8 Running Costs - Pay	85	76	(9)	766	737	(29)	1,022	999	(23)
9 Running Costs - Consultancy	0	0	0	0	0	0	0	0	0
9 Running Costs - Other	454	463	9	2,296	2,325	29	3,061	3,084	23
Total Running Costs	539	539	0	3,062	3,062	0	4,083	4,083	0
TOTAL	19,463	19,463	0	162,641	162,641	0	218,723	218,723	0
SURPLUS	184	184	0	1,653	1,653	0	2,204	2,204	0

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 - DECEMBER 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
1 ACUTE SERVICES									
1 Northern Lincolnshire & Goole Hospitals NHS FT	7,318	7,318	0	65,859	65,890	31	87,812	87,812	0
2 Hull & East Yorkshire NHS Trust	899	976	77	8,089	8,277	188	10,786	11,036	250
3 Doncaster & Bassetlaw NHS FT	255	297	41	2,296	2,513	217	3,062	3,402	340
4 Sheffield Teaching Hospitals NHS FT	98	85	(13)	912	944	31	1,207	1,257	50
5 Sheffield Children's Hospital NHS FT	39	47	8	322	329	7	439	439	0
6 United Lincolnshire Hospitals NHS Trust	63	64	1	567	618	51	756	849	93
7 Leeds Teaching Hospitals NHS Trust	65	45	(20)	587	549	(38)	782	782	0
8 East Midlands Ambulance Trust	428	403	(25)	3,852	3,691	(161)	5,136	4,996	(140)
9 Other Secondary & Tertiary Care Services	132	197	65	1,198	1,374	176	1,594	1,813	219
10 Exclusions / Non-Contract Activity	205	181	(24)	1,847	1,737	(111)	2,463	2,261	(202)
11 Resilience	93	93	0	833	833	0	1,110	1,110	0
	9,595	9,704	109	86,363	86,754	391	115,147	115,757	610
2 MENTAL HEALTH									
12 Rotherham, Doncaster & South Humberstone Foundation Trust	1,103	1,103	0	9,936	9,936	0	13,245	13,245	0
	1,103	1,103	0	9,936	9,936	0	13,245	13,245	0
3 COMMUNITY HEALTH SERVICES									
13 NLAG Community Services	2,320	2,320	0	12,881	12,881	0	16,841	16,841	0
14 Other Community Based Services	515	501	(14)	2,523	2,578	55	3,365	3,415	51
15 Hospices	91	87	(4)	823	769	(54)	1,097	1,022	(75)
16 Voluntary Sector	0	0	0	0	0	0	0	0	0
	2,927	2,908	(18)	16,227	16,228	1	21,302	21,279	(24)
4 SERVICES FOR VULNERABLE PEOPLE									
17 CHC Adult Fully Funded	878	854	(24)	9,278	9,436	158	11,912	12,125	213
18 CHC Adult Joint Funded	157	149	(8)	1,413	1,352	(61)	1,884	1,799	(86)
19 CHC Assessment & support	58	60	2	534	536	2	710	710	0
20 CHC Children	49	63	14	445	394	(51)	593	542	(51)
21 Funded Nursing Care & Other Care Packages	55	64	8	597	569	(28)	763	743	(20)
22 Mental Health Out of Area	329	358	29	2,984	3,136	152	3,971	4,049	78
23 Learning Disabilities	123	97	(26)	1,110	990	(120)	1,480	1,340	(140)
24 Mental Health Pooled Budget	22	102	80	195	372	178	259	409	150
25 Learning Disabilities Pooled Budget	4	4	0	32	38	6	43	51	8
	1,676	1,751	76	16,588	16,824	236	21,615	21,767	152
5 PRIMARY CARE SERVICES									
26 Prescribing Costs *	2,357	2,498	141	21,211	22,364	1,153	28,282	29,969	1,687
27 Central Drugs	51	70	18	462	570	108	616	749	133
28 Out Of Hours Service	0	0	0	0	0	0	0	0	0
29 Home Oxygen Costs	34	37	3	303	350	47	404	466	62
30 Local Enhanced Services	98	101	3	885	894	9	1,179	1,179	0
31 Primary Care IT	111	111	0	403	403	0	537	527	(10)
	2,651	2,817	166	23,264	24,580	1,316	31,018	32,890	1,872
6 OTHER PROGRAMME SERVICES									
32 Pay	3	(34)	(37)	117	70	(47)	125	109	(16)
33 Patient Transport	121	129	9	1,088	1,096	8	1,451	1,468	17
34 NHS Property Services	16	10	(6)	141	89	(53)	188	118	(70)
35 NHS 111	25	25	0	247	260	13	322	340	18
36 Other Programme Non Pay	351	510	160	3,622	3,743	121	5,441	5,524	83
37 Contingency	167	0	(167)	1,108	0	(1,108)	2,007	2,007	0
38 Reserves	290	0	(290)	878	0	(878)	2,778	136	(2,642)
	973	641	(332)	7,202	5,258	(1,944)	12,313	9,703	(2,610)
7 RUNNING COSTS									
39 Pay	85	76	(9)	766	737	(29)	1,022	999	(23)
40 Consultancy	0	0	0	0	0	0	0	0	0
41 Other Non Pay - Including CSU Recharge	454	463	9	2,296	2,325	29	3,061	3,084	23
	539	539	0	3,062	3,062	0	4,083	4,083	0
TOTAL DIRECT EXPENDITURE	19,463	19,463	0	162,641	162,641	0	218,723	218,723	0
SURPLUS	184	184	0	1,653	1,653	0	2,204	2,204	0
TOTAL NORTH LINCOLNSHIRE CCG	19,646	19,646	0	164,294	164,294	0	220,927	220,927	0

APPENDIX 3: A3) STATEMENT OF FINANCIAL POSITION 2015/16 POSITION STATEMENT AS AT: MONTH 9 (DECEMBER 2015)

Balances As At 31 March 2015	Balances As At 31 December 2015	Forecast Balances As At 31 March 2016
£000s	£000s	£000s

Plant, Property & Equipment (PPE)	25	15	20
Accumulated Depreciation	(5)	0	(5)
Net Plant Property & Equipment	20	15	15
Intangible Assets	0	0	0
Intangible Assets Depreciation	0	0	0
Net Intangible Assets	0	0	0
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
Total Other Non-Current Assets	0	0	0
Non-Current Assets	20	15	15
Cash	100	144	100
Accounts Receivable	700	97	700
Accrued Income	123	4,997	123
Prepayments *	0	0	0
Inventory	1	0	1
Other Current Assets	0	5	0
Current Assets	924	5,243	924
TOTAL ASSETS	944	5,258	939
Accounts Payable	(3,003)	(3,194)	(3,003)
Accrued Liabilities	(7,801)	(10,293)	(7,801)
Other - Payables	(60)	0	(60)
Short Term Borrowing	0	0	0
Current Liabilities	(10,864)	(13,488)	(10,864)
Non-Current Payables	0	0	0
Non-Current Borrowing	0	0	0
Other Liabilities	0	0	0
Long Term Liabilities	0	0	0
General Fund	9,920	8,229	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
Total Taxpayers Equity	9,920	8,229	9,925
TOTAL EQUITY & LIABILITIES	0	0	0

* 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 9 (DECEMBER 2015)

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

4.1. CASH POSITION

	CURRENT MONTH POSITION (DECEMBER 2015)		PREVIOUS MONTH POSITION (NOVEMBER 2015)	
	£000s		£000s	
Cash Drawdown Amount	17,100		17,600	
Target Cash - 1.25% of Drawdown	214		220	
Cash Held At Month End	144		143	
Variance *	70		108	

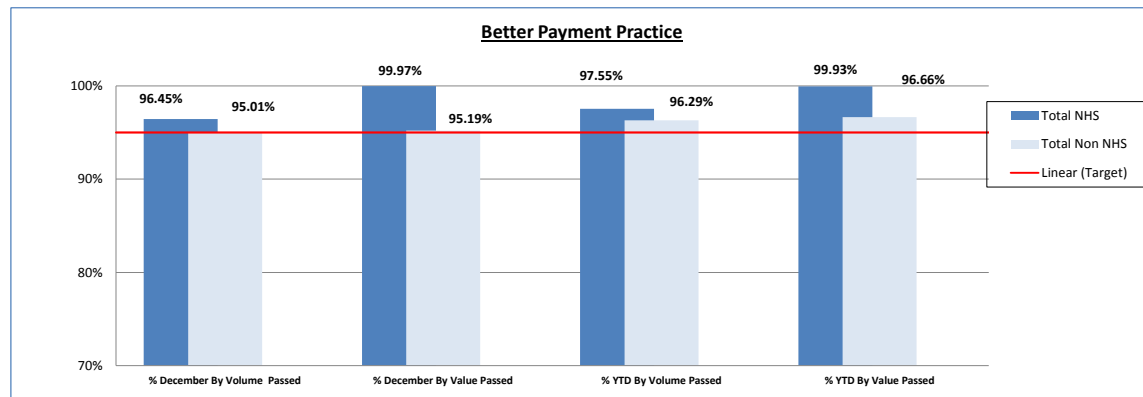
* Theoretical "Best" performance would be a positive variance near to the cash target value - which indicates a cash balance in the bank at the month end which nears, but is in excess of, zero.

Note that the Cash Held at Month End balance includes petty cash which does not form part of the bank reconciliation.

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

Current Month Summary - December 2015	Invoice Count	Invoice Count (Passed)	% Passed	BPPC Amount	Invoice Amount (Passed)	% Amount Passed
Total NHS	197	190	96.45%	13,169,323	13,164,844	99.97%
Total Non NHS	661	628	95.01%	3,597,879	3,424,795	95.19%
Memo Item : Total BPPC	858	818	95.34%	16,767,202	16,589,640	98.94%

Year To Date Summary - December 2015	Invoice Count	Invoice Count (Passed)	% Passed	BPPC Amount £000s	Invoice Amount (Passed £000s)	% Amount Passed
Total NHS	1,553	1,515	97.55%	120,968,466	120,879,144	99.93%
Total Non NHS	6,443	6,204	96.29%	31,293,288	30,247,668	96.66%
Memo Item: Total BPPC	7,996	7,719	96.54%	152,261,754	151,126,812	99.25%



4.3. AGED DEBTOR & CREDITOR ANALYSIS - AS AT 31st DECEMBER 2015

Aged Debtors	Current		0 - 30 days		30-120 days		Total	
	£	Number	£	Number	£	Number	£	Number
Invoices below £5k	12,475	23	19,753	6	2,853	4	35,082	33
Invoices over £5k	29,730	0	0	0	0	0	29,730	0
Invoices over £10K	21,706	0	10,697	0	0	0	32,403	0
Invoices over £20k	700,000	0	0	0	0	0	700,000	0
Total	763,911	23	30,450	6	2,853	4	797,214	33

Aged Debt Outstanding Over 30 Days	Total Amount (£)	Number	Days Overdue	Comments
NORTH LINCOLNSHIRE COUNCIL	£475.00	1	305	YHCS chasing payment
NORTH LINCOLNSHIRE COUNCIL	-£21.40	1	295	
NORTH LINCOLNSHIRE COUNCIL	-£400.45	1	223	
MACMILLAN	£2,800.00	1	62	
CRI	£10,696.78	1	19	
CRIME REDUCTION INITIATIVES	£3,906.57	1	19	
CRIME REDUCTION INITIATIVES	£3,916.33	1	19	
CRIME REDUCTION INITIATIVES	£4,483.11	1	19	
CRIME REDUCTION INITIATIVES	£3,685.14	1	19	
CRIME REDUCTION INITIATIVES	£3,762.21	1	19	
Total	33,303	10		

Aged Creditors	Current £	0-30 days £	31-60 days £	61-90 days £	Over 91 days £	Total Amount (£)
NHS Creditors	£190,584	£95,307	£40,405	£6,074	£90,523	£422,894
Non-NHS Creditors	£811,906	£1,801,358	£60,437	£12,959	£84,706	£2,771,365
Total	£1,002,490	£1,896,665	£100,842	£19,033	£175,229	£3,194,260

APPENDIX 3: A5) ALLOCATIONS POSITION STATEMENT - AS AT MONTH 9 (DECEMBER 2015)

		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
1) BASE ALLOCATION							
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
Total Confirmed Funding		212,215	4,646	216,861	216,861	0	216,861
Anticipated	-	0	0	0	0	0	0
Total Allocated		212,215	4,646	216,861	216,861	0	216,861
2) NEW IN YEAR ALLOCATIONS							
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	31	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
Liaison Psychiatry Allocation	38	0	38	38	0	0	0
Mental Health CAMHS Transformational Allocation	38	0	233	233	0	0	0
14-15 Quality Premium Award Allocation	36	0	298	298	0	0	0
Total Confirmed Funding		1,993	2,073	4,066	3,366	0	3,366
3) ANTICIPATED ALLOCATIONS							
None	0	0	0	0	0	0	0
Total Anticipated Funding	-	0	0	0	0	0	0
4) TOTAL RESOURCES & BUDGET RECONCILIATION							
4A Confirmed resources per 1) and 2) above	-	214,208	6,719	220,927	220,227	0	220,227
4B Anticipated resources per 3) above	-	0	0	0	0	0	0
4C Total Resources (3A + 3B)	-	214,208	6,719	220,927	220,227	0	220,227
4D Latest Budgets	-	214,208	6,719	220,927	220,227	0	220,227
4E Variance Should = Zero (3D Minus 3C)		0	0	0	0	0	0

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

APPENDIX 3: A6) RESERVES POSITION AS AT - MONTH 09 (DECEMBER 2015)

1 SUMMARY

ORIGINAL BUDGET £	TRANSFERS IN £	TRANSFERS OUT £	YTD BALANCE REMAINING £	COMMENTS
4,618,966	3,506,907	(5,347,775)	2,778,098	Month 2 Annual Budget

ALL EARMARKED RESERVES

2 MAIN MOVEMENTS

STARTING RESERVE BUDGET

	TRANSFERS IN £	TRANSFERS OUT £	NET MOVEMENT £	COMMENTS
			4,618,966	
Month 9				
BV070 SC 14-15 Quality Premium Award from Reserves		(298,000)	(298,000)	
BV069 JH NLAG BCF Risk Support		(1,000,000)	(1,000,000)	
BV067 SC Liason Psychiatry Allocation	38,000		38,000	
BV067 SC Mental Health CAMHS Transformational Allocation	233,000		233,000	
BV067 SC 14-15 Quality Premium Award Allocation	298,000		298,000	
BV066 SC HEY Previous Year Flexibilities to Reserves	239,000		239,000	
BV 65 SC Elderly Peoples Safenet and other invoiced expenditure		(352,205)	(352,205)	
BV064 SC Funding from Reserves IMT Transition for £75K of the £100k Allocation		(75,000)	(75,000)	
Month 8				
BV060 SC Funding from Reserves IMT Transition for £25K of the £100K Allocation		(25,000)	(25,000)	
Month 7				
BV057 SG Golden Hello	50,000		50,000	
BV056 SC 3 Neurology Commissioning Responsibility Transfer - NHS England Allocation	227,000		227,000	
BV056 SC Liaison Psychiatry - Mental Health Allocation	38,000		38,000	
BV055 SC Prior Year Flexibility	1,099,994		1,099,994	
Month 6				
BV050 JH Elderly Care Falls Pilot		(2,966)	(2,966)	
Month 5				
BV047 NS Mental Health Pooled Budget Increase		(57,000)	(57,000)	
BV044 SC MH Pool and Vulnerable People Year End Flexibility	908,016		908,016	
BV043 SC Eating Disorders Allocation	93,000		93,000	
Month 4				
BV041 NS HLHF		(522,000)	(522,000)	
BV038 SG MH Pooled Budget		(57,000)	(57,000)	
BV037 SC Waiting List Allocation	4,398		4,398	
BV034 JH Fertility Previous Year		(10,885)	(10,885)	
Month 3				
BV027 NS In Year Cost Pressures		(83,398)	(83,398)	
BV021 JH Intermediate Care Trent View Reduced Contract Value	71,428		71,428	
BV015 SC Return to Reserves Clinical Training Budget not Required	18,630		18,630	
BV010 SC IMT Transition Allocation	100,000		100,000	
BV010 SC Reprofile CHC Risk Share	1,000		1,000	
BV007 DN LES Adjustment	54,000		54,000	
BV004 DN LES Elderly Care Funding		(528,308)	(528,308)	
Month 2				
BV006 SC Amendment to Allocations Transfer to NHS England		(1,982,000)	(1,982,000)	
BV005 JH Realignment to Contract Baselines Main NHS Service Providers		(354,013)	(354,013)	
BV003 SC Return of Corporate Programme Budgets to Reserves CSU SLA & Propco	33,441		33,441	
Month 1				
No Activity			0	
TOTAL	3,506,907	(5,347,775)	(1,840,868)	

TOTAL YTD RESERVES

2,778,098

3) USE OF OUTSTANDING BALANCE

1) Better Care Fund - Risk Share Reserve	1,247,000		
2) BCF Investment Funding - Held Pending Sign Off of Schemes	283,000		
3) Headroom - Call To Action	0		
4) Elderly Care Named GP Fund	352,205		
5) Re-admissions Penalty	0		
6) Marginal Rates	0		
7) Earmarked Reserves	895,893		
8) General Negative Reserve (QIPP Saving)	(1,500,000)		
9) Balance Sheet & Other Savings used to meet the Reserve QIPP	1,500,000		
FORECAST ANNUAL BUDGET - RESERVES	2,778,098	£2,778k	Budget
9) Less: Unspent Reserve Required by Month 12 To Achieve Target Surplus	(2,642,098)	(£2,642k)	Variance
FORECAST OUT-TURN RESERVES - VARIANCE	136,000	£136k	Actual

PER OCS STATEMENT FORECAST POSITION

APPENDIX 3: A7) MAIN ACUTE PROVIDER CONTRACT TRADING POSITIONS AS AT MONTH 8 2015 - FINANCIAL YEAR 2015/16

MAIN ACUTE CONTRACTS		YEAR TO DATE - NOVEMBER 2015 CONTRACT MONITORING (MONTH 8)				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
A NORTHERN LINCOLNSHIRE & GOOLE NHS FT								
1	Elective	11,155	10,081	(1,073)	(9.62%)			16,592
2	Non Elective	17,100	17,962	862	5.04%			25,699
3	Outpatient	10,716	10,387	(330)	(3.08%)			15,901
4	Accident & Emergency	3,840	3,850	10	0.27%			5,679
5	Other Services	25,730	25,890	160	0.62%			38,476
6	CQUINs	1,429	1,704	275	19.24%			2,450
	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	536	536	0	-			783
		69,970	69,875	(96)	(0.14%)	0	104,796	1b
B HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST								
1	Elective	2,482	2,465	(18)	(0.71%)			3,997
2	Non Elective	2,056	2,102	47	2.28%			3,037
3	Outpatient	1,071	1,037	(34)	(3.14%)			1,652
4	Accident & Emergency	174	169	(5)	(2.86%)			260
5	Other Services	1,175	1,384	208	17.74%			1,582
6	CQUINs	170	179	9	5.22%			257
7	Contract Challenges		28	28	-			
		7,128	7,363	236	3.31%	188	10,786	2
C OTHER MAIN ACUTE PROVIDERS								
1	Doncaster & Bassetlaw NHS FT	2,039	2,256	217	10.64%	217	3,062	
2	United Lincolnshire Hospitals NHS Trust	504	555	51	10.21%	51	756	3
3	Sheffield Teaching Hospitals NHS FT	774	807	23	2.97%	31	1,179	
4	Sheffield Children's Hospital NHS FT	312	319	7	2.33%	7	466	
5	Leeds Teaching Hospitals NHS Trust	526	488	(38)	(7.23%)	(38)	782	
		4,155	4,426	261	6.27%	269	6,245	
D TOTAL MAIN ACUTE CONTRACTS		81,789	82,200	411	0.50%	456	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.