

Item Number: 10

Name of Presenter: Tracey Preece, Chief Finance Officer

GOVERNING BODY MEETING

7 AUGUST 2014



Vale of York

Clinical Commissioning Group

Finance, Activity and QIPP Report

For Information

1. Rationale

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

To provide details and assurance around the actions being taken.

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

2. Actions for the Governing Body

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

3. Engagement with groups or committees

Quality and Finance Committee

4. Significant issues for consideration

Finance

This report is based on the final version of the financial plan as submitted on the 20th June and therefore, amongst a number of changes, includes a reduced surplus of 0.57%, £2.1m.

In total, Programme Costs are £228k worse than the Year to Date (YTD) plan, with a reduced surplus of £295k against a target of £524k. However, this is off-set by a corresponding underspend in Running Costs, detailed later in this report, which means the CCG has delivered its overall target surplus.

There is an in-month, brought forward pressure of £179k for Leeds Teaching Hospital NHS Trust and £110k for Mid-Yorkshire Hospitals NHS Trust. These positions still need to be confirmed and agreed with both providers, but are now based on the actual 2013/14 activity subject to the challenges raised.

York Teaching Hospital NHS Foundation Trust (YTH) is £415k under for the YTD. This primarily relates to elective Orthopaedic work and is off-set by corresponding over performance in the same specialty with Ramsay (£345k) and Nuffield (£187k).

The YTD prescribing position includes a significant underspend, but it is too early in the year to establish this as a trend and the forecast outturn therefore remains at break even.

The 0.5% Contingency continues to need to be fed into the YTD position, largely to cover the Unallocated QIPP.

QIPP

Even with 100% delivery against current QIPP plans there continues to be a significant financial gap between plans and targets. Whilst the Innovation and Improvement team continues to work up options for new schemes and for 2015/16 projects, the scale of other areas being considered is insufficient to bridge the current gap.

Working Capital

The CCG continues to deliver its duties with regards to Cash and Better Payment Practice.

5. Implementation

It is recommended that next Programme Delivery Board and other strategic meetings throughout August focus on additional options not considered to date to meet the financial challenge and that consideration is given to areas of potential decommissioning and demand management.

6. Monitoring

On-going review and assurance will be provided by the Quality and Finance Committee.

7. Responsible Chief Officer and Title

Tracey Preece, Chief Finance Officer

8. Report Author and Title

Michael Ash-McMahon, Deputy Chief Finance Officer and Fiona Bell, Deputy Chief Operating Officer and Innovation and Improvement Lead

9. Annexes

N/A

GOVERNING BODY: 7 August 2014

Finance, Activity and QIPP Report

1. Purpose of the Report

- 1.1 To brief the Governing Body with regards to the financial position and activity performance of NHS Vale of York Clinical Commissioning Group (the CCG) as at 30th June 2014 (Month 3) and achievement of the key financial duties.
- 1.2 This report is based on the final version of the financial plan as submitted on the 20th June and therefore, amongst a number of changes, includes a reduced surplus of 0.57%, £2.1m.

2. Allocations

- 2.1 The total notified Programme allocation has increased to £368.3m (Programme budget and 1% Surplus). These figures now include the effect of the increase for the 2014/15 GP IT allocation as notified by NHS England. The Allocation Reconciliation table below now highlights the impact of the decision to reduce the planned surplus in line with the final plan submitted on the 20th June. Although the overall allocation remains the same, the £1.6m is now needed to fund Programme Costs.

Table 1 – Allocation Reconciliation

Description	Annual Budget £'0000				Total
	Administration	Programme	Surplus	Prior Year Surplus	
Initial allocation	8,312	363,764	3,675	2,046	377,797
Primary Care IT (GP IT)		876			876
Revised Reduction in Surplus		1,581	(1,581)		0
Closing allocation	8,312	366,221	2,094	2,046	378,673

- 2.2 The overall Programme allocation is £369.3m including the return of the 2013/14 surplus with a further £8.3m for Running Costs.

3. Expenditure – Programme Costs

- 3.1 The detailed financial position is included in Appendix A and is summarised in the following table. In total, Programme Costs are £228k worse than the Year to Date (YTD) plan, with a reduced surplus of £295k against a target of £524k. However, this is off-set by a corresponding underspend in Running Costs, detailed later in this report, which means the CCG has delivered its overall target surplus.

- 3.2 It is important to note that the report is based on Month 1 freeze data and Month 2 flex and includes the impact of the Month 12 freeze for those providers that were still outstanding for 2013/14 (Leeds Teaching Hospitals NHS Trust (LTH) and Mid-Yorkshire Hospitals NHS Trust (Mid-Yorks)).

Table 2 – Programme Costs - Summary financial position by area

Area	Cumulative To Date			Forecast Outturn		
	Budget	Actual	Variance	Budget	Actual	Variance
	£000	£000	£000	£000	£000	£000
Acute Services	53,893	54,370	(478)	215,486	215,761	(275)
Mental Health Services	9,222	9,228	(6)	36,888	36,888	0
Community Services	8,054	8,047	7	32,295	32,407	(112)
Other Services	7,423	7,363	61	28,621	28,363	257
Primary Care	13,084	12,360	724	51,007	51,007	0
Trading Position	91,676	91,368	308	364,297	364,427	(130)
Reserves	0	0	0	6,585	6,455	130
Contingency	460	0	460	1,838	1,838	0
Unallocated QIPP	(996)	0	(996)	(4,453)	(4,453)	0
Financial Position	91,139	91,368	(228)	368,267	368,267	0
Surplus (0.57%)	524	0	524	2,094	0	2,094
Overall Financial Position	91,663	91,368	295	370,361	368,267	2,094

Acute Services

- 3.3 Acute Services are now showing a £478k overspend, but include a number of under and over trades.
- 3.4 Although the Month 12 freeze data for 2013/14 for LTH and Mid-Yorks is lower than the two Trusts have invoiced for, they are higher than was forecast at the year end. This has created an in-month, brought forward pressure of £179k for LTH and £110k for Mid-Yorks. These positions still need to be confirmed and agreed with both providers, but are now based on the actual activity subject to the challenges raised.
- 3.5 York Teaching Hospital NHS Foundation Trust (YTH) is £415k under for the YTD. This primarily relates to elective Orthopaedic work and is off-set by corresponding over performance in the same specialty with Ramsay (£345k) and Nuffield (£187k). Moreover, the YTH position does not yet include a number of agreed contract adjustments with regards to penalties, local prices and pathology, which should further increase the under trade.

Primary Care

- 3.6 The year-to-date (YTD) prescribing position is based on Month 1 data and includes a significant underspend. Although this has been reflected in a YTD underspend of £727k it is too early in the year to establish this as a trend and the forecast outturn therefore remains at break even.

Reserves and Contingency

- 3.7 The 0.5% Contingency continues to need to be fed into the YTD position, largely to cover the Unallocated QIPP.

4. Expenditure – Running Costs

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

Table 3 – Running Costs - Summary financial position by area

Area	Cumulative to Date			Forecast		
	Budget	Actual	Variance	Budget	Actual	Variance
	£000	£000	£000	£000	£000	£000
Pay	1,055	858	197	3,937	3,491	445
Non-Pay	376	353	22	1,503	1,554	(51)
Commissioning Support Unit	626	626	(0)	2,505	2,505	0
Income	(115)	(125)	10	(174)	(183)	10
	1,942	1,713	229	7,770	7,367	404
Reserves				542	946	(404)
Total	1,942	1,713	229	8,312	8,312	(0)

4.2 The Pay budgets continue to underspend due to the number of vacancies that currently exist. The finance department have started to rollout budget holder meetings and the forecast outturn for this now reflects the known and planned recruitment position.

4.3 However, the overall forecast outturn negates the YTD position through an increased spend on Reserves. This reflects the CCG's contingency plans and aim to deliver a balanced, 0% surplus position.

5. QIPP

5.1 A range of transactional and transformational schemes are now in the process of being implemented by teams across the CCG. Phasing of any projected savings has been undertaken and bi-weekly flash reports are being produced by the Innovation and Improvement Team with finance and contracting colleagues to monitor progress.

5.2 Table 4 over the page shows the key schemes, both transactional and transformational, currently being delivered. Transactional schemes have been agreed through contract negotiations with key providers, such as capping of first to follow-up ratio's, reducing length of stay, and the national efficiency reduction, where appropriate.

5.3 Transformational schemes are grouped against the key programme headings of planned care, urgent care, mental health, integration, primary care and prescribing. Schemes have been RAG rated for risk relating to both implementation and financial impact.

5.4 The progress of both transactional and transformational schemes is now being monitored on a monthly basis through the Programme Delivery Board chaired by the Chief Operating Officer. This meeting will also review the contribution from other work areas such as Quality to the overall financial plan. Exception reporting from this meeting feeds into the Quality and Finance Committee by way of this report.

5.5 The following exception reports have been identified as at Month 3:

Continuing Care – Other PCU Schemes

There remains a high level of risk relating to QIPP schemes identified for those areas currently being supported by the Partnership Commissioning Unit (PCU). The CCG is still to receive more detail on the projects which make up the planned £899k target. PCU colleagues are attending the Senior Management Team meeting on Tuesday 15th July and an update on project plans, timescales and costings is expected to be received then.

Prescribing projects

A number of the prescribing projects identified (dressings, gluten free products and Quick Six) are currently behind schedule and therefore identified as red or amber. However, delivery plans are being implemented and the dressings project was recently signed off at SMT to progress to a tender for an alternative method of provision.

Other prescribing projects (SIP feeds and Stoma Care) are profiled to start later in the year and are therefore shown as amber until project planning starts later this month.

DVT Pathway

This project, whilst low financial value, represents a key piece of pathway redesign to improve the pathway of care, and reduce attendances at A&E of low risk, suspected DVT patients. Challenges remain in agreeing direct access to radiology slots for GP's despite escalating the issues. Work continues to identify the number of patients who might benefit from the revised service and to validate potential numbers and impact of direct access radiology. The project has therefore been rated as red for implementation and financial delivery whilst work continues on implementation.

Integration – Selby Care Hub and Priory Medical Project

Significant support is being given to both of the integration projects which are currently being implemented in Selby and with Priory Medical Group. Both projects have recruited to new posts to support the integration work and are moving to implementation. The financial rating remains at amber due to the need for both projects to deliver a minimum 2:1 return on investment in the pump priming money allocated.

At Priory Medical Group the multidisciplinary care team is now in place and weekly meetings are being held to discuss high risk and vulnerable patients. Monthly meetings continue with adult social care teams, and

support to the project from City of York Council has been good with identified social worker capacity identified to support joint working.

In Selby a dedicated project manager has now been appointed and a key focus of work has been on developing the governance for sharing of care records across health and social care.

The University of York is supporting work on an evaluation protocol to measure the outcomes from both pilot sites. Plans are expected shortly from both Pocklington and City and Vale group of practices on their proposals for further integration pilots.

Hospice at Home

Initially funded as a scheme from the winter pressures monies, the pilot of the Hospice at Home delivered significant efficiencies. Discussions are now on-going with the hospice about how to mainstream this support and a meeting is planned later this week to agree next steps for on-going implementation. This is a significant scheme in terms of the quality of the care pathway and to enable individuals to be supported with their families in the place of their choice when at end of life.

Street Triage

There has been some delay in delivery of the street triage project against the implementation plan predominantly due to the time taken to recruit to the posts required for delivery. However recruitment has now taken place and the team is in post and the project is progressing to a revised timescale.

- 5.6 Due to the timing of the available activity and prescribing data it has still not been possible to validate the majority of the QIPP schemes that should have delivered so far this year apart from Telehealth cessation and the national efficiency that has been applied to the Humber Foundation Trust contract.
- 5.7 Although a number of the contractual adjustments have been agreed and made to the YFT contract, it has not been possible to cross-check this with actual activity reductions as yet. This should be clearer for Month 4 reporting purposes.

Table 4 – QIPP

Programme	Ref	Type	Scheme Description	Dashboard	Start Date	Revised Plan		In Month		YTD		Forecast		RAG Rating		Risk Adjusted Position
						CYE	FYE	Plan	Act.	Plan	Act.	Plan	Act.	Deliverability	Finance	
						£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s			
Integration	BCF1	Transformational	Care Hub PMG	YTH FT	Jul-14	172	214	0		0		172	172			86
Integration	BCF2	Transformational	Care Hub Selby	YTH FT	Oct-14	179	269	0		0		179	179			134
Integration	BCF3	Transformational	Hospice at Home (York & NY)	YTH FT	Oct-14	182	272	0		0		182	182			46
Integration	BCF4	Transformational	Street Triage (York & NY)	YTH FT	May-14	450	488	41		82		450	450			225
Continuing Care	CC1	Transactional	Other PCU	Continuing Care	Apr-14	899	899	75		225		899	899			225
Contract Negotiation	CN1	Transactional	Contract Efficiency	Humber FT	Apr-14	90	90	7	7	22	22	90	90			90
Contract Negotiation	CN2	Transactional	CQUIN	YTH FT		73	73	0		0		73	73			37
Contract Negotiation	CN3	Transactional	Diagnostics direct access	YTH FT	Jul-14	0	0	0		0		0	0			0
Contract Negotiation	CN4	Transactional	FU Adj Made	YTH FT	Jul-14	770	962	0		0		770	770			578
Contract Negotiation	CN5	Transactional	Improving Length of Stay	YTH FT	Apr-14	113	113	9		28		113	113			84
Planned Care	PC1	Transactional	Decommissioning	Telehealth	Apr-14	164	177	14	14	41	41	164	164			164
Planned Care	PC2	Transformational	Diabetes	YTH FT	Jul-14	139	175	0		0		139	139			104
Planned Care	PC3	Transformational	DVT Pathway	YTH FT	Nov-14	50	78	0		0		50	50			13
Planned Care	PC4	Transformational	Neurology	YTH FT	Jan-15	73	127	0		0		73	73			54
Planned Care	PC5	Transformational	Referral Support Service	YTH FT	Apr-14	249	249	21		62		249	249			187
Prescribing	P1	Transactional	Dressings	Prescribing	Apr-14	125	125	10		31		125	125			63
Prescribing	P2	Transactional	Gluten free products	Prescribing	Jun-14	62	72	6		6		62	62			16
Prescribing	P3	Transactional	Diabetes	Prescribing	Apr-14	120	120	10		30		120	120			90
Prescribing	P4	Transactional	Quick Six	Prescribing	Apr-14	160	160	13		40		160	160			40
Prescribing	P5	Transactional	Sip feeds	Prescribing	Aug-14	120	160	0		0		120	120			60
Prescribing	P6	Transactional	Stoma care	Prescribing	Jun-14	150	176	15		15		150	150			75
Urgent Care	UC1	Transformational	UCP (York and N Yorks)	YTH FT / YAS	May-14	645	699	59		117		645	645			484
Unidentified		Unidentified			Apr-14	713		67		202		713				
Unidentified		Unidentified			Apr-14	3,740	3,740	304		912		3,740				
						9,438	9,438	652	21	1,813	63	9,438	4,985			2,855

5.8 The revised QIPP table now details the individual schemes linked to the relevant programme together with the dashboard heading they will impact. A RAG rating has also been included to assess operational delivery and financial saving to produce a risk adjusted forecast of £2.9m for the identified schemes.

5.9 Whilst some projects have slipped slightly against the delivery plan, projects are progressing. Some of the slippage has occurred as a result of time required to complete operational and strategic plans, other delays are as a result of agreeing pathway changes with acute providers however these challenges continue to be escalated and work is progressing against all plans.

5.10 Even with 100% delivery against current plans there continues to be a significant financial gap between plans and QIPP targets. Whilst the Innovation and Improvement team continues to work up options for new schemes and for 2015/16 projects, the scale of other areas being considered is insufficient to bridge the current gap. Despite the size of the team, there are capacity challenges in taking on any new projects at the same time as supporting the critical transformational change work in primary care and around the integration agenda and consideration will need to be given to prioritising workloads as new projects are identified. It is recommended that next Programme Delivery Board and other strategic meetings throughout August focus on additional options not considered to date to meet the financial challenge and that consideration is given to areas of potential decommissioning and demand management.

6. Risk

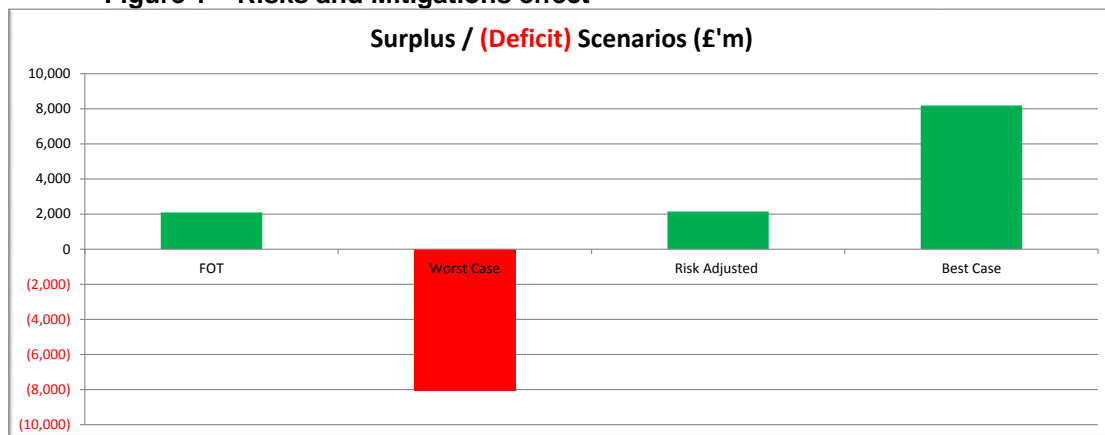
6.1 The following graph highlights the overall level of risk to the current forecast outturn (FOT) compared to the following scenarios:

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

Risk Adjusted – Net effect of probable risk and contingency values

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

Figure 1 – Risks and Mitigations effect



6.2 The gap between the Best and Worst case remains high, £16m, but has reduced significantly from Month 2 now that allocations and contract positions, in particular with YFT, have now been largely finalised.

Table 5 – Potential Risks

Risks	Full value £'m	Probability	Probable value £'m
Specialist Adjustment	2.00	50%	1.00
Investments : In Vitro Fertilisation (IVF)	0.35	100%	0.35
Selby Depreciation	0.50	100%	0.50
Investments : Improving Access to Psychological Therapies (IAPT)	0.30	100%	0.30
Mental Health Out of Contract placements 13/14 b/f pressure	0.40	50%	0.20
Slippage on identified QIPP	2.10	25%	0.53
Unidentified QIPP	4.50	50%	2.25
Total	10.15		5.13

6.3 **Specialist Adjustment** – No change from Month 2.

6.4 **Investment in In-vitro Fertilisation (IVF)** – Full value has been increased to reflect investment decision costings.

6.5 **Selby Depreciation** – No change from Month 2.

- 6.6 **Investment in Improving Access to Psychological Therapies (IAPT)** – Full value has been increased to reflect latest contract costings.
- 6.7 **Mental Health Out of Contract placements 13/14 brought forward pressure** – The Partnership Commissioning Unit have this month flagged a potential issue with regards to the actual level of spend in 2013/14. However, no further analysis had been undertaken in-month to understand the reasons for this and so it was not included with the reported position.
- 6.8 **Slippage on identified QIPP** – A detailed risk adjusted forecast has now been produced for all identified schemes to estimate the potential value associated with this.
- 6.9 **Unidentified QIPP** – No change from Month 2.
- 6.10 Two risks previously reported in Month 2 have now been removed as follows.
- 6.11 **York Teaching Hospital NHS Foundation Trust (YFT) Agreed Position** – Contract has now been largely agreed and therefore this is within the reported position.
- 6.12 **Public Dividend Capital (PDC)** – Contract has now been largely agreed and therefore this is within the reported position. However, discussions are on-going with the Area Team to identify and regional resource to cover this.
- 6.13 The CCG has therefore developed a series of contingency schemes to mitigate / off-set these risks.

Table 6 – Contingencies

Contingencies	Full value £'m	Probability	Probable value £'m
Contingency Held	1.80	100%	1.80
Urgent Care Working Group (UCWG)	0.50	80%	0.40
Primary Care Elderly Funding	1.20	80%	0.96
Transfer from Running costs	0.94	100%	0.94
Investments : In Vitro Fertilisation (IVF)	0.35	50%	0.18
Investments : Improving Access to Psychological Therapies (IAPT)	0.30	50%	0.15
Leeds & York Partnership Foundation Trust : Phasing adjustment	1.00	75%	0.75
Total	6.09		5.18

- 6.14 **Contingency Held** – No change from Month 2.
- 6.15 **Urgent Care Working Group (UCWG) and Primary Care Elderly Funding** – The full values have been reduced to reflect the final plan submission.

- 6.16 **Transfer from Running Costs** – The full value has been updated to reflect the latest reported position.
- 6.17 **Investments in IVF and IAPT** – Full values have been increased to reflect latest investment decision and costings.
- 6.18 **Leeds and York Partnership NHS Foundation Trust** – No change from Month 2.
- 6.19 One contingency has been removed, **Admissions Avoidance**, as this amount has no longer been set aside for investment within the final version of the plan.

7. Working Capital

Cash

- 7.1 At the end of Month 3, the CCG ledger cash book balance was £293k, within the target 5% (circa £1.4m) of drawdown maximum allowed. The cash holding is lower than the previous month in line with plans to clear outstanding payments, in particular those relating to the 2013/14 year end.

Code of Better Payment Practice

- 7.2 The value and volume of NHS invoices paid during June was at 99.93% and 98.37% respectively against a target for both of 95% of invoices paid within 30 days of the invoice date. This means the CCG continues to deliver the overall target cumulatively.

Table 7 – NHS Creditors

Month	Total paid No.	Paid on time No.	Paid within target %	Total paid £	Paid on time £	Paid within target %
Apr-14	307	287	93.49	26,547,405.60	26,471,917.88	99.72
May-14	276	274	99.28	24,439,312.01	24,415,009.51	99.90
Jun-14	245	241	98.37	25,029,327.17	25,011,129.52	99.93
	828	802	96.86	76,016,044.78	75,898,056.91	99.84

- 7.3 The value and volume of Non-NHS invoices paid during June was at 99.87% and 97.83% respectively against a target for both of 95% of invoices paid within 30 days of the invoice date. Again, this means the CCG continues to deliver the overall target cumulatively.

Table 8 – Non-NHS Creditors

Month	Total paid No.	Paid on time No.	Paid within target %	Total paid £	Paid on time £	Paid within target %
Apr-14	261	258	98.85	3,129,909.86	3,128,645.52	99.96
May-14	270	266	98.52	3,037,758.87	3,015,439.38	99.27
Jun-14	230	225	97.83	2,180,383.98	2,177,480.78	99.87
	761	749	98.42	8,348,052.71	8,321,565.68	99.68

7.5 The total outstanding Creditors are as follows:

Table 9 – Creditors

	1-4 weeks No.	1-4 weeks £	5-8 weeks No.	5-8 weeks £	> 9 weeks No.	> 9 weeks £	Total No.	Total £
As at June	151	1,213,132	56	50,683	351	2,335,757	558	3,599,572
As at May	93	3,059,732	76	699,999	343	1,992,736	512	5,752,467

7.6 Overall the value of outstanding creditors has reduced, reflecting the work to clear invoices. However, some of the aged creditors remain outstanding, as previously, but have slipped a further month. This is due mainly to three large invoices:

- Mid Yorkshire NHS Trust £711,585 in respect of the 2013/14 settlement. Discussions are on-going to resolve this now that the Month 12 freeze data has been received.
- Two invoices with Yorkshire Ambulance NHS Trust for £115,055 and £116,454 for “overtrade Feb/Mar 2014” and “A&E Block Q4”.

7.7 The CCG remains in a strong position in terms of its outstanding debts.

Table 10 – Total outstanding debtors

	No. of Invoices	Current £	Days Overdue						Total £
			0-30 £	31-60 £	61-90 £	91-180 £	181-360 £	361+ £	
NHS English CCG'S									
NHS Commissioning Board	3	0	0	21,269	79,386	98,201	0	0	198,856
CCG's	6	8,312	0	101,260	35,296	0	0	0	144,868
Councils	4	267,435	0	156,005	0	0	0	0	423,440
Other	0	0	0	0	0	0	0	0	0
	13	275,747	0	278,534	114,682	98,201	0	0	767,164
	No. of Invoices	Current £	Days Overdue						Total £
Aged Debt by Organisation									
NHS Commissioning Board	3	0	0	21,269	79,386	98,201	0	0	198,856
NHS Scarborough CCG	2	0	0	3,705	9,993	0	0	0	13,698
NHS East Riding Of York CCG	1	0	0	0	9,774	0	0	0	9,774
NHS Airedale Wharfedale and Craven CCG	1	0	0	0	15,529	0	0	0	15,529
NHS Harrogate & R. District CCG	1	0	0	97,555	0	0	0	0	97,555
NHS West Leeds CCG	1	8,312	0	0	0	0	0	0	8,312
East Riding of Yorkshire Council	1	0	0	14,512	0	0	0	0	14,512
North Yorkshire County Council	2	25,663	0	141,493	0	0	0	0	167,156
City of York Council	1	241,772	0	0	0	0	0	0	241,772
	13	275,747	0	278,534	114,682	98,201	0	0	767,164

7.8 The £98,201 owed by the NHS Commissioning Board relates to an invoice raised in respect of GP Appraisers. The CCG has been informed this will be cleared in Month 4. Good progress has also been made to close down the outstanding Public Health recharges to the local authorities. However, this has highlighted a further issue in this area as the budget that was transferred included funding for services

the councils do not commission. The CCG will therefore need to resolve with the Area Team who is responsible and / or where this funding now sits.

8. Recommendations

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

Appendix A – Detailed Programme Costs

	Cumulative To Date			Forecast Outturn		
	Budget	Actual	Variance	Budget	Actual	Variance
	£000	£000	£000	£000	£000	£000
Acute Services						
York Teaching Hospital NHS Foundation Trust	43,683	43,268	415	174,392	173,977	415
Yorkshire Ambulance Service NHS Trust	2,843	2,837	6	11,371	11,371	0
Leeds Teaching Hospitals NHS Trust	1,881	2,066	(184)	7,695	7,914	(219)
Hull and East Yorkshire Hospitals NHS Trust	543	481	62	2,210	1,945	265
Harrogate and District NHS Foundation Trust	331	360	(30)	1,352	1,488	(136)
Mid Yorkshire Hospitals NHS Trust	479	570	(91)	1,915	1,969	(54)
South Tees NHS Foundation Trust	266	267	(1)	1,085	1,090	(5)
North Lincolnshire & Goole Hospitals NHS Trust	126	186	(60)	504	504	0
Sheffield Teaching Hospitals NHS Foundation Trust	50	49	1	199	199	0
Non-Contracted Activity	690	690	(0)	2,759	2,759	0
Other Acute Commissioning	98	98	(0)	392	392	0
Ramsay	2,040	2,385	(345)	8,160	8,505	(345)
Nuffield Health	789	976	(187)	3,156	3,343	(187)
Other Private Providers	74	129	(55)	296	296	0
Winter Pressures	0	9	(9)	0	9	(9)
Sub Total	53,893	54,370	(478)	215,486	215,761	(275)
Mental Health Services						
Leeds & York Partnerships NHS Foundation Trust	7,342	7,347	(4)	29,370	29,370	0
Humber NHS Foundation Trust	236	240	(4)	943	943	0
Tees Esk and Wear Valleys NHS Foundation Trust	344	348	(4)	1,378	1,378	0
Specialist Services	1,186	1,233	(47)	4,744	4,744	0
Non-Contracted Activity - MH	55	6	49	220	220	0
Other Mental Health	58	54	4	233	233	0
Sub Total	9,222	9,228	(6)	36,888	36,888	0
Community Services						
York Teaching Hospital NHS Foundation Trust - Community / MSK	5,277	5,304	(27)	21,185	21,297	(112)
Harrogate and District NHS Foundation Trust - Community	2,082	2,047	35	8,328	8,328	0
Humber NHS Foundation Trust - Community	304	304	0	1,216	1,216	0
Hospices	293	293	(0)	1,173	1,173	0
Longer Term Conditions	87	87	0	350	350	0
Other Community	11	11	(1)	43	43	0
Sub total	8,054	8,047	7	32,295	32,407	(112)
Other Services						
Continuing Care	4,774	4,744	30	19,096	19,034	62
Funded Nursing Care	1,045	996	49	4,179	3,983	196
Patient Transport - Yorkshire Ambulance Service NHS Trust	472	467	6	1,890	1,890	0
Voluntary Sector / Section 256	377	378	(1)	1,508	1,508	0
Non-NHS Treatment	185	224	(38)	741	741	0
NHS 111	164	154	9	655	655	0
Other Services	406	400	6	552	552	0
Sub total	7,423	7,363	61	28,621	28,363	257
Primary Care						
Prescribing	12,406	11,680	727	48,297	48,297	0
Enhanced Services	324	324	(0)	1,295	1,295	0
Oxygen	70	72	(2)	279	279	0
Primary Care IT	219	219	0	876	876	0
Other Primary Care	65	66	(1)	260	260	0
Sub Total	13,084	12,360	724	51,007	51,007	0
	91,676	91,368	308	364,297	364,427	(130)
Reserves	0	0	0	6,585	6,455	130
Contingency	460	0	460	1,838	1,838	0
Unallocated QIPP	(996)	0	(996)	(4,453)	(4,453)	0
	(537)	0	(537)	3,970	3,840	130
	91,139	91,368	(228)	368,267	368,267	0
Surplus	524	0	524	2,094	0	2,094
	91,663	91,368	295	370,361	368,267	2,094

Appendix B – Detailed Running Costs

	Area	Year to Date			Forecast		
		Budget	Actual	Variance	Budget	Actual	Variance
		£000	£000	£000	£000	£000	£000
Pay							
	ADMIN PROJECTS	26	4	22	106	5	101
	ADMINISTRATION & BUSINESS SUPPORT	47	39	8	189	181	8
	ASSURANCE	95	95	(0)	95	95	(0)
	CEO/ BOARD OFFICE	284	274	11	1,138	1,116	22
	CLINICAL SUPPORT	30	37	(8)	119	93	26
	COMMISSIONING	185	106	79	742	618	124
	CONTRACT MANAGEMENT	64	55	9	256	228	28
	CORPORATE GOVERNANCE	47	30	17	188	192	(4)
	FINANCE	92	70	22	368	331	37
	NURSING DIRECTORATE	77	84	(7)	307	211	96
	QUALITY ASSURANCE	107	63	44	428	421	7
		1,055	858	197	3,937	3,491	445
Non Pay							
	ADMIN PROJECTS	15	28	(13)	61	113	(52)
	ADMINISTRATION & BUSINESS SUPPORT	5	5	0	20	24	(4)
	ASSURANCE	0	(0)	0	0	0	(0)
	BUSINESS DEVELOPMENT	0	0	0	0	0	0
	CEO/ BOARD OFFICE	8	3	4	31	21	11
	CLINICAL SUPPORT	11	4	8	45	30	15
	COMMISSIONING	3	18	(15)	10	137	(127)
	CONTRACT MANAGEMENT	1	(0)	1	4	3	1
	CORPORATE COSTS & SERVICES	148	130	18	591	495	96
	CORPORATE GOVERNANCE	3	2	1	13	8	5
	EDUCATION AND TRAINING	65	68	(3)	262	300	(39)
	FINANCE	40	39	0	158	152	6
	NURSING DIRECTORATE	13	0	13	51	11	41
	PATIENT AND PUBLIC INVOLVEMENT	3	(5)	8	14	(5)	19
	MEDICINES MANAGEMENT	0	0	0	0	0	0
	QUALITY ASSURANCE	52	53	(1)	208	217	(9)
	RISK MANAGEMENT	9	9	(0)	35	49	(14)
		376	353	22	1,503	1,554	(51)
Commissioning Support Unit							
	CSU Contract	626	626	(0)	2,505	2,505	0
		626	626	(0)	2,505	2,505	0
Income							
	ASSURANCE	(95)	(95)	(0)	(95)	(95)	(0)
	CEO/ BOARD OFFICE	0	0	0	0	0	0
	COMMISSIONING	0	(10)	10	0	(10)	10
	CLINICAL SUPPORT	0	0	0	0	0	0
	CORPORATE COSTS & SERVICES	(20)	(20)	0	(78)	(78)	0
	ESTATES AND FACILITIES	0	0	0	0	0	0
	FINANCE	0	0	0	0	0	0
	QUALITY ASSURANCE	0	0	0	0	0	0
		(115)	(125)	10	(174)	(183)	10
		1,942	1,713	229	7,770	7,367	404
	Reserves	0	0	0	542	946	(404)
	Total	1,942	1,713	229	8,312	8,312	(0)