

Agenda Item: 13
Report Number: GB156-16
Venue: NWS CCG HQ, 58 Church St, Weybridge, Surrey, KT13 8DP
Date: Monday 28 November 2016
Meeting: NWS CCG Governing Body (Part One)

Title of Report	Finance Report (Month 7)		
Purpose of the report	To brief the committee on the financial forecasts for delegated co-commissioning and other primary care budgets, as at Month 7.		
Reason for presentation to the Governing Body	For Information	√	
	For Discussion		
	For Decision		

Prepared and Presented by:	Marc Mulhall, Finance Consultant Mark Baker, Director of Finance			
Relative Legislation & Source Documents:	Not applicable			
Freedom of Information:	Restricted		Open	√
This report has previously been presented to the following Committee/Group/s	Clinical Executive		Quality Committee	
	Operational Leadership Team		Contracts and Finance Committee	
	Audit and Risk Committee		Remuneration and Nominations Committee	
	Operations Management Group		Primary Care Operational Group	
The outcome of previous presentation/s or reviews	Not applicable.			

Recommendations:

The committee is asked to note the risks and assumptions described within the report.

Health Impact:	None
Financial Implications:	As advised in the report.
Legal Implications:	None
Equality & Diversity:	None
Communication & Engagement:	None
Reputational Implication:	None
Risk Register:	

North West Surrey CCG
Primary Care Finance Report October 16 (Month 7 2016/17)

Co-Commissioning Budgets

The CCG is currently reporting a break even position for delegated co-commissioning budgets in both the year to date and year end positions. A detailed analysis of the financial position is provided below;

	Annual Budget	YTD Budget	YTD Spend	YTD Variance	YE Forecast	YE Variance
	£000s	£000s	£000s	£000s	£000s	£000s
GMS/PMS and APMS Contract Payments	28,181	16,439	16,370	(69)	28,172	(9)
Enhanced Services	1,824	1,064	1,068	5	1,833	9
Quality Outcomes Framework	3,959	1,603	1,592	(11)	3,942	(17)
Premises Reimbursements	2,768	1,614	1,795	180	3,070	302
PCO Administered	1,144	667	588	(79)	1,007	(137)
NHSE Managed Contracts	183	106	118	12	195	13
Locally Commissioned Services	0	0	0	0	174	174
Primary Care Team	0	0	0	0	218	218
Surplus / Risk Reserve	800	467	430	(37)	246	(554)
	38,858	21,960	21,961	0	38,858	0

GMS, PMS and APMS Contract Payments

The financial position as at Month 7 shows a year to date underspend of £69k, decreasing to £9k by year end.

The annual budget incorporates a £56k reserve for future investment into primary care services. This resource has been freed up following the PMS review and reflects savings generated from practices converting to GMS terms from 1st July, net of transitional funding provided. There are currently no commitments against this budget but the forecast outturn position does assume that the full £56k is spent by year end.

Enhanced Services

The enhanced services budget funds services that the CCG is required to offer to contractors and linked to national priorities (reducing unplanned admissions, extended hours, learning disabilities and violent patients). This distinguishes these services from any locally commissioned services that may also be offered.

The Month 7 position shows that costs are in line with plan except for a very small over spend on extended hours due to additional practice sign up since budgets were set.

Quality Outcomes

Payments relating to the Quality Outcomes Framework are automatically calculated by the Calculating Quality Reporting Service (CQRS). Data extracted from GP systems for 2015-16 is used to calculate aspiration payments for 2016-17 and these show a year to date under spend of £11k, which will extrapolate to £17k by year end.

Aspiration payments should be regarded as an advance against actual 2016-17 achievement, the value of which will not be known until June 2017.

Premises Costs

The position for reimbursable practice costs (rent, rates and water) has been forecasts using actual costs where known, or accrued to budget (where practices have not yet submitted an invoice). As at Month 7, the position shows a year to date over spend of £180k, predicted to increase to £302k by year end.

The forecast outturn position has worsened by £314k compared to last month and reflects NHS Property Services confirming market rents for 16/17 on 31st October. *Note – the CCG has received a letter from NHSE regarding a proposed increase to its allocation of £363k to cover the change to market rents. When allocations are received the budget will be adjusted accordingly.*

Premise costs also includes an estimated charge of £112k for vacant premises, £72k for premises development (not yet committed) and a £72k reserve to fund possible rent increases in 2016-17. At this time, there is a great deal of uncertainty regarding what actual costs are likely to be in 2016-17 and therefore these expenditure lines have been accrued to budget.

PCO Administered Costs

As at Month 7, there is a forecast under spend of £137k on PCO administered items (locum cover, seniority, professional fees for dispensing and personally administered drugs).

The under spend is driven by lower than expected costs for personally administered drugs (£75k), dispensing (£40k) and seniority (£28k).

NHSE Managed Budgets

Under delegated co-commissioning arrangements, a small number of services continue to be managed by NHSE on a Surrey / Sussex wide basis, namely, interpreting, occupational health and clinical waste. NHSE is yet to recharge the

CCG for its share of costs and therefore these services are accrued to budget at Month 7.

However, the CCG has reimbursed a number of practices for clinical waste charges received direct from NHS Property Services. These costs total £12k and have been included in the forecast until the CCG has established whether or not the NHSE managed contract for clinical waste extends to NHSPS freehold and leasehold property.

Locally Commissioned Services (LCS)

In line with last month's forecasts, locally commissioned services (LCS) are expected to over spend by £174k in 16/17 and previously this over spend has been reported on the LCS budget. However, at Month 7 the forecast over spend is being reported against co-commissioning budget.

Primary Care Team

Costs relating to contracts and finance team staff have previously been included within CCG running costs. However, forecast costs for 16/17 are now attributed against the delegated budget and this represents a charge of £218k for the year.

Indicative Surplus / Risk Reserve

The CCG has an indicative budget surplus of £800k for primary care co-commissioning, being the difference between the 'top-down' allocation it received and the 'bottom-up' budgets set by NHSE based on need and informed by historic spend.

This position has reduced as a result of additional commitments outlined above; a balance of £246k of the original indicative surplus remains uncommitted. There are no plans for the use of the surplus other than to mitigate unknown financial risks that may emerge between Month 7 and the year end.

Other Primary Care Budgets

The financial position for other Primary Care budgets at Month 7 is as follows;

	Annual Budget	YTD Budget	YTD Spend	YTD Variance	YE Forecast	YE Variance
	£000s	£000s	£000s	£000s	£000s	£000s
Local Enhanced Services	2,357	1,374	1,476	101	2,357	0
Primary Care IT	926	540	540	0	926	0
Clinical Leads	503	294	241	(52)	503	0
Practice Engagement	236	137	65	(72)	236	0
Sub-Total	4,022	2,345	2,322	(23)	4,022	0
Practice Prescribing	44,951	25,966	25,768	(199)	44,753	(199)
Medicines Management	436	254	234	(20)	436	0
Primary Care Prescribing	2,197	1,282	1,296	15	2,235	38
Home Oxygen	589	344	325	(19)	562	(27)
Drugs Costs Met Centrally	1,358	792	704	(88)	1,227	(131)
Out of Hours	2,083	1,215	1,215	0	2,083	0
Sub-Total	51,615	29,853	29,542	(312)	51,296	(318)
Total	55,637	32,199	31,864	(335)	55,318	(318)

Local Enhanced Services

The year to date over spend of £101k (based on quarter 1 and quarter 2 claims) is driven by minor surgery (£44k), INR (£16k), Denosumab (£15k), drug monitoring (£12k) and phlebotomy (£9k).

However, the forecast outturn position is reported as break even on the basis that the predicted over spend of £174k will be charged against the delegated co-commissioning surplus (see above).

Primary Care IT

The Primary Care IT budget of £926k consists of the CSU contract (£703k), staff costs relating to the Programme Director and Support Worker (£88k), the GP text messaging service (£26k) plus £109k for repairs and maintenance. As at Month 7, all of these costs are reported in line with plan.

Clinical Leads and Practice Engagement

The year to date position shows under spends of £52k and £72k for clinical leads and practice engagement respectively.

It is assumed that costs will be in line with the budget by year end.

Practice Prescribing

The year to date under spend of £199k on Practice Prescribing is based on Month 5 PPA data, plus a one-off benefit of £66k arising from an over accrual brought forward from 2015-16.

The forecast outturn position assumes that costs for the remainder of the year are in line with plan.

Medicines Management

The year to date under spend of £20k (£25k last month) reflects part time vacancies within the Medicines Management Team. These vacancies have now been filled and costs are expected to be in line with plan by year end.

Primary Care Prescribing, Home Oxygen, Drug Costs Met Centrally and Out of Hours

Primary Care Prescribing (based on Month 6 data) shows a £15k over spend and is forecast to increase to £38k by year end. *Expenditure is driven by payments to local pharmacists, claimed via the online prescribing ordering system (ONPOS).*

Drugs Costs Met Centrally is showing an under spend of £88k (£131k by year end), whilst Home Oxygen is currently £20k under spent (£27k by year end).

As at Month 6, Out of Hours costs are in line with budget as key performance measures have been achieved.

MONTH 7 FINANCE OVERVIEW

1. Overview of Month 7 Financial Position

- 1.1. The purpose of this paper is to update the Governing Body on the Month 7 (end of October) financial position, risks and actions for North West Surrey CCG.
- 1.2. The financial position as reported to NHS England is a year to date surplus of £0.05m and a breakeven forecast position for 2016/17. This represents an adverse movement in the year to date position against plan of £1.4m but no change in the forecast outturn as reported at Month 6.
- 1.3. The forecast outturn position continues to be based on an assessment of current activity and most likely delivery of QIPP savings relating to the ASPH contract. At Month 7 the only significant movement in forecast outturn relates to the inclusion of estimated costs of fee increase for Free Nursing Care and mitigating actions to achieve a break even position.
- 1.4. The change in forecast position at Month 5 resulted in the requirement for the CCG to prepare a financial recovery plan for NHS England. An update has been prepared at the end of or October.

2. Key Assumptions and Risks

- 2.1. The following key assumptions are included in the position and forecast for the year:
 - Reserves and contingencies have been released (in part) at Month 7 and assumed to be released (in full) by year end, i.e. there is no headroom or contingency to meet any new cost pressures.
 - The acute position is based on Month 6 SLAM data from providers and the prescribing position is based on August Practice Prescribing Authority (PPA) data which is received two months in arrears.
 - Month 6 SLAM reports from ASPH continue to identify over performance against plan, this has been extrapolated to Month 7 and a year to date over spend of £1.7m. This is an adverse movement in the year to date position of £0.8m, due to the phasing of the QIPP plans.
 - There are a number of queries and challenges on ASPH contract as part of the Quarter 1 reconciliation and these are being discussed with the Trust.
 - Other provider activity is expected to continue in line with current position.
 - The most significant variable element of the forecast outturn relates to delivery of QIPP at ASPH. A number of scenarios have been modelled inclusive of winter pressures, delivery of specific QIPP schemes and risk

share arrangements for the contract. The central case scenario is a full year forecast overspend on ASPH contract of £3.7m.

- The rate of NHS contributions for Free Nursing Care payments have been increased, backdated to April 2016, as per national guidance, these were identified as an unmitigated risk at Month 6 but have been reflected in the position at Month 7.
- Actions from the CCGs Financial Recovery Plan to the value of £1m have been included in the forecast position.
- The CCG is required to set a non-recurrent reserve in 2016/17 to the value of £4.6m which cannot be committed without NHS England agreement. No commitments or assumed use of this reserve have been made.

Governing Body Committee Finance Report – Month 7

1. Introduction

- 1.1. The report details the financial position for North West Surrey CCG for 2016/17 at the end of Month 7 (31 October 2016).

2. Allocations

- 2.1. As at Month 7, the Revenue Resource Limit (RRL) of the CCG was £469.558m, an increase of £76k as detailed below. A detailed summary of the budget and changes since Month 6 is included at Appendix A.

Revenue Resource Limit	Total
	£000
Month 6 allocation	469,482
Children & Young People - Mental Health	76
As at Month 7	469,558

3. Financial Performance to 31st OCTOBER 2016

3.1. The financial position for the first seven months shows a surplus of £0.05m; this is an adverse movement in the year to date position against plan of £1.4m. The forecast outturn for the year is breakeven, as reported at Month 6, based on current activity and most likely delivery of QIPP savings relating to the ASPH contract. The year to date and forecast outturn positions are summarised below and detailed in Appendix B.

Month 7 Financial Position (October 2016)	Budget YTD	Actual YTD	Variance YTD	Annual Budget	Forecast Outturn	Variance
	£000	£000	£000	£000	£000	£000
General & Acute	141,720	146,729	5,009	238,916	248,412	9,496
Mental Health	21,003	20,621	(382)	36,262	35,813	(449)
Community	15,700	15,560	(140)	27,462	27,229	(232)
Continuing Healthcare	15,967	18,198	2,231	27,046	28,107	1,061
Prescribing & Primary Care	31,768	31,557	(210)	54,930	54,611	(318)
Primary Care Co-Commissioning	21,960	21,961	0	38,858	38,858	(0)
Running Costs	4,436	4,333	(104)	7,606	7,388	(218)
Better Care Fund	10,522	10,496	(26)	18,037	18,062	25
Other Contracting	4,004	3,908	(97)	6,777	6,927	149
New Investments & Reserves	2,465	0	(2,465)	7,032	4,126	(2,906)
Contingency	1,367	0	(1,367)	2,343	0	(2,343)
Planned Surplus	2,501	0	(2,501)	4,288	0	(4,288)
Total	273,412	273,362	(50)	469,558	469,534	(24)

* variance key (underspend)/overspend

3.2. The assessment of the Month 7 position is based on activity information currently available which in most cases is September (Month 6) data.

3.3. In summary:

- overspends on mainly acute provider contracts are driving a significant year to date and forecast outturn overspend

- the full year forecast includes the most likely delivery of QIPP savings and Financial Recovery Plan actions
- to achieve the year to date surplus a number of reserves and contingencies have been utilised and are assumed to continue to be used in order to achieve the full year breakeven position.

4. Acute Provider Position

4.1. Acute Summary

The table below summarises the Month 7 year to date position for acute services. The position is based on Month 6 SLAM data.

The financial summary indicates a year to date over spend of £5m and forecast overspend of £9.496m. The main reason for the over spend relates to the CCG's main provider Ashford and St Peters.

Supplier	M7 YTD			Forecast Outturn		
	Budget	Actual	Over / (Underspend)	Current Annual Budget	FOT	Over / (Underspend)
	£'000	£'000	£'000	£'000	£'000	£'000
General and Acute Commissioning						
Ashford St Peters	102,767	104,498	1,731	164,086	167,741	3,655
Ashford St Peters QIPP outside of contra	(3,323)	0	3,323	(5,696)	(0)	5,696
Royal Surrey County	8,461	8,871	410	14,055	14,679	624
St Georges Hospital	1,812	2,064	251	3,107	3,536	429
Frimley Park Hospital	5,555	5,110	(444)	9,118	8,473	(645)
Other Acute NHS	5,418	5,381	(37)	19,003	19,164	162
South East Coast Ambulance	6,599	6,815	216	11,549	12,004	455
Acute Non NHS (Private Providers)	4,279	3,941	(338)	6,402	5,893	(509)
Acute Exclusions / Cost per Case	180	176	(4)	308	301	(7)
NCA/ Cost per Case	2,020	2,606	586	3,463	4,282	819
Tertiary	6,785	6,979	194	11,522	11,750	228
Winter Pressures	1,167	288	(878)	2,000	588	(1,412)
Total Acute Commissioning	141,720	146,729	5,009	238,916	248,412	9,496

Variance Key :(Underspend)/Overspend

4.2. Ashford and St Peter's Hospitals NHS Foundation Trust

At Month 7 there is a year to date overspend of £1.7m, this is a deterioration on the Month 6 position (overspend of £0.95m). This adverse movement reflects the change in monthly budget profile from Month 7 onwards based on planned phasing of QIPP schemes, rather than a significant increase in spend. The actual spend in September increased from the lower level seen in August as set out below.

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Month 6 YTD
ASPH Monthly Spend	14,834,806	15,362,324	15,540,384	14,975,429	14,617,619	15,020,237	90,350,799

The forecast outturn overspend of £3.7m is based on the monthly update of the detailed assessment of QIPP savings achievement, risk share and winter pressures and represents the central (most likely) forecast based on a number of scenarios modelled.

A summary of variances on the ASPH contract is shown at Appendix C.

4.3. Royal Surrey County Hospital NHS Foundation Trust

At Month 7 year to date RSCH is showing an over spend of £0.41m, this shows no movement from Month 6.

The main areas driving the overspend are Critical Care, Daycase and Elective activity and Accident and Emergency Activity.

4.4. Frimley Park Hospital

At Month 7 there is a year to date underspend of £0.44m, which is a small deterioration from the Month 6 position of £0.52m. The September spend was the highest in month spend all year, this is due to a high cost critical care patient and a long period of elective excess bed days.

Spend in 2016/17 has reduced from 2015/16, comparing the same period in the two years there is approximately £0.12m less spend, the main area where spend is lower in 2016/17 is Daycase and Elective Activity.

5. South East Coast Ambulance

- 5.1. There is a year to date overspend at Month 7 of £0.2m, this is due to increased levels of activity across Hear and Treat, See and Treat and See and Convey 999.

6. Prescribing

- 6.1. The Practice Prescribing Authority (PPA) data is received two months in arrears so the Month 7 report is based on August data. This showed an under spend of £0.2m after adjustments for an over accrual brought forward from 2015/16, plus anticipated charges for North West Surrey CCG prescriptions that have been misattributed to other CCGs. This has been carried forward into the forecast position.

7. Primary Care Co-Commissioning

- 7.1. At Month 7 the CCG has reported a breakeven position.
- 7.2. Within the allocation for Primary Care Co-Commissioning the CCG identified an £0.8m surplus of funding that is being held as a contingency. At Month 7, the forecast over spend on Locally Commissioned Services (£0.2m) and relevant Primary Care Staffing costs (£0.2m) have been charged against the Co-Commissioning budget. This reduces the level of contingency.

8. Mental Health

- 8.1. The Surrey & Borders Partnership Foundation Trust Mental Health and Learning Disability SLA is showing a non-recurrent underspend of £0.2m relating to 2015/16 CQUIN under achievement.
- 8.2. Improving Access to Psychological Therapy (IAPT) is under spent by £0.2m in both the year to date and forecast outturn positions as the CCG is under performing against the self-referral rate of 15%.
- 8.3. North East Hampshire and Farnham CCG host a number of Mental Health budgets under the Surrey risk share collaborative agreement. The reported position is based upon Month 6 monitoring information received from the host commissioner extrapolated to Month 7. This shows a small year to date under spend and a £0.1m forecast outturn under spend, mainly due to a reduction in S117 community client placement numbers.

9. Continuing Healthcare and Free Nursing Care

- 9.1. Monitoring information on spend received from Surrey Downs CCG at Month 6 has been used to base the Month 7 position on. This shows an over spend of £2.1m, which relates to the impact of an increased number of continuing care clients and the year to date impact of the nationally agreed increase in Free Nursing Care.
- 9.2. The forecast outturn is an over spend of £0.8m. This assumes that £0.9m of mitigating actions to reduce Continuing Health Care costs are achieved (as proposed by Surrey Downs CCG) and includes the full year impact of the Free Nursing Care price change.

10. Better Care Fund

- 10.1. There is a small under spend reported in the year to date, which relates to an over accrual from 2015/16 and an advised full year over spend of £0.1m in 2016/17.

11. Running Costs

- 11.1. At Month 7 there is a year to date under spend of £0.1m and a forecast outturn under spend of £0.2m, after the reallocation of Primary Care staff costs to Primary Care Co-Commissioning budgets.

12. New Investments, Reserves and Contingencies

- 12.1. The CCG holds a number of reserves to meet both expected and unexpected costs. These are detailed in Appendix D.

- 12.2. In order to achieve the £0.05m surplus at Month 7 uncommitted investments (£2.5m) and contingency funds (£1.4m) have been released. The release of contingency represents an even profile (58% or 7 months) of the annual budget, while investments have been released in full.
- 12.3. The CCG is required to set a non-recurrent reserve in 2016/17 to the value of £4.6m which cannot be committed without NHS England agreement. No commitments or assumed use of this reserve have been made in Month 7 or forecast outturn position. This is the only remaining reserve/contingency budget that maybe available to mitigate new cost pressures but there is no certainty of any approval being given for this.

13. Quality Innovation Productivity and Performance (QIPP)

- 13.1. In order to deliver a balanced position the CCG base budget for 2016/17 included a QIPP savings requirement of £16.8m.
- 13.2. A joint Delivery Director was appointed with Ashford & St Peters in July to assure delivery of and stretch current schemes, and to identify further opportunities. A detailed assessment of schemes has been undertaken and the anticipated savings from the QIPP programme have been risk rated. Against the £16.8m QIPP target the forecast delivery for 2016/17 is £12m (71%) as reported to NHS England. This includes the release of £2.9m of reserves from frozen investments and is in line with the Month 7 reported position.
- 13.3. Year to date QIPP savings are £6.1m. The majority of this relates to reserves (£2.5m) brokerage (£1m) prescribing (£1.3m) and Better Care Fund contingency (£0.5m).

QIPP Savings	Original Plan	Forecast	Forecast Variance	Year to Date
	£m	£'m	£'m	£'m
Schemes	16.8	9.1	-7.7	3.4
Reserves	0.0	2.9	+2.9	1.7
As at Month 7	16.8	12.0	-4.8	5.1

- 13.4. Work continues with Ashford & St Peters to deliver current schemes and further stretch anticipated financial delivery.
- 13.5. A number of schemes are currently live, having rolled forward from 2015/16. However a large majority are scheduled to start from October onwards. Any further slippage in these schemes therefore represents an additional risk to QIPP delivery.

14. Financial Recovery Plan

- 14.1. A first draft Financial Recovery Plan was submitted on 30 September 2016 and includes a range of actions that could deliver between £2-3m of financial savings in year across contract management, QIPP schemes, activity management and discretionary spend.
- 14.2. An updated plan was submitted at the end of October detailing savings opportunities of £3m relating to contract challenges, stretch targets for current QIPP schemes, reductions in running costs and CQUINN. As at Month 7 a total of £1m of Financial Recovery Plan actions have been included in the forecast outturn relating to QIPP delivery and running costs.

15. Risks and mitigation

- 15.1. The key financial risks at Month 7 are;
 - **QIPP Savings** – Delivery of the current forecast QIPP savings programme of £12m plus further stretch targets included in the Financial Recovery Plan. The risk will be mitigated through the current work to develop existing schemes and identify and develop further schemes to meet this target. This includes collaborative working with Ashford & St Peters and appointment of a Joint Delivery Manager to deliver a joint programme of work and the initiation of a national programme of work focused on the “Rightcare” benchmarking approach. This is rated as **medium risk**.
 - **Acute activity over performance** - This will be mitigated by assurance and pro-active monitoring and delivery of monthly rigorous performance management of contracts. This is rated as a **high risk**.
 - **Free Nursing Care** – The CCG has been advised that the rate of NHS contributions have been increased, backdated to April 2016. At Month 7 the impact of this is £1.4m and we have been advised that there will be no adjustment to allocations. This was previously identified as an unmitigated risk but is now included in the position with corresponding actions and saving identified in the Financial Recovery Plan to mitigate. As this is now included in the position it no longer represents a risk.
 - **Property Services** – Properties for which the CCG pays for void space has been re-valued to market values. The potential cost pressure is being validated and challenged with NHS Property Services. A letter has been received advising of a change in allocations and this is being evaluated. This is rated as **medium risk**.

16. Cash Position

- 16.1. The CCG draws down cash at the beginning of the month from NHS England to ensure that creditors can be paid on time.
- 16.2. At 31st October 2016, the CCG has drawn down £263.5m (56.7%) of the anticipated 2016/17 net annual cash resource of £464.5m.

17. Conclusion

- 17.1. The month 7 financial position for North West Surrey CCG is a year to date surplus of £0.05m.
- 17.2. Based on the information available and assumptions contained within the report a year end position of breakeven has been reported, in line with Month 6. An updated Financial Recovery Plan was submitted at the end of October and actions totalling £1m included in the position at Month 7.
- 17.3. There is a level of risk still to be mitigated in order to achieve this position. These risks relate to managing acute activity to contract, delivering the QIPP programme relating to Ashford & St Peters SLA and delivering sufficient elements of the Financial Recovery Plan to achieve a break even position.

Mark Baker

Director of Finance

**North West Surrey CCG
Resource Limits 2016/17**

	Recurrent £000	Non Recurrent £000	Total £000
REVENUE			
Recurrent Allocation 2016/17 baseline	400,277	0	400,277
Opening Baseline	400,277	0	400,277
Baseline adjustments			
Growth @ 4%	16,130	0	16,130
	416,407	0	416,407
Additional Allocations			
Running Cost Allowance	7,606	0	7,606
2015/16 surplus	0	4,258	4,258
Initial Baseline	424,013	4,258	428,271
Additional Adjustments			
Capital Grant	525		525
Primary Care Co-Commissioning	39,752		39,752
Total Notified Revenue Resource Limit as at Month 2	464,290	4,258	468,548
Month 3 Allocations			
Epsom and St Helier (contract variation)	35		35
Q1 Eating Disorder Service Correction		181	181
Total Notified Revenue Resource Limit as at Month 3	464,325	4,439	468,764
Month 4 Allocations			
Primary Care Co-Commissioning Transfer to NHSE	(314)		(314)
Brokerage Repayment East Surrey CCG		500	500
Total Notified Revenue Resource Limit as at Month 4	464,011	4,939	468,950
Month 5 Allocations			
Brokerage Repayment Guildford & Waverley CCG		500	500
GP Development Programme		32	32
Total Notified Revenue Resource Limit as at Month 5	464,011	5,471	469,482
Month 6 Allocations			
Total Notified Revenue Resource Limit as at Month 6	464,011	5,471	469,482
Month 7 Allocations			
Children & Young Peoples Mental Health		76	76
Total Notified Revenue Resource Limit as at Month 7	464,011	5,547	469,558

APPENDIX B

North West Surrey CCG



2016/17 - BOARD SUMMARY

1. EXPENDITURE SUMMARY FOR MONTH 7 ENDING OCTOBER 2016

	Expenditure									
	Current Annual Budget	M7 YTD			M7 Forecast Outturn		Prior Month YTD (M6)		Prior Month Forecast Outturn (M6)	
		Budget	Actual	Over / (Underspend)	Total	Over / (Underspend)	Over / (Underspend)	Movement	Over / (Underspend)	Movement
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1 General and Acute Commissioning										
2 Ashford St Peters	164,086	102,767	104,498	1,731	167,741	3,655	951	780	4,401	(746)
2a Ashford St Peters QIPP Outside of Contract	(5,696)	(3,323)	0	3,323	(0)	5,696	2,848	475	5,696	0
3 Royal Surrey County	14,055	8,461	8,871	410	14,679	624	405	5	719	(94)
4 St Georges Hospital	3,107	1,812	2,064	251	3,536	429	193	58	389	40
5 Frimley Park Hospital	9,118	5,555	5,110	(444)	8,473	(645)	(519)	74	(810)	165
6 Other Acute NHS	19,003	5,418	5,381	(37)	19,164	162	(53)	17	208	(47)
7 South East Coast Ambulance	11,549	6,599	6,815	216	12,004	455	181	35	472	(16)
8 Acute Non NHS (Private Providers)	6,402	4,279	3,941	(338)	5,893	(509)	(408)	69	(655)	146
9 Acute Exclusions/Cost per Case	308	180	176	(4)	301	(7)	(19)	15	(37)	30
10 NCA/Cost per Case	3,463	2,020	2,606	586	4,282	819	258	329	627	192
11 Tertiary	11,522	6,785	6,979	194	11,750	228	100	94	244	(16)
12 Winter Pressures	2,000	1,167	288	(878)	588	(1,412)	(472)	(407)	(1,412)	(0)
13 Partial Spells	0	0	0	0	0	0	0	0	0	0
14 Total General & Acute Commissioning	238,916	141,720	146,729	5,009	248,412	9,496	3,466	1,543	9,841	(345)
15 Mental Health	36,262	21,003	20,621	(382)	35,813	(449)	(365)	(17)	(389)	(60)
16 Community Services Commissioning										
17 Virgin Care Services	23,510	13,395	13,395	(0)	23,510	0	(0)	(0)	(0)	0
18 Out of Hospital Providers	1,651	963	822	(141)	1,414	(237)	(110)	(31)	(221)	(16)
19 Voluntary sector Contracts	2,301	1,342	1,344	1	2,305	4	(4)	5	6	(2)
20 Total Community Services Commissioning	27,462	15,700	15,560	(140)	27,229	(232)	(114)	(26)	(215)	(18)
21 Continuing Healthcare										
22 Continuing Healthcare & Free Nursing Care	24,506	14,485	16,628	2,142	25,438	931	1,110	1,032	156	775
23 Children's Services	1,217	710	815	105	1,345	128	101	5	128	(0)
24 CHC Hosted Services	1,323	772	755	(17)	1,324	1	1	(18)	1	(0)
25 Total Continuing Healthcare	27,046	15,967	18,198	2,231	28,107	1,061	1,212	1,019	286	775
26 Total Commissioning Costs	329,686	194,390	201,108	6,718	339,561	9,875	4,199	2,519	9,524	351
27 Prescribing & Primary Care										
28 Practice Prescribing	44,951	25,966	25,768	(199)	44,753	(199)	(238)	39	(238)	40
29 Other Prescribing Costs	3,556	2,074	2,000	(74)	3,462	(93)	(70)	(4)	(98)	5
30 Primary Care Other	6,423	3,727	3,790	63	6,396	(27)	40	23	143	(170)
Primary Care Co-Commissioning	38,858	21,960	21,961	0	38,858	(0)	(0)	1	(0)	0
31 Total Prescribing & Primary Care	93,788	53,728	53,518	(210)	93,470	(318)	(268)	58	(193)	(125)
32 Running Costs	7,606	4,436	4,333	(104)	7,388	(218)	(132)	29	(0)	(218)
33 Other Contracts										
34 Better Care Fund	18,037	10,522	10,496	(26)	18,062	25	(43)	17	13	12
35 Other Contracting	5,740	3,399	3,046	(353)	5,564	(176)	(360)	7	(156)	(21)
36 NHS Property Services	1,037	605	862	256	1,363	326	237	20	325	1
37 Total Other Contracts	24,814	14,526	14,403	(123)	24,989	175	(166)	43	183	(8)
38 New Investments, Reserves & Contingency										
39 New Investments	2,465	2,465	0	(2,465)	(442)	(2,906)	(1,745)	(719)	(2,906)	0
40 Contingency	2,343	1,367	0	(1,367)	0	(2,343)	(1,172)	(195)	(2,343)	0
41 Transformation Fund	4,567	0	0	0	4,567	0	0	0	0	0
42 Total New Investments, Reserves & Contingency	9,375	3,831	0	(3,831)	4,126	(5,249)	(2,917)	(915)	(5,249)	0
43 Total Other Contracting & Reserves	34,190	18,357	14,403	(3,954)	29,115	(5,075)	(3,083)	(871)	(5,067)	(8)
44 Total Expenditure	465,270	270,911	273,362	2,451	469,534	4,264	716	1,735	4,264	(0)
45 Planned Surplus	4,288	2,501	0	(2,501)	0	(4,288)	(2,144)	(357)	(4,288)	0
	469,558	273,412	273,362	(50)	469,534	(24)	(1,428)	1,378	(24)	(0)

Ashford and St Peters Hospital - Finance and Activity Summary - North West Surrey CCG - Month 6 2016 (SLAM)

	POD Description	Activity			Cost £s			
		YTD Plan Activity	YTD Actual Activity	Activity variance	Annual Plan Cost	YTD Plan Cost	YTD Actual Cost	Cost variance
Outpatients	1 Outpatient First Attendance	42,921	45,099	2,178	£13,033,365	£6,531,511	£6,317,582	-£213,929
	2 Outpatient Follow Up Attendance	81,025	84,584	3,559	£14,092,710	£7,065,459	£6,901,359	-£164,100
	3 Outpatient Procedures	19,100	20,434	1,334	£8,053,329	£4,042,455	£4,384,423	£341,967
	4 One stop clinics	914	747	-167	£444,534	£223,139	£182,332	-£40,807
	5 Diagnostic Imaging whilst Out-Patient	22,113	23,360	1,248	£4,922,354	£2,490,085	£2,693,344	£203,259
Total Outpatients	166,073	174,224	8,151	£40,546,293	£20,352,649	£20,479,040	£126,391	
Planned Care	6 Day Case and Elective Inpatients	13,444	13,592	148	£36,569,220	£18,530,628	£17,900,903	-£629,725
	7 Elective Excess Bed Days	447	658	211	£222,754	£111,814	£166,569	£54,755
	8 Regular Day Admissions	1,427	1,496	69	£1,001,928	£502,929	£512,114	£9,185
	Total Planned Care	15,318	15,746	428	£37,793,902	£19,145,370	£18,579,586	-£565,784
A&E	9 Accident and Emergency	40,615	41,060	445	£11,392,041	£5,711,626	£5,765,007	£53,381
Unplanned Care	11 Ambulatory Care	1,645	2,397	752	£749,490	£375,771	£553,060	£177,288
	12 Critical Care	1,718	1,596	-122	£4,953,738	£2,483,655	£2,239,467	-£244,188
	13 Paediatric Critical Care	40	50	10	£83,709	£41,969	£52,828	£10,859
	14 Best Practice Tariff	661	520	-141	£1,232,778	£618,078	£483,418	-£134,660
	15 Non Electives and Emergency	10,501	10,464	-37	£49,003,178	£24,561,002	£23,604,944	-£956,058
	16 Non Elective Cap	0	0	0	£1,607,439	£803,720	£796,626	£7,093
	17 Emergency and Non elective Excess Bed Days	4,010	4,223	213	£1,966,850	£986,119	£1,036,349	£50,230
Total Unplanned	18,575	19,250	675	£56,382,304	£28,262,875	£27,173,440	-£1,089,435	
Maternity	18 Antenatal	2,174	1,995	-179	£6,659,521	£3,338,883	£3,487,430	£148,547
	19 Postnatal	1,953	2,061	108	£1,190,771	£597,017	£643,269	£46,252
	20 Births	1,855	1,894	39	£8,343,434	£4,183,146	£4,339,171	£156,025
	21 Maternity Other	0	0	0	£0	£0	£0	£0
	Total Maternity	5,981	5,950	-31	£16,193,725	£8,119,046	£8,469,870	£350,824
Subtotal - Planned, Unplanned and Maternity		246,562	256,230	9,669	£162,308,264	£81,591,566	£80,466,943	-£1,124,623
Other	22 Direct Access	999,523	1,022,124	22,601	£7,694,552	£3,862,363	£3,837,611	-£24,752
	23 PBR Excluded Drugs and Devices	141,332	132,895	-8,437	£5,092,195	£2,546,098	£2,776,745	£230,647
	24 Other	40,535	37,491	-3,044	£12,979,401	£-338,587	£2,198,849	£2,537,436
	25 Adjustments	0	0	0	£-500,000	£-250,000	£-250,000	£0
	28 Re-Admissions Penalties	0	0	0	£-1,408,857	£-706,358	£-763,348	£-56,990
	29 CQUINS	0	0	0	£3,879,644	£2,083,999	£2,083,999	£0
Total Other	1,181,391	1,192,510	11,119	£1,778,132	£7,197,515	£9,883,856	£2,686,341	
Sub Total		1,427,953	1,448,740	20,788	£164,086,397	£88,789,081	£90,350,799	£1,561,718
	QIPP Phasing Adjustment					£1,579,876		-£1,579,876
	Rounding					£6,007		-£6,007
Grand Total		1,427,953	1,448,740	20,788	£164,086,397	£90,374,964	£90,350,799	-£24,165

Month 7 Reserves

	M7 YTD Budget	M7 YTD Spend	M7 YTD Variance	Full Year Budget	FOT	FOT Variance
	£000	£000	£000	£000	£000	£000
East Surrey Brokerage Return	0	0	0	0	0	0
Guildford & Waverley Brokerage Return	0	0	0	0	0	0
Locality Hubs	542	0	(542)	542	0	(542)
QIPP Reserve	1,484	0	(1,484)	1,871	0	(1,871)
CHC Legacy Topslice Risk Share	456	0	(456)	456	0	(456)
Quality Premium	0	0	0	(387)	(696)	(309)
Primary Care Adjustment	(17)	0	17	(17)	0	17
Other: Meds Management PDS	0	0	0	0	180	180
Other: DVT PDS	0	0	0	0	74	74
Investments	2,465	0	(2,465)	2,465	(442)	(2,906)
Contingency	1,367	0	(1,367)	2,343	0	(2,343)
Commissioning Reserve as per Ledger	3,831	0	(3,831)	4,808	(442)	(5,249)
Non Recurrent Reserve	0	0	0	4,567	4,567	0
Reserves	3,831	0	(3,831)	9,375	4,126	(5,249)