

Surrey Downs CCG: Finance and Activity Report

2016/17 M7

1. Purpose

The purpose of this report is to:

- Present and provide commentary on the financial performance (Outturn) at Month 7 ([section 2](#)).
- Update on acute referral activity ([section 3](#)).
- Update on the current forecast position ([section 4](#)).
- Report of the achievement of QIPP at Month 7 ([section 5](#)).
- Report on the risks and mitigations ([section 6](#)).
- Report on planning and contracting 2017/18 ([section 7](#)).
- Report and update on finance operations ([section 8](#)).

2. Outturn

| £M | YTD | | | FULL YEAR | | |
|--------------------------------------|--------------|--------------|------------|--------------|--------------|------------|
| | Act | Bud | Var | FOT | BUD | Var |
| Acute (incl SRG) | 124.5 | 123.2 | 1.3 | 213.2 | 211.2 | 2.0 |
| Mental Health | 15.0 | 15.0 | 0.0 | 25.8 | 25.8 | 0.0 |
| Community | 16.2 | 16.9 | -0.7 | 28.3 | 29.0 | -0.7 |
| CHC | 12.6 | 12.3 | 0.3 | 21.6 | 21.1 | 0.5 |
| Primary Care | 27.5 | 27.4 | 0.1 | 46.9 | 46.9 | 0.0 |
| Other | 8.1 | 8.1 | 0.0 | 14.0 | 14.0 | 0.0 |
| Corporate | 4.1 | 4.1 | 0.0 | 6.4 | 6.4 | 0.0 |
| Reserves (A) | 8.5 | 9.5 | -1.0 | 10.1 | 11.9 | -1.8 |
| TOTAL | 216.5 | 216.5 | 0.0 | 366.2 | 366.2 | 0.0 |
| Allocation (B) | -194.4 | -194.4 | 0.0 | 328.9 | 328.9 | 0.0 |
| In year Surplus / Deficit (B) | -5.4 | -5.4 | 0.0 | -8.7 | -8.7 | 0.0 |
| Cumulative surplus Deficit | -22.1 | -22.1 | 0.0 | -37.3 | -37.3 | 0.0 |

(A) Budgeted reserves include £1.6m contingency, £6.8m investment money, and £3.5m uncommitted reserves (1% of RRA) which the CCG is required to budget for as part of the 2016/17 business rules. Investments principally comprise of £3.3m ESH investment, £1.7m CMT/CMSP at East Elmbridge and Dorking, £1m of service reprovion costs.

(B) Allocation is actual allocation (i.e. with historic deficit removed). An 'in-year' only surplus / deficit is presented (i.e. with the allocation historic deficit adjustment removed).

2.1 Outturn

The CCG reported an on budget cumulative deficit of £22.1m in M6.

2.2 Acute Outturn M6

2.2.1 SLAM Data at M6

The M6 SLAM activity data extrapolated to M7 identified an overspend of £3.3m or 2.8% YTD (outturn to date £121.8m vs. budget of £118.5m). The reported to date position relative to the budget has improved when compared to previous month: at M6 the overspend was also £3.3m, but this represented a 3.3% adverse variance. The driver behind the relative improved to date position is the finalisation of the Q1 outturn numbers and the benefits of some of the CSU challenges being accepted and agreed by providers as part of that process. For example, the to-date outturn position at St George's has improved from a £293K (-6%) adverse variance at M6 to a £53K (-1%) adverse variance at M7.

The underlying drivers behind the increased cost year to date are consistent with previous months:

- Significant overperformance at SASH in non-elective / Emergency (£0.9m over budget to date M6);
- High critical care costs at London Trusts (£0.6m over plan to date);
- Higher than budgeted elective activity with London trusts where the CCG has a relatively small baseline contract value relative to its main acute providers; and
- Overperformance at SWELEOC (£0.6m over budget to date M6)

The overperformance by POD at M6 (note the below excludes AQPs) is as follows:

| All SL CCGs | CCG Plan (M6 YTD) | Actual (M6 YTD) | Variance To CCG Plan (M6 YTD) | |
|--------------------------------|----------------------|--------------------|----------------------------------|--------------|
| | £'000s | £'000s | £'000s | % |
| Elective | 24,663 | 23,940 | 722 | 2.9% |
| Emergency | 23,079 | 24,622 | -1,543 | -6.7% |
| Non-Elective | 790 | 993 | -203 | -25.7% |
| Maternity Pathway | 6,605 | 6,655 | -50 | -0.8% |
| A&E | 5,709 | 5,781 | -72 | -1.3% |
| Out Patient 1st | 7,588 | 8,063 | -475 | -6.3% |
| Out Patient Follow Up | 9,163 | 9,651 | -488 | -5.3% |
| Out Patient Procedure | 4,498 | 5,327 | -829 | -18.4% |
| Unbundled Diagnostics | 2,151 | 2,105 | 46 | 2.2% |
| Critical Care | 3,130 | 3,742 | -613 | -19.6% |
| Direct Access | 3,638 | 3,609 | 29 | 0.8% |
| Drugs & Devices | 2,855 | 2,977 | -122 | -4.3% |
| Other /PTS/CQUIN | 7,035 | 6,267 | 768 | 10.9% |
| TOTAL - ACUTE CONTRACTS | 100,904 | 103,733 | -2,829 | -2.8% |

Source: SLAM data for M6 as presented by CSU

2.2.2 Performance by Trust

At a trust level the three largest overperforming trusts to date are SASH, Guys and SWLEOC.

i. SASH

Reported outturn at SASH is £8.85m at M7, which is £0.93m (12%) over the 2016/17 YTD budget. Compared to budget, the over performance is split across all POD types but the largest single variance is in emergency admissions (£0.57m, or 22% over budget). It should be noted that elective referrals to SASH remain flat compared to previous year.

In conjunction with other commissioners, the CCG has engaged South East CSU to undertake a coding audit at SASH. The initial findings of the data analysis should be available by 18th November with a CSU proposal for further analysis or clinical coding audit work to follow.

ii. Guys and St Thomas'

Reported outturn at Guys at M7 is £1.93m which is £0.64m (50.0%) over YTD budget. This over performance is caused by:

- Costs of critical care totalling £310K to date at M5 mostly relating to one patient (now discharged) costing approximately £240k;
- increased elective performance (dermatology and respiratory ~ £150K); and
- increase costs of drugs (gastroenterology and dermatology ~ £50K)

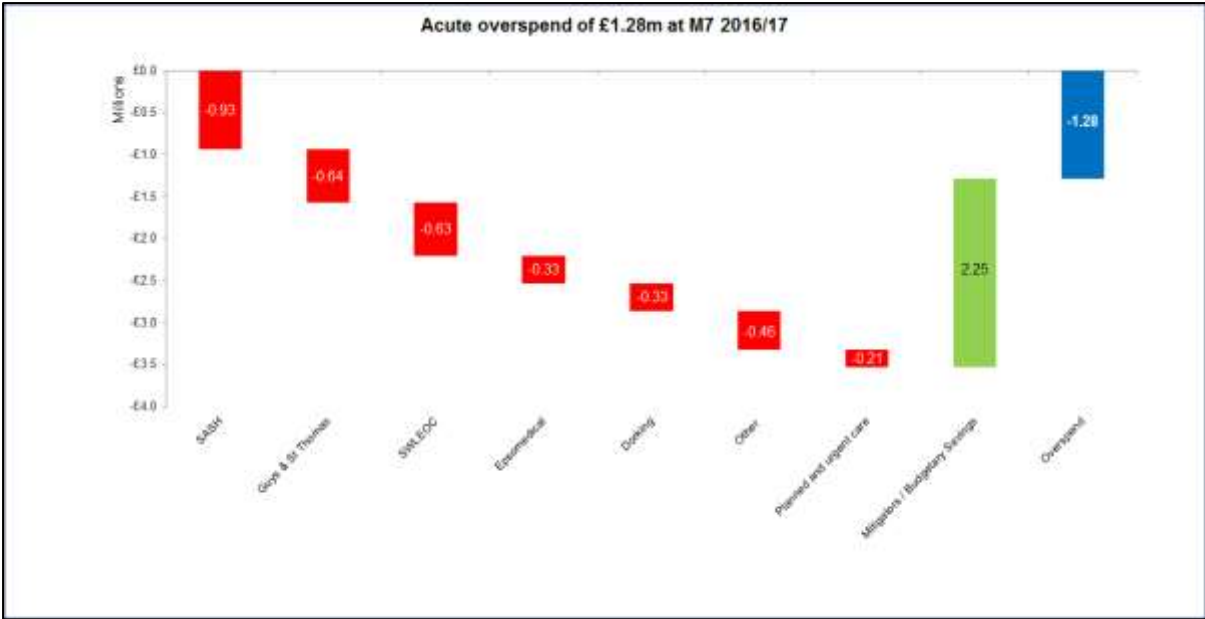
The CSU have confirmed the critical care patient is attributable to Surrey Downs. It would appear that whilst activity is broadly in line with plan, the cost is over budget, implying a different case mix or a coding change - the CCG is meeting with Lambeth CCG to understand the overall trust performance trends and what actions are being undertaken to challenge or mitigate spurious counting or charging.

iii. SWLEOC

Reported outturn at SWLEOC at M7 is £4.84m at M7 which is £0.64m (15.0%) over the YTD budget. The main drivers behind the over performance are Orthopaedic Procedures (non-trauma), Pain Management and Spinal Surgery. The CCG continues to challenge SWLEOC on the activity levels in 2016/17.

2.2.3 Reported acute outturn M7

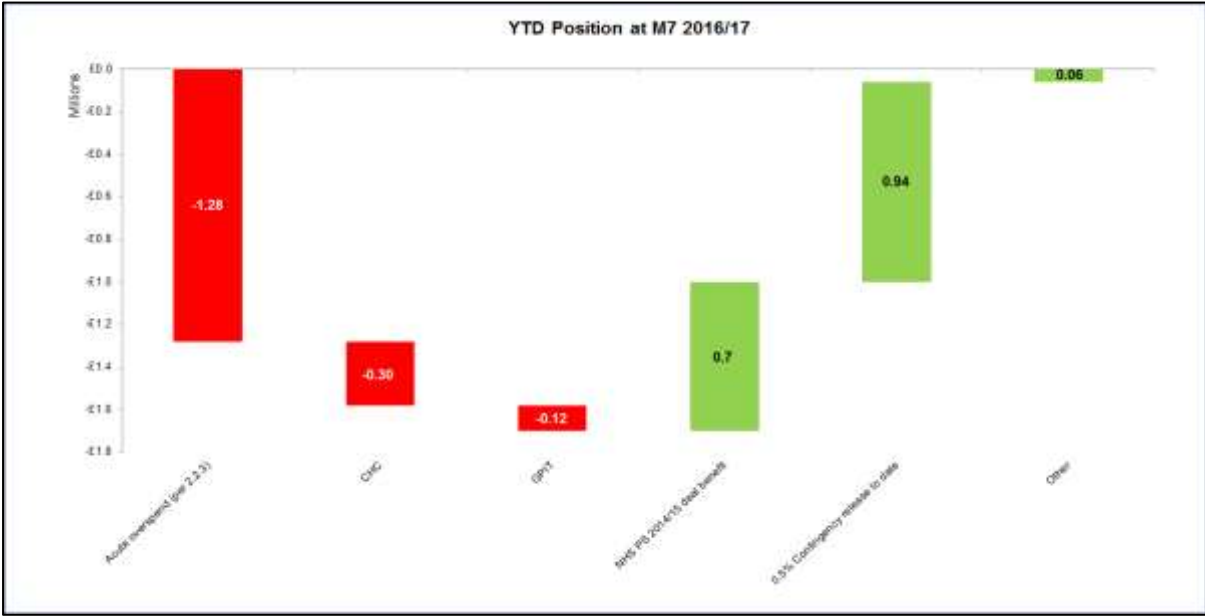
As a result of the over performance identified about, the CCG is reporting an adverse position to budget to date of £1.3m as below.



As per the above diagram, the reported overspend of £1.28m includes the benefit of budgetary savings and non-recurrent benefits arising from the final reconciliation of 2015/16 year end settlements – these benefits and mitigations total £2.25m in aggregate.

2.3 Non Acute Programme Outturn

The non-acute programme was £0.97m underspent in M6, offsetting the overspend in acute as follows:



3. Acute Activity

Acute activity as reported in M6 is currently on plan however referrals continue to grow though the CCG still maintains its plan position for outpatient and inpatient activity. The CCG is currently still achieving its 18 week wait position. The number of incomplete pathways for September fell slightly from its August position and is now on par with its April position.

| Surrey Downs CCG summary against plan | | Month: Sep | | | | | | | | |
|---------------------------------------|--|------------------|--------------|------------|------------|------------------|--------------|------------|------------|-------|
| Metric | Source | Monthly | | | | Year to Date | | | | |
| | | 2016/17 activity | 2016/17 plan | # Variance | % Variance | 2016/17 activity | 2016/17 plan | # Variance | % Variance | |
| E.M.7 | Total Referrals (G&A) | MAR | 8,335 | 7,678 | 657 | 8.6% | 50,837 | 47,756 | 3,081 | 6.5% |
| E.M.8 | Consultant Led First Outpatient Attendances (Specific Acute) | SEM | 9,286 | 8,875 | 411 | 4.6% | 54,157 | 54,866 | -709 | -1.3% |
| E.M.9 | Consultant Led Follow-up Outpatient Attendances (Specific Acute) | | 19,044 | 19,693 | -649 | -3.3% | 112,718 | 120,968 | -8,250 | -6.8% |
| E.M.10 | Total Elective FFCes (Specific Acute) | | 2,728 | 2,670 | 58 | 2.2% | 15,714 | 15,763 | -49 | -0.3% |
| E.M.10.a | Elective Ordinary FFCes (Specific Acute) | | 546 | 536 | 10 | 1.9% | 3,183 | 3,164 | 19 | 0.6% |
| E.M.10.b | Elective Day Case FFCes (Specific Acute) | | 2,182 | 2,134 | 48 | 2.2% | 12,531 | 12,599 | -68 | -0.5% |
| E.M.11 | Non-Elective FFCes (Specific Acute) | | 2,273 | 2,227 | 46 | 2.1% | 13,372 | 13,694 | -322 | -2.4% |
| E.M.12 | Total A&E Attendances excluding planned follow ups | | 8,458 | 7,957 | 501 | 6.3% | 50,613 | 48,741 | 1,872 | 3.8% |

| Surrey Downs CCG year on year summary | | Month: Sep | | | | | | | | Source: MAR | | | |
|--|------------------|-------------------------|------------|------------|-------------------------------|------------|------------|------------------|--------------------------------|-------------|------------|--|--|
| Metric | Monthly | | | | | | | | Year to Date | | | | |
| | 2016/17 activity | Previous month activity | # Variance | % Variance | 2015/16 activity (same month) | # Variance | % Variance | 2016/17 activity | 2015/16 activity (same period) | # Variance | % Variance | | |
| Elective Ordinary FFCes (G&A) | 598 | 569 | 29 | 5.1% | 575 | 23 | 4.0% | 3,423 | 3,222 | 201 | 6.2% | | |
| Elective Day Case FFCes (G&A) | 2,553 | 2,396 | 157 | 6.6% | 2,585 | -32 | -1.2% | 14,749 | 14,837 | -88 | -0.6% | | |
| Total Elective FFCes (G&A) | 3,151 | 2,965 | 186 | 6.3% | 3,160 | -9 | -0.3% | 18,172 | 18,059 | 113 | 0.6% | | |
| Non-Elective FFCes (G&A) | 2,201 | 2,112 | 89 | 4.2% | 2,116 | 85 | 4.0% | 13,129 | 13,096 | 33 | 0.3% | | |
| All First Outpatient Attendances (G&A) | 8,537 | 7,764 | 773 | 10.0% | 8,401 | 136 | 1.6% | 49,293 | 47,656 | 1,637 | 3.4% | | |
| First Outpatient Attendances following GP Referral (G&A) | 5,864 | 5,234 | 630 | 12.0% | 5,786 | 78 | 1.3% | 33,749 | 33,030 | 719 | 2.2% | | |
| GP Written Referrals Made (G&A) | 6,494 | 6,656 | -162 | -2.4% | 6,090 | 404 | 6.6% | 40,079 | 38,422 | 1,657 | 4.3% | | |
| Other Referrals for a First Outpatient Appointment (G&A) | 1,841 | 1,738 | 103 | 5.9% | 1,852 | -11 | -0.6% | 10,758 | 10,653 | 105 | 1.0% | | |
| Total Referrals (G&A) | 8,335 | 8,394 | -59 | -0.7% | 7,942 | 393 | 4.9% | 50,837 | 49,075 | 1,762 | 3.6% | | |

Comparing previous and current year activity shows an increase of 3.4% in outpatient first attendances. It is planned for growth to fall to demographic growth levels as QIPP programmes with an incremental effect in the second half of the year begin to deliver. There is a risk referrals in excess of plan will convert to increased activity with an adverse impact on the current acute position. Current GP referral rates are 4.3% above the same period in the previous year. Referral rates will be watched closely over the coming weeks and exceptions to QIPP plans raised promptly with GP localities.

As stated previously, non-elective activity remains broadly within plan however the cost of the activity has increased.

4. Full year forecast 2016/17

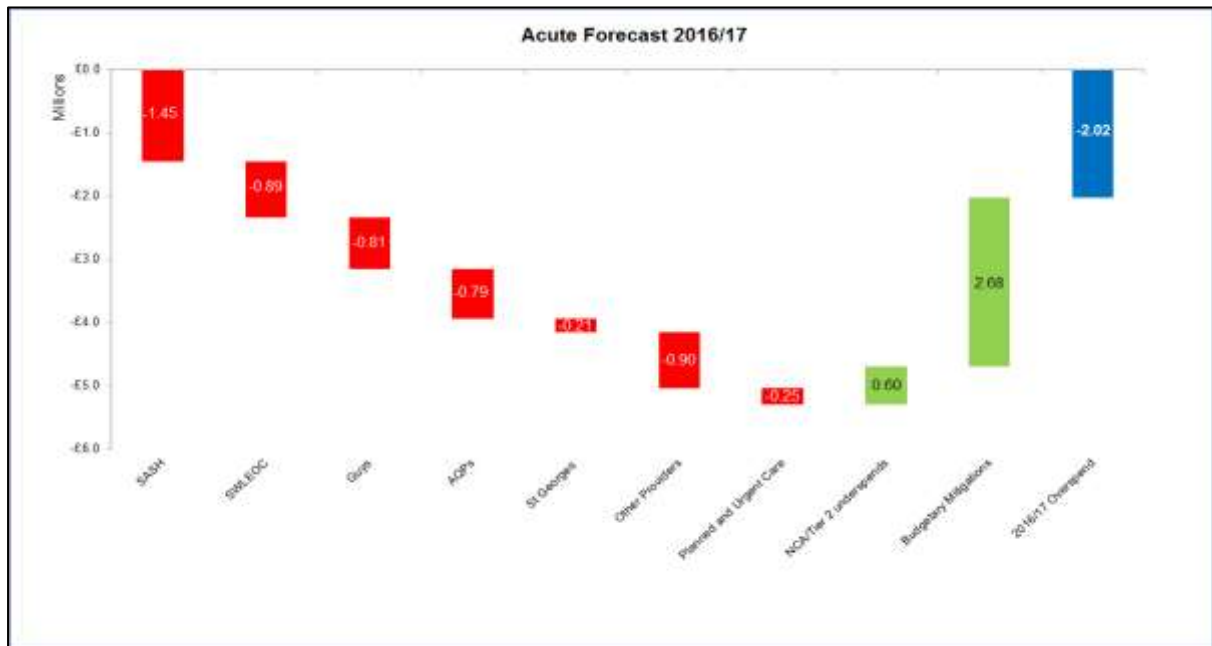
4.1 Forecast

The CCG is currently forecasting to achieve 16/17 budget. The risk in this position is stable M7 compared M6.

4.2 Acute forecast

An extrapolation of the acute outturn per the month 6 SLAM gives a predicted year end overspend position of £5.0m. This can be partly mitigated by anticipated underspends on NCAs (£400K) and other smaller independent providers (£200K) and the predicted impact of approximately £2.68m of mitigations, accruals and budgetary savings which it is considered possible to realise in the current financial year.

This leaves a remaining net forecast overspend in the acute programme of £2.0m as follows:



4.2.1 Key assumptions in acute forecast calculation

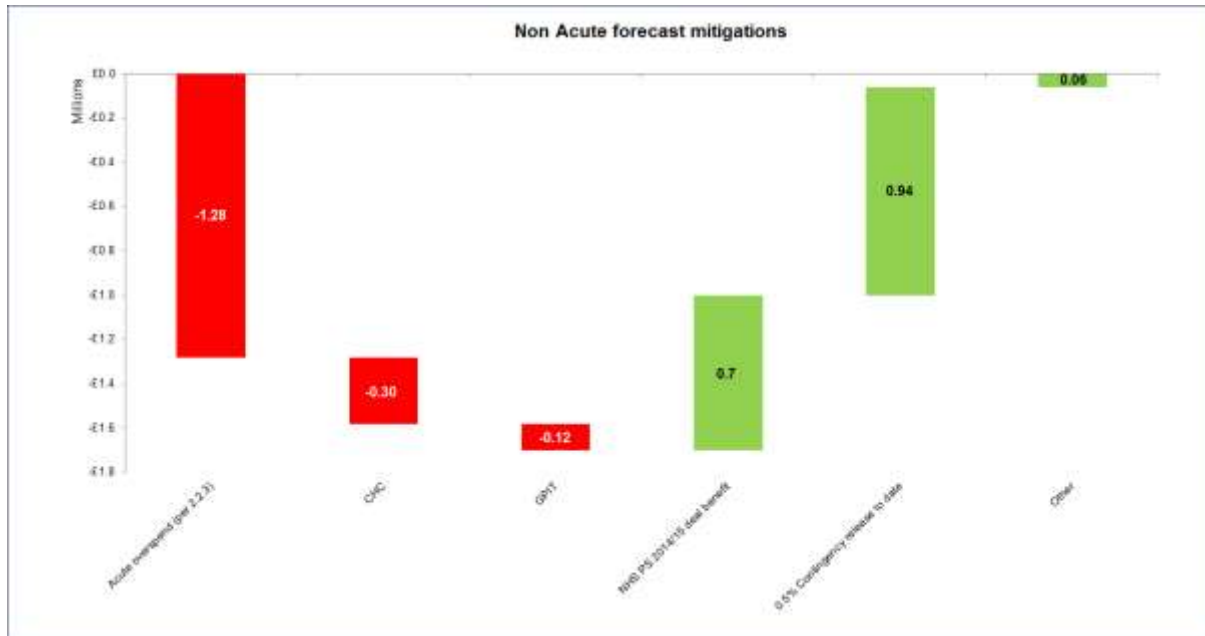
The forecast methodology was to extrapolate the M6 SLAM position based on the profiled budget (which includes QIPP where QIPP was agreed in the contract baseline). The following adjustments are included:

- i. An assumption was made re additional successful challenges of 0.25% of forecast (£285K in total across all providers) over and above those already factored into the M6 position;
- ii. Adjustments totalling £800K were made to remove the extrapolated impacts of critical care 'one offs' at St Georges, Ashford and St Peters, Guys & St Thomas', Royal Brompton, Chelsea and Westminster and SASH;
- iii. A management adjustment of £0.20m was made to increase the KHT forecast. KHT reported a marginal underperformance year to date which extrapolated to a 2016/17 forecast of £26.4m (£0.7m lower than prior year). Whilst the year to date reported underperformance is a positive indicator, winter activity was adjusted to a level below prior year but above the current extrapolated run rate;
- iv. A management adjustment of £0.20m was made to decrease the extrapolated SWELEOC forecast from £8.3m to £8.1m, which still represents a significant increase on budget (£7.3m) and prior year (£6.8m) but it was concluded that a forecast of £8.1m, which would represent a ~14% year on year increase, was not the likely outturn.

Note that the net impact of the two management adjustments made in iii. and iv. is neutral to the total forecast.

4.3 Non Acute forecast

The adverse forecast variance on acute is offset in the non-acute programme area as follows meaning the CCG is reporting to budget at M6.



4.4 Contracts outstanding 2016/17

The Royal Marsden contract value 2016/17 has now been resolved in mediation with London regulators. There is an impact of £80K for the CCG (actual contract value agreed compared to the CCG's budget contract value) but this impact can be absorbed in the current forecast.

5. QIPP

5.1 QIPP 2016/17

QIPP is below plan at M7, as per the table below.

| £M | To Date | | | Full Year | | |
|-------------------------|-------------|-------------|--------------|--------------|--------------|-------------|
| | Act | Bud | Var | FOT | Bud | Var |
| Transactional | | | | | | |
| Acute | 2.31 | 2.98 | -0.67 | 6.16 | 6.16 | 0.00 |
| CHC | 0.52 | 0.70 | -0.17 | 1.38 | 1.38 | 0.00 |
| Other | 0.18 | 0.26 | -0.08 | 0.56 | 0.56 | 0.00 |
| Subtotal | 3.01 | 3.94 | -0.93 | 8.10 | 8.10 | 0.00 |
| Transformational | | | | | | |
| Acute | 3.71 | 4.36 | -0.65 | 9.61 | 9.61 | 0.00 |
| Other | 0.33 | 0.76 | -0.43 | 1.89 | 1.89 | 0.00 |
| Subtotal | 4.04 | 5.11 | -1.07 | 11.50 | 11.50 | 0.00 |
| TOTAL QIPP | 7.05 | 9.05 | -2.00 | 19.60 | 19.60 | 0.00 |

Acute QIPP is adverse YTD (-£1.3m) against the original plan as a result of some projects being delayed and some schemes, particularly POLCE and MSK, tracking behind plan.

Non-acute QIPP is adverse YTD (-£0.68m) primarily due to lower than planned savings to date within BAU (-£0.24m) and Medicines Management (-£0.19m), as well as, delays in planned go live of the next phase of the Dorking Community Hub (-£0.16m).

5.2 QIPP 2016/17: gap to £19.6m target

The QIPP delivery summary produced by the CCG's PMO currently tracks schemes totalling £17.8m of the £19.6m forecasted total, with the remainder under development. There are 36 schemes currently listed on the tracker, of which 8 are assessed as red in terms of delivery status, 15 as amber and the remainder green.

It should be noted that of the £17.8m of identified QIPP, approximately £1.5m relates to Rightcare opportunities identified as part of a fill the gap workshop. Following a six week intensive process, most of these projects are now in the process of being mobilised with the aim of achieving saving in 16/17.

For M7 reporting the risk of not achieving the full value of £19.6m budgeted QIPP is included in the risks and opportunities schedule as unmitigated.

6. Risks and Mitigations

The table below summarises the risk position presented in the latest non-ISFE submission to NHSE at Month 7.

| Area | Unweighted (£m) | Weighting (%) | Weighted (£m) | Comment |
|------------------------------|-----------------|---------------|---------------|--|
| RISKS | | | | |
| Acute SLA overspend | -1.50 | 67% | -1.00 | Risk of further overspend over and above the £5.3m currently forecast (this risk overlaps / should be considered with the QIPP risk below) |
| QIPP | -2.00 | 100% | -2.00 | Gap between budget (£19.6m) and identified QIPP (£17.6) |
| Prescribing | -1.00 | 20% | -0.20 | Growth above that anticipated in plan and / or non delivery of QIPP |
| FNC | -1.58 | 100% | -1.58 | Increase in FNC costs following 40% uplift (nationally mandated) |
| Other | -1.00 | 25% | -0.25 | Other overspends eg GPIT / Running costs |
| Subtotal: RISKS | -7.08 | | -5.03 | |
| MITIGATIONS | | | | |
| Underspends | 0.55 | 100% | 0.55 | Eg continued lower than planned take up of IAPT, further prescribing underspends. |
| Subtotal: Mitigations | 0.55 | | 0.55 | |
| NET | -6.53 | | -4.48 | |

There has been no change M6 to M7 to the weighted unmitigated risk position of £4.48m.

7. Planning 2017/18

7.1 Key planning deadlines

The key planning deadlines for the remainder of the year are as follows:

| Date | Event |
|--------|--|
| 04-Nov | Indicative Commissioner Offers to Providers |
| 11-Nov | Provider response to indicative commissioner offers |
| 17-Nov | Draft Financial Planning Template 2017/18 and 18/19 due to area team |
| 21-Nov | QIPP by scheme agreed internally and shared with providers |
| 24-Nov | Financial Planning Template 2017/18 and 18/19 due |
| 24-Nov | PODs for 2017/18 QIPP schemes presented to PDB |
| 05-Dec | Decision (Provider / Commissioner) on whether arbitration required |
| 16-Dec | Full draft of planning template 2017/18 and 2018/19 |
| 23-Dec | Final Template 2017/18 and 18/19 due |
| 23-Dec | Final Operational plans for 2017/18 and 2018/19 due |
| 23-Dec | Final contract signature date |

As per the above, working with the CSU the CCG issued indicative offers to providers 04/11/2016. The QIPP levels contained in the offers differed from provider to provider and were reflective of the of potential increases in tariff over and above the national planning guidance (net 0.1%) as well as other potential risks to 2017/18 which the CCG is working to mitigate. QIPP values are supported by summary plans and STP schemes at this stage in the process: detailed plans are in the process of being drawn up and are due to be shared with providers later in November.

7.2 ESH Contract

The CCG presented an indicative offer to ESH as part of the planning process described above. The CCG's initial offer, which is below 2016/17 value, included 2017/18 QIPP of £9.5m. Following the presentation of the indicative offer, the CCG has met with the Trust. There is a significant variance between the Trusts' initial proposal for a contract baseline value 2017/18 and that of the CCG. It is anticipated that significant triangulation gaps will emerge with most providers from the initial exchange of positions.

8. Finance Operations

Covered above in planning, section 7.

END

Appendices

- 1 M7 Outturn Detail**
- 2 M7 Acute Detail**
- 3 M7 Running Cost Detail**

Appendix 1: M7 Outturn (Detail)

| SURREY DOWNS CCG - M7 OUTTURN REPORT BY PROGRAMME 2016/17 | | | | | | | | | | | | | |
|---|--------|--------|------|----------|----------|-------|---------------|----------|----------|--------|---------------|----------|-------------|
| M5 | 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 | 2,169 | 2,180 | -11 | 15,034 | 15,037 | -3 | 0.0% | 25,778 | 25,778 | 0 | 0.0% | 25,714 | 64 |
| Acute | 17,763 | 17,455 | 309 | 123,464 | 122,182 | 1,282 | 1.0% | 211,477 | 209,455 | -2,022 | -1.0% | 211,472 | 5 |
| WR | 151 | 148 | 3 | 1,033 | 1,034 | -1 | 0.0% | 1,772 | 1,772 | 0 | 0.0% | 1,772 | 0 |
| Primary Care | 3,889 | 4,109 | -220 | 27,461 | 27,359 | 102 | 0.4% | 46,915 | 46,915 | 0 | 0.0% | 46,793 | 122 |
| CHC | 1,724 | 1,756 | -32 | 12,594 | 12,294 | 300 | 2.4% | 21,575 | 21,075 | -500 | -2.4% | 21,575 | 0 |
| Community | 2,785 | 2,813 | -28 | 16,161 | 16,890 | -729 | -4.3% | 28,254 | 28,954 | 700 | 2.4% | 27,454 | 800 |
| Reserves | 2,370 | 2,401 | -32 | 8,504 | 9,467 | -963 | -10.2% | 10,116 | 11,934 | 1,818 | 15.2% | 10,116 | 0 |
| Other | 1,161 | 1,188 | -27 | 8,115 | 8,143 | -28 | -0.3% | 13,953 | 13,957 | 4 | 0.0% | 13,908 | 45 |
| Running Costs | 542 | 543 | -1 | 4,074 | 4,074 | 0 | 0.0% | 6,358 | 6,358 | 0 | 0.0% | 6,358 | 0 |
| Total Expenditure | 32,555 | 32,594 | -39 | 216,440 | 216,480 | -41 | 0.0% | 366,198 | 366,198 | 0 | 0.0% | 365,136 | 1,036 |
| Allocation | | | | -194,424 | -194,424 | 0 | 0.0% | -328,885 | -328,885 | 0 | 0.0% | -327,849 | 1,036 |
| Surplus (Deficit) | | | | -22,016 | -22,057 | -41 | 0.2% | -37,313 | -37,313 | 0 | 0.0% | -37,313 | 0 |
| Deficit c/f | | | | | | | | 28,613 | 28,613 | 0 | 0 | 28,613 | |
| In Year | | | | | | | | -8,700 | -8,700 | 0 | 0 | -8,700 | |

Appendix 2: M7 Acute Outturn (Detail)

| SURREY DOWNS CCG - M7 ACUTE SPEND BY PROVIDER 2016/17 | | | | | | | | |
|---|----------------|----------------|---------------|--------------|----------------|----------------|---------------|--------------|
| | Budget | MZ | Var | as % | EY | EY | 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) | 54,683 | 54,683 | 0 | 0.0% | 92,978 | 92,978 | 0 | 0.0% |
| Kingston Hospital | 15,566 | 15,534 | 33 | 0.2% | 26,467 | 26,793 | -326 | -1.2% |
| Surrey and Sussex | 7,915 | 8,848 | -933 | -11.8% | 13,347 | 14,799 | -1,452 | -10.9% |
| St George's Healthcare | 5,525 | 5,576 | -51 | -0.9% | 9,444 | 9,654 | -210 | -2.2% |
| South East Coast Ambulance Trust | 5,310 | 5,301 | 9 | 0.2% | 9,133 | 9,118 | 16 | 0.2% |
| Epsom and St Helier (SWLEOC) | 4,209 | 4,843 | -634 | -15.1% | 7,300 | 8,190 | -890 | -12.2% |
| Royal Surrey County Hospital | 3,938 | 3,994 | -56 | -1.4% | 6,729 | 6,824 | -95 | -1.4% |
| Royal Marsden. | 2,929 | 3,051 | -122 | -4.2% | 5,066 | 5,170 | -104 | -2.1% |
| Ashford and St Peters | 2,929 | 3,078 | -149 | -5.1% | 5,000 | 5,159 | -159 | -3.2% |
| Guy's and St Thomas' | 1,288 | 1,927 | -639 | -49.6% | 2,220 | 3,034 | -813 | -36.6% |
| University College London | 647 | 749 | -102 | -15.7% | 1,115 | 1,238 | -123 | -11.0% |
| Moorfields. | 556 | 591 | -35 | -6.3% | 957 | 1,017 | -60 | -6.3% |
| Royal Brompton & Harefield | 523 | 733 | -210 | -40.1% | 903 | 1,105 | -202 | -22.4% |
| Queen Victoria. | 490 | 434 | 56 | 11.3% | 848 | 752 | 96 | 11.3% |
| Kings | 469 | 364 | 105 | 22.4% | 811 | 635 | 176 | 21.7% |
| Chelsea and Westminster | 351 | 433 | -82 | -23.2% | 606 | 720 | -113 | -18.7% |
| Queen Mary Roehampton | 324 | 264 | 60 | 18.5% | 559 | 521 | 38 | 6.7% |
| Imperial College | 329 | 382 | -53 | -16.2% | 567 | 637 | -70 | -12.4% |
| Royal National Orthopaedic Hospital. | 266 | 277 | -10 | -3.8% | 462 | 425 | 37 | 8.0% |
| Frimley Park | 245 | 233 | 12 | 5.1% | 423 | 401 | 21 | 5.1% |
| GOS | 126 | 143 | -16 | -12.7% | 219 | 237 | -18 | -8.3% |
| Croydon Health Service | 116 | 141 | -25 | -21.7% | 201 | 244 | -44 | -21.7% |
| Subtotal Main NHS providers | 108,736 | 111,578 | -2,841 | -2.6% | 185,354 | 189,650 | -4,296 | -2.3% |
| Dorking Healthcare | 4,019 | 4,350 | -331 | -8.2% | 6,805 | 7,365 | -560 | -8.2% |
| Epsom Medical | 3,417 | 3,748 | -331 | -9.7% | 5,567 | 6,107 | -539 | -9.7% |
| Ramsay Ashtead Hospital | 2,340 | 2,162 | 178 | 7.6% | 4,006 | 3,701 | 305 | 7.6% |
| Subtotal Main Independents | 9,776 | 10,260 | -484 | -4.9% | 16,378 | 17,173 | -794 | -4.8% |
| Grand Total Tier 1 Providers | 118,512 | 121,837 | -3,325 | -2.8% | 201,733 | 206,823 | -5,090 | -2.5% |
| GUM | 447 | 447 | 0 | 0.0% | 766 | 766 | 0 | 0.0% |
| RSS | 198 | 240 | -41 | -20.9% | 340 | 340 | 0 | 0.0% |
| Urgent and planned care | 539 | 815 | -276 | -51.3% | 828 | 1,078 | -250 | -30.2% |
| Non Contract Activity | 2,101 | 2,111 | -10 | -0.5% | 3,599 | 3,199 | 400 | 11.1% |
| Tier 2 | 1,359 | 1,359 | 0 | 0.0% | 2,330 | 2,130 | 200 | 8.6% |
| IFR / IT | 36 | -93 | 129 | 356.8% | 62 | 62 | 0 | 0.0% |
| Headroom (i) | -2,400 | -2,400 | 0 | 0.0% | -2,586 | -2,586 | 0 | 0.0% |
| Mitigations and Y/end deal benefits | | -2,248 | 2,248 | - | | -2,675 | 2,675 | 0.0% |
| Other (Cytokine Modulator) | 1,390 | 1,396 | -6 | -0.4% | 2,383 | 2,383 | 0 | 0% |
| Subtotal Other Acute | 3,670 | 1,627 | 2,044 | 55.7% | 7,722 | 4,697 | 3,025 | 39.2% |
| TOTAL Acute excl SRG | 122,182 | 123,464 | -1,282 | -1.0% | 209,455 | 211,520 | -2,065 | -1.0% |
| SRG | 1,034 | 1,033 | 1 | - | 1,772 | 1,772 | 0 | - |
| GRAND TOTAL INCL SRG | 123,216 | 124,497 | -1,281 | -1.0% | 211,227 | 213,291 | -2,065 | -1.0% |

Appendix 3: M6 Running Costs (Detail)

| SURREY DOWNS CCG - M7 OUTTURN REPORT RUNNING COSTS 2016/17 | | | | | | | | | | |
|--|------------|----------------|----------------|------------|---------------|----------------|----------------|------------|---------------|--|
| M7 | | YTD | YTD | YTD | Var % | FOT | FOT | FOT | Var % | |
| | Owner | ACT | BUD | Var | (-ve = under) | FCT | BUD | Var | (-ve = under) | Comment on outturn to date |
| | | £K | £K | £K | % | £K | £K | £K | % | |
| CEO/Board Office | D Brown | 689.9 | 702.1 | -12.2 | -1.7% | 1,120.3 | 1,120.3 | 0.0 | 0.0% | No significant variance from budget |
| Chair and Non - Execs | M Knight | 266.0 | 188.1 | 77.9 | 41.4% | 317.7 | 317.7 | 0.0 | 0.0% | Governing Body & Locality Chair not fully budgeted |
| Clinical Governance | E Clark | 181.3 | 226.0 | -44.7 | -19.8% | 393.7 | 393.7 | 0.0 | 0.0% | Unfilled vacancies |
| Communications & PR | S Shettle | 170.9 | 191.1 | -20.2 | -10.6% | 327.1 | 327.1 | 0.0 | 0.0% | Underspend on Perm Staff Costs |
| Contract Management | J W-Smith | 239.9 | 237.7 | 2.2 | 0.9% | 408.4 | 408.4 | 0.0 | 0.0% | No significant variance from budget |
| Corporate costs & Services | J W-Smith | 1,258.1 | 1,320.4 | -62.3 | -4.7% | 2,263.7 | 2,263.7 | 0.0 | 0.0% | Re-categorised some spend from Corporate to Estates |
| Corporate Governance | J Dix | 174.7 | 118.0 | 56.7 | 48.1% | 190.5 | 190.5 | 0.0 | 0.0% | Includes ~ £45k of unbudgeted Interim costs |
| Estates and Facilities | J W-Smith | 500.4 | 441.8 | 58.6 | 13.3% | 756.9 | 756.9 | 0.0 | 0.0% | Re-categorised some spend from Corporate to Estates |
| Finance and Legal | M Knight | 558.7 | 602.6 | -43.9 | -7.3% | 905.1 | 905.1 | 0.0 | 0.0% | Underspend as a result of catch up recharge from CHC to M1-7 booked M7 |
| Human Resources | B Brewer | 118.5 | 127.6 | -9.1 | -7.1% | 272.8 | 272.8 | 0.0 | 0.0% | No significant variance from budget |
| Operations Management | - | 94.4 | 103.4 | -9.0 | -8.7% | -214.9 | -214.9 | 0.0 | 0.0% | Balance to budget |
| Performance | M Wu | 200.5 | 190.2 | 10.3 | 5.4% | 281.5 | 281.5 | 0.0 | 0.0% | Interims backfilling perm staff budgeted posts |
| Strategy and Development | J Chalmers | 283.0 | 271.4 | 11.6 | 4.3% | 463.8 | 463.8 | 0.0 | 0.0% | £52k to be charged to SDCCG for STP Shared Costs |
| Recharges to programme* | - | -659.2 | -646.0 | -13.2 | 2.0% | -1,107.4 | -1,107.4 | 0.0 | 0.0% | |
| Other | | -2.6 | 0.0 | -2.6 | - | | | | | CPD income to be spent on Community Nurse Training |
| Total Expenditure | | 4,074.5 | 4,074.4 | 0.1 | 0.00% | 6,379.2 | 6,379.2 | 0.0 | | |

* An element of corporate costs are cross-charged to programme and hosted services such as CHC and Meds Management to reflect the usage of office space, IT etc.