

Finance Report

Agenda Item 9 Paper 5	
Author:	Dan Brown, Head of Finance
Executive Lead:	Matthew Knight, Chief Finance Officer
Relevant Committees or forums that have already reviewed this paper:	Finance and Performance Committee
Action required:	For decision
Attached:	Month 11 Finance Report
CCG Strategic objectives relevant to this paper:	Strategy implementation Organisational development Financial balance Core business: relevant to all / most objectives
Risk	Significant risks on risk register re financial balance, QIPP and control of acute spend
Compliance observations:	Finance: Subject of report
	Engagement : No specific issues
	Quality impact: The potential impact on service quality is assessed where significant changes are made to commissioned services or the commissioning / decommissioning of services.
	Equality impact: The potential impact on protected groups under equality and diversity legislation (and the CCG's own policies) is assessed where significant changes are made to commissioned services or the commissioning / decommissioning of services.
	Privacy impact: No specific issues
	Legal: The CCG is under a statutory duty to break even.

EXECUTIVE SUMMARY

The purpose of this report is to summarise the CCG's financial position and to forecast the expected year end position; it also describes capital and revenue operational matters and seeks to identify financial risks and their mitigation.

Key points are covered in the paper.

Date of paper	11 th March 2016
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Surrey Downs CCG: Finance and Activity Report M11

1. Purpose

The purpose of this report is to:

- Present and provide commentary on the financial performance (Outturn) for the first 11 months of the 2015/16 financial year ([section 2](#)).
- Present and provide commentary on the forecast outturn (FOT) for 2015/16 ([section 2](#)).
- Report of the headline activity outturn for acute services ([section 3](#)).
- Report of the achievement of QIPP to date and forecast ([section 4](#)).
- Identify operational, contractual and financial risks (and potential mitigations) that might impact on the ability of the CCG to deliver to plan 2015/16 ([section 5](#)).
- Provide an update on 2016/17 planning ([section 6](#)).
- Report on the working capital position of the CCG ([section 7](#)).
- Report and update on finance operations ([section 8](#)).

2. Outturn and FOT

£M	Year to date			Full Year		
	Act	Bud	Var	Fct	Bud	Var
Acute (A)	192.5	191.5	-1.0	209.3	208.4	-1.0
Mental Health	22.5	22.8	0.3	25.1	25.3	0.2
Community	25.1	25.2	0.1	27.3	27.5	0.3
CHC	20.2	20.2	0.0	22.1	22.1	0.0
Primary Care	42.4	42.8	0.3	46.3	46.6	0.3
Other	12.6	12.9	0.3	13.9	14.1	0.2
Corporate	5.9	5.9	0.0	6.4	6.4	0.0
Reserves	3.9	3.8	-0.1	4.1	4.1	0.0
TOTAL	325.1	325.1	0.0	354.4	354.4	0.0
Allocation	298.9	298.9	0.0	325.8	325.8	0.0
Surplus (Deficit) incl. 2014/5 deficit (B)	-26.2	-26.2	0.0	-28.6	-28.6	0.0
Surplus (Deficit) excl. 2014/5 deficit (B)	-16.4	-16.4	0.0	-17.9	-17.9	0.0

(A) Note SRG money £1.7m included in acute budget and actuals

(B) The allocation for 2015/16 includes a £10.7m deduction to reflect 2014/15 deficit adjustment which feeds through to the reported deficit of £28.6m in 2015/16. Without this, the FOT/Budget is a deficit of £17.9m as per agreed plan. Where deficit is referred to subsequently in this report, it is the higher number (i.e. including the £10.7m allocation adjustment) which is referred to

2.1 Outturn

The CCG reported a M11 YTD deficit of £26.2m which is in line with plan.

2.1.1. Adjustment to allocation M11

In M11 an agreed transfer of £1.7m to the CCGs 2015/16 Revenue Resource Allocation was booked. This is an allocation adjustment to the Surrey collaborate risk share. The allocation adjustment has no impact on the forecast deficit position 2015/16 since it is offset in costs.

2.1.2 Acute Outturn

Acute spend to date (including SRG spend) is overspent by £1.0m (£189.9m vs. a to date budget of £190.9m).

The 24 largest providers (including AQPs) ¹are reporting an overspend of £4.5m to date versus contract plans. This is based upon M10 SLAM activity data extrapolated to M11. The £4.5m over performance is driven by:

i. Epsom and St Helier: Acute and Renal and SWLEOC ('ESH')

Reported over performance of £1.8m to date v budget is driven by overperformance in outpatients and elective procedures. It should be noted that the to date overspend versus budget is mitigated by the fact that the year end deal concluded with Epsom in December 2015 in effect represents a discount against the actual underlying activity: the reported to date position reflects the impact of the 2015/16 discount.

ii. Kingston Hospital ('KHT')

Reported over performance of £1.8m to date v budget, which is driven by combination of over performance in outpatient and emergency procedures of £1.0m and £0.8m respectively.

The YTD variances on the two largest providers above (ESH and KHT) equate to £3.6m of the £4.5m total to date variance. The remaining £0.9m to date adverse variance is accounted for by SASH (-£0.4m), Epsomedical (-£0.5m) and Dorking (-£0.5m) which are in turn offset by some smaller favourable variances across the acute portfolio (Appendix 2 contains further details of these).

The provider overspends of £4.5m are offset as follows to give the to date adverse variance of £1.0m on the acute programme area:

Area	£m	Comment
Provider overspends	-4.5	As per narrative in 2.1.1 (primarily KHT and ESH)
Headroom	3.1	As per planned - total £3.5m of which £3.1m released to actuals
RSS	0.1	Underspend to date - staff contingency budget not used
Other acute	0.3	Underspends on e.g. other smaller non-NHS providers (lower activity)
Overspend to date	-1.0	Net acute overspend to date M11

¹ See Appendix 1 for a full listing of Trusts. Includes 21 different NHS Providers of Acute Services plus three main AQPs (Epsomedical, Dorking and Ashtead Hospitals)

2.1.3 Non Acute Outturn

Non Acute outturn to date is £1.0m underspent, offsetting the £1.0m overspend in the acute area (above, 2.1.1). The to-date underspends are in two main areas:

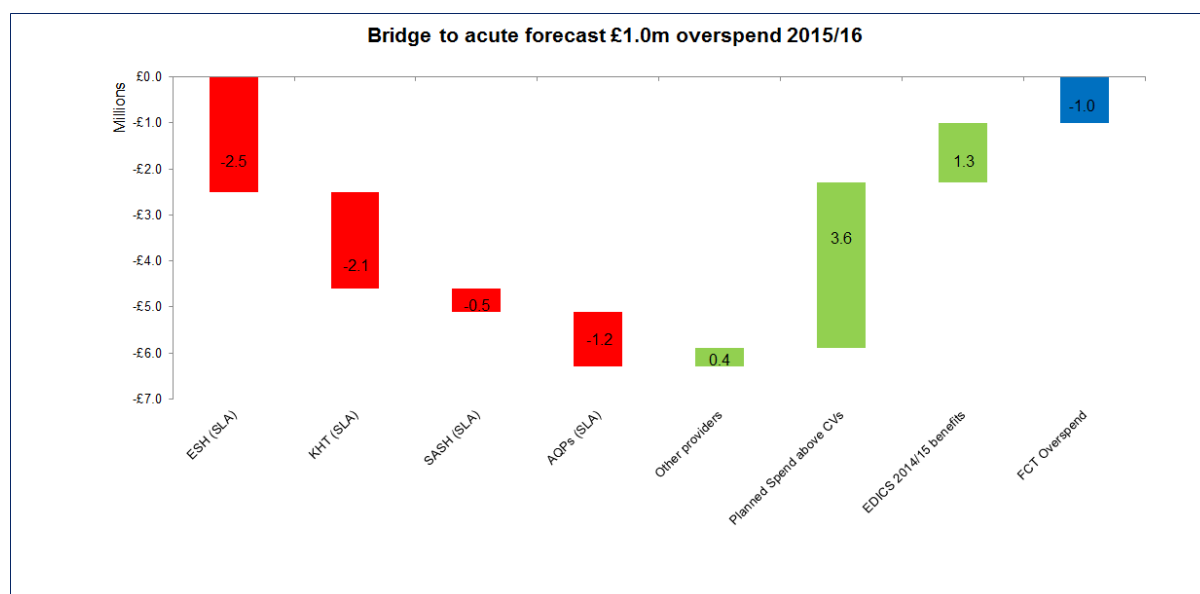
- i. Primary care: £0.3m underspent (lower prescribing costs);
- ii. Mental Health: £0.3m underspent (lower uptake of IAPT services accounts for £0.2m with the remainder as a result of a prior year credit for non-achievement of CQUIN);
- iii. Other: £0.3m underspent (driven by lower patient transport services costs than anticipated in the budget).

2.2 Forecast Outturn (FOT)

There is no change to the forecast deficit for the year which remains as per budget at £28.6m. At a programme level, an adverse forecast variance of £1.0m on acute activity is offset by favourable variances of £1.0m on non-acute activity. These variances are explained in more detail below (2.2.1 and 2.2.2).

2.2.1 Acute FOT

The forecast overspend in acute programme of £1.0m is driven by the extrapolated outturn over performance at M11 for the main providers and is broken downs as follows:



In respect of the current acute forecast it should be noted that:

- i. The ESH forecast is now finalised following the agreement of an agreed final cost position for 2015/16 of £99.650m (as per contract variation signed in December 2015);
- ii. The EDICS benefit of £1.3m are one off, non-recurring benefits;
- iii. All of the £3.6m of planned spend outside of contracted values 2015/16 is forecast to be used.

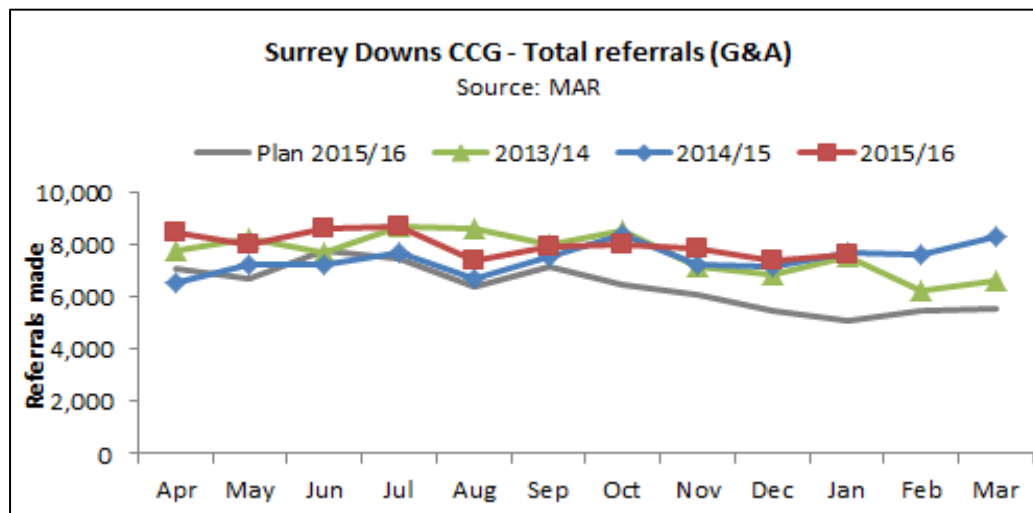
2.2.2 Non Acute FOT

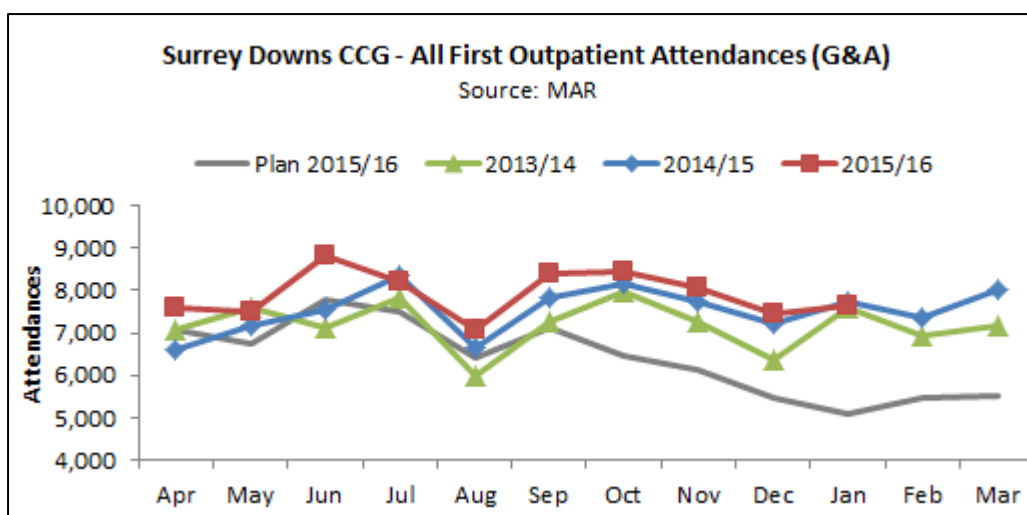
Non acute programmes are currently forecasting to be £1.0m underspent, offsetting the £1.0m overspend in acute as follows:

Area	£m	Comment
Mental Health	0.2	Underspend on IAPT - lower take up of service vs plan
Primary	0.3	Prescribing underspend
Community	0.3	Dorking beds budgeted in community funded through SRG
Other	0.2	Lower patient transport costs v budget
Underspend FOT	1.0	Forecast underspend on non-acute programme
Acute overspend FOT	-1.0	As above, 2.2.1.
CCG to date position	0.0	As per plan

3. Acute Activity

Both total referrals and first outpatient attendances have increased in January compared to the previous month, a trend which is consistent with plan and prior year. Both metrics remain over plan.





4. QIPP

£M	Year to date			Full Year		
	Act	Bud	Var	FCT	Bud	Var
Transactional						
Acute	4.0	5.3	-1.3	4.5	5.8	-1.3
CHC	0.9	0.9	0.0	0.9	1.0	-0.1
Subtotal	4.9	6.1	-1.3	5.4	6.8	-1.4
Transformational						
Acute	3.0	4.3	-1.3	3.0	5.3	-2.3
Other	1.2	0.6	0.6	1.4	0.7	0.7
Subtotal	4.2	4.9	-0.8	4.4	6.0	-1.6
TOTAL QIPP	9.0	11.1	-2.0	9.8	12.8	-3.0

4.1.1. Outturn 2015/16

To date the CCG is reporting £9.1m of QIPP as having been achieved against an original target of £11.1m. The reported position is the net of a number of smaller upsides and downsides across all QIPP schemes although the main downsides are against transactional acute spend and transformational acute schemes where a number of outpatient reduction schemes (e.g. Cardiology and Ophthalmology) are tracking behind original 2015/16 plan. These downsides are largely mitigated by reported QIPP ahead of plan in the non-acute QIPP portfolio, for example, Estates (+£0.2m), Prescribing (+£0.2m).

4.1.2. Forecast QIPP 2015/16

As reported at Month 5, the overall QIPP forecast for the year has decreased from a plan of £12.8m by £3.0m to £9.8m. As per the commentary in Section 2, above, there are adequate mitigations to offset the reduction in forecast QIPP.

4.1.3 QIPP performance 2015/16 measured against Re-plan (£9.8m)

Note that against the re-plan QIPP number of £9.8m (the reduced QIPP re-profiled across 2015/16), the CCG is ahead of re-plan year to date by £0.3m as a result of some of the savings (for example on Estates and Prescribing) being realised earlier than anticipated in the revised plan.

5. Risks and Mitigations to achieving budget 2015/16

5.1 Risks and Mitigations

The significant **risk and mitigations** in achieving the full year forecast are now minimal.

Area	£m	Comment	Probability (H/M/L)
RISKS			
Acute SLA overspend	-0.50	Increase activity between M9-12 increasing SLA spend on main non-NHS Providers	Low
Subtotal: RISKS	-0.50		
MITIGATIONS			
Other Programme underspends	0.50	Eg continued lower than planned take up of IAPT, further prescribing underspends.	Low
Subtotal: Mitigations	0.50		

The risk and mitigations above are as per reported to NHSE in the monthly non-ISFE return at M11.

6. 2016/17 Planning and Contracting

6.1 Initial 2016/17 plan submission

The CCG has submitted (08.02.2016) an initial 'version 1' financial plan for 2016/17 as per NHSE requirements. It should be noted that the financial plan submitted varies to the 2016/17 headline plan presented in the Financial Recovery plan (FRP) which was approved by NHSE in December 2015. The reasons for the variation are described below (6.1.1 – 6.1.3).

6.1.1. Allocation 2016/17

The CCG will receive £10.8m more allocation that previously planned for in 2016/17 (a 2016/17 allocation increase of 4.67%, versus an increase of 1.4% that was anticipated in the FRP). However, business rules determine that the additional 'non-policy' funding over and above the 1.4% (i.e. the £10.8m) should fund any historic deficit, rather than be spent on additional services or used to meet cost pressures.

6.1.2. Costs 2016/17

The CCG has identified a series of cost pressures arising as a result of changes in planning guidance, or new funding requirements that represent changes from the assumptions that underpinned the 2016/17 plan in the FRP. Briefly, these are:

- i) A change in acute tariff increase assumption from 0.7% to 1.6% (impact £2.5m);
- ii) An additional 1% 'uncommitted' expenditure which CCGs are required to budget for as a system-wide contingency (impact £3.5m);
- iii) A series of costs (GPIT, CAMHS and ETO) that were previously funded as additional 'non-recurrent' allocations but are now included in the recurrent baseline allocation and are effectively now unfunded costs (impact £1.7m);
- iv) Other cost pressures.

6.1.3. Revised deficit 2016/17

Taking into account both the change in allocation and the identified cost pressures described above, the CCG has presented a draft plan that shows an in year deficit of £7.5m. The CCG is discussing with NHSE further changes to the planned deficit to enable further transformation investments.

The plan that the CCG has presented is not compliant with the business rules that state that the incremental allocation of £10.8m should be used to fund the historic deficit (6.1.1). Instead, the plan assumes that the incremental funding will be used to offset additional cost pressures identified (6.1.2).

6.2 QIPP 2016/17

The QIPP target for 2016/17 is £19.6m. Of this £14.9m is fully identified against a combination of schemes which are either full year effects continuing from 2015/16, approved as new schemes for 2016/17 or currently undergoing project approval. Work is underway to address the remaining gap of £4.7m. The CCG recently held a workshop with all heads of service to identify practical QIPP opportunities capable of mobilisation in 2016/17. Following the workshop opportunities are being followed up in respiratory medicine, continuing healthcare, medicines management, outpatient procedures, obesity/smoking and pathology. There is significant risk these additional schemes may not amount to the full £5.6m required so the executive team is urgently assessing all options to address the remaining gap.

6.3 Contracting process 2016/17

The planning process for 2016/17 requires commissioners and providers to align plans ahead of final budget submissions at the start of April. Trust and commissioner executive teams have met to try to agree finance and activity contract values for 2016/17 within the constraints of their respective plans. Note that SWL trusts have presently rejected plans from all commissioners. The CCGs main focus is seeking an agreed position with its main provider ESH, and discussions with ESH are on-going in this regard.

7. Working capital

7.1 Cash

The CCG has a Maximum Cash Drawdown (MCD) in 2015/16 of £354.4m, which equates to the resource allocation for the year (£325.8m) plus the projected cumulative deficit (£28.6m).

To date at M11 the CCG has drawn down £330.2m (93.2%) of its MCD for 2015/16, leaving a balance of £24.2m with one month of the financial year remaining.

7.2 Debtors

The CCG is budgeting to invoice £72.3m in 2015/16, mostly for hosted services performed on behalf of other CCGs. Of the £72.3m, £65m relates to CHC healthcare services charged to the other members of the Surrey CHC collaborative. The remaining £7.3m relates to invoices to other CCGs for CHC, Medicines Management and IFR, medicines management for NHS England and Better Care Fund related costs due from Surrey County Council.

The CCG currently has £2.1m of debt outstanding. The current profile / breakdown of the outstanding debt is as per the table below.

Days overdue	Not due	0-30	31-60	61-180	181-360	361+	TOTAL	Note
EDICS (£K)	-	-	-	-	-	18.9	18.9	(i)
MISC NHS (£K)	-	23.6	-	-	-	-	23.6	
MISC (NON NHS) (£K)	-	27.0	4.6	2.3	-	2.1	36.0	
Surrey CCGs (£K)	-	0.0	19.6	98.3	-	53.9	171.8	
Other CCGs (£K)	-	-	-	-	1.2	-	1.2	
Surrey CC (£K)	-	-	-	1,285.7	-	251.6	1,537.3	(ii)
Total	0.0	50.6	24.1	1,386.3	1.2	307.6	1,770.0	
As % of total	0%	3%	1%	78%	0%	17%	100%	

(i) EDICS debt is fully provided for - to be written off

(ii) the 251.6K due from SCC 360 days + relates to unrecoverable CHC charges to SCC Social Services. The majority of this debt was provided for at 2014/15 year end. The £1285.7(k) relates to an invoice which requires a credit note and reissuing.

8. Finance Operations

8.1 Other

- i. Grant Thornton's early testing work on the 2015/16 financial data and supporting working papers to the annual accounts is now complete. The progress on external audit work is on track and as per agreed timeline.

- ii. TIAA fieldwork on the CCGS core financial systems is now complete and management responses have been agreed. There were no material findings or recommendations in the draft TIAA report that need to be separately highlighted in the Finance and Activity Report.

END

Appendices

- 1 M11 Outturn Detail**
- 2 M11 Acute Spend Detail**
- 3 M11 Activity Detail**
- 4 M11 Running Cost Detail**
- 5 M11 QIPP performance summary**

Appendix 1: M11 Outturn (Detail)

SURREY DOWNS CCG - M11 OUTTURN REPORT BY PROGRAMME 2015/16

M11	M	M	M	YTD	YTD	YTD	Var %	FOT	FOT	FOT	Var %	FOT	FOT var	
	ACT	BUD	Var	ACT	BUD	Var	(-ve = under)	FCT	BUD	Var	(-ve = under)	M-1	(-ve = fav)	
	£K	£K	£K	£K	£K	£K	%	£K	£K	£K	%	£K	£K	
Mental Health	1,968	2,078	-110	22,529	22,827	-298	-1.3%	25,110	25,327	217	0.9%	25,127	17	
Acute	15,594	15,480	114	190,930	189,938	991	0.5%	207,354	206,581	-773	-0.4%	208,234	880	
WR	235	222	13	1,562	1,543	19	1.3%	1,972	1,772	-200	-11.3%	1,972	0	
Primary Care	3,938	3,872	66	42,426	42,759	-333	-0.8%	46,328	46,629	301	0.6%	46,328	0	
CHC	1,883	1,846	38	20,208	20,226	-18	-0.1%	22,071	22,071	0	0.0%	22,071	0	
Community	2,035	2,248	-212	25,088	25,230	-143	-0.6%	27,269	27,524	255	0.9%	27,324	55	
Reserves	-124	-243	120	3,899	3,750	149	4.0%	4,090	4,090	0	0.0%	4,790	700	
Other (ii)	1,194	1,174	21	12,580	12,909	-329	-2.6%	13,883	14,083	200	1.4%	13,883	0	
Running Costs	608	590	18	5,929	5,937	-8	-0.1%	6,358	6,358	0	0.0%	6,358	0	
Total Expenditure	27,332	27,267	66	325,150	325,119	31	0.0%	354,435	354,435	0	0.0%	356,087	1,652	(iii)
Allocation	-25,839			-298,921	-298,921	0	0.0%	-325,822	-325,822	0	0.0%	-327,474	-1,652	(iii)
Surplus (Deficit)	-1,493			-26,229	-26,199	31	-0.1%	-28,613	-28,613	0	0.0%	-28,613	0	
Prior year deficit (i)								10,745	10,745	0	0	10,745	0	
In Year								-17,868	-17,868	0	0	-17,868	0	

(i) Note prior year deficit of £10.7m deducted from allocation 2015/16 therefore reported deficit to NHSE is £10.745m greater than CCG target deficit (£17.8m)

(ii) Budget of £14.0m Includes £7.5m adult care fund money to be paid to Surrey CC as part of BCF

(iii) The £1.65m movement in expenditure budget and allocation is the net of surreywide health economy collaborative agreement (-£1.7m), insulin pumps allocation adjustment (£0.1m) and an adjustment on community funding re nursing (-£0.05m)

Appendix 2: M11 Acute Spend (Detail)

SURREY DOWNS CCG - M11 ACUTE SPEND BY PROVIDER 2015/16									
	Budget	M11	Var	as %		FY	FY	Var	as %
	To date	To date	(-ve = over)	(-ve = over)		BUD	FOT	(-ve = over)	(-ve = over)
	£K	£K	£K	£K		£K	£K	£K	£K
Epsom and St Helier (Acute and Renal)	81,820	84,088	-2,268	-2.8%		88,507	92,466	-3,959	-4.5%
Kingston Hospital	22,691	24,502	-1,811	-8.0%		24,666	26,745	-2,079	-8.4%
Surrey and Sussex.	12,529	12,980	-451	-3.6%		13,626	14,177	-551	-4.0%
St George's Healthcare	8,575	8,212	362	4.2%		9,369	8,962	407	4.3%
South East Coast Ambulance Trust	8,238	8,248	-10	-0.1%		9,006	9,017	-11	-0.1%
Royal Surrey County Hospital	6,582	6,149	433	6.6%		7,169	6,715	454	6.3%
Epsom and St Helier (SWLEOC)	6,158	6,214	-56	-0.9%		7,011	5,582	1,429	20.4%
Ashford & St Peter's	4,639	4,764	-125	-2.7%		5,058	5,200	-142	-2.8%
Royal Marsden.	4,525	4,593	-68	-1.5%		4,930	5,008	-78	-1.6%
Guy's and St Thomas'	2,077	2,075	2	0.1%		2,264	2,264	0	0.0%
Kings	628	628	1	0.1%		685	685	0	0.0%
Moorfields.	892	932	-40	-4.5%		961	1,023	-63	-6.5%
Chelsea and Westminster	479	409	70	14.6%		522	446	76	14.6%
Royal Brompton & Harefield	802	828	-26	-3.2%		875	902	-28	-3.2%
Royal National Orthopaedic Hospital.	387	411	-24	-6.2%		422	448	-26	-6.2%
University College London	1,069	997	72	6.7%		1,165	1,043	122	10.5%
Queen Victoria.	702	736	-34	-4.9%		764	802	-37	-4.9%
Imperial College	666	509	158	23.6%		727	555	172	23.7%
Frimley Park	496	345	151	30.5%		538	374	164	30.5%
GOS	229	295	-66	-28.9%		249	321	-72	-28.9%
QM Roehampton	547	434	113	0.0%		567	471	95	16.8%
Subtotal Main NHS providers	164,731	168,349	-3,617	-2.2%		179,079	183,204	-4,125	-2.3%
Ramsay	4,267	4,121	146	3.4%		4,618	4,633	-15	-0.3%
Epsom	5,523	5,980	-458	-8.3%		5,929	6,533	-604	-10.2%
Dorking	5,705	6,188	-483	-8.5%		6,155	6,769	-614	-10.0%
Subtotal Main Independents	15,495	16,290	-795	-5.1%		16,702	17,935	-1,233	-7.4%
GUM	702	702	0	0.0%		766	766	0	0.0%
RSS	436	318	119	27.2%		471	400	71	15.0%
Urgent and planned care	567	638	-71	-12.5%		619	650	-31	-5.0%
Non Contract Activity	3,451	2,949	502	14.5%		3,765	3,249	516	13.7%
Other Tier 2	2,265	1,474	791	34.9%		2,471	2,180	291	11.8%
Acute contingency	3,104	0	3,104	100.0%		3,597	0	3,597	100.0%
IFR	85	51	34	40.0%		111	111	0	0.3%
Tier 3 (Neurology / Wheelchair)	0	0	0	-		0	-1,300	1,300	0.0%
Other NHS budgets (ledger)	-900	157	-1,057	117.4%		-1,000	0	-1,000	0%
EDICS	0	0	0	-		0	428	-428	-
NCA accrual from prior year	0	0	0	-		0	-270	270	-
Subtotal Other Acute	9,711	6,290	3,421	35.2%		10,800	6,214	4,586	42.5%
QIPP Adjustment (I)	0	0	0	0.0%		0	0	0	-
TOTAL Acute excl SRG	189,937	190,928	-991	-0.5%		206,581	207,353	-772	-0.4%
SRG	1,562	1,562	0	-		1,772	1,972	-200	-
GRAND TOTAL INCL SRG	191,499	192,490	-991	-0.5%		208,353	209,325	-972	-0.5%

Appendix 4: M11 Running Costs (Detail)

SURREY DOWNS CCG - M11 OUTTURN REPORT RUNNING COSTS 2015/16												
M6	<u>M</u> <u>ACT</u> <u>£K</u>	<u>M</u> <u>BUD</u> <u>£K</u>	<u>M</u> <u>Var</u> <u>£K</u>	<u>YTD</u> <u>ACT</u> <u>£K</u>	<u>YTD</u> <u>BUD</u> <u>£K</u>	<u>YTD</u> <u>Var</u> <u>£K</u>	<u>Var %</u> <u>(-ve = under)</u> <u>%</u>	<u>FOT</u> <u>FCT</u> <u>£K</u>	<u>FOT</u> <u>BUD</u> <u>£K</u>	<u>FOT</u> <u>Var</u> <u>£K</u>	<u>Var %</u> <u>(-ve = under)</u> <u>%</u>	
CEO/Board Office	153.1	58.7	94.4	887.4	645.3	242.1	37.5%	857.3	704.0	153.3	21.8%	
Chair and Non - Execs	90.9	57.7	33.2	629.1	634.6	-5.5	-0.9%	692.3	692.3	0.0	0.0%	
Clinical Governance	43.3	37.0	6.3	284.9	407.3	-122.4	-30.0%	288.3	444.3	-156.0	-35.1%	
Communications & PR	12.1	14.9	-2.8	188.5	189.1	-0.6	-0.3%	225.9	203.9	21.9	10.8%	
Contract Management	22.0	15.2	6.7	228.2	167.7	60.4	36.0%	255.8	183.0	72.9	39.8%	
Corporate costs & Services	220.1	242.9	-22.9	2,117.5	1,952.4	165.0	8.5%	2,085.9	2,051.4	34.5	1.7%	
Estates and Facilities	69.5	66.6	2.9	635.0	732.1	-97.0	-13.3%	708.0	798.6	-90.7	-11.4%	
Finance and Legal*	-96.4	8.9	-105.3	154.4	237.7	-83.3	-35.0%	198.8	221.8	-23.0	-10.4%	
Human Resources	35.3	18.2	17.1	223.1	199.7	23.4	11.7%	225.6	217.9	7.8	3.6%	
Operations Management	16.5	34.1	-17.6	285.5	375.4	-89.9	-23.9%	408.6	409.5	-0.8	-0.2%	
Performance	1.5	12.7	-11.2	96.5	139.2	-42.7	-30.6%	134.1	151.8	-17.7	-11.6%	
Strategy and Development	59.9	23.3	36.6	199.0	256.2	-57.3	-22.3%	276.7	279.5	-2.8	-1.0%	
Total Expenditure	627.7	590.2	37.6	5,929.1	5,936.7	-7.6	-0.1%	6,357.3	6,358.0	-0.7	0.0%	

Appendix 5: QIPP performance

PMO QIPP Projects Summary Dashboard										
MONTH 11										
CATEGORY	NAME	Executive Lead	Programme Lead	YTD Plan £m	YTD Actuals £m	YTD Variance £m	Revised Plan £m	FOT @ Period 11 £m	FOT Variance £m	PMO RAG Assessment
PLANNED CARE	MSK	James Blythe	Oliver MCKinley	519,665	402,255	- 117,410	649,581	438,823	- 210,757	R
	Dermatology	James Blythe	Oliver MCKinley	200,138	136,009	- 64,129	232,370	148,374	- 83,996	N/A
	Practice Peer Review	James Blythe	Oliver MCKinley	572,060	881,965	309,905	635,622	962,144	326,522	G
	AQP Price Review	James Blythe	James Blythe	644,445	416,625	- 227,820	725,000	525,000	- 200,000	A
	RSS	James Blythe	Oliver MCKinley	164,849	163,826	- 1,023	179,835	178,719	- 1,116	A
	POLCE - Prior Notification	James Blythe	Oliver MCKinley	583,331	627,000	43,669	684,000	684,000	-	G
	Diabetes	James Blythe	Oliver MCKinley	146,389	159,319	12,930	146,389	159,319	12,930	N/A
INTEGRATION	15/16 Community Hubs	James Blythe	Tom Elrick	956,673	1,270,000	313,327	1,000,000	1,385,455	385,455	G
CHC	CHC Contracts	Steve Hamms	Lorna Hart	779,291	841,417	62,126	914,000	914,000	-	G
OTHER (CONTRACTING/ BAU)	Medicines Management	Steve Hamms	Helen Marlow	533,400	609,585	76,185	618,552	618,552	-	G
	Pharmaceutical Commissioning	Steve Hamms	Liz Clark	221,833	203,023	- 18,810	242,000	221,480	- 20,520	A
	Estates	Matthew Knight	Julian Wilmhurst-Smith	368,500	385,250	16,750	368,500	445,500	77,000	G
	PTS	James Blythe	Tom Elrick	47,200	53,100	5,900	59,000	59,000	-	G
	Improving Contracting	Matthew Knight	Moyra Costello	2,750,000	2,945,836	195,836	3,000,000	3,073,639	73,639	G
	Other	Executive	Executive	260,030	-	- 260,030	358,732	-	- 358,732	G
TOTALS				8,747,802	9,095,210	347,408	9,813,581	9,814,005	424	

