NHS
Surrey Downs
Clinical Commissioning Group

Governing Body
29th January 2016

Operating Plan 2016/17

Agenda Item 12 Paper 7	
Author:	Mable Wu, Head of Planning and Performance
Executive Lead:	James Blythe, Executive Director or Strategy and Commissioning
Relevant Committees or forums that have already reviewed this paper:	Executive Management Team
Action required:	For discussion
Attached:	2016/17 Draft Operating Plan
CCG Strategic objectives relevant to this paper:	Integration Elective care Urgent care End of life care Children and maternity Mental health and learning disability Strategy implementation Quality and Performance Organisational development Financial balance Core business: relevant to all
Risk	Risks are described in the underlying programmes.
Compliance observations:	**Finance:** This plan is a key component of financial sustainability
	Engagement : Board and Executive Management Team review and scrutiny and with member practices
	Quality impact: It is an unerpinining principle of the plan and national guidance that the CCG will meet its NHS constitution and statutory

	quality duties.
	Equality impact: No specific issues at this stage
	Privacy impact: No specific issues
	Legal: No specific issues

EXECUTIVE SUMMARY

In order to achieve the Government mandate, NHS England is requiring CCGs to produce two separate but connected plans:

1. a five year Sustainability and Transformation Plan (STP), a place-based local blueprint for accelerating implementation of the Forward View.
2. a one year Operational Plan for 2016/17, organisation-based but consistent with the emerging STP.

This document is the one year Operational Plan for Surrey Downs CCG.

This document is in an early draft stage and its submission to Governing Body is for discussion and information, in the context of the request from NHSE South for initial submissions to be made by January 25th 2016. A further iteration will be bought to the governing body for approval.

Date of paper	20 January 2016
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NHS
Surrey Downs
Clinical Commissioning Group

Operating Plan 2016/17

Draft

Improving care together
across Surrey Downs

Revision History			
No	Date	Author	Description
0.1	18 Jan 2016	M. Wu	First Draft
0.2	20 Jan 2016	M. Wu	First review with T. Elrick
0.3	20 Jan 2016	M. Wu	First review with J. Wilmhurst-Smith
0.4	20 Jan 2016	M .Wu	First review with O. McKinley
0.5	20 Jan 2016	J Blythe	Initial exec review for Governing Body draft
0.6	22 Jan 2016	M.Wu	Revisions as per Executive
0.7	22 Jan 2016	M. Wu	Revisions for Governing Body
0.8	22 Jan 2016	M. Wu	Further revisions for Governing Body

2016/17 Operating Plan

Introduction

In December 2015, the Government set NHS England the ambitious mandate to accomplish three interdependent and essential tasks

1. to implement the Five Year Forward View;
2. to restore and maintain financial balance;
3. to deliver core access and quality standards for patients.

In order to achieve the Government mandate, NHS England is requiring CCGs to produce two separate but connected plans:

1. a five year Sustainability and Transformation Plan (STP), a place-based local blueprint for accelerating implementation of the Forward View.
2. a one year Operational Plan for 2016/17, organisation-based but consistent with the emerging STP.

This document is the one year Operational Plan for Surrey Downs CCG and will outline the actions and milestones in 2016/17 that will

- deliver our Financial Recovery Plan
- form the basis of the Sustainability and Transformation Plan
- improve access and quality services as defined by the NHS Constitution
- deliver high quality Mental Health services for our population

Vision and Values:

Our vision is to ensure local healthcare provision meets the needs of our patients, gives them the best chance of the best outcome when they are ill, and helps our communities to stay healthy and individuals to live healthy lives.

This will be achieved by putting local doctors and other healthcare professionals in charge of decisions about our NHS services, and by always taking into account the views of patients, the public and our partners.

We will live within our means. The NHS has a limited pot of money, and so we must work out which services are most important to our local population and how we can do more for less.

Building on 2015/16 - Financial Recovery, Access and Core Standards

The CCG is taking confidence from the year to date delivery of QIPP and its continued delivery of key access metrics such as 18 week wait, four hour A&E and cancer wait targets[1].

The year to date QIPP has already exceeded the full year delivery in 2014/15 and is

[1] Refer to Appendix A - 2015/16 Performance

on track for the revised £9.8m QIPP target[2]. This reflects pathway redesign work, improved performance data supplied to primary care and improved buy-in and support from the CCG's membership.

All three strands will continue into 2016/17 along with further work to enhance grip over expenditure without compromising on quality and access.

Sustainability and Transformation Plan

Surrey Downs CCG is a member of the Surrey Collaborative which is a group of the six Surrey CCGs. Surrey Downs CCG also hosts four services for the Surrey CCGs - Continuing Health Care, Medicines Management & Pharmaceutical Commissioning, Individual Funding Requests and Adult Safeguarding. Our Better Care Fund plan maps to the Surrey County Council geography however, over 75% of our acute funding flows to London Trusts as the majority of our patients access secondary and tertiary care from London Trusts including cancer services.

As part of Sustainability and Transformation Plan (STP), we will agree targeted investments in new models of care which have broad support from across each health economy and also deliver financial savings to the CCG in year. Initial progress has already been made with the Epsom locality, who have already submitted an outline plan to deliver significant non-elective gross savings next year. Our Sustainability and Transformation Plan footprint needs to reflect all of these dynamics and is yet to be defined.

Quality

Surrey Downs CCG has a three year Quality Improvement Strategy with an accompanying work plan which will be refreshed in 2017. Key programmes within the Quality workplan[3] are:

1. Care homes – Surrey Downs CCG will develop a local group which closely scrutinises and triangulates a range of information relating to Care Homes creating a quality and safety dashboard that supports the targeting of specific homes where there are early warnings of failure in care provision.
2. QIPP programme – The Quality team will quality assure each QIPP project to ensure patient access and core quality standards are not compromised
3. Safeguarding – there is an annual safeguarding workplan that is refreshed each year which focuses on areas of concern or new issues.

2016/17 Work Programmes

There are several programmes of work that the CCG will undertake in the 2016/17 to improve the CCG's and therefore, the local health system's, financial position and set the foundations for Integration and Transformation.

The CCG will also continue and develop the required foundations for Integration and

[2] Refer to Appendix B - 2015/16 QIPP delivery
[3] http://www.surreydownsccg.nhs.uk/media/42787/quality-improvement-strategy-2014-17.pdf

Transformation to ensure delivery of high quality and accessible services in settings closer to home. Planned Care

In 2016/17, Planned Care remains a focus in specialties where benchmarking data from RightCare and other sources identifies the CCG as an outlier when compared to its peers. Each of the Planned Care projects has a clinical lead, a Clinical Advisory Group, a Patient Advisory Group and a Communications and Engagement Plan to ensure that the right care is given at the right time that is sensitive to patient needs.

In 2016/17, the CCG will have completed the implementation of its new pathways in MSK, ophthalmology and cardiology. Regular monitoring will continue with a focus on reducing variation across the three localities. The Pharmaceutical commissioning team will work to optimise the management of ophthalmology pathways, specifically Wet AMD.

Service reviews for ENT/Audiology, Dermatology and Gynaecology will be completed with proposed new models agreed. Initial implementation will commence in the first half of 2016/17. Reviews will commence in Gastroenterology, Urology and Neurology to conclude in the latter half of the year.

The CCG will continue to support GPs by working through its Referral Support Service to develop guidance and advice where appropriate. The CCG will also work with GPs to implement pathway specific referral guidance for cancers. The CCG will work with the London Cancer Network as the majority of Surrey Downs patients use London Trusts for cancer services.

Urgent Care & Integration

Our Urgent Care & Integration work recognises that our patient flows and geography straddle three major acute providers - Epsom & St. Helier NHS Trust, Kingston Foundation Trust and Surrey and Sussex HealthCare NHS Trust. Two of these providers are part of the London Health Economies however our Mental Health, Community and Local Authority providers and partners are within the Surrey footprint. This geography poses challenges and opportunities and we are committed to ensuring that our strategies will flex to meet the needs of local population. Our aim is to ensure that patient flow and high quality care is not impeded by organisational barriers.

In line with our Better Care Fund plan, we will continue to embed and develop a model for emergency admissions avoidance based on mobilising a wide range of clinicians and social care providers under the clinical leadership of local GPs. The service's goal is to manage patients at high risk of admissions and to facilitate greater integration. Community Medical Teams and the first phase of wider Community Hubs was launched in 2015/16 with the most progress in implementation being made in the East Elmbridge locality. Our Community Medical Teams enable patients to stay independent and supports higher needs, at-risk patients in the community.

As part of managing at risk patients in the community, our Medicines Management

Team in 2016/17 will continue to advise GPs and also focus on specific preventative measures

- optimising the identification and management of patients with Atrial Fibrillation with a focus on the increase in uptake of anticoagulation therapy where appropriate
- supporting improvement in prescribing for asthmas, COPD and diabetes
- effective management of polypharmacy in the elderly including deploying a dietician

In November 2015, Epsom locality has implemented a Clinical Assessment and Diagnostic Unit at the Epsom General Hospital site. Our East Elmbridge and Dorking Localities will finish developing their integration plans working with their respective local health and mental health providers and Surrey County Council where appropriate.

As part of the Urgent Care and Integration programme, we have started the consultation process on community hospital services reconfiguration. In 2016/17 the consultation process will be completed and, towards the latter half of the year and pending the outcome of the consultation, we will implement the first phase of community reconfiguration.

Surrey Downs CCG is an active participant in the Surrey Collaborative and in 2016/17, the Surrey Collaborative's stroke programme is expected to have agreed on the new pathways and have identified potential sites for HASUs.

Our BCF plans will be refreshed for 2016/17 with a focus on further integration of services building upon the experience gained from community hubs model in 2015/16.

Mental Health

North East Hampshire and Farnham CCG leads Mental Health Commissioning and Contracts for the Surrey Collaborative.

The CCG has additional mental health professionals embedded in the Community Hubs as part of the Integration strategy. These professionals will be fully employed and integrated into the community hub in 2016/17.

The CCG will continue to support its GP members by raising awareness via training sessions and communications targeted on various MH issues such as dementia diagnosis, treatments and pathways. The CCG currently is challenged to meet its 2015/16 diagnosis target of 67% and will strive to attain that level in 2016/17

The IAPT reprocurement will be completed in 2016/17

<insert from NEHF the timeline>

<access targets - NEHF>

Continuing Health Care

Surrey Downs CCG hosts Continuing Health Care (CHC) for the Surrey CCGs. The Surrey CHC Collaborative oversees the strategic direction of this service with regular operational updates given at the Surrey CHC Programme Board.

In 2016/17, the CHC team will complete a review of the NHS Care Home contracts and Domiciliary Care contracts with the aim of identifying variations in contracts and recommending actions to increase quality and value for money on these contracts.

The CHC team will also start a Surrey-wide reprocurement of high cost low volume providers.

CHC is a heavily administrative function and, in line with the Ten High Impact Innovations and Digital 2020, the team will redesign processes for new clients such that the processes can become paperlite with the aim of becoming fully paperless.

Children & Young People

In 2016/17, Surrey Downs CCG will participate in the reprocurement of Children's Services across Surrey.

The Pre-Qualifying Questionnaire will be released on 1 February 2015. The Invitation to Tender will be launched in the first half of 2016/17 with expected award of contract on 1 October 2017. Mobilisation and due diligence will be started in the latter half of 2016/17. The new provider with a completed contract will be in place by April 2017. Surrey Downs CCG's contract will commence in April 2018 as Surrey Downs' contract end date is later than that of the other Surrey CCGs.

Contracting

Surrey Downs CCG will use the NHS Standard Contract when commissioning healthcare for its population. The CCG will adhere to the NHS business rules and will work with its providers in a professional and strategic manner to manage the financial sustainability of the system whilst maintaining quality. The CCG will use contractual levers where appropriate and work cooperatively to ensure Cost Improvement Plans are delivered in line with the overall strategic direction of travel.

Digital Programmes

Key enablers in the CCG's strategic plans are the digital programmes. The CCG is working with Surrey County Council, Surrey CCGs and Surrey Providers (both health and social care) to produce a digital roadmap highlighting how, amongst a range of digital service capabilities, clinicians in all care settings will be operating from a common care record with the ultimate goal that clinicians will not need to find or complete paper records by 2018; and that by 2020 all patient and care records will be digital, real-time and interoperable.

In 2016/17, the CCG will work with its partners to develop specifications for a common Shared (Health) Care record with the intention of starting a full procurement in the latter half of 2016/17. The Interoperability project is recognised by the County

Council as a key enabler for Integration and BCF programme implementation. The project reports to the Health & Well Being Board.

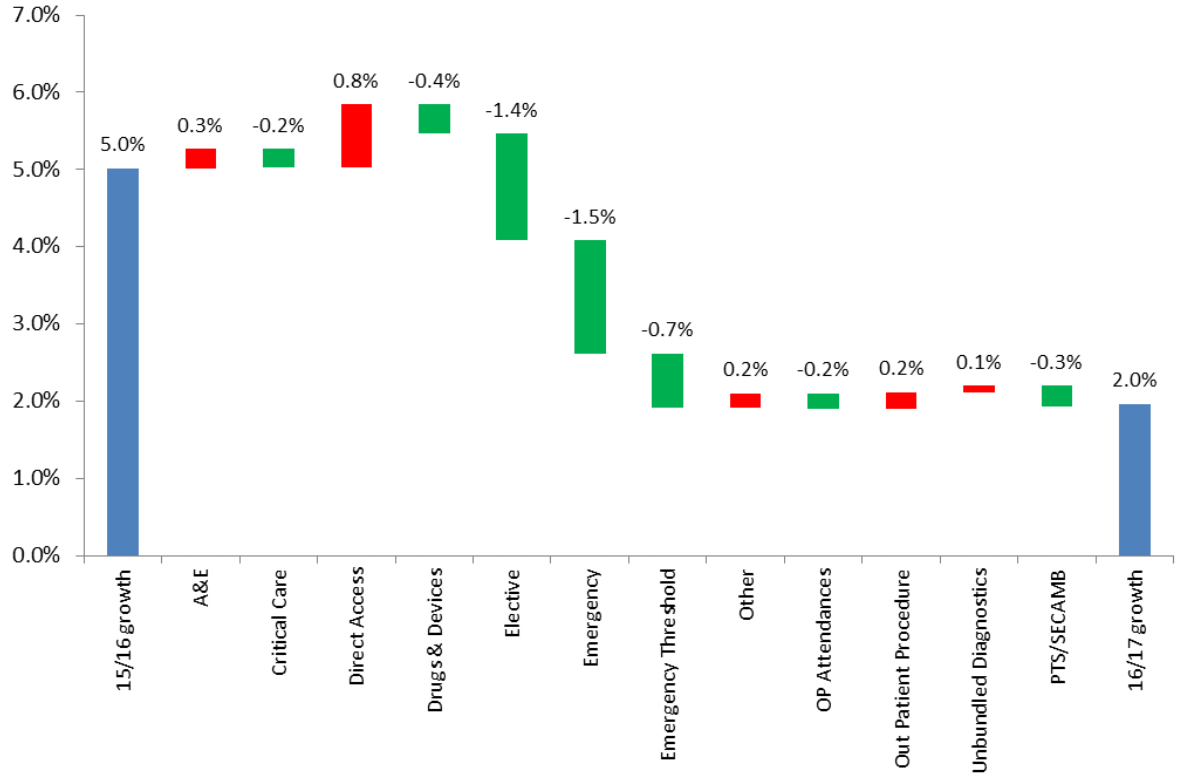
A successful digital strategy implementation requires a modern infrastructure. Subject to funding from NHS England Capital programme, the CCG intends to

- conduct a hardware refresh of both GP and CCG IT as appropriate
- develop a GP WAN (COIN) in order to provide our GPs with a fit for purpose network that will support our digital strategy
- invest in tablet devices and supporting software which will enable secure access to GP SoC. This will enable our our clinicians need to work anywhere with access to timely clinical records and improve patient care and accessibility
- make WiFi access public at our GP facilities, ss per the recommendations of the Digital Champion

The CCG will publish its Digital 2020 roadmap in 2016/17 as part of the Surrey Digital Roadmap lead by North West Surrey CCG.

Financial Challenges

The CCG can now demonstrate the potential to achieve an aggregate 2% underlying acute growth rate next year as opposed to the 5% rate expected this year to reflect high out-turn growth.



A new, fully integrated top-down financial model has validated the CCG's financial projections for 2016/17 and 2017/18. The challenge next year is to meet an more ambitious QIPP target in 2016/17.

The CCG has developed a detailed QIPP programme for 2016/17 which is monitored by the Programme Delivery Board.

Appendix A - 2015/16 Performance

NHS Constitution Metrics

Indicator	FY 2013/14	FY 2014/15	2015/16 target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Aug-15	YTD
Referral To Treatment (RTT) waiting times for non-urgent consultant-led treatment																	
Referral to treatment times (RTT):% of admitted patients who waited 18 weeks or less	94.1%	92.1%	90%	92.5%	92.7%	92.6%	92.7%	91.7%	89.3%	84.3%	84.6%						90.1%
Referral to treatment times (RTT):% of non-admitted patients who waited 18 weeks or less	97.4%	95.7%	95%	96.6%	96.6%	95.9%	95.2%	94.3%	93.5%	93.4%	93.5%						94.9%
Referral to treatment times (RTT):% of incomplete patients waiting 18 weeks or less	96.0%	95.2%	92%	95.5%	95.5%	95.5%	94.7%	94.4%	94.0%	94.1%	94.6%						94.8%
RTT: Number of incomplete patients waiting >52 weeks				0	0	0	0	0	0	0	0						
Diagnostic test waiting times																	
% Patients waiting within 6 weeks for a diagnostic test	99.3%	99.3%	99%	99.2%	99.5%	99.4%	99.4%	99.4%	99.3%	99.6%	99.6%						
Number of patients waiting over 6 weeks for a diagnostic test		28		32	21	25	22	23	24	15	14						
A&E waits																	
A&E waits within 4 hours	95.8%	95.0%	95%	94.0%	95.1%	95.4%	95.8%	95.3%	93.8%	93.9%	94.4%						94.7%
Cancer waits – 2 week wait																	
CB_B6: Cancer patients seen within 14 days after urgent GP referral	95.6%	94.9%	93%	93.4%	95.3%	95.2%	93.7%	94.0%	93.5%	95.6%	95.7%						94.5%
CB_B7: Breast symptom referrals seen within 2 weeks	93.5%	92.2% 92 breaches	93%	92.3% 7 breaches	89.6% 11 breaches	96.3%	93.3%	94.1%	91.6% 9 breaches	97.9%	91.9% 9 breaches						93.4%
Cancer waits – 31 days																	
CB_B8: Cancer diagnosis to treatment within 31 days	98.6%	98.0%	96%	97.6%	97.3%	98.3%	100.0%	99.0%	97.50%	98.9%	97.5%						98.3%
CB_B9: Cancer patients receiving subsequent surgery within 31 days	95.9%	93.1% 16 breaches	94%	95.1%	95.4%	92.0% 2 breaches	100.0%	94.7%	100.0%	100.0%	100.0%						97.1%
CB_B10: Cancer patients receiving subsequent Chemo/Drug within 31 days	100.0%	99.6%	98%	100.0%	100.0%	100.0%	100.0%	100.0%	97.1%	100.0%	100.0%						99.6%
CB_B11: Cancer patients receiving subsequent radiotherapy within 31 days	99.1%	97.1%	94%	100.0%	100.0%	97.9%	95.8%	91.8%	94.9%	97.8%	98.4%						97.1%
Cancer waits – 62 days																	
CB_B12: Cancer urgent referral to treatment within 62 days	86.0%	78.4% 138 breaches	85%	76.5% 16 breaches	78.7% 13 breaches	68.4% 24 breaches	71.8% 24 breaches	80.0% 12 breaches	86.1%	86.4%	89.2%						79.6% 114 breaches
CB_B13: Cancer Patients treated after screening referral within 62 days	89.7%	97.0%	90%	93.3%	91.7%	100.0%	100.0%	100.0%	83.3%	100.0%	100.0%						96.0%
CB_B14: Cancer Patients treated after consultant upgrade within 62 days	90.0%	89.1%	86%	100.0%	100.0%	100.0%	100.0%	100.0%	80.0%	85.7%	100.0%						95.7%
Category A ambulance calls (Trust level)																	
Life threatening (defibrillator required): Category A calls within 8 minutes - Red 1	76.8%	75.3%	75%	75.9%	74.4%	72.5%	73.3%	72.4%	72.7%	73.8%	72.5%	74.5%					73.6%
Life threatening (defibrillator NOT required): Category A calls within 8 minutes - Red 2	73.9%	74.3%	75%	77.3%	76.0%	74.2%	73.3%	72.0%	73.2%	73.4%	71.1%	71.0%					73.5%
All life threatening: Category A calls within 19 minutes	97.0%	96.9%	95%	96.4%	95.9%	95.0%	94.3%	94.1%	94.8%	96.5%	96.2%	96.7%					96.7%
				97.6%	97.2%	96.7%	96.2%	96.1%	96.7%	96.5%	96.2%						96.7%
Mixed Sex Accommodation breaches																	
Mixed Sex Accommodation breaches	12	5	0	0	0	0	0	0	1	1							2
Mental health																	
Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the period.	97.1%	97.3%	95%	96.8%			100.0%										96.8%

CCG operating plan

Indicator	Measure	FY 2014/15	2015/16 target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	YTD
Improving Access to Psychological Therapies (IAPT)													
Proportion of the people that enter treatment against the level of need in the general population	Percentage	8.4%	15.0%	0.7%	0.8%	0.9%	1.0%	0.7%	0.6%	0.9%	1.2%		6.9%
	Patients entering treatment	2,231	4,006	181	202	244	269	199	171	248	323		1,837
Proportion of patients completing treatment who have moved to recovery	Percentage	49.9%	50.0%	50.3%	51.6%	53.3%	50.4%	47.3%	49.2%	47.1%			49.9%
	Patients moving to recovery	985		78	79	97	114	69	95	74	77		683
	Patients completing treatment	2,078		163	165	193	241	155	206	165	149		1,437
	Patients completing treatment who were not at clinical caseness at initial assessment	103		8	12	11	15	9	13	8			76
Proportion of patients completing treatment who commenced within 6 weeks of referral	Percentage		75.0%	91.4%	93.3%	92.2%	94.2%	91.0%	91.3%	93.9%			93.3%
	Patients waiting more than 6 weeks			14	11	15	14	14	18	10			96
Proportion of patients completing treatment who commenced within 18 weeks of referral	Percentage		95.0%	96.3%	98.8%	96.9%	97.9%	94.8%	97.6%	96.4%			97.4%
	Patients waiting more than 18 weeks			6	2	6	5	8	5	6			38
Dementia diagnosis													
Estimated diagnosis rate (ages 65+)	Percentage	53.6%	66.7%					62.7%	62.7%	62.7%	62.7%	63.0%	62.8%
	Dementia register size	2,159	2,685					2,525	2,525	2,525	2,525	2,535	2,527

Appendix B - 2015/16 QIPP delivery

PMO 15/16 QIPP Delivery Summary Dashboard

MONTH 9

CATEGORY	NAME	Execurive Lead	Programme Lead	YTD Plan £m	YTD Actuals £m	YTD Variance £m	Revised Plan £m	FOT @ Period 9 £m	FOT Variance £m	PMO RAG Assessment	Rationale for RAG rating
PLANNED CARE	MSK	James Blythe	Oliver MCKinley	£324,791	£253,672	-£71,118	£649,581	£649,581	£0	A	Amber rated as YTD QIPP delivery is below plan. Milestones required to deliver these savings are behind plan, there has been a delay in signing contract with CSH, the service is expected to mobilise in mid-March. Savings are currently being achieved from activity diverted through the CATS service.
	Ophthalmology	James Blythe	Oliver MCKinley	£0	£0	£0	£36,082	£36,082	£0	R	Revised savings plan had savings starting in February however revised delivery plans now anticipate contracts sign off from mid-March.
	Cardiology	James Blythe	Oliver MCKinley	£0	£0	£0	£0	£0	£0	A	No QIPP benefits planned for 15/16. Milestones to deliver the savings are out of date and the plan requires update, the lead-in time for GP Networks to mobilise has changed from one to three months which is a risk to the delivery of QIPP in 16/17.
	ENT	James Blythe	Oliver MCKinley	£0	£0	£0	£0	£0	£0	G	No QIPP benefits in 15/16. Detailed procurement/implementation plan will be part of business case for approval early March.
	Dermatology	James Blythe	Oliver MCKinley	£135,674	£95,170	-£40,504	£232,370	£232,370	£0	A	Savings to M9 are fortuitous. Business case is planned for approval in March and milestones for savings delivery will be agreed.
	Practice Peer Review	James Blythe	Oliver MCKinley	£444,935	£514,549	£69,614	£635,622	£635,622	£0	G	On track to deliver above plan
	AQP Price Review	James Blythe	James Blythe	£483,334	£303,000	-£180,334	£725,000	£725,000	£0	A	Heads of Terms have been agreed with one AQP and there is confidence agreement will soon be reached with a second AQP. The £180k risk represents the savings anticipated from Ramsey Ashtead who have yet to present firm quantifiable proposals
	RSS	James Blythe	Oliver MCKinley	£134,876	£136,933	£2,057	£179,835	£179,835	£0	G	Evidence of progress on track with milestone and financial plan
	POLCE	James Blythe	Oliver MCKinley	£583,331	£513,000	-£70,331	£684,000	£684,000	£0	G	These savings are now notional in 2015/16 as they have been superceded by the ESHT year-end agreement.
	Diabetes	James Blythe	Oliver MCKinley	£146,389	£159,319	£12,930	£146,389	£159,319	**£12,930**	G	The benefits planned for 15/16 have been delivered.
INTEGRATION	15/16 Community Hubs	James Blythe	Tom Elrick	£870,017	£906,000	£35,983	£1,000,000	£1,200,000	**£200,000**	G	In-year savings likely to exceed plan - Concerns remain on 15/16 milestones which are key for 16/17, especially recruitment of localities resources. Team pushing resolution regularly.
CHC	CHC Contracts	Steve Hams	Lorna Hart	£509,872	£656,000	£146,128	£914,000	£914,000	£0	G	On track to deliver per plans Relies in part on budget underspend. Higher than planned savings this month due to transfer of business case monies of £106k.
OTHER (CONTRACTING/BAU)	Medicines Management	Steve Hams	Helen Marlow	£372,740	£592,222	£219,482	£618,552	£789,629	**£171,077**	G	On track to deliver above plan
	Pharmaceutical Commissioning	Steve Hams	Liz Clark	£181,500	£184,487	£2,987	£242,000	£242,000	£0	G	Currently performing over planned savings, on track for delivery from 15/16.
	Estates	Matthew Knight	Julian Wilmhurst-Smith	£368,500	£385,250	£16,750	£368,500	£445,500	**£77,000**	A	Currently anticipated to deliver above planned savings, however this is subject to NHS property services negotiation.
	PTS	James Blythe	Tom Elrick	£23,600	£29,500	£5,900	£59,000	£59,000	£0	G	Difference between budget and contracted values - no delivery actions required
	Improving Contracting	Matthew Knight	Moyra Costello	£2,250,000	£2,445,836	£195,836	£3,000,000	£3,000,000	£0	G	These savings are now notional and have been superceded by the ESHT year-end agreement. The challenge process needs to be maintained to ensure the correct 16/17 contract baseline is determined
	N/A		Executive	£80,663	£0	-£80,663	£322,650	£0	-£322,650		The £322k is the overall shortfall identified as part of the "bottom up" assurance of the £9.8m plan. It was anticipated that this shortfall could be reduced by over - delivery on certain schemes (Estates / prescribing / Integration). The subsequent actuals and resulting FOT by scheme reflects this
	TOTALS			**£6,910,221**	**£7,174,939**	**£264,718**	**£9,813,581**	**£9,951,938**	**£138,357**		

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