

NHS Bury Governing Body

26th November 2014, 3.00pm – 5.00pm

Details	Part 1	X	Part 2		Agenda Item No.	3.3
Title of Paper:	Finance Report					
Board Member:	Claire Wilson, Chief Finance Officer					
Author:	Claire Wilson, Chief Finance Officer & CSU team					
Presenter:	Claire Wilson, Chief Finance Officer					
Please indicate:	For Decision		For Information		For Discussion	X

Executive Summary

Summary	<ul style="list-style-type: none"> At the end of month 7, the CCG has a deficit of £807k against a planned surplus of £146k and is therefore £953k behind its plan. This is in part due to new in year pressures but is also a result of non-delivery of QIPP schemes. Without corrective action, the forecast for the year is a deficit of £1.674m against a planned surplus of £250k. Therefore there is a financial gap of £1.9m, which needs to be addressed in year. A high level analysis of the CCG run rate has concluded that in 2015/16 there will be a gap between income and expenditure estimated at £14m. Of this, £8m is a recurrent gap and £6m is non-recurrent. A robust, clinically lead QIPP programme will be required for 2015/16 which will need to be approved by the Governing Body over the next few months. 					
Risk	High	X	Medium		Low	
	Without corrective action, the CCG will have a financial deficit at the end of the financial year which would be a breach of a key statutory duty.					
Recommendations	The Governing Body are asked to note the content of the report and support the on-going work in this area.					

Strategic themes

Deliver improvement in outcomes for patients	
Deliver service improvement through system redesign in priority areas	Y
Develop NHS Bury CCG and Primary Care capability as commissioners and leaders	Y
Deliver through the Health and Wellbeing Board improved population health and reduction in	

inequalities			
Deliver the CCG element of QIPP through effective system management and working with partners and stakeholders and ensuring a culture with focus on quality, fostering innovation, improving health outcomes and reducing inequalities.			Y
Equality Impact Assessed?	n/a	Supports NHS Bury CCG Governance arrangements	Y

Finance Report

1. Financial position for the period ending 31st October 2014.

- 1.1. The attached report attached provides an analysis of the financial position at the end of October 2014 (month 7).
- 1.2. At the end of month 7, the CCG has a deficit of £807k against a planned surplus of £146k and is therefore £953k behind its plan. This is in part due to new in year pressures but is also a result of non-delivery of QIPP schemes.
- 1.3. Without corrective action, the forecast for the year is a **deficit** of £1.674m against a planned surplus of £250k. Therefore there is a financial gap of £1.9m, which needs to be addressed in year.
- 1.4. This is a £300k improvement on the position reported at month 6 as we have now reflected a £300k reduction to the budgeted Healthier Radcliffe investment in 2014/15.
- 1.5. Key elements of the £1.9m gap:
 - Non delivery of QIPP - £2.9m
 - Additional overspend on Continuing Healthcare Costs - £200k (excludes QIPP non-delivery)
 - Generic drugs pressure (part year impact) - £230k
 - Other drugs pressures - £600k (excl's QIPP non-delivery)
 - Pennine acute over-performance at cap level (mostly non-elective activity) - £800k
 - Offsetting reserves –no longer required – (£2m)
 - Other underspends – (£1m)
- 1.6. As previously reported to the Governing Body, a number of actions are being taken in order to address the current overspend and there are also a number of potential non recurrent options being pursued should these actions not deliver in the short term (e.g. stopping in-year investment).

2. QIPP 2014/15

- 2.1. The 2014/15 plan assumed delivery of £7.9m QIPP savings and in March 2014, the Governing Body agreed a number of measures to address the affordability gap.
- 2.2. As the year has progressed it has become clear that many of the actions agreed have not resulted in the savings anticipated and actual delivery is forecast at £5m against the £7.9m target. Of this, all savings achieved in year are non-recurrent.
- 2.3. It should be noted that the 2 biggest non-elective activity deflection schemes are not yet operational. It is hoped that these schemes will have an impact on non-elective admissions over the final quarter of the year (PMCF and the £5 per head LES). However,

the current significant levels of over performance and the cap and collar contract with the acute trust means that deflections will have little impact on the in-year position.

3. Financial Outlook 2015/16

- 3.1. It is widely reported that Bury CCG is currently £20m behind its target allocation. Moving towards our target will support us in achieving longer term financial sustainability, however in the short term; the CCG must play its part to take urgent action in addressing the current financial challenges.
- 3.2. As described above, the CCG has not delivered successful recurrent QIPP savings in 2014/15 which, together with the current levels of overspend, means that the CCG moves into 2015/16 in recurrent deficit.
- 3.3. 2015/16 will be a significant challenge for the CCG as it invests £11.7m in the Better Care Fund (BCF). Current levels of non-elective activity growth have put additional pressure on the BCF to deliver the efficiencies required for investment.
- 3.4. A high level analysis of the CCG run rate has concluded that in 2015/16 there will be a gap between income and expenditure estimated at £14m. Of this, £8m is a recurrent gap and £6m is non-recurrent.
- 3.5. This position has worsened considerably in-year as a result of the 2014/15 overspends on non-elective activity, CHC costs and prescribing.
- 3.6. A robust, clinically lead QIPP programme will be required for 2015/16 which will need to be approved by the Governing Body over the next few months. Urgent work is on-going to develop detailed plans and updates will be provided in due course to both the Finance and Contracting Committee and to the Governing Body.
- 3.7. All CCGs are required to deliver a 10% savings on running costs in 2015/16. Work is on-going in order to identify the savings required on CCG establishment costs, however, approximately 50% of our running costs are CSU recharges. We therefore expect the CSU to deliver savings in line with the national target in the form of a reduced contract value. To date, the CSU have not been able to confirm their ability to offer this reduction and so this is a risk on our ability to meet this target.

4. Recommendations

- 4.1. The Governing Body are asked to:
 - note the content of the report and the risks associated with the in-year financial position.
 - note the significant challenges associated with the 2015/16 financial position and support the work required to develop a robust and clinically lead QIPP programme.

Claire Wilson
Chief Finance Officer
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Finance Report

for the period ending 31st October 2014

Financial dashboard

Financial Overview

	Annual budget	YTD Budget	YTD Actual	YTD Variance	Forecast Variance	Mitigations required	Target
	£000	£000	£000	£000	£000	£000	£000
Allocation	(225,378)	(128,213)	(128,213)	0	0	0	0
Running Costs	4,674	2,728	2,498	(230)	(310)	0	(310)
Programme Costs	220,453	125,339	126,522	1,183	1,984	(1,924)	60
(Surplus)/deficit	(250)	(146)	807	953	1,674	(1,924)	(250)

	% of income	
	Plan	Year to date
Surplus/(deficit) **	0.1%	-0.6%
Running costs	2.1%	1.9%
** Planning guidance requirement = 1%		

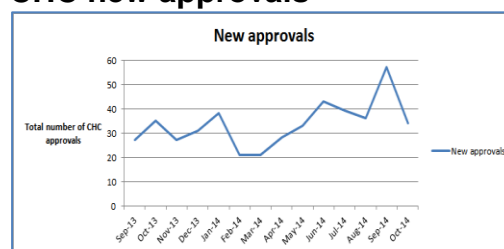
CHC Spend

Continuing Healthcare Expenditure							
	Sum of YTD Budget £000s	Sum of YTD Actual £000s	Sum of YTD Variance £000s	Annual Budget £000's	Forecast outturn £000s	Sum of Forecast Variance £000s	Result
CHC	7,647	8,133	486	12,511	13,319	808	

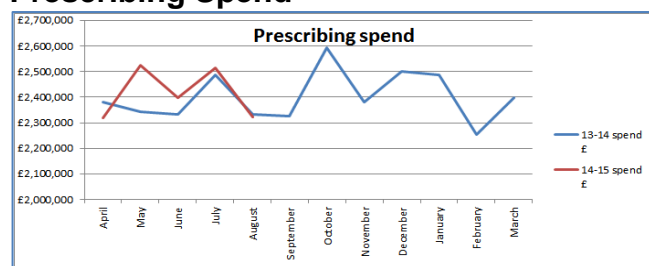
Top 5 Acute Contracts

Top 5 Acute Contracts					
	YTD Plan £000's	YTD Actual £000's	YTD Variance £000's	% Variance	RAG
Pennine Acute Hospital Trust	40,290	41,483	1,193	3%	
Central Manchester University Hospital NHS Foundation Trust	3,960	4,256	296	7%	
Bolton NHS Foundation Trust	3,968	3,260	(708)	-18%	
Salford Royal NHS Foundation Trust	3,380	3,466	86	3%	
University of South Manchester NHS Foundation Trust	862	858	(4)	0%	

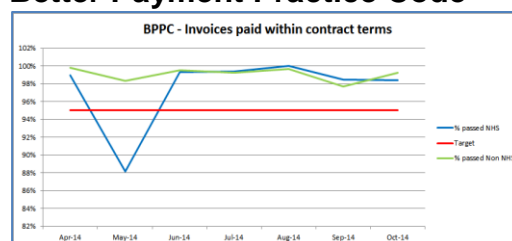
CHC new approvals



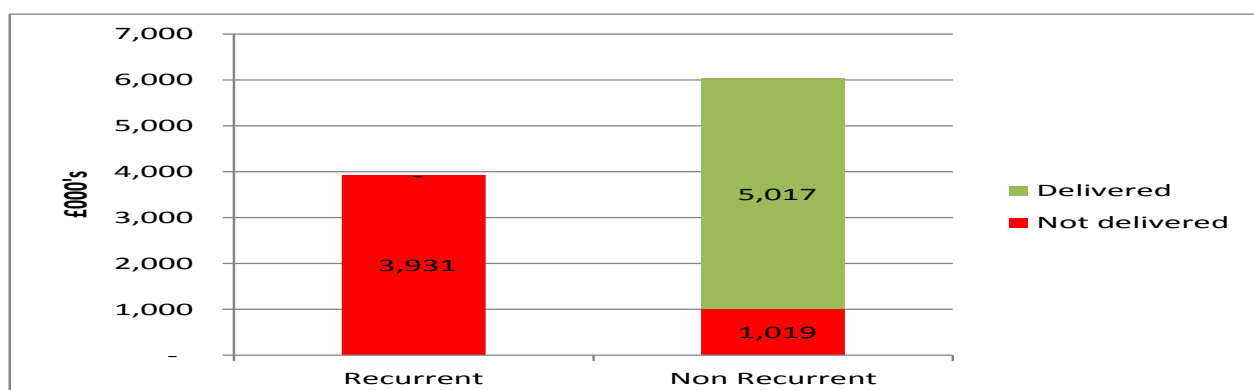
Prescribing Spend



Better Payment Practice Code



2014/15 QIPP performance



Financial Performance - Month 7

Table 1: Financial Performance for the period ending 31st October 2014

	Annual budget	Establishment (October)	WTE Worked (October)	YTD Budget	YTD Actual	YTD Variance	Forecast Variance	Mitigations	Variance after mitigations
	£000	WTE	WTE	£000	£000	£000	£000	£000	£000
Allocation	(225,378)			(128,213)	(128,213)	0	0	0	0
Administration Costs									
Running Costs	4,674	23.01	28.01	2,728	2,498	(230)	(310)	0	(310)
Total Admin Costs	4,674	23.01	28.01	2,728	2,498	(230)	(310)	0	(310)
Programme Costs									
Acute	121,845	-	-	71,217	72,244	1,027	1,520		1,520
CHC	12,511	-	-	7,647	8,133	486	808	(200)	608
Community	20,170	4.45	3.61	11,769	11,958	189	493		493
Mental Health	22,496	-	-	13,123	12,601	(522)	(737)		(737)
Other	3,185	-	-	2,077	2,062	(15)	115		115
Primary Care	32,921	9.24	13.08	19,337	19,524	187	485	(100)	385
Total Programme Costs	213,128	13.69	16.69	125,170	126,522	1,352	2,684	(300)	2,384
Total Expenditure	217,803	36.70	44.70	127,898	129,020	1,122	2,374	(300)	2,074
Reserves	7,325			169	0	(169)	(700)	(1,624)	(2,324)
Grand total	225,128	36.70	44.70	128,067	129,020	953	1,674	(1,924)	(250)
(Surplus)/deficit	(250)			(146)	807	953	1,674	(1,924)	(250)

1. The CCG has a statutory duty to breakeven. For 2014/15, the financial plan is to deliver a £250k surplus for the year. At the end of October 2014, the CCG is reporting a year to date overspend of £808k, which is an £953k adverse variance against its planned position.
2. The planned surplus of £250k will only be achieved after mitigations totalling £1,924k are implemented.
3. It should be noted that the CCG planned surplus of £250k represents 0.1% of current allocation; NHS England annual planning guidance for 2014/15 required a minimum 1% surplus.

Running Costs

Table 2: Running Costs at the end of October 2014.

	Budgeted WTE Oct £'000	Actual WTE Oct £'000	Budget £'000	Budget YTD £'000	Actual YTD £'000	Variance YTD £'000	Forecast Outturn £'000	Forecast Variance £'000
Costs								
Pay								
CCG Staff Costs	22.25	27.69	1,642	958	803	(155)	1,412	(230)
Non Pay								
CSU Re-charge	-	-	2,316	1,351	1,365	14	2,316	0
NHS Property Services Recharge	-	-	129	75	75	0	129	0
Reserves	-	-	86	52	-	(52)	-	(86)
Other Non Pay	0.76	0.32	502	293	254	(39)	507	5
Total Running Costs	23.01	28.01	4,674	2,728	2,498	(230)	4,364	(310)

4. A breakdown of the running cost position is shown in table 2 above. The CCG are currently reporting a year to date underspend of £230k, with a reported forecasted underspend for the year of £310k.
5. This position is an improvement to the balanced position reported at month 6 as clinical leads costs have been realigned to programme costs in accordance with the national definition.
6. Table 3 below provides an analysis of running costs by cost centre.

Table 3: Running costs analysis by Cost Centre

	Annual budget £000s	YTD budget £000s	YTD actual £000s	YTD variance £000s	Forecast outturn £000s	Forecast variance £000s
ADMINISTRATION & BUSINESS SUPPORT	260	151	141	(11)	245	(15)
BUSINESS INFORMATICS	231	135	135	0	231	0
CEO/ BOARD OFFICE	592	345	321	(24)	548	(43)
CHAIR AND NON EXECS	181	106	102	(4)	180	(1)
CLINICAL SUPPORT	349	204	79	(125)	136	(214)
COMMISSIONING	795	464	452	(12)	799	3
COMMUNICATIONS & PR	146	85	85	0	146	0
CONTRACT MANAGEMENT	498	290	292	2	501	4
CORPORATE COSTS & SERVICES	252	147	144	(3)	235	(17)
CORPORATE GOVERNANCE	27	16	16	0	27	0
EDUCATION AND TRAINING	26	15	15	0	26	0
EMERGENCY PLANNING	26	15	15	0	26	0
EQUALITY AND DIVERSITY	27	16	16	0	27	0
ESTATES AND FACILITIES	129	75	75	0	129	0
FINANCE	728	424	408	(16)	777	50
GENERAL RESERVE - ADMIN	86	52	0	(52)	0	(86)
HUMAN RESOURCES	70	41	41	0	70	0
IM&T	44	26	40	14	44	0
MEDICINES MANAGEMENT	70	41	41	0	78	0
PATIENT AND PUBLIC INVOLVEMENT	72	42	42	0	72	0
PROCUREMENT	68	40	40	0	68	0
Running costs total	4,674	2,728	2,498	(230)	4,364	(310)

Acute costs

7. Actual activity data has been received to month 6 and forecasted for the remainder of the year. A detailed breakdown of acute provider's activity and finance data is provided in Annex 1; the position on the top 5 contracts is shown table 4 below.

Table 4: The top 5 Acute Contracts at the end of October 2014.

Top 5 Acute Contracts					
	YTD Plan	YTD Actual	YTD Variance	% Variance	RAG
	£000's	£000's	£000's	%	
Pennine Acute Hospital Trust	40,290	41,483	1,193	3%	
Central Manchester University Hospital NHS Foundation Trust	3,960	4,256	296	7%	
Bolton NHS Foundation Trust	3,968	3,260	(708)	-18%	
Salford Royal NHS Foundation Trust	3,380	3,466	86	3%	
University of South Manchester NHS Foundation Trust	862	858	(4)	0%	

8. The two contracts with the highest overspends are Pennine Acute Hospitals and Central Manchester University Hospital Foundation Trust.

Pennine Acute Hospitals NHS Trust

8.1. The Pennine Acute contract is currently over performing to month 6 by £1,193k, within this, non-elective activity is overspent by £1,739k.

8.2. At the request of the CCG, NWCSU have undertaken an Urgent Care Review on the Pennine Contract in order to further understand the reasons for this overspend. The results of this review were presented to the Governing Body in its October development meeting and an action plan has been developed. An update on progress to date against the actions agreed can be found in Annex 2.

8.3. The key adverse variances on this contract are as follows:

- i. **Non-elective admissions** – (£1.2m overspent).
 - Emergency Admissions are up by 3.8 % compared to 2013/14 and the conversion rate from A&E to admission for 2014/15 has increased by 1% over the same period. At an average cost of £2,100, this equates to a £ 1.1m overspend by the year end. (545 additional spells).
 - Out of Hours activity has seen an overall increase of **2.5%**, resulting in a **22%** increase in number of patients sent to A&E by a clinician and a **32%** increase in 999 ambulances arranged by a clinician when compared to 2013/14. However, number of patients having arrived at A&E with 'Bardoc' as a referral source demonstrates an attrition of circa **25%**.
- ii. **Maternity Services** – (£206k overspend). Over-performance on maternity services contract at month 6 as a result of activity being 275 spells over planned activity levels. However, it should be noted that maternity costs across all providers are broadly in balance, with corresponding underspends being seen on the Bolton Foundation Trust contract.
- iii. **Critical Care** – (£316k overspend) Over-performance in critical care is predominantly based on 4 long stay critical care patients, with 1 patient incurring a length of stay of 139 days.

Central Manchester University Hospitals NHS Trust

8.4 The contract to month 6 is over performing by £296k. The main areas of over performance are within Elective (£187k) within the following specialties:

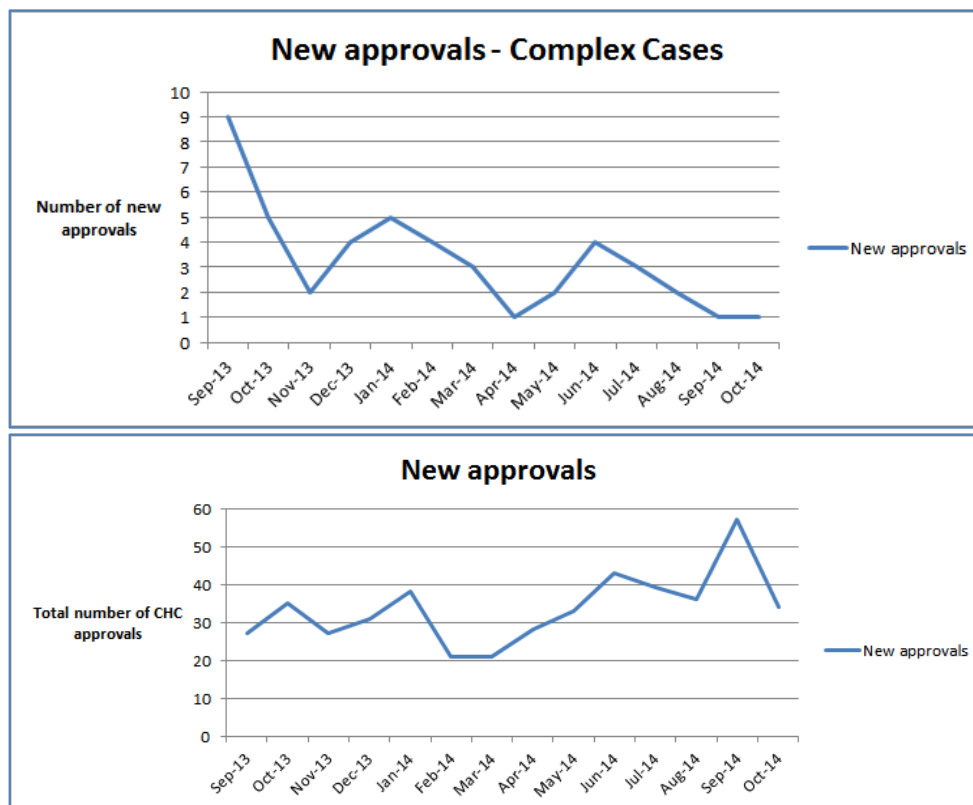
- i. Paediatric T&O (£63k overspend). There is one patient in month 6 costing £62k, which has been queried with trust and will be reduced by half. This reduction is reflected in the forecast.
- ii. General Surgery (£32k overspend). Contract performance is 6 spells above planned activity levels

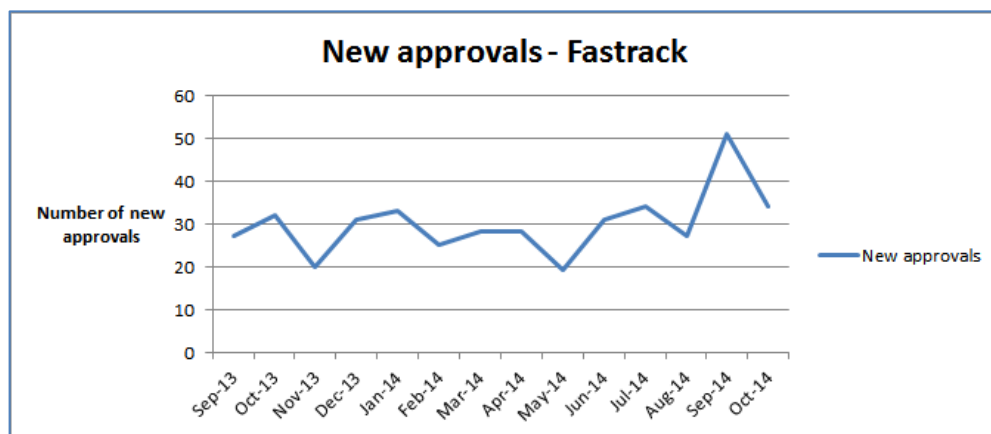
- iii. Gynaecological Oncology (£57k overspent). Contract performance is 17 spells above planned activity levels

8.5 There is also an over performance within day cases of £124k and the majority of this is driven by Clinical Haematology (£97k) which has had 5 high cost patients discharged costing £84k in total.

Continuing Care

- 9 Continuing Care costs are currently £486k overspent to month 7 with an outturn forecast of £808k overspend. The executive lead for CHC is working with the team in order to develop an urgent action plan for reducing the overspend by the end of the year.
- 10 £200k saving is required against the current forecast in order to support the CCGs financial recovery plan in this financial year. This means managing the budget to within a £600k overspend.
- 11 The charts below show that the increase in the total number of new CHC approvals is driven predominantly by fast track cases. The number of new Complex Case approvals has reduced since the implementation of weekly panel meetings.





Community Services

12. Community Services are £189k overspent to month 7 with a forecast overspend of £493k. The main overspending areas are:

- **Spamedica Cataract Services** – This service has seen a rise in activity from £20k in 2013/14 to a forecast £335k in 2014/15. Discussions are on-going with Spamedica and Opticians, who refer to Spamedica, to try and improve control of the referral process.
- There are also a number of services which are not currently funded in the budgets. There will need to be a detailed piece of work undertaken prior to 2015/16 budget setting in order to provide assurance that all costs are accounted for. Examples include:
 - **Pennine Care extension of the Catheter and Stoma Prescribing Pilot** – variation to the Pennine Care Community Contract at a cost of £75k.
 - **Primary Eye Care Minor Eye Conditions Service** – New service which started in June 2014. The cost of this service in -year is forecast at £98k.
 - **Contribution to Killilea House** – The agreed contribution in 2014/15 is £800k but only £661k is budgeted.

Mental Health

13. Mental Health is currently underspent £522k to month 7 with a forecast under spend of £737k. The main under-spending areas are:

- **Mental Health cost-per-case patients** – There is a year to date underspend of £236k with a forecast underspend of £433k. This is mainly due to a review of patient placements carried out in 2013/14 with full year savings now being realised.
- **Technical adjustments** - Release of approximately £300k of prior year accruals no longer required.

Other budgets

14. **Property Services** - At month 7, the CCG is reflecting the proposed in year charges from both NHS Property Services and Community Health Partnerships. A review is currently being undertaken to ensure costs correctly reflect provider occupancy across the estate.
15. **Clinical Leads** – These costs have been realigned from the running costs to programme costs.
16. **GP IT** – Pressures in relation to the CCGs new responsibilities in relation to GPIT.

Primary Care

Table 5: Breakdown of Primary Care Financial Position

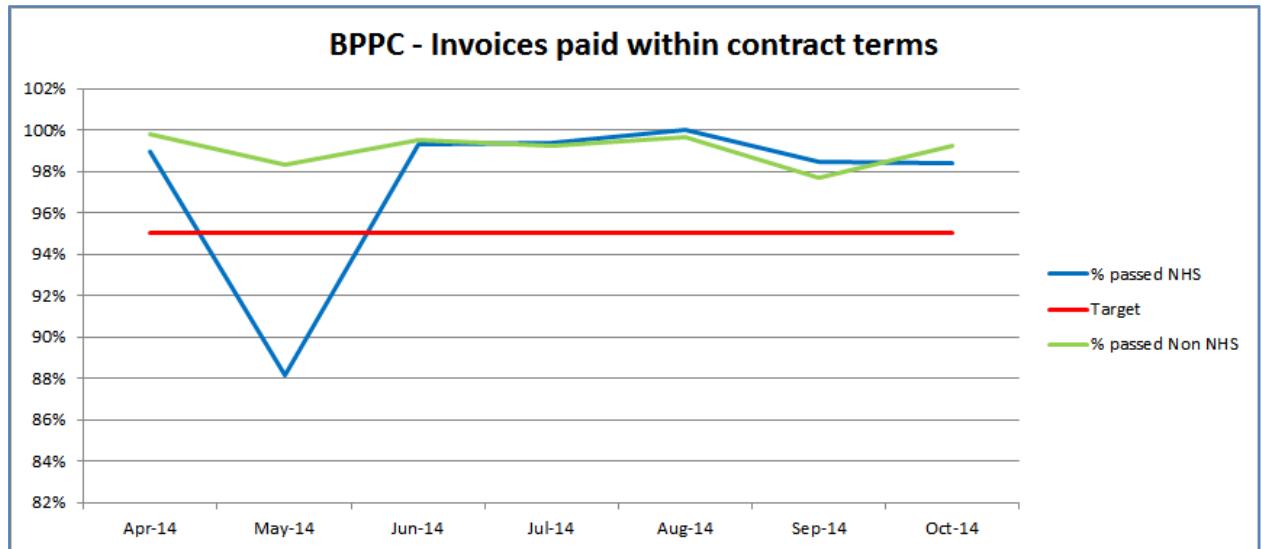
	Sum of YTD Budget	Sum of YTD Actual	Sum of YTD Variance	Annual Budget £000's	Forecast outturn £000s	Sum of Forecast Variance
Central Drugs	503	449	(54)	862	794	(68)
Local Enhanced Services	742	732	(10)	1,043	1,132	89
Medicines Management - Clinical	114	124	10	196	217	21
Out of Hours	813	820	7	1,393	1,563	170
Home Oxygen	104	87	(17)	179	187	8
Prescribing	17,060	17,312	252	29,246	29,785	539
			0			0
Primary Total	19,336	19,524	188	32,919	33,678	759

17. Local Enhanced Services (LES) are showing a forecast over spend of £89k. Funding for the Super LES and the £5 per head pump priming funding have been reflected in the financial position to month 7. The forecast overspend is due to minor ailments (care at the chemist) and an over spend on the anti-coagulation LES which is not in the Super LES.
18. Actual data has now been received for the first five months of the year from the Prescription Pricing Authority (PPA) for GP practice prescribing. The budgets have been re-profiled in accordance with the PPA recommended profile. The current year-end forecast is a £539k overspend which includes GP practice prescribing, the Scriptswitch licence fee, the prescribing incentive scheme and out of hours prescribing.
19. A new pressure of £230k has arisen in October 2014 in relation to the community pharmacy funding settlement for generic drugs.

Better Payment Practice Code

20. The number of NHS invoices paid within contract terms at the end of September is 98% which over achieves the target of 95%.

21. The number of Non NHS invoices paid at the end of September is 99% which over achieves against the target of 95%.



Annex 1

Top 10 Provider Contracts by Point of Delivery

The information within the summary table below is based on actual month 6 SLAM activity data.

		Activity YTD			Finance YTD			Finance (forecast outturn)		
		Activity Plan	Activity over / (under) plan	Variance as a % of plan	Budget	Actual over / (under) plan	Variance as a % of Budget	Budget	Actual over / (under) plan	Variance as a % of Budget
Trust Desc	<input checked="" type="checkbox"/> POD Split	Activity	Activity	%	£000's	£000's	%	£000's	£000's	%
PENNINE ACUTE HOSPITALS NHS TRUST	A&E	26,261	137	1	2,593	25	1	5,096	49	1
	Crit Care	1,078	277	26	1,077	316	29	2,221	484	22
	Day Case	7,052	(170)	(2)	4,622	(58)	(1)	9,254	(117)	(1)
	Diagnostics	8,363	589	7	881	32	4	1,763	64	4
	Direct Access Diagnostics	14,923	(2,936)	(20)	502	(148)	(30)	1,004	(297)	(30)
	Elective	1,866	(179)	(10)	4,376	(519)	(12)	8,702	(1,033)	(12)
	Elective Excess Bed Day	541	(127)	(23)	127	(29)	(23)	253	(59)	(23)
	Maternity	1,873	452	24	2,218	206	9	4,437	411	9
	Maternity Excess Bed Days	0	50	0	0	19	0	0	39	0
	Non Elective	7,327	109	1	11,132	1,190	11	22,967	2,454	11
	Non Elective Excess Bed Days	2,066	(47)	(2)	470	(5)	(1)	969	(10)	(1)
	Non Elective Non Emergency	174	19	11	299	17	6	617	36	6
	Non Elective Non Emergency Excess Bed Days	126	(6)	(5)	31	(4)	(13)	64	(8)	(13)
	Other	3,457	530	15	5,557	367	7	11,114	606	5
	Other Outpatient	0	332	0	0	0	0	0	0	0
	Outpatient First Attendance	16,639	116	1	2,608	31	1	5,215	61	1
	Outpatient Follow Up Attendance	41,903	(1,388)	(3)	2,834	(123)	(4)	5,625	(244)	(4)
Outpatient Procedure	4,752	(600)	(13)	964	(122)	(13)	1,934	(244)	(13)	
PENNINE ACUTE HOSPITALS NHS TRUST Total		138,401	(2,842)	(2)	40,290	1,193	3	81,236	2,194	3
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	A&E	1,586	98	6	143	11	8	289	19	6
	Crit Care	158	(33)	(21)	168	(41)	(24)	336	(81)	(24)
	Day Case	631	151	24	503	124	25	1,046	196	19
	Diagnostics	779	583	75	59	13	22	118	25	21
	Elective	222	50	22	489	187	38	1,010	354	35
	Elective Excess Bed Day	230	(178)	(77)	56	(40)	(71)	113	(80)	(71)
	GP Direct Access	4	4	100	0	0	18	1	0	18
	Maternity	176	(21)	(12)	278	(20)	(7)	555	(39)	(7)
	Non Elective	373	1	0	550	4	1	1,093	(6)	(1)
	Non Elective Excess Bed Days	260	(145)	(56)	69	(40)	(57)	138	(79)	(57)
	Non Elective Non Emergency	194	(32)	(17)	361	(69)	(19)	722	(138)	(19)
	Non Elective Non Emergency Excess Bed Days	295	(238)	(81)	69	(52)	(76)	138	(104)	(76)
	Other	438	3,555	811	514	208	40	1,082	380	35
	Other Outpatient	55	(12)	(22)	1	(0)	(22)	3	(1)	(22)
	Outpatient First Attendance	1,350	13	1	203	(2)	(1)	419	(8)	(2)
	Outpatient Follow Up Attendance	4,530	242	5	462	10	2	955	20	2
	Outpatient Procedure	197	(19)	(9)	34	2	5	70	2	3
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST Total		11,479	4,018	35	3,960	296	7	8,086	459	6

		Activity YTD			Finance YTD			Finance (forecast outturn)			
		Activity Plan	Activity over / (under) plan	Variance as a % of plan	Budget	Actual over / (under) plan	Variance as a % of Budget	Budget	Actual over / (under) plan	Variance as a % of Budget	
Trust Desc	<input checked="" type="checkbox"/> POD Split	Activity	Activity	%	£000's	£000's	%	£000's	£000's	%	
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST		A&E	58	9	16	6	1	19	11	3	23
		Crit Care	0	2	0	0	2	0	0	3	0
		Day Case	13	1	4	11	3	30	22	7	29
		Diagnostics	7	1	7	1	0	3	2	0	2
		Elective	4	(1)	(33)	5	(1)	(18)	10	(2)	(18)
		GP Direct Access	0	2	0	0	0	0	0	0	0
		Non Elective	12	(1)	(7)	28	2	8	57	3	5
		Non Elective Non Emergency	1	(1)	(100)	1	(1)	(100)	3	(3)	(100)
		Other	14	(5)	(37)	3	3	89	6	5	90
		Other Outpatient	4	(3)	(73)	0	(0)	(47)	0	(0)	(48)
		Outpatient First Attendance	22	4	20	3	(0)	(0)	7	(0)	(1)
		Outpatient Follow Up Attendance	54	24	45	5	2	37	9	3	37
		Outpatient Procedure	2	1	34	0	0	39	1	0	39
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST Total			192	32	17	63	10	16	128	19	15
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST		A&E	6	(0)	(1)	1	(0)	(6)	1	(0)	(6)
		Day Case	4	(0)	(4)	3	1	52	5	3	52
		Elective	3	(1)	(35)	8	(4)	(43)	16	(7)	(43)
		Elective Excess Bed Day	3	(0)	(3)	1	0	12	2	0	12
		Non Elective	1	(0)	(0)	2	(1)	(64)	4	(2)	(64)
		Other	0	1	0	0	0	45	1	0	45
		Outpatient First Attendance	0	1	0	0	0	0	0	0	0
		Outpatient Follow Up Attendance	3	4	134	1	(0)	(4)	2	(0)	(6)
		Unbundled Diagnostics	0	3	0	0	0	0	0	0	0
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST Total			20	8	37	16	(3)	(17)	31	(5)	(17)
Grand Total Acute SLAM Provider			174,895	4,324	2	53,449	1,732	3	107,727	2,762	3



Bury CCG NEL Action Plan

Monday, 03 November 2014

Bury CCG Action Plan; following NEL over performance review and story board

Bury CCG and the NES CCGs have seen significant over performance in Non-Elective activity during 2014/15. A piece of work has been recently undertaken to try and understand the reasons for such over performance, and the following areas were investigated:

- ➔ A&E attendances
- ➔ NEL Admissions
- ➔ Critical Care
- ➔ Maternity pathways

Based on the preliminary analysis a number of key recommendations were made to Bury CCG Governing Body, these include:

- ➔ Deep dive into Bardoc increased activity - consider impact of extended 7DS.
- ➔ Further Investigation to understand coding of admissions, when GP referrals are redirected through to A&E.
- ➔ Deep dive into over performance in General Medicine at a HRG level.
- ➔ Workstream leads for LTC to review primary care pathways and management.
- ➔ Review of all QIPP schemes for admission avoidance.

In addition to the above the Governing Body also requested further investigation into the below areas:

- ➔ Surgical Complications linked to Extended LoS – Who pays?
- ➔ Genitourinary - identified as one of the top 6 Diagnosis Group for NEL admissions in Quarter 1 – is this elective turning into NEL due to waiting lists?
- ➔ Audit of A&E coded admissions.
- ➔ Audit of maternity notes to understand intermediate
- ➔ Audit of BARDOC –to understand diagnosis and place of residence i.e. NH, CHC, Social Care

Based on the above recommendations the following actions have been brought together to monitor the progress against the actions required to further understand the over performance, and consequently, where possible, identify actions that will address / help to control any further over performance during 2014/15.

Unique Reference ID	Action	Description	Owner	Due date	Status Update	RAG
BCCGNEL01	Surgical Complications linked to Extended LoS – Who pays?	Understand if there is any guidance that outlines 'who pays' when patient has extended LoS due to surgery complication.	JL	14/11/2014	There is no rule that defines the trust as responsible for the cost of the patient's episode of care when clinical negligence is the cause. Where a corrective procedure is required, the cost of that procedure is absorbed by the trust who undertook the initial procedure. There is also specified never event that would result in the cost of the related episode of care being credited to the commissioner. CNST would cover any negligence claims; however this would be linked to patient compensation rather than cost of episode of care.	
BCCGNEL02	Audit of maternity notes to understand intermediate	A clinical audit of Maternity notes cross referenced to the PBR maternity Pathway criteria to understand if all antenatal pathways are	MH	November 2014	Ongoing	

		being coded appropriately.				
BCCGNEL03	Audit of BARDOC	BARDOC referrals to A&E have gone up significantly over the last year. Stewart Reynolds and CCG to meet with Bardoc to investigate, and agree an action plan where appropriate.	SR/SD	14/11/2014	A meeting has taken place with Bardoc and an action plan agreed. See Annex A	

Unique Reference ID	Action	Description	Owner	Due date	Status Update	RAG
BCCGNEL04	Genitourinary	Disease of the genitourinary system was the 6 th highest diagnosis codes in quarter one. Further investigation needs to be undertaken to understand if this is a result of long elective waiting lists resulting in patient tipping into NEL activity.	JL	14/11/2014	Waiting times for Urology for non-admitted PAHT are currently under the sustainable tolerance rate , for admitted and non-admitted pathways backlog numbers are low and within the sustainable threshold rates. Waiting times based on 7 moths of RTT data shows that most patients are treated at week 17/18 with an average wait time of 12.2 weeks (due to outliers) for admitted pathways. For non-admitted most patients are treated at 1/2 weeks with an average wait time of 12.2 weeks (due to outliers). As at month 5 Disease of the genitourinary system are still in the top 6 diagnosis codes, however there has been no growth in this NEL admission diagnosis group when comparing it to last year.	
BCCGNEL05	Further Investigation to understand	A random sample audit of GP letters for admissions	CCG/DG	November 2014	Ongoing	

	coding of admissions, when GP referrals are redirected through to A&E.	should be identified; then linked back to the patient admission method in SUS.				
BCCGNEL06	Deep dive into over performance in General Medicine at a HRG level.	Undertake further analysis into HRG level year on year variances and over performance, provide summary report to highlight key areas	DL/JL	14/11/2014	On Track - Further analysis has been completed; Summary report will be available for the next governing body.	
BCCGNEL07	Workstream leads for LTC to review primary care pathways and management.		CCG /SR Work stream leads	November 2014	Ongoing	
BCCGNEL8	Review of all QIPP schemes for admission avoidance	.	DL/DG/CCG	November 2014	Ongoing	

Annex A - Bury CCG Bardoc Action Plan and reports

Action Point	Benefits
Install BARDOC "plus" for patients with care plans	Patients with care plans will be given a special OOH number to ring which will give them fastrack access to an experienced GP reducing the risk of inappropriate admission or A&E attendance
Floor walking senior GPs at weekend	Look into having senior clinician reviewing the A&E referrals in real time
Clinical audit for A&E Referrals	The Audit Team under the direction of Medical Director will review all A&E referrals on a daily basis
Introduce viewing of DOS	BARDOC will store electronic information at all sites including the vehicles informing clinicians of alternatives to A&E. We will work towards introducing the Directory of Services DOS
Access to GP record	We are working with Bury GP Federation with a view to accessing the Vision system either directly or via MIG system
To mandate the use of web view	To ensure that GP surgeries inform the OOH service of frequent service users, patients with complex care needs etc.