

Item Number: 9

Name of Presenter: Michael Ash-McMahon and Rachel Potts

Meeting of the Governing Body

2 April 2015



Vale of York

Clinical Commissioning Group

Finance, Activity and QIPP Report

**Purpose of Report
For Information**

1. Rationale

To brief members on the financial position and achievement of key financial duties for 2014/15 (as at end of February 2015).

To provide details and assurance around the actions being taken.

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

2. Strategic Initiative Impact across all initiatives

- | | |
|--|---|
| <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"/> System resilience |

3. Actions / Recommendations

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

4. Engagement with groups or committees

N/A

5. Significant issues for consideration

0.57% Surplus delivered and over achieved for the Year To Date and Forecast Outturn
Target increase to 1% Programme and Running Cost Surplus Forecast Outturn met
Running Costs achieved
Operated within Cash Limit
95% of Creditors paid within 30 days met

6. Implementation

N/A

7. Monitoring

The Quality and Finance Committee receives a report each month.

8. Responsible Chief Officer and Title Michael Ash-McMahon, Interim Chief Finance Officer Rachel Potts, Chief Operating Officer	9. Report Author and Title Kathryn Wright, Interim Deputy Chief Finance Officer, and Fiona Bell, Deputy Chief Operating Officer and Innovation and Improvement Lead
10. Annexes Not applicable	

GOVERNING BODY: 2 APRIL 2015





Finance, Activity and QIPP Report



2. Month 11 Financial Position

2.1 Table 1 below shows that in overall terms the CGG is on track with the revised financial planned position with a £2.6m year to date surplus at Month 11. The table also highlights the delivery of the revised £3.8m forecast surplus to achieve the increased requirement for a 1% surplus on both Programme and Running Costs.

Table 1 – Vale of York CCG Month 11 Position

	Cumulative To Date			Forecast Outturn			Position from prior Month
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	
Programme	340,707	341,179	-473	374,473	374,291	181	
Running Costs	7,632	6,428	1,204	8,625	7,051	1,574	
Surplus (0.57)	1,920	0	1,920	2,094	0	2,094	
Overall Financial Position	350,258	347,607	2,651	385,192	381,343	3,849	

Allocations

2.2 There were no additional allocation adjustments in Month 11.

Table 2 – Allocation Reconciliation

Description	Recurrent/Non Recurrent	Annual Budget £'0000				Total
		Administration	Programme	Surplus	Prior Year Surplus	
Initial allocation		8,312	367,439	2,094	2,046	379,891
GPIT Allocation	Non-Recurrent		876			876
GPIT Transitional Allocation	Non-Recurrent		298			298
1415 RTT Funding	Non-Recurrent		823			823
Specialist Services at HEY	Recurrent		(1,738)			(1,738)
2014-15 CEOV and non-rechargeable services allocation adjustment	Non-Recurrent		(235)			(235)
Baseline Errors/Realignment (PropCo, Primary Care)	Recurrent		4,000			4,000
Specialist Services at YFT (CNS)	Recurrent		(692)			(692)
NR Support for Specialist Transfers	Non-Recurrent		800			800
Winter resilience Funding	Non-Recurrent		1,997			1,997
Winter resilience Funding (2nd Tranche)	Non-Recurrent		443			443
Capital Grant: North Yorkshire County Council - Central Equipment Purchases for Community Equipment Store	Non-Recurrent		95			95
Capital Grant: City of York Council - Central Equipment Purchases for Community Equipment Store	Non-Recurrent		150			150
Quality Premium awards 2013-14	Non-Recurrent		313			313
Mental Health Resilience 14/15	Non-Recurrent		167			167
LTH allocation adjustment - specialist	Recurrent		56			56
Community Pharmacy Fees	Non-Recurrent		42			42
Closing allocation		8,312	374,834	2,094	2,046	387,286

2.3 The overall Programme allocation is £378.9m 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.

3.2 In total, Programme Costs are now £473k worse than the Year to Date (YTD) plan, with a surplus of £1.4m. Overall between the Programme and Running Costs the CCG is forecasting to meet its overall target surplus requirement, including the additional national Continuing Healthcare legacy risk pool of £888k, with an additional increased target surplus of 1% for both Programme and Running Costs.

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 Services	199,172	201,208	(2,036)	218,765	221,069	(2,305)
Mental Health Services	33,981	35,102	(1,121)	37,055	38,139	(1,084)
Community Services	26,402	26,115	287	28,814	28,513	302
Other Services	29,887	27,535	2,352	32,236	29,649	2,587
Primary Care	51,387	51,219	169	56,159	56,001	158
Trading Position	340,829	341,179	(350)	373,029	373,370	(341)
Reserves	2,274	0	2,274	4,059	921	3,138
Contingency	1,685	0	1,685	1,838	0	1,838
Unallocated QIPP	(4,082)	0	(4,082)	(4,453)	0	(4,453)
Financial Position	340,707	341,179	(473)	374,473	374,291	181
Surplus (0.57%)	1,920	0	1,920	2,094	0	2,094
Overall Financial Position	342,626	341,179	1,447	376,567	374,291	2,275

Acute Services

- 3.3 The Acute Services position shows a YTD overspend of £2.04m, a decline from the previous month.
- 3.4 The overspends are as previously reported and are due to increased activity within Ramsey and Nuffield relating to the Referral to Treatment Target (RTT). The Yorkshire Ambulance Service (YAS) anticipated year end position and additional activity at Leeds Teaching Hospitals. A further adjustment has had to be made to the Leeds position to correct a final 2013/14 year end position which equated to a £287k pressure.
- 3.5 It should also be noted that North Yorkshire and Humber CCGs this month agreed a final Specialist adjustment in relation to Hull and East Yorkshire Foundation Trust. This will result in an allocation reduction, but has been represented as increased expenditure in Month 11 until actioned.

Mental Health Services

- 3.6 The overall Mental Health position has worsened since last month by £146k. The Mental Health Out of Contract spend has increased from the prior month reported outturn, which has seen a slight off-set by a reduction in the Continuing Healthcare spend due to data cleansing.

Community and Other Services

- 3.7 There have been no material movements compared to previous months.

Primary Care

- 3.8 Primary care continues to underspend. The YTD prescribing position is based on Month 9 data.
- 3.9 Out of Hours YTD is £117k underspent with a prudent FOT of £132k under.

Reserves and Contingency

- 3.10 There has been a detailed review of reserves resulting in a number of adjustments, favourable and unfavourable, to help support the delivery of the increased 1% surplus.

4. Expenditure – Running Costs

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

Table 4 – 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	3,627	3,116	511	3,949	3,376	572
Non-Pay	1,690	1,244	446	1,816	1,412	404
Commissioning Support Unit	2,318	2,320	(2)	2,528	2,531	(3)
Income	(180)	(252)	72	(186)	(268)	82
	7,455	6,428	1,027	8,106	7,051	1,055
Reserves	177	0	177	519	0	519
Total	7,632	6,428	1,204	8,625	7,051	1,574

4.2 The Pay budgets continue to underspend due to the number of vacancies that currently exist.

4.3 The FOT has improved from the previous month following a review of non-pay expenditure and reserves.

5. QIPP Project Update

5.1 A full list of schemes were presented to the March Governing Body Workshop and outlined in 3 key categories:

- schemes which are already in progress and which will continue into the new financial year
- schemes currently being actively worked up for consideration
- schemes to be considered when capacity becomes available

It is important to note that not all of the schemes which were outlined for consideration will progress to implementation once they have been investigated further, but it does show how the teams are constantly reviewing additional opportunities for efficiencies and improvements.

Key updates are outlined below:

5.2 Out of Hours Procurement

OOH GP services mobilisation is well underway, with regular weekly meetings ongoing. All 1:1 discussions have been completed, induction sessions at the start of the new service are booked in and rotas are covered for the first quarter, including additional clinical and managerial support over the Easter period. A number of contractual and performance issues have been resolved over the last month to the satisfaction of both parties. Interviews for a local clinical lead for the service will be held during April. Logistically issues around IT, estates, admin hubs, and connectivity to other systems such as NHS111 are

resolved, with future action plans now in place where change is required. Close monitoring of performance will be taking place during April 2015.

5.3 System Resilience – Urgent Care

All Tranche 1 (T1) winter schemes which have worked well and have evidence/ early indications of positive impact have been prioritised for recurrent funding throughout 2015/16 by both CCGs using the operational resilience funding included in CCG baseline allocations. These have been shared and were discussed at the System Resilience Group (SRG) on Thursday 26th February 2015. Additionally both Vale of York and Scarborough Ryedale CCGs have formally written to providers confirming the process for prioritisation of T1 schemes, as well as which schemes will not continue. The majority of schemes that will not continue had already been cancelled before the 31st March due to lack of data and/or inability to recruit/commence new and enhanced roles and this has been monitored and audited through the internal SRG tracker. Vale of York CCG has also identified a contingency resilience fund from their allocation to support periods of escalation in the Emergency Department (ED) which will be used to support continued funding of schemes during April 2015 covering the Easter period.

The Unplanned Care Working group is then working to identify the additional periods of escalation requiring additional staffing capacity during 2015/16 and allocate funding as appropriate. Therefore there are a number of schemes which involve basic uplifts of staff capacity in ED at YTHFT funded through additional operational resilience funding during October 2014 to March 2015 that will continue to be funded in April 2015 but are not included within the prioritised list of schemes for full-year recurrent funding.

5.4 Mental Health Procurement

The procurement has now closed to new bidders and the process of reviewing and evaluating the received bids has now commenced. The project remains on track at the present time.

5.5 Community/Integrated Care Programme

The bid submitted by partners across the Vale of York locality for Vanguard status has unfortunately not been successful, however work continues to develop the vision for an integrated community system. A very successful development workshop was held with key stakeholders on 11th March, with all major partners represented at the highest level. The commitment to continue with this approach, and to develop together an outcomes based commissioning framework, and new provider form to respond to future opportunities was extensively supported. Next steps are currently being drafted for consultation.

In terms of current community services, work has now started with the main providers (York Trust and Harrogate) to describe a process aimed at improving our understanding of current services. This will be done in partnership with providers and will set a baseline upon which we can reference and check future service developments. The initial focus is on equipment and wheelchair services, and on case management/community matrons and specialist nurses.

5.6 Cancer

a successful GP update evening was held last week with a large number of GP's attending the workshop to update on core pathways. This is the latest in a very successful programme of GP education, and more events are currently being planned.

5.7 Ophthalmology Review

Stage 2 work for the ophthalmology review has been completed and the draft report is expected week ending 20th March 2015. The recommendations from the report will be discussed at SMT on 31st March where next steps and implementation of recommendations will be agreed.

5.8 Spinal Cord Injuries Review

The draft report of the review of spinal chord injuries pathways and services is due week ending 20th March. Whilst it is unlikely that recommendation of the report will generate any efficiencies, it is expected to highlight areas of poor practice in relation to the patient journey, especially around the assessment and provision of specialist wheelchairs and around continence services and support. Once submitted to SMT, next steps around pathway improvements and future commissioning requirements will be agreed to ensure an effective and quality service for these individuals.

5.9 MSK Procurement

The procurement of this service is currently on track with the team currently responding to questions from potential providers. The closing date for questions is 18th March, with the tender return date set at 25th March 2015.

6. Risk

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

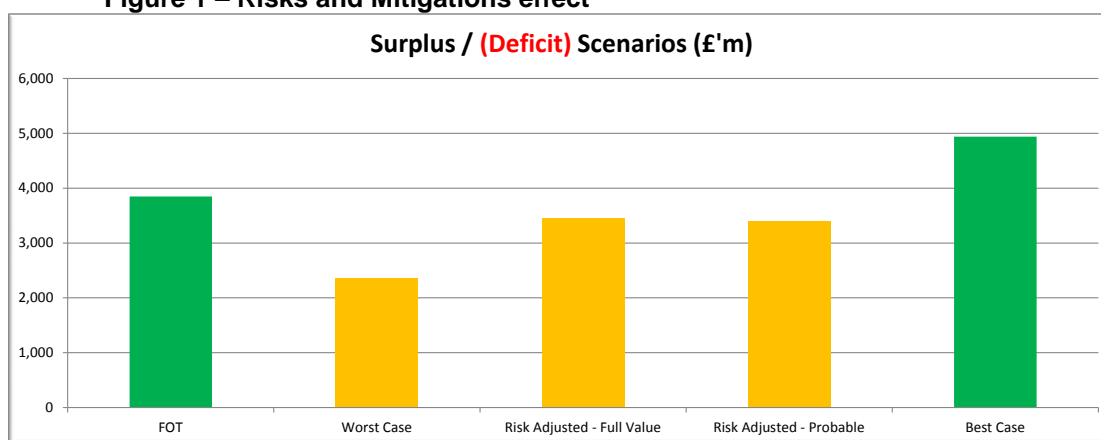
Worst Case – Full value of all risks realised with no contingencies

Risk Adjusted – Full Value – Full value of risks and contingencies

Risk Adjusted – Probable Value – 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 Worst case position has reduced slightly and the best case has increased in line with meeting the 1% surplus plus the additional national increased surplus for the Continuing Healthcare Risk Pool. The potential risks within this are detailed below.

Table 6 – Potential Risks

NONISFE	Risks	Full value £'m	Probability	Probable value £'m
Acute SLAs	Q4 additional acute pressures	1.00	100%	1.00
Total		1.00	100%	1.00
Other Risks	IVF backlog provision, impairment	0.49	100%	0.49
Total		0.49	100%	0.49
	Total	1.49		1.49

6.3 The **Q4 additional acute pressures** include an assessment of potential year-end negotiations with all Acute providers.

6.4 The **IVF backlog provision and impairment** issues are in the process of being reassessed as part of the CCG's review of reserves to deliver the 1% surplus. At the time of writing this report a definitive position has not yet been reached on the value of these, therefore the risk is that these have to be provided for wholly in line with the original assessments.

- 6.5 The CCG has therefore developed a series of contingency schemes to mitigate these risks.

Table 7 – Contingencies

NONISFE	Contingencies	£'m	Probability	value
Other Mitigations	Apply contract penalties	1.03	100%	1.03
Other Mitigations	YAS CQUIN	0.06	25%	0.01
Total		1.09	96%	1.05
	Total	1.09		1.05

- 6.6 **Apply contract penalties** – The CCG is not currently planning for any financial penalties to be applied and would prefer to work constructively with providers to help resolve any poor performance. Nevertheless, these remain as contract levers and could be applied.

- 6.7 **YAS CQUIN** – potential non achievement of CQUIN for Quarter 4.

- 6.8 Overall the contingencies have reduced from Month 10.

7. Working Capital

Cash

- 7.1 At the end of Month 11, the CCG ledger cash book balance was £232k, within the target 1.25% (circa £350k) of drawdown maximum allowed. This is a national change from 5% (£1.4m) from previous months.

Code of Better Payment Practice

- 7.2 The value and volume of NHS invoices paid during February was at 99.33% and 98.15% 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 8 – 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
Jul-14	210	205	97.62	26,300,796.25	26,255,451.07	99.83
Aug-14	298	297	99.66	25,077,771.29	25,076,409.94	99.99
Sep-14	246	245	99.59	24,758,714.22	24,752,464.22	99.97
Oct-14	321	320	99.69	24,941,240.96	24,928,016.14	99.95
Nov-14	296	294	99.32	25,420,057.51	25,413,504.45	99.97
Dec-14	201	200	99.50	25,443,673.87	25,439,611.87	99.98
Jan-15	204	203	99.51	27,711,562.16	27,711,489.75	100.00
Feb-15	325	319	98.15	25,002,869.82	24,835,485.96	99.33
	2929	2885	98.50	280,672,730.86	280,310,490.31	99.87

7.3 The value and volume of Non-NHS invoices paid during February was at 99.31% and 97.59% 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-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
Jul-14	332	319	96.08	2,193,770.62	2,123,978.14	96.82
Aug-14	259	254	98.07	2,059,629.22	2,038,327.51	98.97
Sep-14	300	300	100.00	2,160,108.06	2,160,108.06	100.00
Oct-14	374	371	99.20	1,952,348.43	1,950,962.31	99.93
Nov-14	291	290	99.66	2,540,961.03	2,539,711.03	99.95
Dec-14	267	265	99.25	2,924,084.34	2,902,338.69	99.26
Jan-15	333	318	95.50	2,165,844.27	2,100,966.81	97.00
Feb-15	291	284	97.59	2,970,990.67	2,950,569.45	99.31
	3208	3150	98.19	27,315,789.35	27,088,527.68	99.17

7.4 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 February	129	2,121,272	90	579,897	204	841,504	423	3,542,673
As at January	75	1,170,161	93	929,750	199	712,576	367	2,812,487

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

Table 11 – Total outstanding debtors

February 2015	No. of Invoices	Current	Days Overdue						Total
			0-30	31-60	61-90	91-180	181-360	361+	
		£	£	£	£	£	£	£	
NHS England	1	1,500	0	0	0	0	0	1,500	
CCG's	7	189,032	17,684	0	0	0	9,775	216,491	
Councils	6	622,750	106,076	70,345	0	0	31,925	831,096	
Other	5	0	22,042	0	0	0	0	22,042	
	19	813,282	145,802	70,345	0	0	41,700	1,071,129	
Aged Debt by Organisation	No. of Invoices	Current	Days Overdue						Total
		£	£	£	£	£	£	£	
NHS England	1	1,500	0	0	0	0	0	1,500	
NHS East Riding Of Yorkshire CCG	2	0	300	0	0	0	9,775	10,075	
Harrogate and Rural District CCG	2	184,242	0	0	0	0	0	184,242	
Other CCG's	2	4,790	0	0	0	0	0	4,790	
Wakefield CCG	1	0	17,384	0	0	0	0	17,384	
East Riding of Yorkshire Council	1	0	0	0	0	0	14,512	14,512	
North Yorkshire County Council	4	0	106,076	70,345	0	0	17,413	193,834	
City Of York Council	1	622,750	0	0	0	0	0	622,750	
Other	5	0	22,042	0	0	0	0	22,042	
	19	813,282	145,802	70,345	0	0	41,700	1,071,129	

8. Contract Management Board (CMB) Summaries

8.1 **York FT** – The forecast trading position for 2015/16 is an expected an under-trade of £2.1m, including penalties (£1.2m) and contract agreed contract adjustments and challenges (£2m).

8.2 During quarter 3, emergency admissions overtraded significantly by £1.8m above plan, however the CCG is not liable to pay for £1.1m worth of this activity due to the non-elective marginal rate adjustment. The quarter 3 position is £128k above plan overall (including penalties and contract adjustments).

Table 12 below provides a summary of the cumulative contract trading position up to December 2014.

Table 12 – York FT Contract Trading Position Summary (January year to date)

Point of Delivery (POD)	Plan	Actual	Var.	%
Daycase	16,823,708	15,619,248	(1,204,460)	(7%)
Elective	10,547,124	8,886,532	(1,660,592)	(16%)
Emergency	41,062,354	45,084,302	4,021,949	10%
Non-Emergency	5,708,675	5,729,201	20,526	0%
Accident & Emergency	5,878,597	6,663,343	784,746	13%
First Outpatient Attendances	9,300,098	9,334,456	34,358	0%
Follow Up Outpatient Attendances	10,785,494	11,160,882	375,388	3%
Outpatient Procedures	5,103,648	3,805,674	(1,297,975)	(25%)
Outpatient Non Face to Face	151,196	117,512	(33,685)	(22%)
Unbundled HRGs	861,169	1,336,727	475,558	55%
Non SUS	30,349,894	30,223,968	(125,926)	(0%)
Non SUS - Pass Through	9,568,834	10,037,757	468,923	5%
Non-Elective Threshold Adjustment	(1,147,681)	(3,807,771)	(2,660,090)	232%
Re-Admission Adjustment	(851,991)	(884,971)	(32,980)	4%
CQUIN	3,334,114	3,331,728	(2,386)	(0%)
Challenges	(1,368,133)	(1,706,290)	(338,157)	25%
Sub-Total	146,107,099	144,932,297	(1,174,802)	(1%)
Penalties	0	(1,003,168)	(1,003,168)	-
Other Adjustments	0	0	0	-
Total	146,107,099	143,929,129	(2,177,971)	(1%)

8.3 **YAS** – 2015/16 contract planning and negotiations are still being discussed across the Yorkshire and Humber Collaborative group. YAS have stated that they require more funding in 2015/16 in order to improve performance, however one of the main reasons why performance is challenged is due to a significant level of paramedic vacancies and the difficulties in recruiting due to the national shortage. The Collaborative group have suggested therefore that the only way to improve performance is to reduce demand and there are some initial discussions around finding alternative ways to commission Green 4's to free capacity for red emergency calls.

8.4 **Leeds and York Partnership NHS Foundation Trust (LYPFT) –** Significant progress has been made against the estates issues previously identified.

- Acomb Garth – works to be completed by August.
- Worsley Court – works completed
- Outstanding issue with CAMHS facility in Selby - need long term solution.

8.5 Section 136 Facility - The December 2014 activity report showed a total of 20 cases. The group agreed that the low number was good. However, the section 136 suite was a large resource for such a small number. The low number may be a result of Street Triage. Agreed that the figures needed monitoring as the service may need to be re-designed if there were continuous low numbers.

8.6 **CQC action plan** submitted Friday 13th Feb. Addressed all of the quality improvement issues identified at inspection



Appendix A – Detailed Programme Costs

	Cumulative To Date			Forecast Outturn		
	Month 9			Month 12		
	Budget	Actual	Variance	Budget	Actual	Variance
	£000	£000	£000	£000	£000	£000
Acute Services						
York Teaching Hospital NHS Foundation Trust	160,288	158,924	1,364	175,097	173,823	1,273
Yorkshire Ambulance Service NHS Trust	10,423	11,169	(746)	11,371	12,152	(781)
Leeds Teaching Hospitals NHS Trust	7,083	7,774	(691)	7,750	8,462	(712)
Hull and East Yorkshire Hospitals NHS Trust	1,879	1,850	30	2,078	2,025	53
Harrogate and District NHS Foundation Trust	1,236	1,234	2	1,352	1,348	4
Mid Yorkshire Hospitals NHS Trust	1,750	1,816	(66)	1,914	1,962	(48)
South Tees NHS Foundation Trust	992	1,040	(48)	1,085	1,143	(58)
North Lincolnshire & Goole Hospitals NHS Trust	462	608	(146)	504	663	(159)
Sheffield Teaching Hospitals NHS Foundation Trust	182	176	6	199	192	7
Non-Contracted Activity	2,529	2,489	40	2,759	2,696	64
Other Acute Commissioning	359	359	(0)	392	392	0
Ramsay	7,675	8,460	(785)	8,328	9,204	(876)
Nuffield Health	2,860	3,593	(733)	3,120	3,907	(787)
Other Private Providers	345	607	(262)	376	659	(283)
Winter Pressures	1,108	1,108	(0)	2,440	2,440	0
Sub Total	199,172	201,208	(2,036)	218,765	221,069	(2,305)
Mental Health Services						
Leeds & York Partnerships NHS Foundation Trust	26,922	24,858	2,064	29,370	27,143	2,227
Humber NHS Foundation Trust	865	884	(19)	943	964	(20)
Tees Esk and Wear Valleys NHS Foundation Trust	1,263	1,097	166	1,378	1,129	249
Specialist Services	4,349	7,863	(3,514)	4,744	8,467	(3,723)
Non-Contracted Activity - MH	202	90	112	220	120	100
Other Mental Health	381	310	71	400	316	84
Sub Total	33,981	35,102	(1,121)	37,055	38,139	(1,084)
Community Services						
York Teaching Hospital NHS Foundation Trust - Community / MSK	19,805	19,804	1	21,618	21,612	6
Harrogate and District NHS Foundation Trust - Community	4,171	3,861	310	4,550	4,245	305
Humber NHS Foundation Trust - Community	990	991	(0)	1,081	1,081	0
Hospices	1,075	1,077	(2)	1,173	1,175	(2)
Longer Term Conditions	321	336	(15)	350	351	(1)
Other Community	39	46	(6)	43	50	(7)
Sub total	26,402	26,115	287	28,814	28,513	302
Other Services						
Continuing Care	20,844	19,946	898	22,435	21,400	1,035
Funded Nursing Care	3,831	3,324	506	4,179	3,627	552
Patient Transport - Yorkshire Ambulance Service NHS Trust	1,732	1,745	(13)	1,890	1,906	(16)
Voluntary Sector / Section 256	1,456	696	760	1,579	758	821
Non-NHS Treatment	606	709	(103)	661	774	(112)
NHS 111	600	592	8	655	657	(2)
Other Services	817	522	296	837	527	310
Sub total	29,887	27,535	2,352	32,236	29,649	2,587
Primary Care						
Prescribing	44,675	44,564	112	48,839	48,750	89
Enhanced Services	1,158	1,200	(42)	1,264	1,303	(38)
Oxygen	256	234	22	279	260	19
Primary Care IT	1,076	1,076	0	1,174	1,174	0
Out of Hours	3,669	3,551	117	4,002	3,870	132
Other Primary Care	553	594	(40)	600	644	(44)
Sub Total	51,387	51,219	169	56,159	56,001	158
	340,829	341,179	(350)	373,029	373,370	(341)
Reserves	2,274	0	2,274	4,059	921	3,138
Contingency	1,685	0	1,685	1,838	0	1,838
Unallocated QIPP	(4,082)	0	(4,082)	(4,453)	0	(4,453)
	(123)	0	(123)	1,444	921	523
	340,707	341,179	(473)	374,473	374,291	181
Surplus (0.57%)	1,920	0	1,920	2,094	0	2,094
	342,626	341,179	1,447	376,567	374,291	2,275

Appendix B – Detailed Running Costs

	Area	Year to Date			Forecast as per Spreadsheets		
		Budget	Actual	Variance	Budget	Actual	Variance
		£000	£000	£000	£000	£000	£000
Pay							
	ADMIN PROJECTS	97	51	47	106	56	50
	ADMINISTRATION & BUSINESS SUPPORT	204	170	34	223	186	37
	ASSURANCE	95	128	(33)	95	132	(36)
	CEO/ BOARD OFFICE	1,075	1,018	57	1,173	1,112	61
	CLINICAL SUPPORT	109	78	31	119	89	30
	COMMISSIONING	670	534	136	731	590	141
	CONTRACT MANAGEMENT	246	209	37	270	229	41
	CORPORATE GOVERNANCE	172	136	37	188	151	37
	FINANCE	313	247	67	340	266	74
	NURSING DIRECTORATE	281	313	(32)	307	297	10
	QUALITY ASSURANCE	364	233	131	396	267	130
		3,627	3,116	511	3,949	3,376	572
Non Pay							
	ADMIN PROJECTS	56	45	11	61	48	13
	ADMINISTRATION & BUSINESS SUPPORT	18	3	16	20	3	17
	ASSURANCE	0	(0)	0	0	(0)	0
	CEO/ BOARD OFFICE	27	23	4	29	24	5
	CLINICAL SUPPORT	41	46	(5)	45	51	(6)
	COMMISSIONING	9	62	(52)	10	67	(57)
	CONTRACT MANAGEMENT	4	4	(0)	4	4	(0)
	CORPORATE COSTS & SERVICES	547	527	20	597	538	58
	CORPORATE GOVERNANCE	12	8	4	13	9	4
	EDUCATION AND TRAINING	237	248	(11)	259	317	(58)
	FINANCE	145	143	2	158	155	3
	NURSING DIRECTORATE	47	0	47	51	49	2
	PATIENT AND PUBLIC INVOLVEMENT	13	(5)	18	14	(5)	19
	QUALITY ASSURANCE	190	108	82	208	117	91
	RISK MANAGEMENT	32	33	(1)	35	36	(1)
	QUALITY PREMIUM ADMIN	313	0	313	313	0	313
		1,690	1,244	446	1,816	1,412	404
Commissioning Support Unit							
	CSU Contract	2,318	2,320	(2)	2,528	2,531	(3)
		2,318	2,320	(2)	2,528	2,531	(3)
Income							
	ASSURANCE	(95)	(128)	33	(95)	(132)	36
	CEO/ BOARD OFFICE	0	0	0	0	0	0
	COMMISSIONING	0	(11)	11	0	(11)	11
	CORPORATE COSTS & SERVICES	(72)	(61)	(11)	(78)	(66)	(12)
	FINANCE	0	0	(0)	0	0	0
	QUALITY ASSURANCE	(13)	(52)	39	(13)	(58)	46
		(180)	(252)	72	(186)	(268)	82
		7,455	6,428	1,027	8,106	7,051	1,055
	Reserves	177	0	177	519	0	519
	Total	7,632	6,428	1,204	8,625	7,051	1,574