


<b>Item Number: 9</b>											
<b>Name of Presenter: Tracey Preece and Rachel Potts</b>											
<b>Meeting of the Governing Body</b> <b>1 October 2015</b>											
<b>Finance, Activity and QIPP Report</b>											
<b>Purpose of Report For Information</b>											
<p><b>1. Rationale</b>          To brief members on the financial position and achievement of key financial duties for 2015/16 (as at the end of August 2015). This is an exception report only and therefore only reports on those areas where there is a material variance.</p> <p>To provide details and assurance around the actions being taken.</p> <p>To provide an update to the Governing Body on progress associated with QIPP schemes to date and other programme delivery areas.</p>											
<p><b>2. Strategic Initiative</b> <i>Impact across all initiatives</i></p> <table border="0"> <tr> <td><input type="checkbox"/> Integration of care</td> <td><input type="checkbox"/> Planned care</td> </tr> <tr> <td><input type="checkbox"/> Person centred care</td> <td><input type="checkbox"/> Transforming MH and LD services</td> </tr> <tr> <td><input type="checkbox"/> Primary care reform</td> <td><input type="checkbox"/> Children and maternity</td> </tr> <tr> <td><input type="checkbox"/> Urgent care reform</td> <td><input type="checkbox"/> Cancer, palliative care and end of life care</td> </tr> <tr> <td><input type="checkbox"/> Effective and Efficient Organisation</td> <td><input type="checkbox"/> System resilience</td> </tr> </table>		<input type="checkbox"/> Integration of care	<input type="checkbox"/> Planned care	<input type="checkbox"/> Person centred care	<input type="checkbox"/> Transforming MH and LD services	<input type="checkbox"/> Primary care reform	<input type="checkbox"/> Children and maternity	<input type="checkbox"/> Urgent care reform	<input type="checkbox"/> Cancer, palliative care and end of life care	<input type="checkbox"/> Effective and Efficient Organisation	<input type="checkbox"/> System resilience
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<p><b>4. Actions / Recommendations</b>          The Governing Body is asked to receive and note the Finance, Activity and QIPP report.</p>											
<p><b>5. Engagement with groups or committees</b>          N/A</p>											
<p><b>6. Impact on Primary Care</b>          Bids and the corresponding investment through the GP Innovation Fund requires a return at least equivalent to the amount invested to be financially viable. The CCG is committed to primary care but recognises the parallel requirement to achieve the financial plan.</p> <p>Savings are required in primary care Prescribing as part of routine in-year financial performance monitoring and also the financial recovery plan.</p>											

## **7. Significant issues for consideration**

The CCG is reporting the delivery of both the year to date and forecast 1% surplus, but has had to re-profile reserves and unallocated QIPP in order to achieve this.

As part of the draft Financial Recovery Plan produced for the NHS England Area Team a revised approach has now been taken to the risk section of this report.

Wherever possible as many of the previously identified risks and mitigations have now been included within the actual forecast outturn position described earlier. Moreover, where mitigations effectively reduce the risks themselves, as opposed to requiring a specific additional action to ensure they are put in place, these have further reduced the remaining risk level. This significantly reduces the overall remaining level of financial risk from previous month's reports, but now reflects both the work done today to put the mitigations in place and the revised risk assessment.

NHS England has formally requested a Financial Recovery Plan for which the mitigations described in this report now form a key part of delivery. This plan now has no unmitigated risk and demonstrates how the CCG will meet the full 1% surplus. NHSE will review this and will continue to which may result in further special measures being enforced.

## **8. Implementation**

Implementation of the financial recovery plan requires a project management approach which is still to be fully developed. External assurance will also be sought on the financial recovery plan; this was agreed at Governing Body.

## **9. Monitoring**

N/A

## **10. Responsible Chief Officer and Title**

Tracey Preece, Chief Finance Officer  
Rachel Potts, Chief Operating Officer

## **11. Report Author and Title**

Michael Ash-McMahon, Deputy Chief Finance Officer, and Paul Howatson, Senior Innovation and Improvement Lead

## **12. Annexes**

None

GOVERNING BODY: 1 OCTOBER 2015

Finance, Activity and QIPP Report

1. Purpose of the Report

1.1 To brief the Governing Body with regards to the financial position and activity performance of NHS Vale of York Clinical Commissioning Group (the CCG) as at 31 August 2015 (Month 5) and achievement of the key financial duties.

2. Month 5 Financial Position

2.1 Table 1 below shows that in overall terms the CGG reported the delivery of the 1% year to date (£1.6m) and forecast outturn (£3.9m) surplus. However, there are a number of variances within this that will be detailed later in this report.

Table 1 – Vale of York CCG Month 5 Position

	£'000	£'000	£'000	£'000	£'000	£'000
Programme	181,367	181,453	(85)	424,758	425,372	(614)
Running	3,115	3,022	93	7,476	6,862	614
Surplus (1%)	1,644	-	1,644	3,945	-	3,945
Overall Financial Position	186,126	184,475	1,651	436,179	432,234	3,945

Allocations

2.2 There have been a number of adjustments to the notified allocation, which are detailed below.

Table 2 – Allocation Reconciliation

Description	Month of transaction	Recurrent/Non Recurrent	Annual Budget £'0000				Total
			Running Sub-total	Programme	Prior Year Surplus	Programme Sub-total	
<b>Initial allocation</b>			7,476	376,168	3,850	380,018	387,494
BCF	April	Recurrent		5,938		5,938	5,938
2014-15 recurrent transfers post allocation setting (mth07)	April	Recurrent		(56)		(56)	(56)
ETO/DTR Funding	May	Non-Recurrent		1,109		1,109	1,109
Transfer to Co-Commissioning Funds to CCGs	May	Recurrent		38,682		38,682	38,682
Resource Transfer to match drugs expenditure	June	Recurrent		1		1	1
Co-Com Public Health reduction agreed Funding Support	June	Non-Recurrent		1,539		1,539	1,539
GP IT	June	Non-Recurrent		900		900	900
GPIT - Transition Funding	June	Non-Recurrent		150		150	150
IAPT waiting list validation and improving operational process	July	Non-Recurrent		10		10	10
Initial allocation of funding for eating disorders and planning in	August	Non-Recurrent		166		166	166
Capital Grant: Community Equipments Stores	August	Non-Recurrent		245		245	245
<b>Closing allocation</b>			7,476	424,852	3,850	428,702	436,178

2.3 The overall Programme allocation is now £428.7m. There have been two increases in August the first in relation to Future in Mind funding for eating disorders the second confirming the capital grant monies for the City of York and North Yorkshire County Council community equipment stores.

### 3. Expenditure – Programme Costs

- 3.1 The detailed financial position is included in Appendix A and is summarised in Table 3.
- 3.2 In total, Programme Costs are £85k over spent for the year to date (YTD) with a forecast overspend of £614k effectively resulting in a forecast surplus of £3.3m. However, this is off-set by the equivalent underspend within Running Costs to deliver an overall balanced position in line with the 1% surplus. There a number of over and under spends within this that are described later on in this section of the report.
- 3.3 In terms of the forecast outturn the majority of lines now reflect the actual forecast outturn based on the YTD position. The key area where this is not the case is the York Teaching Hospital NHS Foundation Trust (YTHFT) budget line, although this is covered within the risk section of this report.

**Table 3 – 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	89,472	92,047	(2,575)	218,982	219,543	(560)
Mental Health Services	16,689	16,908	(219)	39,416	39,982	(566)
Community Services	12,097	12,116	(19)	29,033	29,097	(64)
Other Services	19,789	19,236	553	45,542	40,730	4,812
Primary Care	23,328	23,854	(526)	56,013	57,001	(988)
Primary Care Co-Commissioning	16,759	16,691	68	40,221	40,221	-
<b>Trading Position</b>	<b>178,134</b>	<b>180,852</b>	<b>(2,718)</b>	<b>429,207</b>	<b>426,574</b>	<b>2,633</b>
Prior Year Balance	-	601	(601)	-	601	(601)
Reserves	1,995	-	1,995	3,491	122	3,369
Contingency	1,488	-	1,488	1,972	-	1,972
Unallocated QIPP	(250)	-	(250)	(9,912)	(1,925)	(7,988)
<b>Financial Position</b>	<b>181,367</b>	<b>181,453</b>	<b>(85)</b>	<b>424,758</b>	<b>425,372</b>	<b>(614)</b>
Surplus	1,644	-	1,644	3,945	-	3,945
<b>Overall Financial Position</b>	<b>183,011</b>	<b>181,453</b>	<b>1,558</b>	<b>428,703</b>	<b>425,372</b>	<b>3,331</b>

#### Acute Services

- 3.4 The £2.6m over spend for the YTD relates largely to the position with YTHFT, which is £2.4m over spent. The Month 5 report is based on Month 3 Freeze and Month 4 Flex activity, with a forecast for Month 5 itself, and is therefore still subject to change from final coding and counting.
- 3.5 The table over the page highlights the key areas of over trade with YTHFT as at Month 4 Flex and now includes contract challenges and potential penalties based on YTD performance.

**Table 4 – YTHFT contract position by Point of Delivery**

Point of Delivery (POD)	Expenditure				Activity			
	Plan	Actual	Var.	%	Plan	Actual	Var.	%
Daycase	5,831,196	6,150,562	(319,366)	(5%)	10,078	10,593	(515)	(5%)
Elective	3,695,216	3,521,753	173,463	5%	1,599	1,450	149	9%
Emergency	15,132,234	18,418,518	(3,286,283)	(22%)	8,247	9,565	(1,318)	(16%)
Non-Emergency	2,398,380	2,223,750	174,630	7%	1,359	1,278	81	6%
Accident & Emergency	2,468,336	2,863,422	(395,086)	(16%)	21,842	25,542	(3,700)	(17%)
First Outpatient Attendances	3,952,630	3,963,514	(10,884)	(0%)	23,225	23,741	(516)	(2%)
Follow Up Outpatient Attendances	4,500,597	4,749,104	(248,507)	(6%)	45,436	48,442	(3,006)	(7%)
Outpatient Procedures	1,493,519	1,565,323	(71,804)	(5%)	10,815	11,637	(822)	(8%)
Non-Elective Threshold Adjustment	0	(790,335)	790,335	-	0	0	0	-
Other	18,263,346	18,282,550	(19,204)	(0%)	-	0	0	-
<b>Sub-Total</b>	<b>57,735,454</b>	<b>60,948,160</b>	<b>(3,212,706)</b>	<b>(6%)</b>	<b>122,602</b>	<b>132,248</b>	<b>(9,646)</b>	<b>(8%)</b>
Challenges (see statement below)	0	(367,900)	367,900	-	-	-	-	-
Penalties (see statement below)	0	(850,262)	850,262	-	-	-	-	-
Other (see statement below)	0	75,000	(75,000)	-	-	-	-	-
<b>Total</b>	<b>57,735,454</b>	<b>59,804,997</b>	<b>(2,069,543)</b>	<b>(4%)</b>	<b>122,602</b>	<b>132,248</b>	<b>(9,646)</b>	<b>(8%)</b>

3.6 The key points of note are as follows:

- Elective activity remains down, primarily within Trauma and Orthopaedics, although this is off-set by a corresponding over trade with Ramsay of £269k.
- Emergency activity is up 16% and £2.5m (£3.3m less £790k Threshold Adjustment).
- A&E activity is up 17% and £395k.

### Mental Health

3.7 The overspend relates to an increase in the Mental Health Out of Contract placements not covered by the block arrangement with Leeds and York Partnership NHS Foundation Trust. These are not anticipated to continue once the contract transfers from the 1<sup>st</sup> October as this is wholly within the new service specification.

### Other Services

3.8 The significant underspend relates mainly to two key areas previously included within the mitigations section of this report, but now part of the forecast outturn. The first is the Continuing Healthcare position (£3m) where the CCG is now reflecting the Partnership Commissioning Unit's (PCU) best forecast position and the release of the 2014/15 accruals as part of an on-going data validation exercise. The second is with regards to the Better Care Fund, (£2.2m) from the payment for performance pot, which will not be paid over based on current levels of activity, together with a small element of slippage from existing City of York Council areas of planned spend.

### Primary Care

3.9 This area is now showing a £526k over spend for the YTD, of which £633k is against Prescribing, based on Month 2 actual data.

## Reserves and Contingency

3.10 The variances described above have resulted in a YTD £2.7m over spend. In order to off-set this the CCG has had to release those budgets where they are wholly within our control and agreed:

- Final contract adjustments
- Seasonal Resilience
- GP Innovation Fund
- Readmissions adjustment reinvestment
- 0.5% Contingency

3.11 These budgets have been re-profiled to show a larger proportion over the first five months, £3.5m, than if they were just in twelfths, which would have been £2.3m for the YTD. The reverse has been done with the Unallocated QIPP budget, the majority of which has been taken out from the YTD position and profiled across the remainder of the year.

## **4. Expenditure – Running Costs**

4.1 The Running Costs are detailed in Appendix B and summarised in the table below reflect the actual position at the end of August.

**Table 5 – Running Costs - Summary financial position by area**

Area	Cumulative to Date			Forecast Outturn		
	Budget	Actual	Variance	Budget	Actual	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Pay	1,467	1,400	67	3,521	3,320	201
Non-Pay	747	859	(112)	1,793	1,633	160
CSU	893	832	60	2,142	2,082	60
Income	(40)	(70)	30	(95)	(173)	78
<b>Sub-total</b>	<b>3,067</b>	<b>3,021</b>	<b>45</b>	<b>7,361</b>	<b>6,861</b>	<b>500</b>
Reserves	48	-	48	115	-	115
<b>Total</b>	<b>3,115</b>	<b>2,821</b>	<b>93</b>	<b>7,476</b>	<b>6,861</b>	<b>615</b>

4.2 In overall terms there is an £93k YTD underspend, which has now been factored into the forecast outturn of £615k underspent. The increase to the forecast outturn relates to the release of £200k of anticipated spend on training and development in line with the new financial controls.

## **5. QIPP and Procurements**

### QIPP

5.1 Alongside the brought forward schemes from 2014/15 which continue to deliver further savings this year, some of the new schemes (such as the elective orthopaedic and out of hours procurements) for 2015/16 are beginning to deliver in accordance with plans.

5.2 The Innovation and Improvement team continue to work with CCG colleagues to identify new potential transformational and transactional

schemes for the current year recognising the financial gap that still remains across the CCG. An internal CCG meeting was held with the analysts and both the planned and unplanned care clinical leads to explore further potential with the RAIDR information.

- 5.3 At the next team meeting Innovation and Improvement colleagues will be prioritising all their projects and programmes and the updated programme of work will be taken to a CCG-wide meeting in October where agreements will be sought on which schemes continue, are parked temporarily or are terminated, in order to free time to focus on the financial delivery plan.
- 5.4 Off the back of the work on the BCF dashboard and SRG project reporting tools colleagues in business intelligence are to reprioritise the development of a QIPP reporting tool for Q3 from robust and reproducible data sources.

### BCF

- 5.5 Discussions with partner organisations are underway relating to the BCF projects which had either not commenced or are not delivering and the money attached to these schemes to agree allocations for the remainder of the year.
- 5.6 It is expected that partner organisations and the Health and Wellbeing Boards for our areas will scrutinise the decision-making process.
- 5.7 Whilst target levels of non-elective admissions and A and E attendances have been reduced in terms of reporting, 11.7% still remains the level of reduction required in order to achieve financial balance. The new Systems Leaders Group has agreed to work collectively to achieve this.

### Procurements

- 5.8 **MSK** – Due to the delay in contract award, the contract start date has now moved to 1 November 2015 and frequent discussions are being held to address mobilisation issues.
- 5.9 **Mental Health and Learning Disability** – The mobilisation is continuing at pace with a weekly interface telephone conference to deal with patient safety, HR, TUPE, IM&T and contracting issues to ensure that the transfer is completed for 1<sup>st</sup> October.

### Programme highlights

- 5.10 All BCF schemes in delivery were reviewed at the Joint Delivery Group (18<sup>th</sup> August) and a summary of these will be highlighted at the next meetings of the respective Health and Well-being Boards.

- 5.11 As part of the requirement to address performance concerns with the cancer constitutional targets at YTHFT, the CCG recently forwarded an assurance report to NHS England.
- 5.12 The integrated care programme continues to deliver against a number of projects which require close integration with other organisations and work progresses well on the future provision of community wheelchair and equipment services.
- 5.13 The Interim estates solution for Bootham Park Hospital has disappointingly encountered further delays to the Phase 1 Cherry Tree House works in preparation for the decant of Ward 6 to this facility and the move is now likely to happen later this month.
- 5.14 Further to a recent CQC meeting in their Leeds offices with the CCG and both provider organisations the CQC have undertaken a further unannounced inspection of Bootham Park Hospital. Feedback reports from both the review meeting and the inspection are expected shortly. These will inform both the planned Phase 2 Interim Improvement works at Bootham Park and the timeline for the permanent solution.
- 5.15 Planned care leads are currently reviewing cardiology performance as a result of increased activity levels. Although some of the increase is due to an increased number of GP referrals the bulk of the activity is due to a significant increase in the number of consultant to consultant referrals. The Ophthalmology Review Programme Board meets on 15 September where the results of the Eye Health Needs Assessment will be presented.

#### Covalent and reporting developments

- 5.16 A full update on projects and programmes was shared with the Quality and Finance Committee. The internal system, Covalent, continues to be where progress and risks are captured.

### **6. Risks and Mitigations**

- 6.1 As part of the draft Financial Recovery Plan produced for the NHS England Area Team a revised approach has now been taken to the risk section of this report.
- 6.2 Wherever possible as many of the previously identified risks and mitigations have now been included within the actual forecast outturn position described earlier. Moreover, where mitigations effectively reduce the risks themselves, as opposed to requiring a specific additional action to ensure they are put in place, these have further reduced the remaining risk level. This significantly reduces the overall remaining level of financial risk from previous month's reports, but now reflects both the work done today to put the mitigations in place and the revised risk assessment.



6.3 The potential risks within this are detailed below:

**Table 6 – Potential Risks**

NONISFE	Risks	Full value £'m	Probability	Probable value £'m
Acute SLAs	Acute overtrades and non delivery of BCF	4.76	100%	4.76
<b>Total</b>		<b>4.76</b>	<b>100%</b>	<b>4.76</b>
QIPP Under-Delivery	Unidentified QIPP	1.12	100%	1.12
<b>Total</b>		<b>1.12</b>	<b>100%</b>	<b>1.12</b>
	<b>Total</b>	<b>5.88</b>		<b>5.88</b>

6.4 The **Acute overtrades** are based on an assessment of the YTD positions described earlier in this report and the likelihood of these continuing throughout the remainder of the year. This relates to activity growth, primarily non-elective and emergency, and non-delivery of BCF or QIPP schemes.

6.5 **Brought forward pressures** are now within the reported FOT.

6.6 A proportion of the **Unidentified QIPP** are now within the reported position, the overall risk remains the same.

6.7 **Non delivery of the BCF savings** are now included within the Acute overtrades as it is impossible to separately identify these and this is where the increased expenditure is being realised.

6.8 The CCG has therefore developed a series of contingency schemes to mitigate these risks. This form the basis of the principal action plan within the Financial Recovery Plan for 2015/16 and if they cannot be delivered at this level, alternatives will need to be found. The next draft of the FRP will include greater focus on recurrent actions from 2016/17 to ultimately ensure long-term financial sustainability.

**Table 7 – Contingencies**

NONISFE	Contingencies	£'m	Probability	value
Contingency Held				0.00
<b>Total</b>		<b>0.00</b>	<b>0%</b>	<b>0.00</b>
Investments Uncommitted				0.00
<b>Total</b>		<b>0.00</b>	<b>0%</b>	<b>0.00</b>
Non-Recurent Measures	Contract management (Ramsay, YAS etc)	0.81	100%	0.81
Non-Recurent Measures	Transfer from running costs	0.14	100%	0.14
<b>Total</b>		<b>0.96</b>	<b>100%</b>	<b>0.96</b>
Delay/ Reduce Investment Plans				0.00
<b>Total</b>		<b>0.00</b>	<b>0%</b>	<b>0.00</b>
Other Mitigations	CS proposals	0.13	100%	0.13
Other Mitigations	BCF inability to invest	3.96	100%	3.96
Other Mitigations	Further management of Prescribing expenditure	0.31	100%	0.31
<b>Total</b>		<b>4.39</b>	<b>100%</b>	<b>4.39</b>
Mitigations relying on potential funding	Quality Premium Payment	0.13	100%	0.13
Mitigations relying on potential funding	Co-commissioning allocation adjustment	0.41	100%	0.41
<b>Total</b>		<b>0.54</b>	<b>100%</b>	<b>0.54</b>
	<b>Total</b>	<b>5.88</b>		<b>5.88</b>

6.9 The **0.5% Contingency** has now been released into the position.

6.10 The **GP Innovation Fund** has been released into the position. The CCG has considered the initial bids from primary care GP practices in a Senior Management Team meeting and considers some of them to be beneficial and will explore these further with those practices to

ensure savings can be fully identified and released. Where bids do not meet the required criteria, this will be fed back to practices. The CCG will still consider investing in schemes that deliver against the primary objectives and requirements of this funding as set out by NHS England in the 2014/15 planning guidance and where a saving and return on the investment can be demonstrated.

- 6.11 The only remaining uncommitted investment is with regards to **Readmissions**, which has been released into the position.
- 6.12 There are a number of further **Contract management** actions the CCG intends to take, in particular with regards to YAS and Ramsay and the current FOT with each provider. YAS is with regards to the current payment approach for Urgent Care Practitioners and Ramsay with regards to working to reduce the current levels of activity.
- 6.13 Existing running cost underspends have already been reported in the FOT. The **Transfer from running costs** relates to additional actions the CCG could take to hold expenditure and management of the .
- 6.14 The CCG is now including **Applying contract penalties to acute providers** by reducing the acute over trade risk.
- 6.15 Initial discussions have already taken place with YTHFT and Scarborough and Ryedale CCG to explore a **system wide financial solution** to the trading position and penalty applications. A set of principles has been discussed and agreed with YTHFT with regards to a working to a FOT that is recognised and acknowledged by both organisations.
- 6.16 **Further contract adjustments** are now in the reported position as are the **Better Care Fund performance funds**.
- 6.17 The final set of **Commissioning Support (CS) proposals** is as previously reported.
- 6.18 Given the non-elective / BCF performance outlined earlier in this report and the fact that within the City of York (CYC) pooled budget a number of the partner schemes, in particular the Whole System Review (£4.3m), are not delivering, the CCG has started to work with CYC to identify the **amount of the BCF that the CCG is unable to invest**. A risk share arrangement was never agreed with CYC which leaves the financial risk of non-delivery sat wholly with the CCG which is not an acceptable position. The CCG has been clear with CYC in this regard but also in reaffirming its commitment to continue the joint working relationship developed so far. BCF plans that are not delivering need a whole system review by all partners to agree actions and plans that will deliver. Similar discussions have also taken place with North Yorkshire County Council.

- 6.19 The **Systems Resilience Group (SRG) contingency**, has been released into the position.
- 6.20 The **Further management of prescribing** aims to bring the current FOT closer to budget through a series of additional schemes totalling £310k. Significant further savings are required in prescribing to ensure this budget line is managed to the available resource and this is a specific topic for discussion at the forthcoming Council of Representatives meeting.
- 6.21 The final mitigations rely on additional income in the form of the **Quality Premium Payment** and the **Primary Care Co-Commissioning allocation** adjustment. The Quality Premium has now been calculated based on performance data currently available from 2014/15. The Primary Care adjustment relates to an anticipated resource transfer to correct an error and fully reconcile these budgets.

## 7. Working Capital

### Cash

- 7.1 At the end of Month 5, the CCG ledger cash book balance was £72k, within the target 1.25% (circa £350k) of drawdown maximum allowed.

### Code of Better Payment Practice

- 7.2 The value and volume of NHS invoices paid during August was at 94.09% and 99.67% 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.
- 7.3 Analysis of this month's performance appears to coincide with the CCG's decision to not pay the increased price for having an additional payment run each month. This will be reviewed and monitored on an on-going basis to establish if this is the case and alternative solutions found if possible. No further progress has been made with regards to NCAs and these cannot be transferred to the North of England Commissioning Support Unit in advance of November.

**Table 8 – NHS Creditors**

Month	Total paid No.	Paid on time No.	Paid within target %	Total paid £	Paid on time £	Paid within target %
Apr-15	224	223	99.55	25,531,878.72	25,531,768.72	100.00
May-15	139	138	99.28	27,311,615.22	27,311,598.01	100.00
Jun-15	160	151	94.38	24,530,141.01	24,505,339.39	99.90
Jul-15	202	201	99.50	28,277,799.45	28,276,356.60	99.99
Aug-15	237	223	94.09	26,344,179.72	26,256,700.35	99.67
	<b>962</b>	<b>936</b>	<b>97.30</b>	<b>131,995,614.12</b>	<b>131,881,763.07</b>	<b>99.91</b>

7.4 The value and volume of Non-NHS invoices paid during August was at 96.60% and 99.75% 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 9 – Non-NHS Creditors**

Month	Total paid	Paid on time	Paid within target	Total paid	Paid on time	Paid within target
	No.	No.	%	£	£	%
Apr-15	299	294	98.33	7,311,786.14	7,310,442.79	99.98
May-15	266	259	97.37	3,044,065.55	3,029,439.19	99.52
Jun-15	381	370	97.11	2,837,400.19	2,750,621.31	96.94
Jul-15	490	478	97.55	3,699,503.65	3,679,976.22	99.47
Aug-15	324	313	96.60	2,652,870.30	2,646,220.01	99.75
	<b>1760</b>	<b>1714</b>	<b>97.39</b>	<b>19,545,625.83</b>	<b>19,416,699.52</b>	<b>99.34</b>

7.5 The total outstanding Creditors are as follows:

**Table 10 – Creditors**

	1-4 weeks	1-4 weeks	5-8 weeks	5-8 weeks	> 9 weeks	> 9 weeks	Total	Total
	No.	£	No*	£*	No.	£	No.	£
As at August	251	2,211,005	178	2,912,561	491	1,964,184	920	7,087,750
As at July	228	1,758,106	188	433,785	441	1,440,667	857	3,632,558

7.6 The CCG remains in a strong position in terms of its outstanding debts with the majority due within 30 days.

**Table 11 – Total outstanding debtors**

August 2015		Days Overdue							Total
	No. of Invoices	Current	0-30	31-60	61-90	91-180	181-360	361+	£
		£	£	£	£	£	£	£	£
NHS England	1	5635	0	0	0	0	0	0	5,635
CCG's	6	41,470	763	0	0	0	0	9,775	52,008
Foundation Trusts	1	0	0	118	0	0	0	0	118
Councils	10	9,975	19,000	145	0	88,462	26,822	0	144,405
Other	3	19,561	0	0	0	592	0	0	20,153
	<b>21</b>	<b>76,641</b>	<b>19,763</b>	<b>263</b>	<b>0</b>	<b>89,055</b>	<b>26,822</b>	<b>9,775</b>	<b>222,319</b>
Aged Debt by Organisation		Days Overdue							Total
	No. of Invoices	Current	0-30	31-60	61-90	91-180	181-360	361+	£
		£	£	£	£	£	£	£	£
NHS England	1	5635	0	0	0	0	0	0	5,635
NHS East Riding Of Yorkshire CCG	1	0	0	0	0	0	0	9,775	9,775
NHS Central London (Westminster) CCG	1	0	463	0	0	0	0	0	463
NHS Herts Valleys CCG	2	0	300	0	0	0	0	0	300
NHS Portsmouth CCG	1	0	0	0	0	0	0	0	0
NHS Leeds South and East CCG'S	1	3,837	0	0	0	0	0	0	3,837
NHS Scarborough and Ryedale CCG	1	37,633	0	0	0	0	0	0	37,633
York Teaching Hospital NHS Foundation Trust	1	0	0	118	0	0	0	0	118
East Riding of Yorkshire Council	3	0	0	0	0	21,357	0	0	21,357
North Yorkshire County Council	4	3,952	0	0	0	67,105	26,822	0	97,880
City of York Council	2	6,023	19,000	145	0	0	0	0	25,168
Ramsay Healthcare	1	19,561	0	0	0	0	0	0	19,561
Other	2	0	0	0	0	592	0	0	592
	<b>21</b>	<b>76,641</b>	<b>19,763</b>	<b>263</b>	<b>0</b>	<b>89,055</b>	<b>26,822</b>	<b>9,775</b>	<b>222,319</b>

## 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
<b>Acute Services</b>						
York Teaching Hospital NHS Foundation Trust	70,749	73,116	(2,368)	173,830	173,830	0
Yorkshire Ambulance Service NHS Trust	5,511	5,511	0	13,225	13,225	0
Leeds Teaching Hospitals NHS Trust	3,378	3,139	239	8,305	8,066	239
Hull and East Yorkshire Hospitals NHS Trust	891	823	68	2,220	2,152	68
Harrogate and District NHS Foundation Trust	508	553	(44)	1,241	1,352	(112)
Mid Yorkshire Hospitals NHS Trust	751	839	(87)	1,804	1,885	(80)
South Tees NHS Foundation Trust	470	560	(90)	1,160	1,298	(139)
North Lincolnshire & Goole Hospitals NHS Trust	272	275	(3)	655	671	(16)
Sheffield Teaching Hospitals NHS Foundation Trust	83	101	(18)	200	219	(19)
Non-Contracted Activity	1,144	1,144	0	2,745	2,745	0
Other Acute Commissioning	39	39	0	94	94	0
Ramsay	3,225	3,494	(269)	8,008	8,517	(509)
Nuffield Health	1,484	1,445	40	3,641	3,547	94
Other Private Providers	273	363	(90)	656	798	(142)
Winter Pressures	693	646	47	1,198	1,142	55
<b>Sub Total</b>	<b>89,472</b>	<b>92,047</b>	<b>(2,575)</b>	<b>218,982</b>	<b>219,543</b>	<b>(560)</b>
<b>Mental Health Services</b>						
Leeds & York Partnerships NHS Foundation Trust	12,626	12,626	0	30,257	30,257	0
Humber NHS Foundation Trust	414	418	(4)	994	999	(4)
Tees Esk and Wear Valleys NHS Foundation Trust	474	474	0	1,137	1,137	0
Specialist Services	3,037	3,248	(210)	6,697	7,258	(561)
Non-Contracted Activity - MH	62	69	(7)	149	156	(7)
Other Mental Health	75	73	3	181	175	6
<b>Sub Total</b>	<b>16,689</b>	<b>16,908</b>	<b>(219)</b>	<b>39,416</b>	<b>39,982</b>	<b>(566)</b>
<b>Community Services</b>						
York Teaching Hospital NHS Foundation Trust - Community/ MSK	9,117	9,052	64	21,880	21,772	108
Harrogate and District NHS Foundation Trust - Community	1,863	1,942	(79)	4,471	4,639	(168)
Humber NHS Foundation Trust - Community	435	435	(0)	1,044	1,045	(0)
Hospices	489	489	0	1,175	1,174	0
Longer Term Conditions	146	146	0	350	350	0
Other Community	47	51	(5)	112	117	(5)
<b>Sub total</b>	<b>12,097</b>	<b>12,116</b>	<b>(19)</b>	<b>29,033</b>	<b>29,097</b>	<b>(64)</b>
<b>Other Services</b>						
Continuing Care	10,146	10,232	(86)	22,948	19,998	2,950
Funded Nursing Care	1,532	1,548	(16)	3,676	3,715	(38)
Patient Transport - Yorkshire Ambulance Service NHS Trust	731	730	1	1,755	1,754	1
Voluntary Sector / Section 256	321	320	1	771	770	1
Non-NHS Treatment	274	350	(76)	657	786	(129)
NHS 111	283	283	0	678	678	0
Better Care Fund	6,427	5,622	805	14,874	12,692	2,182
Other Services	76	152	(76)	182	337	(154)
<b>Sub total</b>	<b>19,789</b>	<b>19,236</b>	<b>553</b>	<b>45,542</b>	<b>40,730</b>	<b>4,812</b>
<b>Primary Care</b>						
Prescribing	20,312	20,945	(633)	49,384	50,504	(1,120)
Enhanced Services	566	549	17	1,359	1,350	9
Oxygen	117	94	23	282	225	56
Primary Care IT	438	437	0	1,050	1,050	0
Out of Hours	1,459	1,461	(2)	3,502	3,504	(2)
GP Innovation Fund	436	368	68	436	368	68
<b>Sub Total</b>	<b>23,328</b>	<b>23,854</b>	<b>(526)</b>	<b>56,013</b>	<b>57,001</b>	<b>(989)</b>
<b>Primary Care Co-Commissioning</b>						
General Practice	10,979	10,937	42	26,350	26,350	0
Premises Cost Reimbursement	1,908	1,902	6	4,579	4,579	0
Quality & Outcomes Framework (QOF)	1,700	1,710	(9)	4,081	4,081	0
Other Enhanced Services	1,027	1,021	6	2,464	2,464	0
Dispensing/Prescribing	744	724	20	1,786	1,786	0
Other GP Services	401	398	3	962	962	0
<b>Sub Total</b>	<b>16,759</b>	<b>16,691</b>	<b>68</b>	<b>40,221</b>	<b>40,221</b>	<b>0</b>
Running costs	3,115	3,022	93	7,476	6,862	614
	<b>181,249</b>	<b>183,873</b>	<b>(2,625)</b>	<b>436,682</b>	<b>433,435</b>	<b>3,247</b>
Prior year balances	0	601	(601)	0	601	(601)
Reserves	1,995	0	1,995	3,491	122	3,369
Contingency	1,488	0	1,488	1,972	0	1,972
Unallocated QIPP	(250)	0	(250)	(9,912)	(1,925)	(7,988)
	<b>3,233</b>	<b>601</b>	<b>2,632</b>	<b>(4,449)</b>	<b>(1,202)</b>	<b>(3,247)</b>
	<b>184,482</b>	<b>184,474</b>	<b>8</b>	<b>432,233</b>	<b>432,233</b>	<b>(0)</b>
<b>Surplus (1%)</b>	<b>1,644</b>	<b>0</b>	<b>1,644</b>	<b>3,945</b>	<b>0</b>	<b>3,945</b>
	<b>186,126</b>	<b>184,474</b>	<b>1,651</b>	<b>436,178</b>	<b>432,233</b>	<b>3,945</b>

## Appendix B – Detailed Running Costs

	Area	Ledger Forecast		
		Budget	Actual	Variance
		£000	£000	£000
<b>Pay</b>	ADMIN PROJECTS	106	105	1
	ADMINISTRATION & BUSINESS SUPPORT	253	225	29
	ASSURANCE	0	19	(19)
	CEO/ BOARD OFFICE	1,219	1,199	19
	CLINICAL SUPPORT	85	99	(14)
	COMMISSIONING	689	649	40
	CONTRACT MANAGEMENT	258	244	14
	CORPORATE GOVERNANCE	205	179	26
	FINANCE	304	274	30
	NURSING DIRECTORATE	0	0	(0)
	QUALITY ASSURANCE	403	328	75
		<b>3,521</b>	<b>3,320</b>	<b>201</b>
<b>Non Pay</b>	ADMIN PROJECTS	288	290	(2)
	ADMINISTRATION & BUSINESS SUPPORT	24	7	17
	ASSURANCE	0	0	0
	CEO/ BOARD OFFICE	5	10	(5)
	CLINICAL SUPPORT	65	43	22
	COMMISSIONING	19	88	(68)
	CONTRACT MANAGEMENT	4	4	(0)
	CORPORATE COSTS & SERVICES	0	1	(1)
	CORPORATE GOVERNANCE	301	126	175
	EDUCATION AND TRAINING	0	0	0
	FINANCE	632	634	(2)
	NURSING DIRECTORATE	303	303	0
	QUALITY ASSURANCE	114	117	(3)
	RISK MANAGEMENT	38	12	26
	QUALITY PREMIUM ADMIN	0	0	0
		<b>1,793</b>	<b>1,633</b>	<b>160</b>
<b>CSU</b>	CSU Contract	2,142	2,082	60
		<b>2,142</b>	<b>2,082</b>	<b>60</b>
<b>Income</b>	ASSURANCE	0	(19)	19
	CEO/ BOARD OFFICE	(10)	(10)	0
	COMMISSIONING	0	(23)	23
	CORPORATE COSTS & SERVICES	0	0	0
	FINANCE	(65)	(65)	0
	NURSING DIRECTORATE	0	0	0
	QUALITY ASSURANCE	(20)	(56)	36
		<b>(95)</b>	<b>(173)</b>	<b>78</b>
		<b>7,361</b>	<b>6,861</b>	<b>500</b>
	<b>Reserves</b>	115	0	115
	<b>Total</b>	<b>7,476</b>	<b>6,861</b>	<b>615</b>