Yorkshire and the Humber Strategic Health Authority **BOARD MEETING**	NHS Yorkshire and the Humber
Date: 26 January 2010	**Report Author:** Quality Observatory, Mike Curtis, Jackie Brittan

Title of paper: Performance and Finance Report

Actions Requested:
The Board is asked to note the newly amalgamated Performance and Finance Report.

Governance Requirements

SHA Objectives supported by this paper:
This paper links to our current performance and financial objectives and our assurance function

Risk Management:
12.1 – Failure to achieve and sustain financial stability across Yorkshire and the Humber within and across health economies
14.1 Lack of capacity within organisations to deliver and sustain national targets and expectations

Board Assurances:
- *The paper reports that performance is on track in the NHS in Yorkshire and the Humber*
- *The paper reports that the current financial standing of the SHA is on track.*
- *The paper confirms that the SHA area, in aggregate, is forecasting delivery of 2009/10 targets*
- *The paper confirms that there is a process in place to manage the impact of risks associated with this arena of business and specifically against the forecasted deficit at North Yorkshire and York PCT.*

Risk Assessment:
- *Financial risks have been assessed and no gaps in control mechanisms or assurances that have been identified as a result.*

Communication (including public and patient involvement):
- *The relevant audiences affected by the publication of this report have been contacted. Provision is in place to handle public enquiry.*

Resource Implications:
The resource implications are associated with the investment of the surplus in the next few years. This is addressed as part of the medium term financial strategy.

Legal Implications: *n/a*

Equality and Diversity:
This paper meets the requirements of the equality and diversity agenda.

NHS Constitution: This paper is compliant with the NHS Constitution

Yorkshire and the Humber Strategic Health Authority

26 January 2010

Performance and Finance Report

1. Joint Report – Performance and Finance

1.1. Following the appointment of the Acting director of Performance to Director of Intelligence, Innovation and Quality at Barnsley PCT, the Chief Executive informed the board (18/12/09) that he was to realign directorate responsibility and amalgamate the finance and performance roles.

1.2. This action helps to align the SHA to business model (under the assurance & accountability function) and will reduce management costs. Responsibility for performance will therefore pass to Rob Cooper, Deputy Chief Executive and Director of Finance in early May.

1.3. This report reflects that change and contains the following sections:

- Section 1: Performance and Quality update
- Section 2: (a) Finance Report Yorkshire and the Humber SHA
  (b) 2009/10 Financial Position across Yorkshire and the Humber Health Economy as Reported at Month 8

There are also appendixes, containing greater detail contained within the accompanying papers.

1.4. Our intention is, that from April 2010 board will receive a joint **Assurance & Accountability Report** (covering Performance & Quality and Finance) will be taken at each board meeting and further detail will to made available board members either electronically (in real time once SharePoint system is fully activated) or on paper if preferred.

1.5. From April 2010 the report will also contain a Healthy Ambitions data set It is our aim to include workforce data in the same report as and when we are able to do so. This will provide board members with a balanced score card and extending the opportunity for members to enquire in greater detail if they require.

1.6. Following requests from board members for the provision of information cut by institution/health economy rather than by function, we prepare options for your comment. The most popular and useful form will be taken forward.

Brian Hughes
Acting Director of Performance

Rob Cooper
Deputy Chief Executive and Director of Finance & Investment
January 2010

NHS Yorkshire and the Humber

Section 1:

Performance and Quality Update for

January 2010 SHA Board Meeting

January 26th 2010

Produced by Yorkshire and the Humber Quality Observatory

Performance and Quality Report: Executive Summary

NHS Yorkshire and the Humber

18 Weeks is being delivered in aggregate in most organisations, but a number of challenges remain in terms of individual specialties. Nationally, the clearance of backlogs (i.e. patients waiting longer than 18 weeks) has become a priority. The SHA is closely monitoring the effects of winter, and specifically elective cancellations, on 18 Week performance

The **A&E** target of 98% is being delivered on a year to date basis in all Trusts. However, slippage of performance over the winter period will put Trusts at risk where there hasn't been clear over-performance/headroom. SHA modelling

Ambulance performance continues to be challenged, particularly because of the recent weather. The SHA continues to work closely with YAS on its recovery plans

A number of PCTs are under-performing against the 62-day **cancer** target.

The SHA has started to report against a number of **quality indicators**.

Overall performance against **MRSA** and **C. Diff** trajectories is good with few exceptions.

Hospital Standardised Mortality Rates are within expected range or better than expected range and the SHA is now monitoring these on a monthly basis in line with the Dr Foster Good Hospital Guide analysis. The SHA is also implementing a monthly analysis of Dr Foster data across a broad spectrum of clinical groups.

Healthy Ambitions indicators will be included in this report from April 2010. The final sheet of this section reminds the board of those areas that will be reported against from that date.

18 Weeks: maximum wait for treatment

NHS Yorkshire and the Humber

Admitted patients – 90% operational standard, Oct 09

	SHA	Name	% within 18 weeks	number of failing specialties	No. PCTs missing performance target
1	Q33	EAST MIDLANDS STRATEGIC	95.0%	1	1
2	Q30	NORTH EAST STRATEGIC HE	94.6%	2	0
3	Q34	WEST MIDLANDS STRATEGIC	93.9%	1	1
4	Q32	YORKSHIRE AND THE HUMBE	93.2%	2	0
5	Q36	LONDON STRATEGIC HEALTH	92.9%	3	4
6	Q35	EAST OF ENGLAND STRATEG	92.8%	2	0
7	Q37	SOUTH EAST COAST STRATE	92.7%	1	1
8	Q39	SOUTH WEST STRATEGIC HE	92.4%	2	1
9	Q31	NORTH WEST STRATEGIC HE	92.2%	3	3
10	Q38	SOUTH CENTRAL STRATEGIC	91.0%	5	2

Non-admitted patients – 95% operational standard, Oct 09

	SHA	Name	% within 18 weeks	number of failing specialties	No. PCTs missing performance target
1	Q30	NORTH EAST STRATEGIC HE	98.2%	0	0
2	Q32	YORKSHIRE AND THE HUMBE	97.9%	1	0
3	Q39	SOUTH WEST STRATEGIC HE	97.9%	0	0
4	Q34	WEST MIDLANDS STRATEGIC	97.8%	1	0
5	Q33	EAST MIDLANDS STRATEGIC	97.8%	1	0
6	Q36	LONDON STRATEGIC HEALTH	97.7%	1	1
7	Q37	SOUTH EAST COAST STRATE	97.7%	0	0
8	Q31	NORTH WEST STRATEGIC HE	97.4%	1	0
9	Q35	EAST OF ENGLAND STRATEG	97.4%	3	0
10	Q38	SOUTH CENTRAL STRATEGIC	97.3%	3	1

Commentary

The standards of 90% (admitted patients) and 95% (non-admitted patients) for the 18 Weeks Referral-To-Treatment target are being delivered in aggregate by all commissioners across the SHA.

For 2009-10 organisations must deliver across all specialties (treatment functions) in quarter 4. Whilst most trusts and PCTs are on trajectory to achieve this, there are some organisations who face a challenge in meeting this target, and there are a small number of specialties which present a challenge to all organisations. The SHA is working closely with acute trusts and PCTs to support delivery in all specialties.

There is also a focus on organisations clearing any backlogs of patients who have already waited over 18 weeks without beginning their treatment. Performance has dipped for some acute trusts in recent months as they clear this backlog.

18 Weeks: maximum wait for treatment

NHS Yorkshire and the Humber

Admitted patients – by Trust and specialty, 90% operational standard, October 2009

	AIREDALE NHS TRUST	BARNSLEY HOSPITAL NHS FOUNDATION TRUST	BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	DONCASTER AND BASSETLAW HOSPITALS NHS FOUNDATION TRUST	HARROGATE AND DISTRICT NHS FOUNDATION TRUST	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	LEEDS TEACHING HOSPITALS NHS TRUST	MID YORKSHIRE HOSPITALS NHS TRUST	NORTHERN LINCOLNSHIRE AND GOOLE HOSPITALS NHS FOUNDATION TRUST	SCARBOROUGH AND NORTH EAST YORKSHIRE HEALTH CARE NHS TRUST	SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	THE ROTHERHAM NHS FOUNDATION TRUST	YORK HOSPITALS NHS FOUNDATION TRUST
Cardiology	92.5%	93.3%	98.3%	100.0%		93.8%	90.1%	95.9%	100.0%		92.3%		94.1%	100.0%	
Cardiothoracic Surgery							98.1%	86.3%					95.2%		
Dermatology		96.7%						70.4%					93.9%	100.0%	
ENT	90.9%	92.9%	92.5%	94.5%	97.8%	92.3%	84.3%	73.0%	88.9%	100.0%	94.4%		90.2%	100.0%	97.6%
Gastroenterology	100.0%	100.0%	98.0%				100.0%	98.1%	99.7%	100.0%	98.4%		98.9%	100.0%	
General Medicine	100.0%	90.9%	100.0%	100.0%	99.6%	100.0%	100.0%		100.0%	92.0%	97.7%			98.5%	100.0%
General Surgery	97.4%	96.3%	90.1%	93.7%	96.8%	98.3%	90.2%	79.0%	95.5%	100.0%	91.5%		92.2%	99.0%	90.9%
Geriatric Medicine											100.0%		100.0%		
Gynaecology	97.1%	100.0%	95.2%	100.0%	98.3%	95.5%	99.3%	90.0%	95.4%	97.4%	90.7%		90.7%	95.8%	74.7%
Neurology							100.0%	100.0%					100.0%		
Neurosurgery							91.3%	61.8%					61.1%		
Ophthalmology	92.3%		92.2%	94.6%	98.0%	95.5%	96.5%	97.3%	94.8%	97.6%	78.0%		98.9%	89.7%	78.3%
Oral Surgery	72.7%	100.0%	93.0%	100.0%	97.4%	92.3%	85.3%	79.5%	93.9%	100.0%	96.4%	100.0%	90.8%	99.1%	93.3%
Other	100.0%	100.0%	92.7%	97.2%	100.0%	100.0%	92.7%	96.9%	98.7%	98.5%	92.2%	90.9%	97.6%		94.8%
Plastic Surgery			90.6%	100.0%			74.4%	83.4%	95.7%				96.6%		
Rheumatology			100.0%				100.0%	100.0%			100.0%				
Thoracic Medicine			100.0%				100.0%	100.0%					93.8%		
Trauma & Orthopaedics	87.0%	96.0%	92.8%	96.6%	93.9%	90.4%	91.3%	86.0%	94.5%	100.0%	95.2%		73.6%	91.6%	86.5%
Urology	96.8%	100.0%	92.6%	98.3%	98.0%	98.6%	93.1%	91.9%	94.6%	100.0%	98.9%		89.8%	96.9%	90.9%
Total	**93.5%**	**96.8%**	**93.6%**	**96.6%**	**97.0%**	**94.9%**	**90.4%**	**89.0%**	**95.9%**	**99.1%**	**91.6%**	**91.1%**	**90.3%**	**95.6%**	**88.8%**

18 Weeks: maximum wait for treatment

NHS Yorkshire and the Humber

Non-admitted patients – by Trust and specialty, 95% operational standard, October 2009

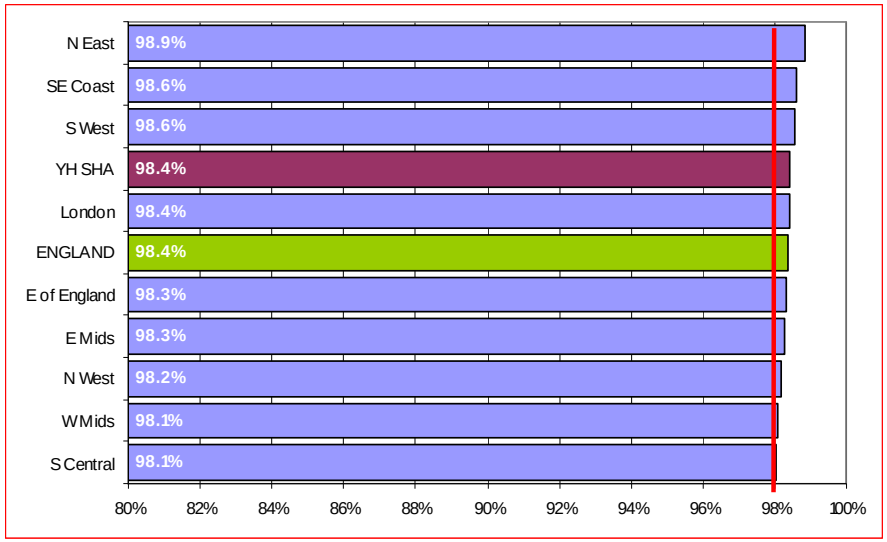
	AIREDALE NHS TRUST	BARNSLEY HOSPITAL NHS FOUNDATION TRUST	BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	DONCASTER AND BASSETLAW HOSPITALS NHS FOUNDATION TRUST	HARROGATE AND DISTRICT NHS FOUNDATION TRUST	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	LEEDS TEACHING HOSPITALS NHS TRUST	MID YORKSHIRE HOSPITALS NHS TRUST	NORTHERN LINCOLNSHIRE AND GOOLE HOSPITALS NHS FOUNDATION TRUST	SCARBOROUGH AND NORTH EAST YORKSHIRE HEALTH CARE NHS TRUST	SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	THE ROTHERHAM NHS FOUNDATION TRUST	YORK HOSPITALS NHS FOUNDATION TRUST
Cardiology	100.0%	94.5%	98.7%	99.4%		95.8%	98.9%	100.0%	98.4%		97.1%		96.7%	92.3%	
Cardiothoracic Surgery							100.0%	96.6%					100.0%		100.0%
Dermatology		98.5%	99.7%	99.4%	100.0%	98.4%	95.5%	99.0%	100.0%	97.4%	98.1%		98.3%	99.8%	98.7%
ENT	99.2%	99.2%	97.6%	99.7%	99.7%	97.0%	99.1%	97.4%	93.2%	97.2%	95.1%		98.8%	99.6%	99.7%
Gastroenterology	97.4%	98.9%	97.4%	100.0%		100.0%	95.1%	97.5%	100.0%	95.7%			94.7%	100.0%	
General Medicine	95.8%	95.5%	100.0%	99.8%	99.5%	100.0%	100.0%	100.0%	100.0%	97.2%	97.8%			98.4%	95.6%
General Surgery	96.3%	98.1%	95.6%	100.0%	98.9%	95.5%	96.6%	94.7%	100.0%	99.4%	97.3%		100.0%	98.8%	95.9%
Geriatric Medicine	96.0%	96.9%	100.0%	98.2%		96.3%	98.3%	99.4%	100.0%	98.0%	96.8%		97.7%	100.0%	100.0%
Gynaecology	97.5%	100.0%	99.1%	99.5%	99.8%	98.5%	98.0%	96.3%	94.7%	98.4%	96.9%		97.6%	100.0%	96.9%
Neurology	100.0%		100.0%	100.0%		98.6%	95.2%	92.5%	100.0%	95.8%	95.1%		96.6%		96.2%
Neurosurgery							97.7%	78.5%					77.6%		
Ophthalmology	96.7%		98.5%	98.5%	97.3%	99.2%	99.7%	98.8%	94.0%	96.0%	95.8%		100.0%	89.3%	95.1%
Oral Surgery	97.7%	100.0%	98.2%	99.4%	99.8%	95.2%	97.2%	98.4%	100.0%	98.8%	97.7%		98.8%	100.0%	99.3%
Other	98.4%	99.5%	99.5%	99.6%	99.9%	99.3%	97.4%	98.8%	99.8%	99.1%	95.4%	94.9%	97.7%	99.9%	99.9%
Plastic Surgery	100.0%		100.0%	100.0%			99.1%	92.9%	100.0%		100.0%		99.5%		
Rheumatology	100.0%	94.9%	99.0%	98.9%	100.0%	98.9%	95.1%	91.3%	100.0%	95.2%	98.2%		98.4%	100.0%	98.6%
Thoracic Medicine	100.0%	100.0%	98.6%		100.0%	98.0%	95.0%	99.7%	100.0%	98.6%	100.0%		97.6%	100.0%	
Trauma & Orthopaedics	94.6%	98.5%	99.7%	100.0%	97.4%	95.5%	95.6%	95.0%	86.1%	99.2%	96.4%		95.6%	100.0%	97.6%
Urology	100.0%	100.0%	96.3%	98.1%	99.4%	96.4%	95.8%	97.8%	100.0%	97.2%	96.0%		97.1%	99.2%	95.3%
Total	**97.6%**	**98.6%**	**98.6%**	**99.5%**	**99.1%**	**97.5%**	**97.7%**	**97.2%**	**96.9%**	**97.9%**	**96.5%**	**94.9%**	**97.3%**	**97.2%**	**97.7%**

A&E: percentage of patients seen in 4 hours

NHS Yorkshire and the Humber

A&E – year to date performance by Trust – at Dec 27th

A&E - Year to date performance by SHA – at Dec 27th



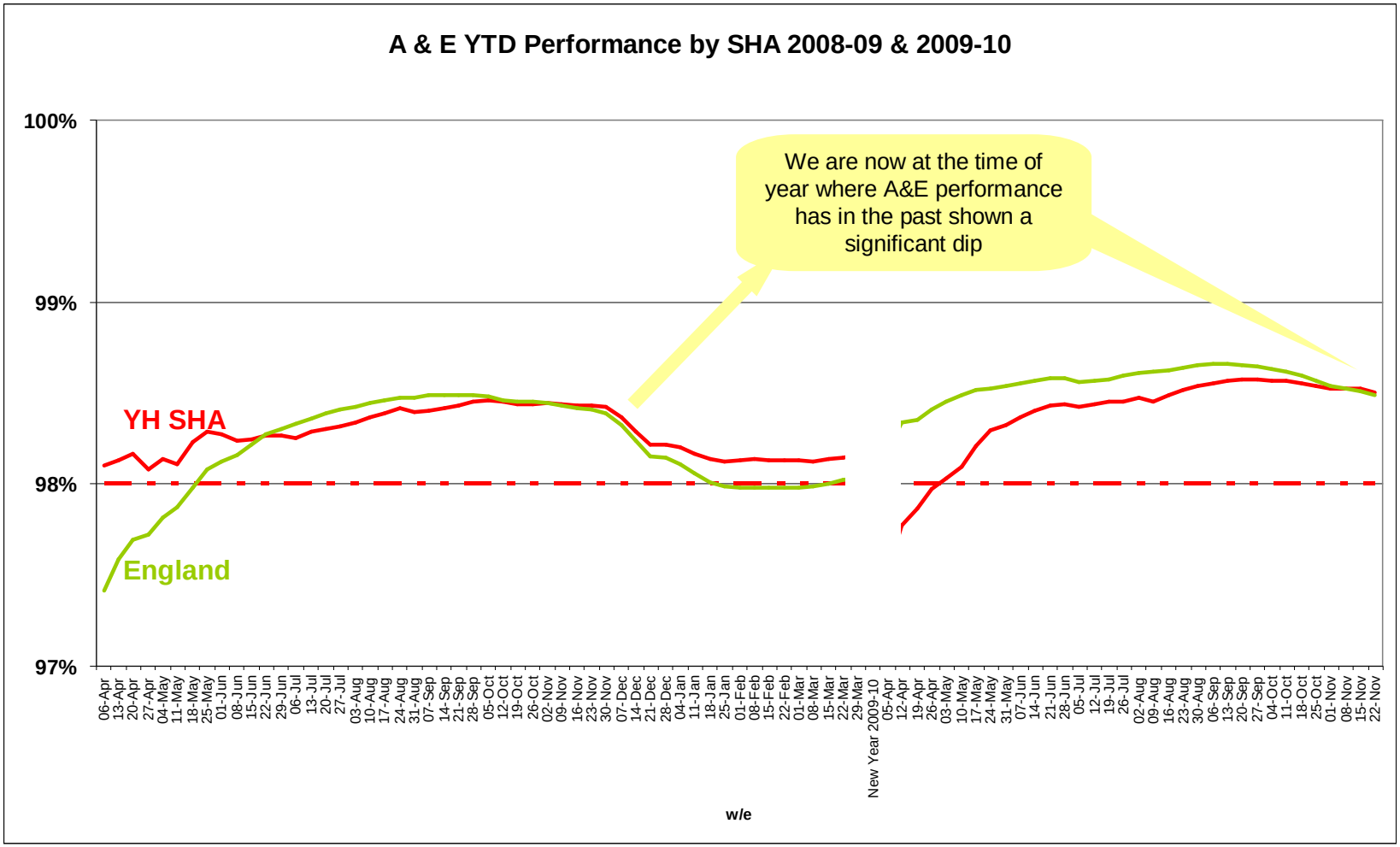
Comments

The overall regional position has been improving in recent weeks and is slightly better than it was at the same point last year. Most organisations have some headroom above the 98% target going into the challenging winter period.

The main concern is Leeds Teaching Hospital – just at 98% year to date. Although there has been significant improvement at LTHT in recent weeks, the SHA modeling shows that the Trust will need to achieve an average of 98% for the remainder of the year to hit the overall target. Because of the winter period, this will be very difficult to achieve. Our modeling predicts that, based on seasonally adjusted results from previous years, performance at all other Trusts will dip over the winter, but that they will still deliver the 98% target by year end.

A&E: 4 hour performance 2008/09 and 2009/10 to date

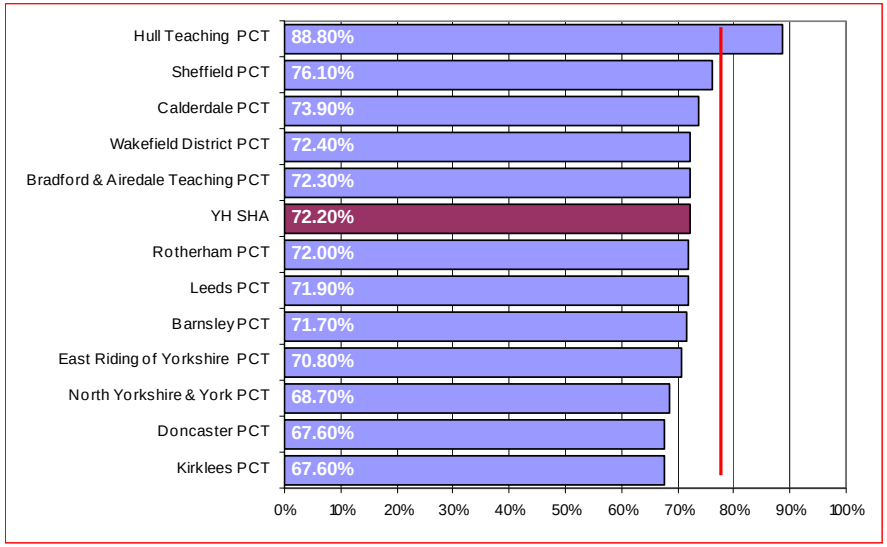
NHS Yorkshire and the Humber



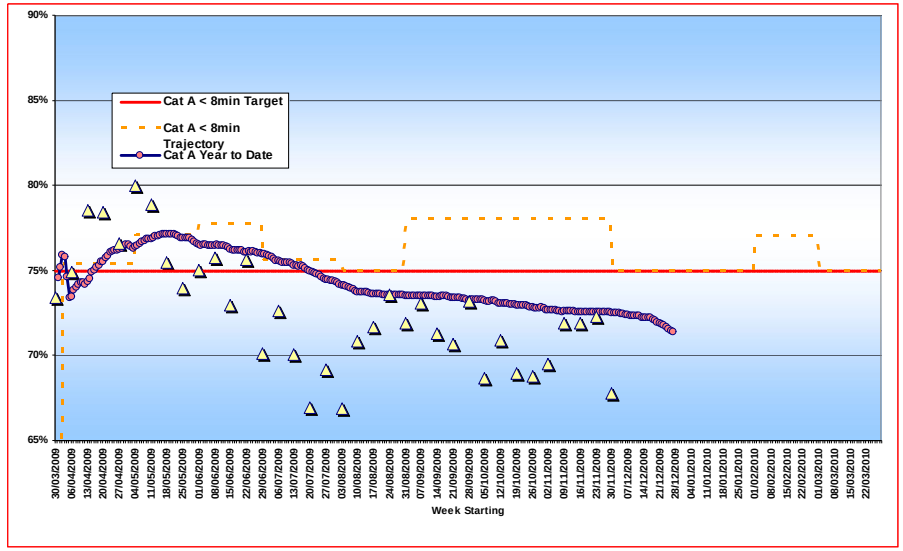
Ambulance: Category A & B

NHS Yorkshire and the Humber

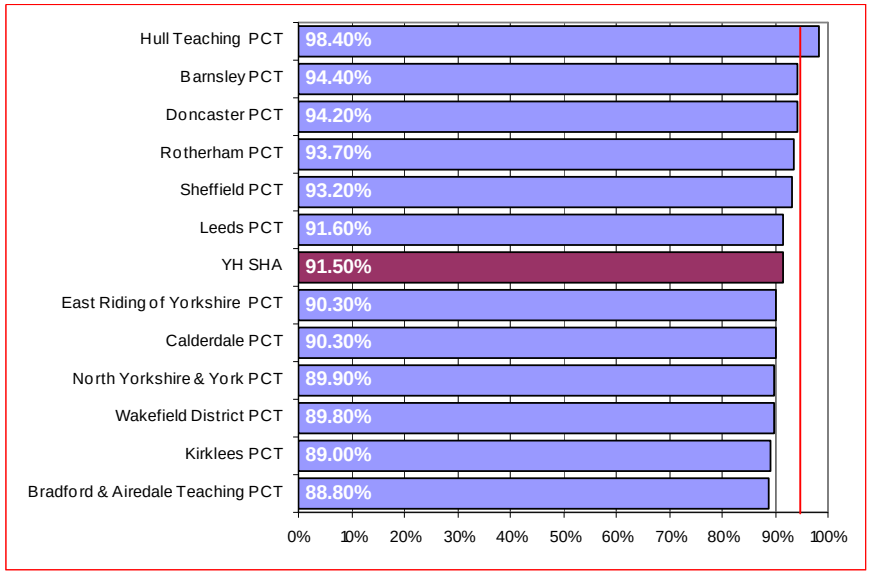
CAT A – Year to date by PCT – at Dec 13th



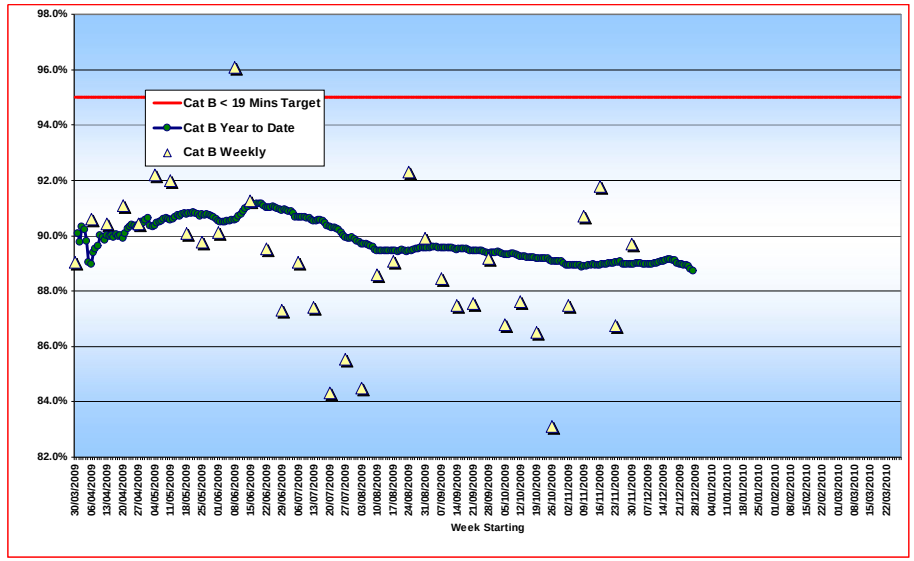
CAT A – Daily performance against trajectory



CAT B – Year to date by PCT – at Dec 13th



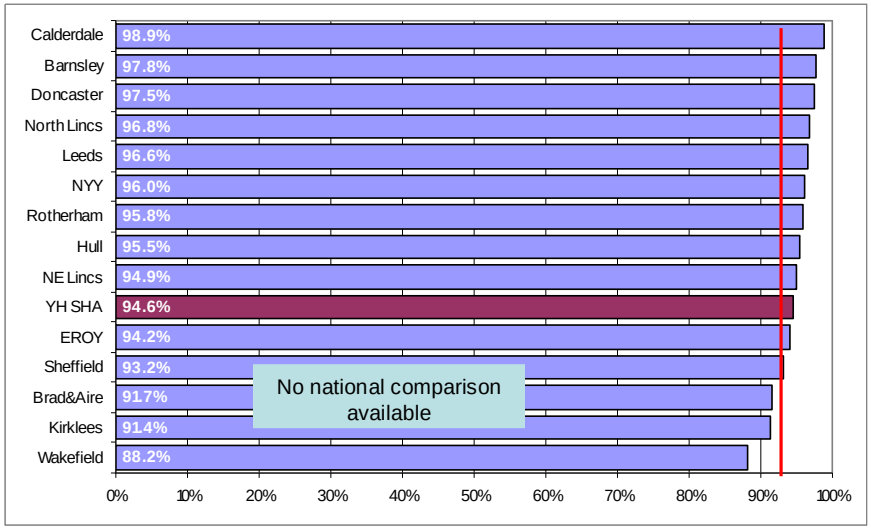
CAT B – Daily performance against trajectory



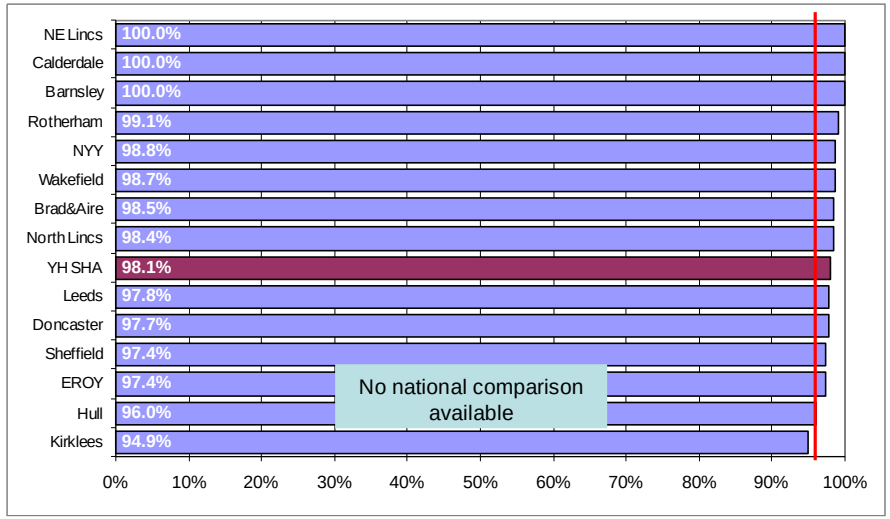
Cancer: 2 weeks, 31 day and 62 day standard

NHS Yorkshire and the Humber

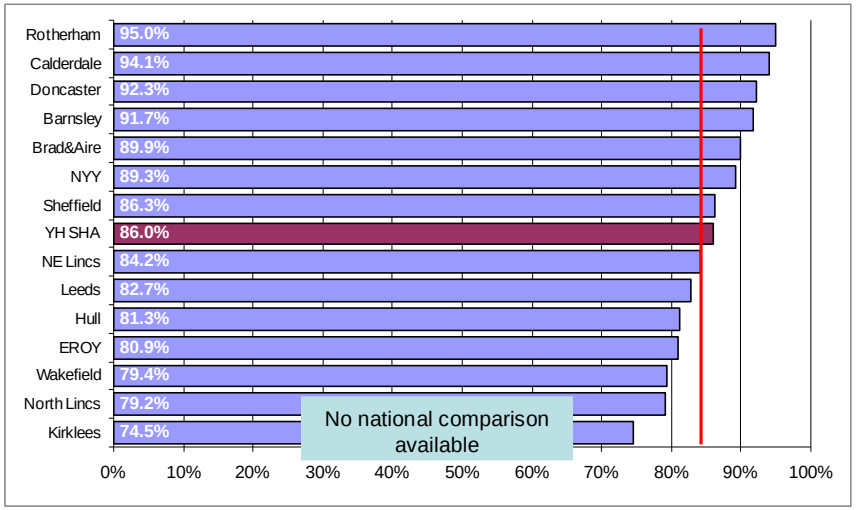
% seen within 2 weeks October 2009, standard 93%



% seen within in 31 days October 2009, standard 96%



% Treated within 62 days October 2009, standard 85%



Cancer breaches by PCT and Trust, October 2009

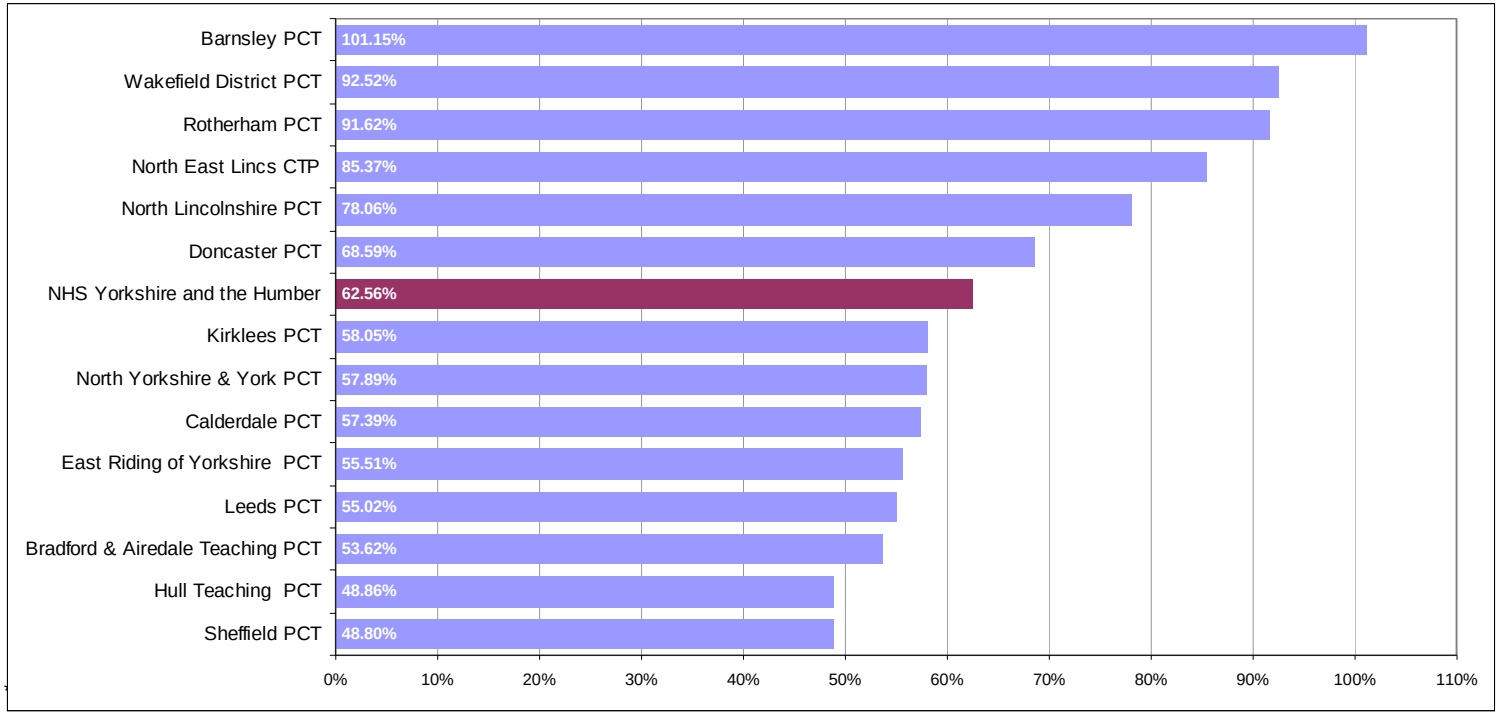
PCT			
Org	Cancer Breaches		
	2 weeks	31 Day	62 Day
Barnsley	9	0	3
Brad&Aire	64	3	9
Calderdale	2	0	2
Doncaster	14	3	4
EROY	24	4	13
Hull	11	5	9
Kirklees	40	6	12
Leeds	37	6	19
NE Lincs	9	0	3
North Lincs	7	1	5
NYY	39	5	18
Rotherham	16	1	2
Sheffield	53	5	11
Wakefield	65	2	13
YH SHA	**390**	**41**	**123**

Trust			
Org	Cancer Breaches		
	2 weeks	31 Day	62 Day
Airedale	12	0	4.5
Barnsley	10	0	1.5
Bradford	55	4	5
CHFT	9	0	5.5
D&B	25	2	6
Harrogate	16	1	2.5
Hull	30	8	22
Leeds	29	14	30.5
MidYorks	102	1	15.5
NLAG	16	1	7.5
Scarborough	3	0	2
SCH	0	0	0
STH	55	9	16
Rotherham	13	1	0.5
York	11	3	8.5
YHSHA	**386**	**44**	**127.5**

Stop Smoking Services

NHS Yorkshire and the Humber

Percentage of annual target achieved – October 2009



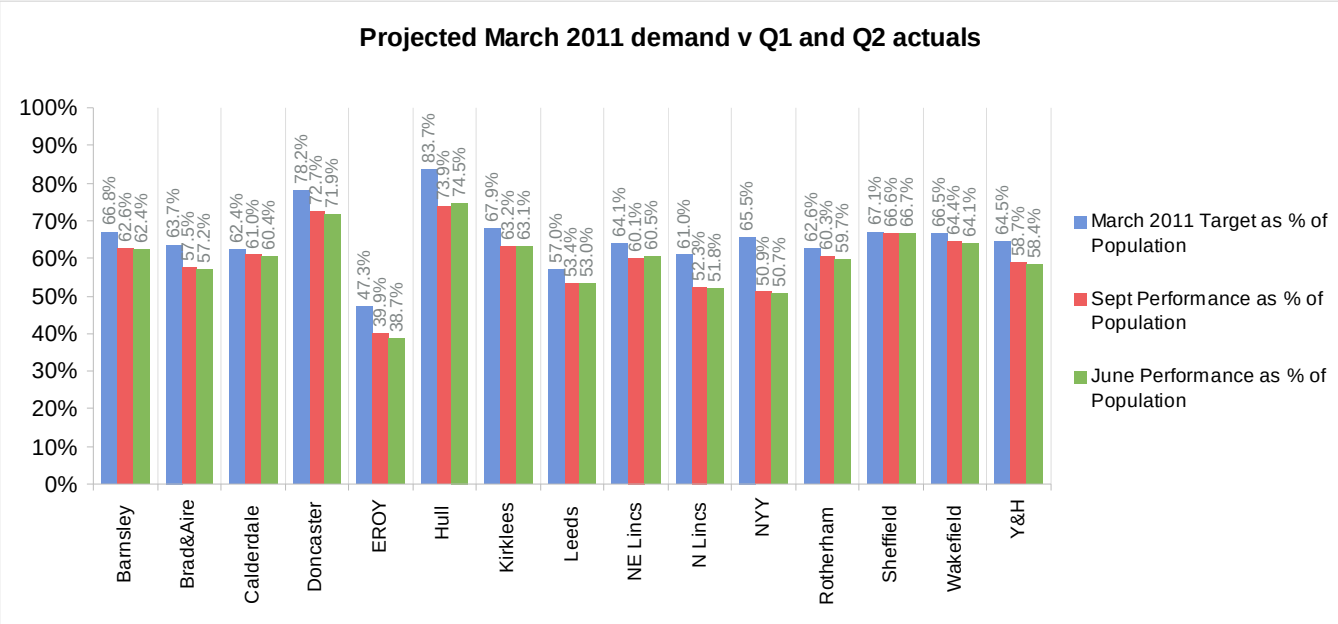
Commentary

If the target was apportioned equally throughout the year, the SHA is roughly on track to deliver its required year-end position,

Primary Care: Dentistry

NHS Yorkshire and the Humber

Projected demand/target for NHS Dentistry vs performance at Q1 and Q2 2009/10



Commentary

The chart summaries the PCT plans and progress;

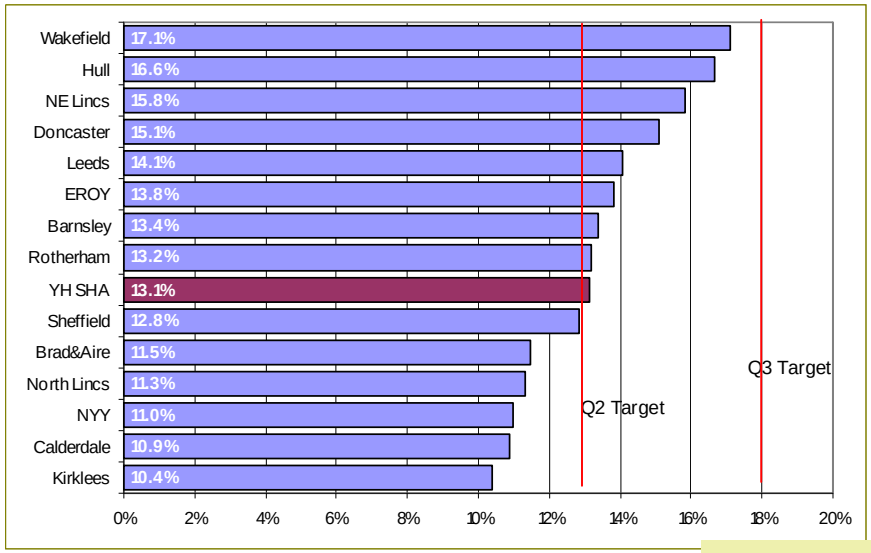
the blue column represents the PCT estimated demand - the nominal 'target'
the red column represents their progress as at the current quarter
the green column has been added to illustrate progress (or not) made since the previous quarter.

East Riding of Yorkshire has the largest distance from target due to historical funding which the SHA has gone some way to addressing with a differential uplift which will be replicated this coming financial year if funds are available.
NYY had ambitious plans to significantly increase their access figures by April 2010 but have had difficulty in stimulating the market. A meeting is planned between the SHA and the PCT to better understand the problem and explore opportunities.

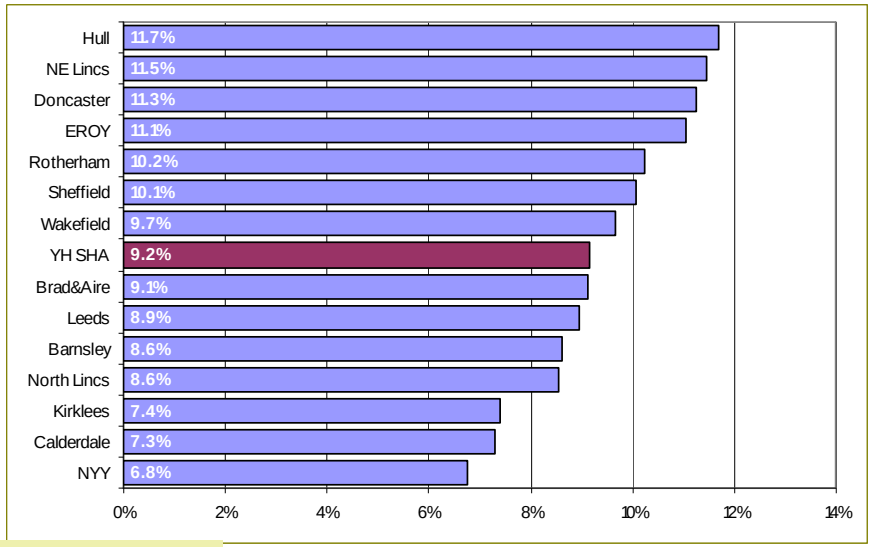
Chlamydia screening

NHS Yorkshire and the Humber

Chlamydia Screening – for all tests – November 2009



Chlamydia Screening – for NCSP tests – November 2009



NB – charts on different scales

Commentary

Target – PCTs to screen 25% of their 15 - 24 years old population by the end of March 2010.

November monthly data shows that 4 PCTs are likely to achieve the Q3 target of 18% with the majority unlikely to achieve. Performance review meetings have been held with PCTs with poor performance and that failed in 08/09.

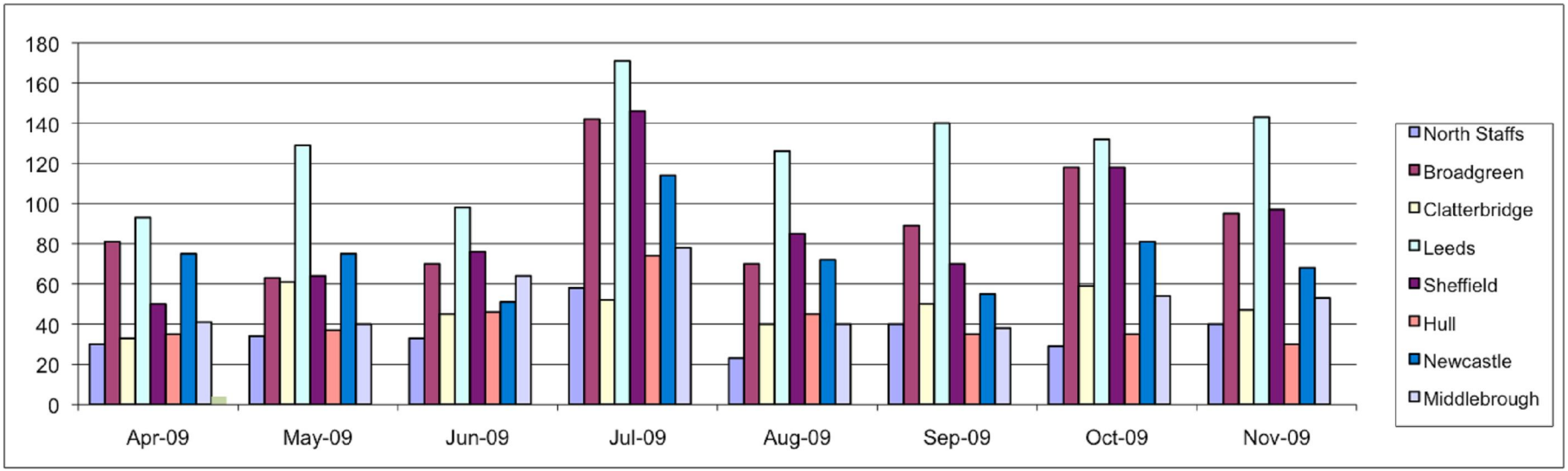
A national media campaign is under way from 8th – 17th of January.

The SHA will be meeting with the NCSP Director to discuss what further action needs to be taken at a local and regional level to increase uptake.

ISTC Renal Services Contract

NHS Yorkshire and the Humber

Utlisation percentages to November 2009



Overview

The National Pet Ct contract ('the Contract') was commissioned centrally by the Department of Health on behalf of PCTs until April 2013 and was split into the Northern and Southern areas. The contract for the Northern area is with Alliance Medical Limited ('the Provider') who carry out the scans at selected acute Trust sites across northern England. There are eight NHS sites as indicated below, seven of which are currently using a mobile solution (i.e. a trailer arrives with the scanner on board and patients are scanned within this facility), with one being a static building ('Static site') which is a permanent part of the hospital. All reporting is done by NHS Radiologists, primarily based locally to the site at which the scanning takes place.

Utilisation

Utilisation is based upon completed activities as opposed to patients scanned. In October and November the total contract activities completed stood at 630 and 573 respectively, against a commissioned activity of 752. Once all factors have been taken into account (e.g. scanner breakdowns where the cost is borne by the Provider) the adjusted utilisation rate for October is 94% with November's at 88%. Overall, the cumulative contract utilisation to date stands at 86%.

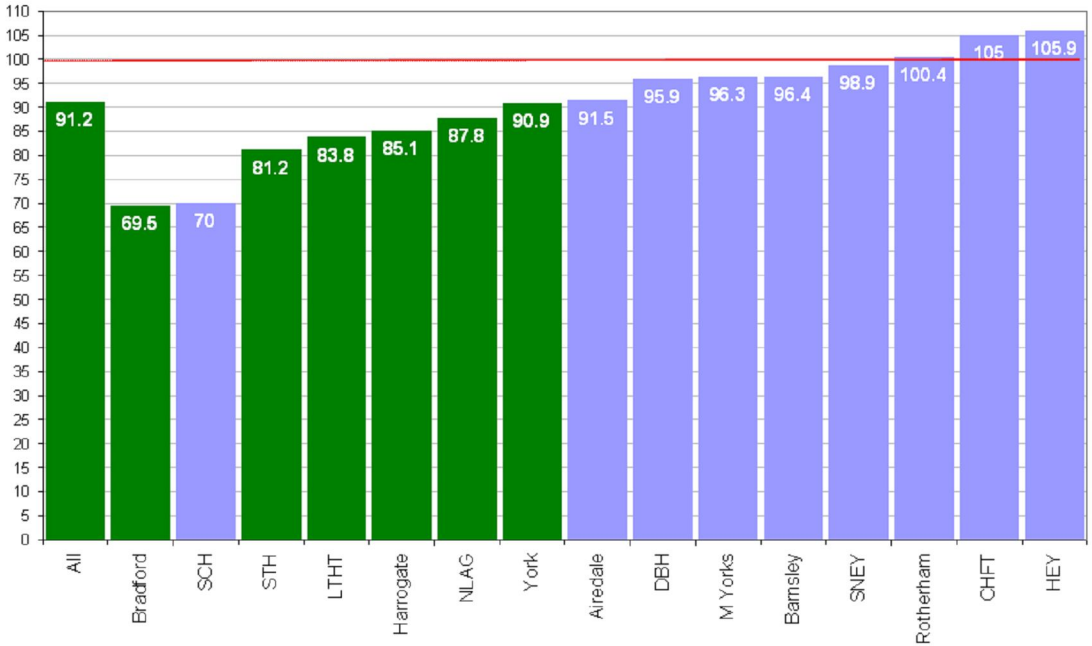
Whilst October saw significant increase in the utilisation figures, liaison is still taking place with all the Cancer Networks and SHAs across the Contract to highlight the issues contributing to this short fall and plans are in place to analyse the data available to identify whether all clinically appropriate patients are being referred and the efficiency of the patient referral pathway.
All parties are working together to identify shortfall areas and to improve the uptake wherever possible and appropriate.

Quality indicators

Hospital Standardised Mortality Ratio

NHS Yorkshire and the Humber

All cause HSMR by Trust, April – September 2009



Commentary

The SHA is now routinely monitoring HSMRs using the Dr Foster Intelligence methodology. The Yorkshire and the Humber Quality Observatory will now produce a monthly version of the Dr Foster Good Hospital Guide and will investigate any safety issues with organisations that are affected.

The HSMR is a standardised indicator that shows, by organisation, where mortality rates are higher than expected given an organisations clinical activity and casemix. Mortality rates are compared against a standard of 100 and an HSMR will produce a “red alert” where the rate is significantly higher than expected.

The current rates in the SHA are either “blue” (within expected range) or “green” (better than expected)

Delivering Single Sex Accommodation

NHS Yorkshire and the Humber

The Privacy and Dignity Challenge Fund progress report for NHS Yorkshire and the Humber has been published, detailing improvement for patient, staff and carers delivered through a variety of schemes.

Ongoing monitoring of performance is being undertaken on a monthly basis to demonstrate improvement in a number of key areas.

All organisations are preparing their declarations of compliance, as required in the Operating Framework for 2010/11. Organisations will report to NHS Yorkshire and the Humber via individual performance management meetings with PCTs.

We are also undertaking a series of peer reviews across the region and these will be supported by a programme of Action Learning Sets to ensure ongoing commitment and delivery of same sex accommodation.

Serious and Untoward Incidents (SUI)

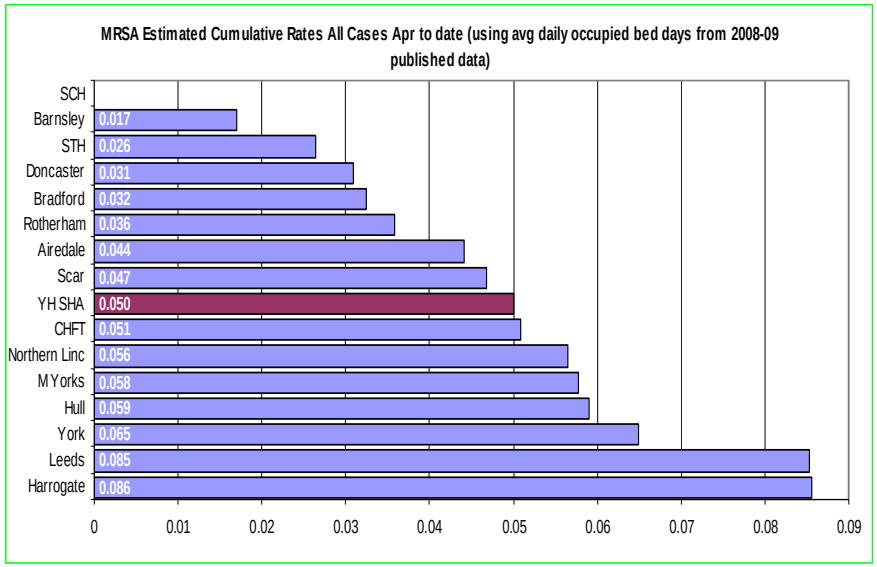
The transfer of the SHA's performance management function in respect of serious untoward incidents (SUIs) to PCTs is on plan. Only NHS Hull have yet to assume responsibility for SUI management , and they are set to do so by end of March 2010. By this time, outstanding SUIs will also be transferred to PCTs and outstanding issues regarding the local arrangements for performance management of SUIs reported by South West Yorkshire Partnership NHS Foundation Trust will be resolved.

The SHA will then shift focus to: (a) assuring performance of PCTs' overall quality management systems, (inc. SUIs), and (b) the analysis of SUI trends regionally will be enhanced. The intention is for data on SUIs and all incidents as reported by NHS providers to the National Patient Safety Agency to be included in future performance and quality reports to the SHA Board. The co-operation of trusts and PCTs is being sought in respect of this development, which will support them in benchmarking and learning from experience on a regional basis.

MRSA – rates and number of cases

NHS Yorkshire and the Humber

All cases - rate per 1,000 bed days, as at Dec 31st



All cases (hospital and community acquired), at Dec 31st

ACTUALS	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	YTD estimated contract trajectory
Airedale	0	1	1	0	0	0	0	0	2	4	7.5
Barnsley	0	0	0	0	0	1	1	0	0	2	4.5
Bradford	1	1	0	1	0	2	0	0	1	6	15.0
CHFT	0	2	1	2	2	0	1	0	3	11	12.8
Doncaster	0	1	0	2	1	2	1	1	0	8	15.0
Harrogate	0	0	0	1	2	0	3	1	0	7	4.5
Hull	4	2	4	1	0	2	2	3	1	19	24.8
Leeds	8	3	6	7	1	5	7	4	1	42	54.0
M Yorks	3	1	4	2	1	1	1	2	2	17	28.5
Northern Linc	0	2	1	0	3	1	1	1	2	11	9.0
Scar	0	0	1	0	0	1	1	1	0	4	9.8
SCH	0	0	0	0	0	0	0	0	0	0	1.5
STH	1	1	0	3	1	3	1	2	1	13	18.0
Rotherham	0	0	0	0	1	2	2	0	0	5	4.5
York	0	0	0	0	0	1	0	1	2	4	12.0
YHSHA	**17**	**14**	**18**	**19**	**12**	**21**	**21**	**16**	**15**	153	**221.3**

Commentary

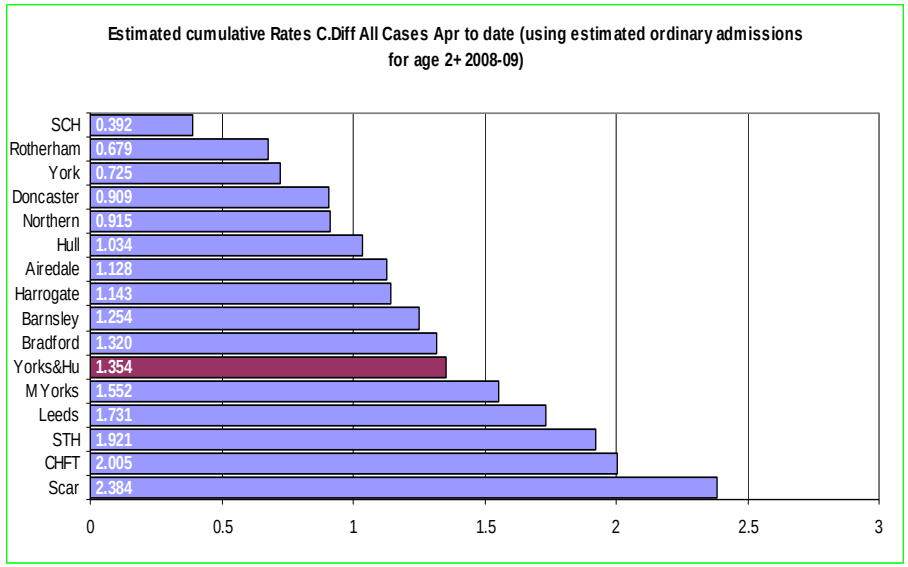
Almost all of our Trusts are performing better than target. The main exceptions are Harrogate and NLAG. Harrogate had an atypical spike of cases (3) in October and this has proved a challenge as its target is very tight. NLAG has had cases distributed throughout the year, with a spike of 3 cases in August.

There is still some variation between Trusts in terms of rates of MRSA, rather than raw numbers. Plans for HCAIs this year will be based on incidence rates, so the variability in rates seen in the chart above will need to be addressed formally in the Vital Signs planning round. This will directly address some of the continued disparity between Trusts.

C Diff – rates and number of cases

NHS Yorkshire and the Humber

Hospital acq'd - rate per 1,000 bed days, at Dec 31st



Hospital acq'd only – number of cases by Trust, at Dec 31st

ACTUALS	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD (traffic lighted against contract values)	Contract Trajectories (Split over 52 weeks)
Airedale	2	3	5	2	1	4	1	2	2	22	62.3
Barnsley	5	9	4	3	7	3	3	3	0	37	78.8
Bradford	4	8	9	4	10	10	11	8	5	69	139.5
CHFT	9	22	18	7	5	2	6	4	3	76	120.0
Doncaster	2	5	3	7	2	2	7	13	4	45	114.0
Harrogate	4	0	1	2	0	1	1	2	5	16	24.0
Hull	8	10	10	6	9	8	9	7	2	69	130.5
Leeds	32	31	19	13	26	20	18	20	11	190	438.0
M Yorks	18	10	14	14	8	9	14	12	4	103	180.0
Northern Linc	8	4	2	4	4	4	6	3	4	39	135.0
Scar	13	8	8	4	2	2	2	6	1	46	54.0
SCH	0	0	1	1	0	0	0	2	0	4	9.0
STH	18	25	16	16	13	18	18	13	14	151	206.3
Rotherham	2	2	0	3	2	3	3	6	0	21	83.3
York	3	5	0	1	5	2	1	4	2	23	87.8
YH SHA	**128**	**142**	**110**	**87**	**94**	**88**	**100**	**105**	**57**	911	**1862.3**

Commentary

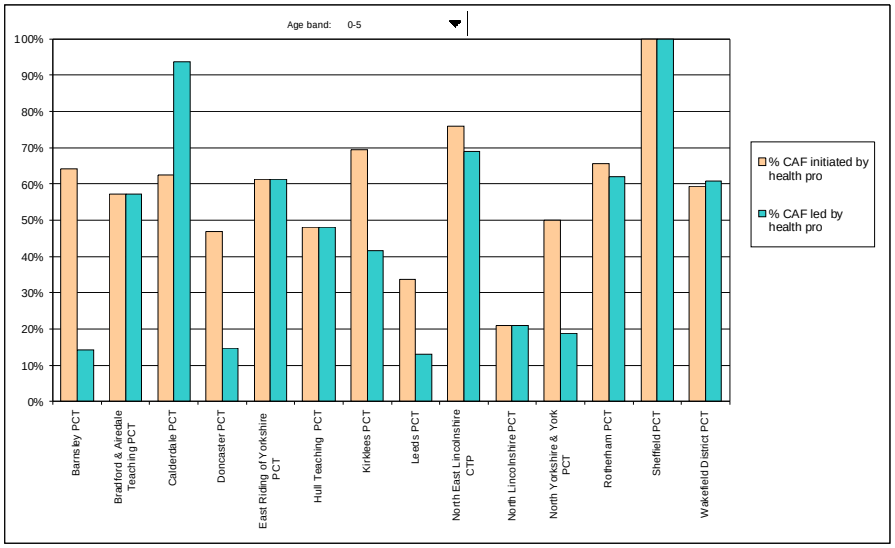
C Diff performance is significantly better than plan.

There is still some variation between Trusts in terms of rates of MRSA, rather than raw numbers. Plans for HCAIs this year will be based on incidence rates, so the variability in rates seen in the chart above will need to be addressed formally in the Vital Signs planning round. This will directly address some of the continued disparity between Trusts.

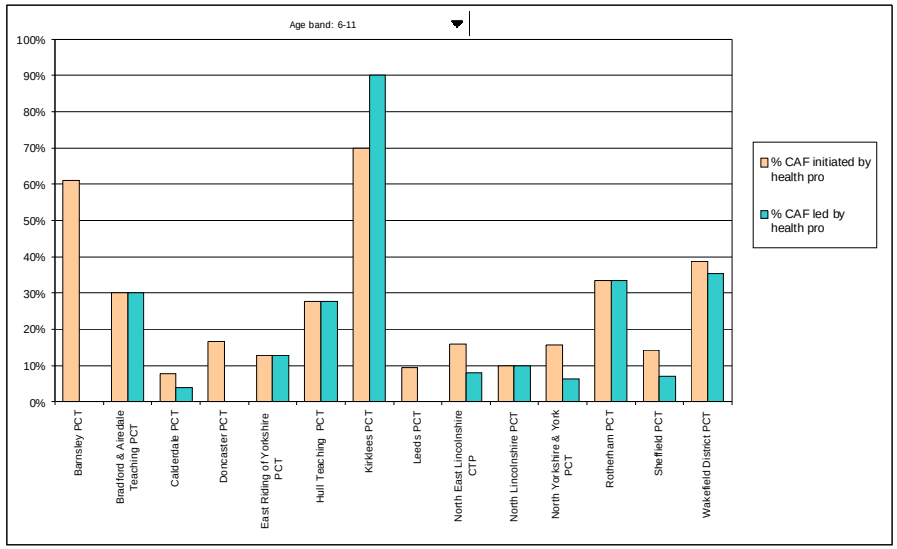
Safeguarding – Common Assessment Fmwk

NHS Yorkshire and the Humber

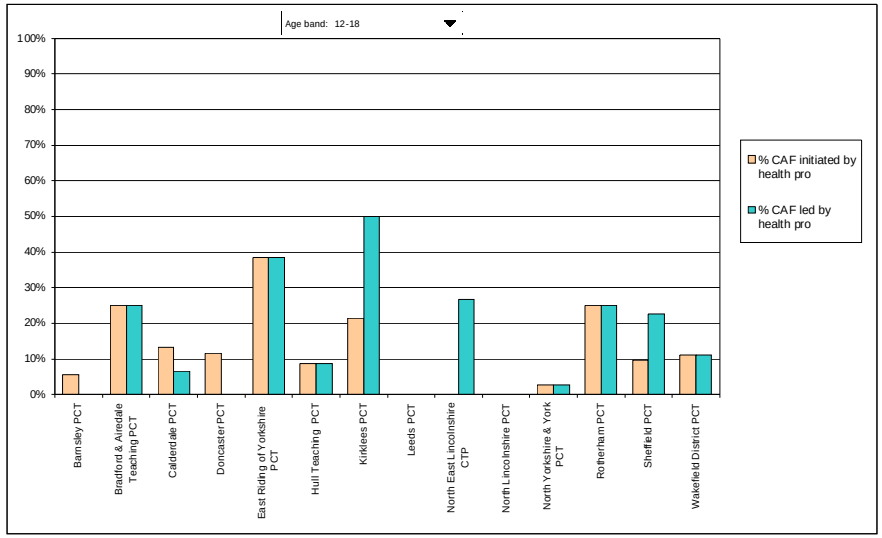
0-5 year olds - % of CAF initiated by / led by health professional



6-11 year olds - % of CAF initiated by / led by health professional



12-18 year olds - % of CAF initiated by / led by health professional



Safeguarding Targets

	0-5	6-11	12-18
Target CAFs initiated by health professionals	70%	50%	40%
Target CAFs led by health professional	60%	50%	40%

Safeguarding (2)

NHS Yorkshire and the Humber

CAFs (common assessment frameworks) are multi-agency assessments undertaken when children are perceived to be vulnerable or at risk, including where there are potential safeguarding risks. The assessment is forwarded to local social services by the professional who carries it out from a variety of different agencies. In Y&H a key lesson from serious case reviews is that health professionals must more effectively identify children who face safeguarding risks and act to protect them. The CAF is part of that process. Currently there is no target percentage of CAFs which should be carried out by health professionals but for the 0-5 age group, health professionals (ie GPs, health visitors, midwives) are the only universal service received by all families so their role in identifying risk is critical.

The graphs on the previous page demonstrate a greater proportion of CAFs carried out by health professionals for preschool than for older children, as expected, and considerable variation between PCTs at all ages which will lead us to ask questions concerning completion of CAF training, variation in staffing levels and understanding etc. Of note are the relatively low percentage of CAFs initiated by health professionals for pre school children in Leeds and North Lincolnshire and the potential invalidity of the data for Sheffield, or concern regarding engagement of other agencies in that area. Also the low levels of initiation for school aged children in Leeds, North East Lincolnshire and North Lincolnshire is of concern. The last column reflects the percentage of these children for whom health staff become the 'lead professional' and further work is needed to establish the validity of this data.

Safeguarding training statutory requirements are as follows

1. All staff working in health care settings (clinical and non-clinical) have undertaken level 1 safeguarding training
2. A training plan has been developed for staff that will require more in depth training e.g. levels 2 or 3

All our trusts and PCTs (including MH and ambulance trusts) were compliant with 2 by the end of Dec 2009. All but the following were compliant with 1. by Dec 2009 (the SHA requires delivery by the end of February)

Hull and East Yorkshire Trust, Leeds Teaching, North Yorkshire and York PCT

Proposed indicators to track progress in delivery of Healthy Ambitions for 2010/11

Staying Healthy

- Hospital admissions for alcohol related harm
- Mortality from alcohol related conditions
- Smoking quitters
- Smoking at delivery
- % adults with BMI recorded and (related measure) prevalence of obesity

Long Term Conditions

- Admissions and readmissions from a diabetes related episode
- Length of stay for diabetes – admissions and readmissions
- % of people with diabetes offered diabetic retinopathy screenings
- Patients with diabetes in whom the last HbA1c is 7.5 or less

Maternity

- Percentage of mothers breastfeeding and Newborn on discharge home
- Percentage of mothers still breastfeeding 6-8 weeks.
- Staffing ratios: Midwives employed per 1000 births and levels of consultant cover

Children's

- Number of children admitted to hospital for asthmatic episodes (by 5 year age band
- under 20yrs)
- Re-admission rates for children with asthmatic episodes (within 3 months)
- Average length of stay for asthma

Planned Care

- Number of outpatient appointments per spell of treatment (hip and knee)
- Admission and readmission rates (within 3 months) (hip and knee)
- Average length of stay (hip and knee)
- Day surgery rate

Acute Episode

- Stroke mortality per 100,000
- Stroke and TIA admissions and readmissions per 100,000 population
- Stroke and TIA readmissions within 3 months
- % of TIA with a higher risk of stroke who are treated within 24 hrs
- Time to reperfusion (primary angioplasty) for patients with heart attack within 150 mins.

Primary Care

- QOF achievement
- Exception reporting (and variation)
- GP Patient Survey (GPPS) trends

Mental Health

- Assessment within 4hrs for people entering the Urgent Care Pathway requiring urgent assessment of need for home treatment or in-patient care

Non Urgent pathway

- Baseline data will be collected on the number and percentage of service users of all ages referral to a non-urgent pathway who receive an assessment by a qualified practitioner within 14 days of referral (number of days to be decided)

End of Life

- Percentage of patients who die at home or in a care home
- Percentage of patients who die on the Liverpool care pathway (or equivalent)
- % of GP practices using the Gold standards framework
- % patients who die having been in an end of life care register
- Is access to district nursing available on a 24/7 basis
- Is access to end of life care drugs available on a 24/7 basis in all settings

Section 2a: Finance Report Yorkshire and the Humber SHA

Introduction

The purpose is to update the Board on current and forecast performance of the SHA against key financial objectives. The overall position is summarised in a dashboard developed by the SHA, with further information provided in supporting annexes, including the operating cost and balance sheet position of the SHA and the overall forecast position of the SHA, taking into account resources held on behalf of organisations in NHS Yorkshire and the Humber.

Key Financial Objectives Dashboard – as at 30th November 2009 (Mth 8)

		Year to Date Performance	Forecast Performance
1	**Spending within the Resource Schedule**		
	a) Total		
	b) Administration		
	c) Training & Education		
	d) Hosted Programmes		
2	**Debtors**		
	a) Legacy Debt (pre-merger)		
	b) Yorkshire & the Humber Debt - NHS		
	- NON NHS		
3	**Creditors & Payments**		
	a) Creditors (including Accruals)		
	b) Payments (BPPC) - NHS	93%	96%
	- NON NHS	92%	96%
4	**Cash Limit within Planned expenditure : Total**		
5	**Capital Spend within the Resource Capital Limit: Total**		

*The key to the above dashboard is shown in Appendix 3

Commentary

The SHA is forecast to meet its financial duty to keep spending and cash within the limits set by the Department of Health (£671m). Two performance areas are shown as 'amber' in the dashboard. The first relates to pre-merger 'legacy debt' of £177,400 that remains outstanding. The majority of this debt is with the Department of Health and relates to availability of supporting evidence from predecessor SHAs to substantiate debts raised. Discussions are underway to resolve this matter and the outcome will be reported to the Audit Committee. The second 'amber' performance area relates to payments performance which is currently 3 percentage points below the target of making 95% of all payments within 30 days.

The Board is asked to note

1. The current and forecast performance of the SHA against key financial objectives
2. The Operating Cost and Balance Sheet position, and the overall revised forecast outturn position for the SHA (set out in Annex 1).

APPENDIX 1: SHA Finance Report supporting Tables and narrative

OPERATING COST POSITION

Summary

The statutory financial duty of the SHA is to ensure aggregate spending is within the resources allocated. Table 1 below presents the position after 8 months plus a forecast of the financial position at the end of the year showing the duty will be met (Annex 2 gives background information for the budgets managed by the SHA). The forecast spend for the year is now £618.4m, lower than that forecast at Month 6 (£622.8m), with reduced spend across a number of hosted projects. The net year end underspend by the SHA is now expected to rise to £52.6m (forecast as £48.9m at Month 6). These forecasts are based on a number of key assumptions and the management of risks. However none of the risks are judged as sufficient to threaten delivery of the SHAs statutory financial duty.

Table 1: Operating Cost Position

Description	Staffing at month 8		Year to Date: 8 months			Forecast position at year end		
	Staffing Plan	Staffing Actual	Budget Plan	Actual Spend	Variance	Budget Plan	Actual Spend	Variance
	WTE	WTE	£'000	£'000	£'000	£'000	£'000	£'000
1. Administration	126	115	8,467	7,639	828	13,130	12,880	250
2. Training & Education	152	151	330,828	324,960	5,868	510,290	502,221	8,069
3. Hosted progs								
Cancer Screening	18	18	73,392	50,330	23,062	102,829	78,732	24,097
NPfIT	51	37	4,341	3,947	394	8,763	6,753	2,010
Other Hosted	61	56	10,149	6,287	3,862	25,370	11,103	14,267
Programme Funding	0	0	0	84	-84	4,000	100	3,900
ESR	111	96	4,084	4,231	-147	6,602	6,602	0
Total hosted	241	207	91,966	64,879	27,087	147,564	103,290	44,274
Total - all	**519**	**473**	**431,261**	**397,478**	**33,783**	**670,984**	**618,391**	**52,593**

Overall actual and forecast year-end spend

After eight months the SHA has committed expenditure net of income of £397m and detailed budget reviews have been undertaken to forecast total spend for the full twelve month period. As a result of these reviews total net spend managed and accounted for by the SHA for the full year is currently estimated to reach £618.4m (2008/9 £557m) compared to a total resource limit of £670.9m. This forecast spend is dependent on a number of critical assumptions about take up of planned levels of workforce training, progress on a number of projects across the region and the National Cancer Screening programme implementation.

As in previous years and like other SHAs and many PCTs, a part of the resource limit funding held by the SHA is to be carried forward for implementation in the following years. Based on our current forecast £52.6m of the £671m resource limit available in 2009/10 will transfer into 2010/11. The majority (£44m) of the funding not expected to be used this year relates to programmes and projects hosted by the SHA. The bulk of the balance of the carry forward (£8m) relates to Training and Education, 1.6% of the total

budget. The carry forward is within the planned total carry forward control total for the SHA area.

Administration
The Administration budget supports both the operational costs of the SHA and projects being undertaken to support the SHA business plan. A number of vacancies at the SHA and some early slippage on agreed project initiatives mean that the SHA has already accrued some underspend compared to plan. Our latest assessment suggests pay spending at the end of the year will be below plan but non-pay costs will breakeven. Some of this pay underspend has been used to support additional non-recurrent non-pay spend.

Training & Education
The training and education forecast underspend relates to funds held in the Strategic Investment Reserve, substantially to establish clinical skills centres across the region. The investment is expected to extend into 2010/11. The Training and Education position is reported in more detail as part of the Workforce and Education report to the Board.

National Cancer Screening Programme
The Month 8 forecast is in line with that forecast at Month 6 and previously reported to the Board. NHS Cancer Screening Programme expenditure after eight months is £50.3m and is still forecast to reach close to £79m by the end of the year. A total of £102.8m has been made available by the Department of Health to the programme and so at this stage £24m of this allocation will not be required this year and will be carried forward to fund the 2010/11 programme.

For Breast Screening the planned expansion to the wider age range is subject to the outcome of age extension pilot sites and a number of breast screening units are starting the screening towards the end of the year. Funding for Bowel Screening has been provided this year to provide services for the full population. There a two bowel centres still to open and a number of additional population to be added to existing centres. There has been an invitation given to eleven Bowel Screening Centres for screening of extended age range from 01 January 2010, provided the screening centres meet the criteria for the additional activity set by National Cancer Screening Programme. In the SHA areas where the programme has been fully rolled out there will be funding given for publicity expenditure for a Bowel Cancer Screening media launch. The programme is monitored by the National Cancer Programme Board.

National Programme for Information Technology (NPfIT): Yorkshire & the Humber
The £8.7m budget includes £3m carried forward from 2008/9. Of the total funding £6.7m will be invested this year and £2.0m held for future years.

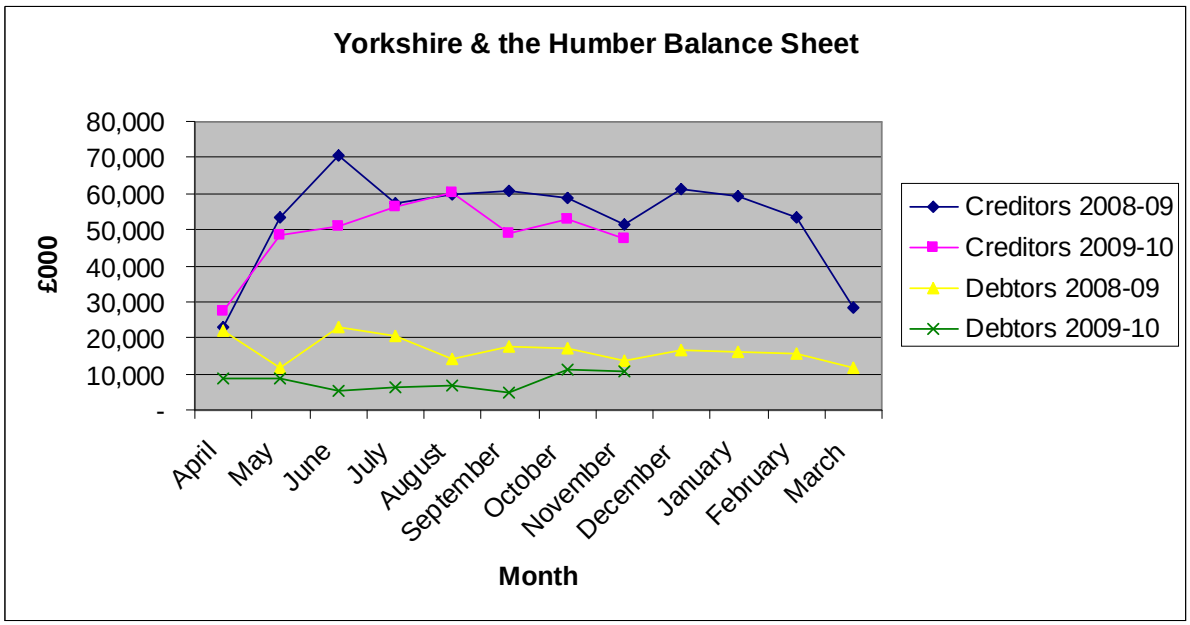
Programme Funding
The SHA in 2009/10 received a programme investment fund as part of the Department of Health SHA Central Budgets allocation. Part of this funding has been used to supplement the SHA Administration budget to enable in year projects such as the development of Trusts to become Foundation Trusts and the development of PCTs as part of the on-going World Class Commissioning programme. The balance of the funding (£4m) less £100k used this year is being held over to 2010/11 to secure the continuation of projects.

Other Hosted Programmes and projects
This covers a number of programmes and budgets hosted by the SHA. Most hosted programmes use non-recurrent project funds, some of which are held over for use in 2010/11. The larger spending programmes include the Increasing Access to Psychological Therapies (IAPT) programme; Yorkshire Service Improvement Partnership; Commercial Support Unit; Healthy Ambitions; the Regional Innovation Fund; and the Apprenticeships Programme.

FINANCING EXPENDITURE: BALANCE SHEET AND CASH DRAWINGS

The Balance Sheet (Chart 1 & Table 2 below) shows the level of debtors and creditors at the beginning of the financial year and at the end of November.

Chart 1: Debtor and Creditor position by month



The Debtor position of the SHA: £10.7m

The debtor position of £10.7m reflects the level of cash owed to the SHA comprising £3.4m due from a range of NHS bodies, £0.5m from a range of Non-NHS bodies and £2.0m from Customs and Excise for VAT reclaims. In addition the total includes a £4.8m prepayment to the Student Grants Unit.

The Creditor position of the SHA: £47.3m

The creditor position of £47.3m reflects the level of payments due from the SHA. Organisations due payments from the SHA include NHS bodies, universities providing training and education and some private sector bodies. The main reason for the movement since the beginning of the year is that within the total is £22.8m of accrued expenditure where the SHA is awaiting invoices from suppliers. Many of the MPET contracts encompass quarterly payments in arrears, this accounts for a large proportion of these accruals.

Table 2: Statement of Financial Position

	Balance at 31/03/2009 £000s	Balance at 30/11/2009 £000s
NON-CURRENT ASSETS		
Property, Plant and Equipment	945	913
Intangible Assets	0	0
CURRENT ASSETS		
Trade and Other Receivables	11,751	10,705
Cash and Cash Equivalents	2	20,949
Sub-Total of Current Assets	**11,753**	**31,654**
CURRENT LIABILITIES		
Trade Payables	(28,438)	(47,386)
Provisions for liabilities and charges	(606)	(557)
Total Current Liabilities	**(29,044)**	**(47,943)**
Net Current Assets (Liabilities)	**(17,291)**	**(16,289)**
TOTAL ASSETS LESS CURRENT LIABILITIES	**(16,346)**	**(15,376)**
NON-CURRENT LIABILITIES		
Provisions for Liabilities and Charges	**(73)**	**(0)**
ASSETS LESS LIABILITIES (Total Assets Employed)	**(16,419)**	**(15,376)**
TAXPAYERS EQUITY		
General Fund	**(16,668)**	**(15,624)**
Revaluation reserve	249	248
TOTAL	**(16,419)**	**(15,376)**

Cash position and General Fund

The level of cash drawings at the end of November was £398.2m or 64.9% of the Cash Limit. The General Fund change from £16.7m to £15.6m reflects the level of cash requirement of the SHA underwritten by the Department of Health. Under Government accounting and cash management rules the SHA only draws down cash as it is required and when payments are due, rather than having substantial amounts of cash held in the SHAs bank (PGO) account. Each month the SHA draws down cash for use during the month and then manages the cash to a low level of holding at the month end.

At the end of November £21m cash was held at the PGO account. The SHA draws down cash each month to pay anticipated invoices and then plans to keep its cash balance to a minimum level at each month end. The cash balance, however, was higher than planned at the end of November as anticipated University Quarter 2 were not received for payment.

Payments performance

The SHA payments performance is monitored carefully, showing the number and value of bills paid to NHS and non-NHS suppliers within 30 days. The SHA processes around 2000 invoices per month, approximately three quarters with non-NHS organisations. In the eight months, 93.4% of non-NHS invoices were paid within thirty days which accounted for 97.2% of the value of invoices. For NHS invoices the figure was 91.7% and this accounted for 97.6% of the value of the invoices.

Change in Government Banking Service

From 2010 the Government Banking Service is changing its main provider of banking transaction services from the Bank of England to the Royal Bank of Scotland Group. This change is being introduced nationally and will affect all NHS organisations including the SHA. The impact on the SHA has been assessed as minimal and has been reported to the Audit Committee.

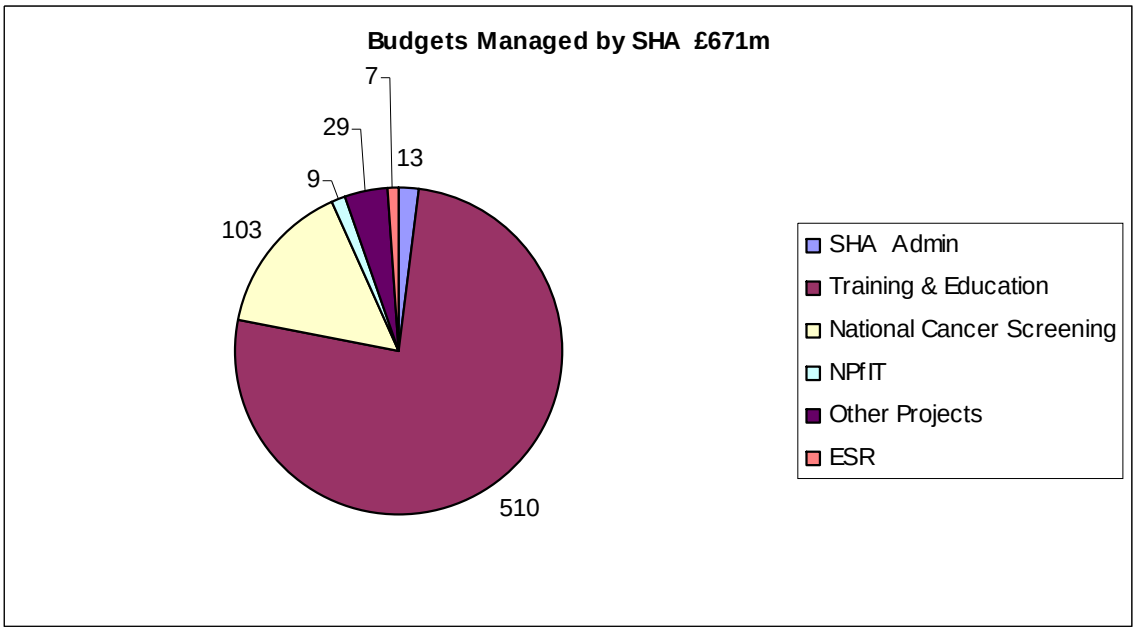
ANNEX 2: EXPLANATORY NOTE ON BUDGETS MANAGED BY THE SHA

Below is a brief overview of the budgets managed by the SHA. These include:

- the administration and project budgets of the SHA directorates
- the workforce development budget that is used to commission the training of the future NHS medical, dental, nursing and other professional groups, plus development support to the existing workforce
- the National Cancer Screening programme based in Sheffield and hosted by the SHA on behalf of the Department of Health and other SHAs
- the National Electronic Staff Record Programme based in Warwick and hosted by the SHA
- the regional implementation team of the National Programme for Information Technology (NPfIT)
- several other projects, usually with a regional dimension eg. the Commercial Procurement Collaborative

All budgets have designated Director Leads, and are subject to the governance requirements of the SHA. Chart 1 outlines the relative size of each budget area.

Chart 1: Budgets managed by the SHA - £671m



Administration

SHA Administration covers the operational activities of the SHA.

Training and Education

Workforce Administration: This covers the management of the workforce and was previously held under the SHA administration budget. From 2008-09, this has been incorporated under the training and education budget.
Non-medical: The majority of expenditure in this budget area is with the university sector for the pre-registration training to secure a future supply of the non-medical clinical NHS workforce including nursing. It also covers post-registration training for

existing NHS employees. The SHA is also financially accountable for the funding of the Students Grant Unit, the body that administers living allowance grants to students undertaking eligible health related courses at university.
Medical and Dental: Spending on medical and dental training and education by the SHA currently splits in to two distinct categories. The first is spending on undergraduate medical training in NHS hospitals which is managed in association with the three medical schools in the region through the Service Increment for Teaching (SIFT). The second is spending on postgraduate medical training provided by NHS organisations and managed by the Deanery.

Hosted Programmes

The SHA hosts several national and regional programmes and projects in agreement with and on behalf of the Department of Health and local NHS partner organisations. All hosted programmes are subject to the standard governance requirements of the Authority.

NHS Cancer Screening Programmes National Office: The National Office of the NHS Cancer Screening Programmes based in Sheffield is responsible for quality assurance and supervision of the breast and cervical screening programmes, the new bowel cancer screening programme, and prostate risk management. Currently, the programme is directly commissioning new bowel cancer screening centres; once up and running this commissioning function and associated spending will transfer to local PCTs.

National Programme for Information Technology (NPfIT): Yorkshire & the Humber: The SHA hosts the local implementation team for the National Programme for IT.

National Electronic Staff Record (ESR) Programme: The National ESR programme based in Warwick is hosted by the SHA. The Electronic Staff Record is the new world class Human Resources (HR) and Payroll Information Technology system for the NHS in England and Wales. It will replace payroll systems and HR systems with a single, national, integrated solution.

Yorkshire and the Humber Commercial Procurement Collaborative: The Commercial Procurement Collaborative (CPC) is a specialist unit that has been set up to pool the purchasing power of all NHS organisations across the region with the aim of negotiating a better deal for the NHS for the supply of a wide range of goods and services.

ANNEX 3: KEY TO DASHBOARD

1.Spending within Resource Schedule

Year to Date

- Deficit
- Out of line with forecast
- Surplus (high degree of certainty)

Outturn

- Deficit
- At risk of deficit (i.e. within the declared range of Best Case-Most Likely-Worst Case)
- Surplus - in line with forecast

2. Debtors

a) Legacy debt

- Debt more than £500k
- Debt between £100k and £500k
- Debt less than £100k

b) Yorkshire & the Humber debt

- Debt over I year more than £1million
- Debt over 1year between £100k to £1million
- All Debt less than 1 year

3. Creditors & Payments

a) Creditors

- exceeding 6 months
- between 3 months -6 months
- less than 3 months

b) Payments (BPPC)

- less than 85%
- 85%-95%
- over 95%

4. Cash Limit within expenditure

- Cash limit is within planned expenditure
- Cash limit less than 5% of planned expenditure
- Cash limit over 5% of expenditure

5. Capital Spend within Resource Capital Limit

- Close to limit
- close to limit
- within the limit

Section 2 (b): 2009/10 Financial Position across the Yorkshire and Humber Health Economy as Reported at Month 8

1. Executive Summary

1.1. Section 2 (b) of this paper sets out the current 2009/10 financial position across the Yorkshire and Humber health economy (excluding NHS Foundation Trusts) as at 30 November 2009 (Month 8).

1.2. The forecast operating surplus, which excludes technical items, is an aggregate surplus of £190m. This is in line with both the plan and the control total set by the Department of Health (DH) for NHS Yorkshire and the Humber.

1.3. Within the aggregate position, North Yorkshire and York PCT are reporting a year to date deficit of £4m and are forecasting a full year deficit of £9m.

1.4. As reported previously, the Department of Health (DH) have confirmed that the costs associated with both impairments to fixed assets and the additional revenue costs of bringing PFI schemes onto balance sheets under International Financial Reporting Standards (IFRS) are technical in nature for NHS Trusts and should now be excluded in calculating the measure of financial performance for individual NHS Trusts and performance against aggregate SHA level control totals. As these figures are updated quarterly, this report covers only the operating financial position in line with DH terminology.

2. 2009/10 Year to Date and Forecast Operating Position

2.1. The forecast revenue position reported by the NHS in Yorkshire and the Humber at Month 8 is an aggregate operating surplus of £190m which achieves both the plan and the control total set by the Department of Health (DH) for NHS Yorkshire and the Humber. The control total is set at an aggregate surplus of £190m exactly. Currently there is no range.

2.2. The surplus is made up of £40.6m in PCTs, £11.7m in NHS Trusts and the balance of £137.7m in the SHA as shown in table 1 below. North Yorkshire and York PCT are now forecasting an operating deficit of £9m as covered in section 3 below.

2.3. The aggregate year to date operating surplus is £120.4m. There are 3 organisations with year to date operating deficits at this stage.

2.4. Organisations with specific financial risk, including those with year to deficits, are considered in section 4 below.

2.5. The year to date and forecast outturn operating and actual position by organisation is shown in table 2 below.

2.6.

	Year to Date £m	Full Year Forecast		
		Month 8 £m	Month 7 £m	Variance £m
NHS Trusts	11.8	11.7	12.7	(1.0)
PCTs	18.9	40.6	49.6	(9.0)
SHA	85.8	137.7	127.7	10.0
Total Aggregate Position	**116.5**	**190.0**	**190.0**	**0.0**

Table 1: 2009/10 Summary of Year to Date and Full Year Forecast Operating Revenue Position

3. Organisations With Forecast Operating Deficits

3.1. **North Yorkshire and York PCT** are forecasting a deficit of £9m at Month 8. This is due primarily to the impact of acute activity overtrades, escalating costs of secure forensic mental health and continuing care and the impact of the pharmacy contract and prescribing.

3.2. The PCT have, and are continuing to take, a number of actions to manage the financial position and minimise the deficit. Examples include a number of contractual challenges, the establishment of activity management plans at acute Trusts, benchmarking and challenging GPs on their spending profiles, close liaison with the Specialist Commissioning Group to identify where forensic mental health spend can be reduced, contract management and review of continuing care placements and ongoing work between the medicines management team and primary care to reduce prescribing expenditure.

3.3. Following intensive support and intervention arrangements, the SHA has formally placed the PCT in turnaround. This involves fortnightly review, progress and assurance meetings. The SHA is also regularly meeting with the Chief Executives and Directors of Finance of the main acute providers to highlight the roles and responsibilities of all parties to maintain financial stability across the health community and to determine what joint actions can be put in place to resolve the position.

3.4. The SHA has also initiated a series of actions across the whole SHA area to ensure that mitigating measures are identified to ensure delivery of the aggregate control total.

4. Financial Risk

4.1. The organisations and health communities listed below are those, currently assessed by the SHA as having the most significant financial risk and challenge in Yorkshire and the Humber whilst still forecasting financial balance or better for 2009/10. Performance management arrangements for these organisations have been tailored to reflect their individual financial situations and to reflect any emerging issues.

Scarborough and North East Yorkshire NHS Trust – the Trust delivered a surplus of £1.9m in 2008/09 as required to service repayments of their working capital loan.

The plan for 2009/10 is for a further £1.9m surplus. This depends on the Trust being able to identify a further £1m of cost savings measures before the year end and ensuring costs are properly contained.

The SHA is meeting regularly with the Trust Chief Executive and the Acting Director of Finance as well as Chief Executives and Directors of Finance from North Yorkshire and York and East Riding of Yorkshire PCTs to ensure appropriate actions are in place to achieve the planned surplus.

The SHA commissioned an external review of the Trusts financial plan which was published during November. The Trust has formerly responded to the SHA with an action plan to ensure the same issues are not repeated.

Kirklees PCT – the year to date deficit of £0.3m relates mainly to significant pressures on acute contracts and overspends on continuing care. The PCT have lodged a number of contract challenges with their acute providers and are identifying management action to reduce expenditure in other areas. The SHA is in close contact with the PCT to assure itself that sufficient progress is being made including financial performance management meetings with the Chief Executive and Director of Finance.

Sheffield PCT – the PCT is reporting a £0.3m year to date deficit. This is primarily due to over performance on secondary care contracts, low/secure mental health services managed by the Specialist Commissioning Group and prescribing. The PCT are currently identifying mitigating actions to ensure delivery of the planned position. The SHA is in close contact with the PCT to assure itself that sufficient progress is being made.

4.2. In addition to those described above, a number of PCTs are reporting that contracts with acute providers are over performing. Work is going on within PCTs to challenge some of the acute Trust information. Local health economies also have initiatives in place aimed at identifying the drivers behind the over performance. The SHA has been clear with PCTs that they must manage this position as far as possible through appropriate contract application, commissioning and demand management. They also must identify mitigating actions to deliver control totals in full in 2009/10.

4.3. The DH have advised PCTs to assume additional national revenue allocations to cover the costs of fixed assets impairments and the additional revenue costs of bringing LIFT and PFI schemes onto balance sheets under IFRS. Whilst some funding was confirmed following the Quarter 2 submission, the forecasts are still be firmed up. DH confirmation is outstanding awaited as to the extent to which funding will be available for any additional costs in 2009/10. over and above those reported at Quarter 2.

5. 2009/10 Year to Date and Forecast Revenue Outturn by Organisation

	Year to Date £'000	Full Year Forecast		
		Month 8 £'000	Quarter 2 £'000	Movement £'000
NHS Trusts	11,763	11,725	12,657	(932)
PCTs	18,916	40,620	49,620	(9,000)
SHA	85,770	137,655	127,723	9,932
Total Aggregate Position	**116,449**	**190,000**	**190,000**	**0**

	Year to Date £'000	Full Year Forecast		
		Month 8 £'000	Quarter 2 £'000	Movement £'000
Airedale	127	604	604	0
Bradford Care Trust	1,824	100	100	0
Hull & East Yorkshire Hospitals Trust	5,584	7,565	8,065	(500)
Humber Mental Health Trust	1,129	1,400	1,832	(432)
Leeds Teaching Hospitals	2,330	0	0	0
Mid Yorkshire Hospitals	0	0	0	0
Scarborough & NE Yorks Hospitals Trust	605	1,892	1,892	0
South West Yorks Mental Health (1)	164	164	164	0
Yorkshire Ambulance Service Trust	0	0	0	0
Total NHS Trusts	**11,763**	**11,725**	**12,657**	**(932)**

(1) authorised as an NHS Foundation Trust from 1 May 2009

	Year to Date £'000	Full Year Forecast		
		Month 8 £'000	Quarter 2 £'000	Movement £'000
Barnsley PCT	2,242	3,400	3,400	0
Bradford & Airedale PCT	2,231	6,800	6,800	0
Calderdale PCT	1,183	2,600	2,600	0
Doncaster PCT	1,808	4,215	4,215	0
East Riding of Yorkshire PCT	2,054	3,600	3,600	0
Hull PCT	2,532	3,800	3,800	0
Kirklees PCT	(350)	2,900	2,900	0
Leeds PCT	3,136	5,000	5,000	0
North East Lincolnshire PCT	1,406	2,200	2,200	0
North Lincolnshire PCT	833	1,200	1,200	0
North Yorkshire & York PCT	(4,000)	(9,000)	0	(9,000)
Rotherham PCT	1,461	2,105	2,105	0
Sheffield PCT	(274)	4,500	4,500	0
Wakefield District PCT	4,654	7,300	7,300	0
Total PCTs	**18,916**	**40,620**	**49,620**	**(9,000)**

Tables 2: 2009/10 Year to Date and Forecast Outturn as at Month 8

6. Comments on Individual Trusts and PCTs With Significant Variances between Current Forecast Operating Outturn and that Previously Reported to the Board (Quarter 2)

6.1. The organisations listed below are those, with significant variances (£0.5m or more) from plan.

Hull & East Yorkshire Hospitals NHS Trust – The trust have been advised that anticipated funding for specific projects will be £0.5m less than previously anticipated in 2009/10. The reduced surplus is not therefore performance related. **North Yorkshire and York PCT** – covered in detail in section 3 above.

7. Capital

7.1. Organisations in Yorkshire and the Humber are forecasting gross capital expenditure totalling £200.0m (£146.2m Trusts, £53.5m PCTs and £0.3m SHA) in 2009/10.

7.2. All organisations are forecasting achievement of capital resource limits.

8. Cash

8.1. DH have now made additional cash limit adjustments to cash back utilisation of prior year surpluses and to meet balance sheet requirements and this has been distributed to PCTs and the SHA.

8.2. Where relevant, NHS Trusts are planning to make all scheduled repayments of working capital loans.

8.3. All NHS Trusts are forecasting achievement of External Financing Limits and PCTs and the SHA are forecasting that they will live within cash limits.

9. Recommendation

9.1. The Authority is asked to note: the performance and quality update, the financial position of the SHA and the 2009/10 Quarter 2 financial position across the Yorkshire and Humber health economy.

Rob Cooper
Deputy Chief Executive and Director of Finance & Investment
26 January 2010

Brian Hughes
Acting Director of Performance