

Surrey Downs CCG: Finance and Activity Report

2016/17 M11

1. Purpose

The purpose of this report is to:

- Present and provide commentary on the financial performance (Outturn) at Month 11 (M11) ([section 2](#)).
- Update on acute referral activity ([section 3](#)).
- Update on the current forecast position ([section 4](#)).
- Report of the achievement of QIPP at M11 ([section 5](#)).
- Report on the cash position of the CCG at M11 ([section 6](#)).
- Report on the risks and mitigations ([section 7](#)).
- Report on planning and contracting 2017/18 ([section 8](#)).
- Report and update on finance operations ([section 9](#)).

2. Outturn

£M	YTD			FULL YEAR		
	Act	Bud	Var	FOT	BUD	Var
Acute (incl SRG)	198.1	193.8	4.3	216.4	211.0	5.5
Mental Health	23.2	23.6	-0.4	25.3	25.8	-0.5
Community	24.7	27.8	-3.1	27.3	30.8	-3.5
CHC	21.9	19.3	2.6	23.7	21.1	2.6
Primary Care	43.1	42.9	0.2	46.9	46.9	0.0
Other	12.9	12.9	0.0	14.4	14.1	0.3
Corporate	5.9	5.9	0.0	6.4	6.4	0.0
Reserves (A)	6.9	10.4	-3.5	7.8	12.1	-4.3
TOTAL	336.6	336.6	0.0	368.2	368.2	0.0
Allocation (B)	-302.6	-302.6	0.0	330.9	330.9	0.0
In year Surplus / Deficit (B)	-7.8	-7.8	0.0	-8.7	-8.7	0.0
Cumulative surplus Deficit	-34.0	-34.0	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 reversion 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 a cumulative deficit of £34.0m in M11, which is as per budget.

2.2 Acute Outturn M9

2.2.1 SLAM Data at M10

The M10 SLAM activity data extrapolated to M11 identified an overspend of £7.0m or 3.8% YTD (outturn to date £191.1m vs. budget of £184.1m) which is in line with forecast.

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

- Significant overperformance at SASH in non-elective / emergency (£1.4m over budget to date at M11);
- High critical care costs at London and Surrey Trusts (as per Table below, at a POD level, critical care is £1.4m over plan as per M10 SLAM);
- 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
- Elective overperformance at SWELEOC (£1.0m over budget to date M11).

The overperformance by POD at M10 (note the below excludes AQPs) is as follows (top 3 adverse variance expressed as a % highlighted red):

All SL CCGs	CCG Plan (M10 YTD)	Actual (M10 YTD)	Variance To CCG Plan (M10 YTD)	
	£'000s	£'000s	£'000s	%
Elective	40,799	40,360	438	1.1%
Emergency	38,586	42,579	-3,993	-10.3%
Non-Elective	1,318	1,579	-261	-19.8%
Maternity Pathway	11,037	11,130	-93	-0.8%
A&E	9,536	9,604	-68	-0.7%
Out Patient 1st	12,623	13,276	-653	-5.2%
Out Patient Follow Up	15,252	16,167	-916	-6.0%
Out Patient Procedure	7,488	8,913	-1,426	-19.0%
Unbundled Diagnostics	3,517	3,516	1	0.0%
Critical Care	5,224	6,649	-1,425	-27.3%
Direct Access	6,059	5,993	66	1.1%
Drugs & Devices	4,791	5,126	-335	-7.0%
Other /PTS/CQUIN	12,156	9,664	2,492	20.5%
TOTAL - ACUTE CONTRACTS	168,385	174,556	-6,172	-3.7%

Source: SLAM data for M10 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 £13.8m at M11, which is £1.6m (13%) over the 2016/17 YTD budget. The majority of the adverse variance on SASH is on emergency procedures which at M11 are £1.2m (32%) over budget.

In conjunction with other commissioners, the CCG engaged South East CSU to undertake a coding audit at SASH. The findings of the data analysis indicated that there was little evidence of counting and coding changes. The CCG continues to challenge SASH activity via the usual CSU challenge letter process.

ii. Guys and St Thomas'

Reported outturn at Guys at M11 is £2.9m which is £0.9m (43.0%) over YTD budget. This over performance is caused by primarily by costs of critical care totalling £417K to date at M11. Over half of the £417K spend relates to one patient - now discharged - whose critical care spell was over 150 days (3 organs supported) costing approximately £240k. In addition, there was a further critical care spell (1 organ supported) of 130 days costing over £110K. In total, unplanned critical care is £400K over budget and accounts for approximately half of the overspend at Guys. The remaining overspend is driven by increased elective performance (dermatology and respiratory ~ £200K overspent).

The CCG and CSU continues to explore the detail behind any high cost instances of critical care (e.g. whether the costs of care might be funded through specialised commissioning, for example) and are establishing the extent to which the costs can be considered genuinely non-recurrent and, therefore, should not form part of the 2017/18 baseline.

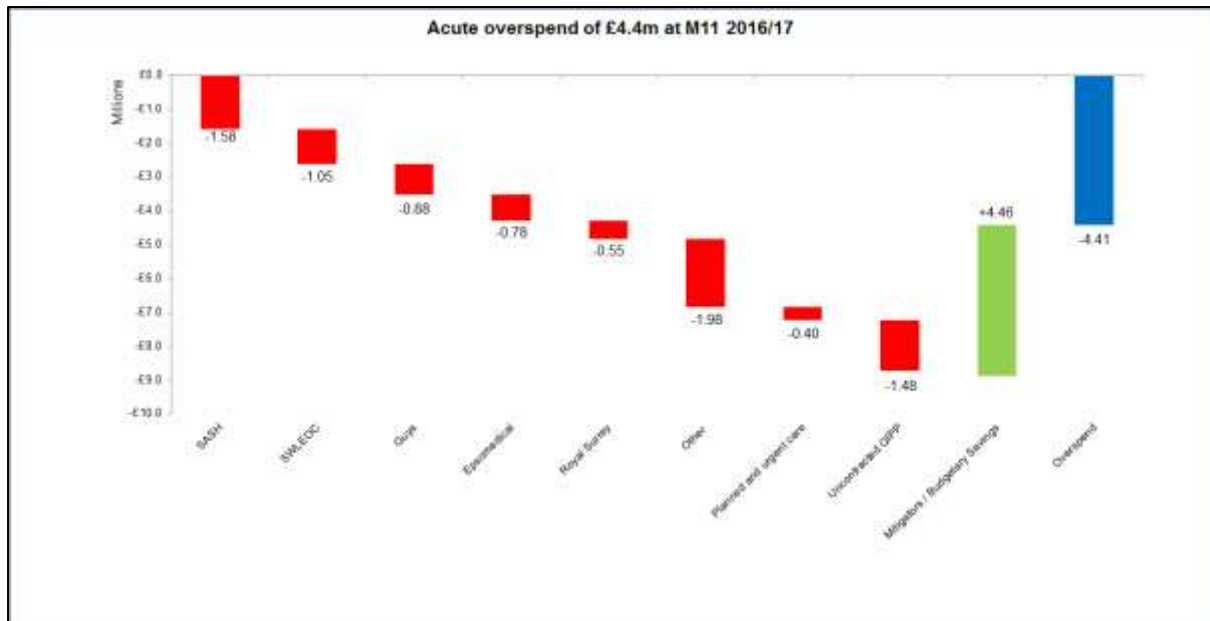
iii. SWLEOC

Reported outturn at SWLEOC at M11 is £7.6m which is £1.04m (16%) 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 SWELEOC on the activity levels in 2016/17 and is looking to reduce the projected 16/17 charge based on a challenge around the Trust's level of compliance with the CCG's procedures of limited clinical effectiveness (POLCE) policy. The Trust has undertaken an audit to try and identify the extent to which procedures were carried out which would have been excluded under the POLCE criteria had the POLCE process been applied correctly, and has shared the findings with the CCG. The CCG has formally responded to the Trust and is meeting with the Trust to review in detail the audit methodology and findings.

2.2.3 Reported acute outturn M10

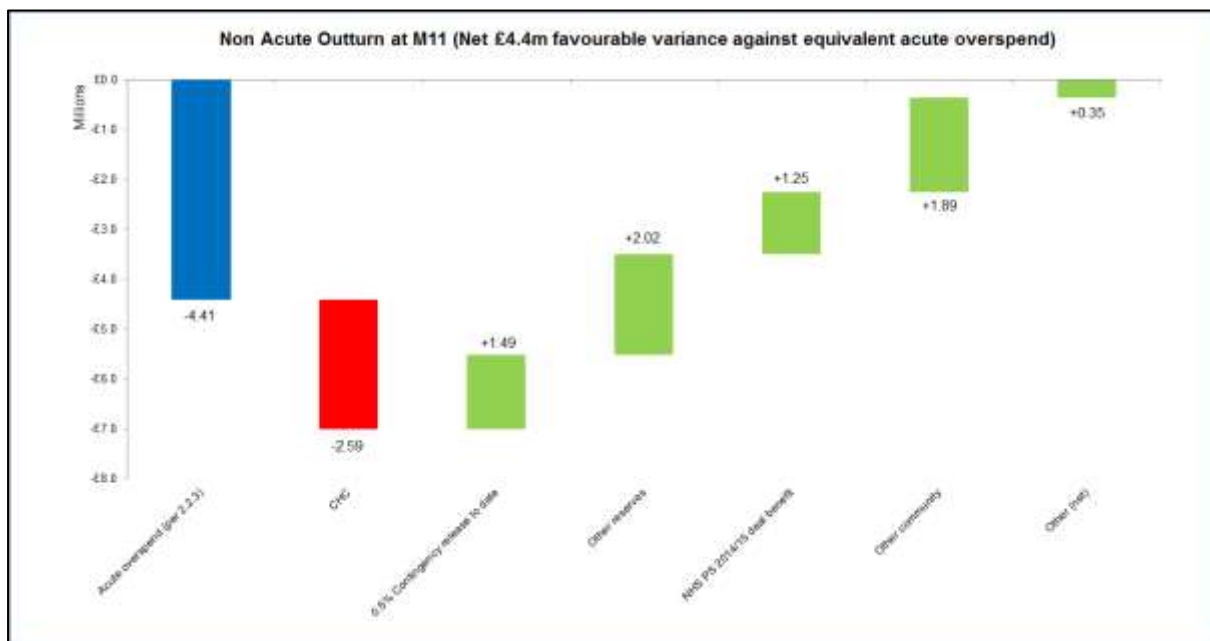
As a result of the over performance identified above, the CCG is reporting an adverse position on the acute programme to budget to date of £4.4m as below.



The benefit of budgetary savings and non-recurrent benefits arising from the final reconciliation of 2015/16 year end settlements total £4.46m to date. Excluding these mitigations and including the QIPP that was not contracted, the acute programme is £8.9m overspend YTD.

2.3 Non Acute Programme Outturn

The non-acute programme was (net) £4.4m underspent in M11, offsetting the overspend in acute (2.2.3) as follows. The non-acute variances are commented on further in 2.3.1 -2.3.5, below.



2.3.1 CHC (overspend to date £2.6m)

The overspend on CHC YTD of £2.6m is a result of

- i. an underlying increase in projected CHC spend for the year (the Surrey-wide overspend on CHC has increased from £2.1m to £2.8m and the Surrey Downs overspend has increased in line with that from £0.5m to £0.7m);
- ii. additional QIPP included in the SDCCG budget which is unlikely to be achieved (to date impact £0.4m, full year impact £0.4m);
- iii. the impact of the national FNC rate rise previously reported as an unmitigated risk (full year impact £1.6m, to date impact £1.5m);

The total impact of the above on the full year position is a projected overspend of £2.6m on CHC and this is reflected in the M11 reported position. Note that the underlying increase in CHC spend is one of the contributing factors to the challenging budget position in 17/18 (see section 8 – plan).

2.3.2 Contingency release (underspend to date £1.5m)

Total contingency of £1.619m (0.5% of the CCGs resource allocation which the CCG is required to budget according to NHSE business rules) is being released equally over 12 months in 2016/17 i.e. the £1.5m benefit to date represents 11/12 of the total annual contingency.

2.3.3 Other Reserves (underspend to date £2.0m)

Other Reserves benefits of £2.0m relate to additional cervical screening and flu treatment funding released by NHSE (£1.5m), underspends on Dorking Hub investment as a result of the delay in mobilisation (£0.3m) and prior year accrual releases (£0.2m).

2.3.4 NHS Property Services 14/15 release (underspend to date £1.25m)

The benefit of £1.25m relates to prior year accruals which had been retained pending agreement of the final 2014/15 NHS Property Services charge. The final charge for 2014/15 was agreed early in 2016/17 and the related accruals have now been released.

2.3.5 Other Community (underspend to date £1.9m)

The benefit on other community of £1.9m relates to NHSE funds to support the CCGs property costs which are being rebaselined in 2016/17 (£1.6m) plus additional community service revenue from SCC not budgeted (£0.3m).

3. Acute Activity

The following tables and charts show that the year on year referrals in G&A are continuing to increase and the number of referrals is 10.4% over plan M10 YTD. These continuing high levels of GP referrals could still impact on future outpatient attendances as the referrals are potentially still awaiting appointment dates which, in turn, could impact on RTT targets as well as future elective

inpatient numbers which are already up 4.3% on the previous year and above plan. Total YTD referrals have increased month on month from 3.5% to 3.9%.

Surrey Downs CCG summary against plan

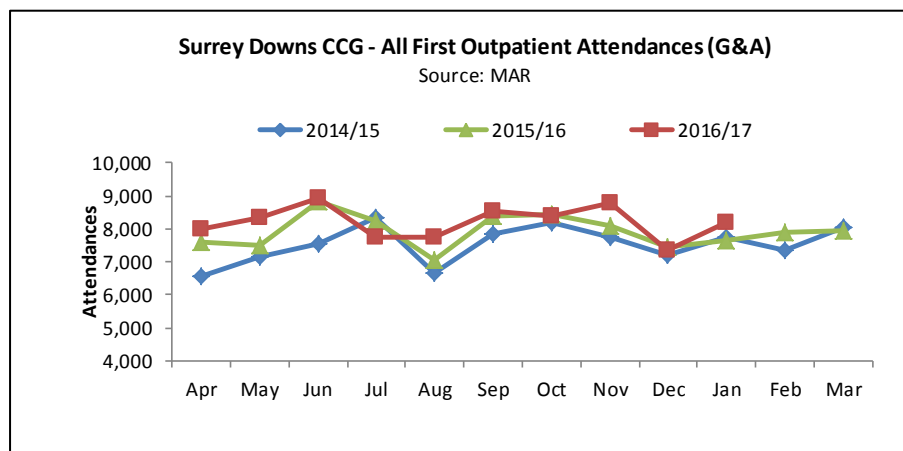
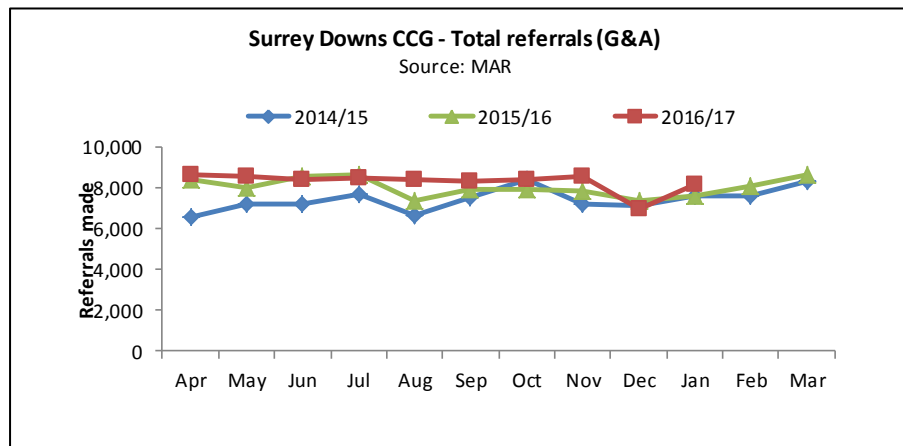
Month: Jan

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	8,182	7,192	990	13.8%	82,990	75,165	7,825	10.4%
E.M.8 Consultant Led First Outpatient Attendances (Specific Acute)	SEM	8,487	8,380	107	1.3%	89,453	86,800	2,653	3.1%
E.M.9 Consultant Led Follow-up Outpatient Attendances (Specific Acute)		18,749	18,751	-2	0.0%	186,901	192,419	-5,518	-2.9%
E.M.10 Total Elective FFCes (Specific Acute)		2,635	2,670	-35	-1.3%	26,229	25,930	299	1.2%
E.M.10.a Elective Ordinary FFCes (Specific Acute)		477	536	-59	-11.0%	5,265	5,207	58	1.1%
E.M.10.b Elective Day Case FFCes (Specific Acute)		2,158	2,134	24	1.1%	20,964	20,723	241	1.2%
E.M.11 Non-Elective FFCes (Specific Acute)		2,385	2,162	223	10.3%	22,995	22,497	498	2.2%
E.M.12 Total A&E Attendances excluding planned follow ups		8,033	7,962	71	0.9%	84,240	80,753	3,487	4.3%

Surrey Downs CCG year on year summary

Month: Jan 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)	535	487	48	9.9%	497	38	7.6%	5,596	5,364	232	4.3%
Elective Day Case FFCes (G&A)	2,636	2,345	291	12.4%	2,415	221	9.2%	24,817	24,861	-44	-0.2%
Total Elective FFCes (G&A)	3,171	2,832	339	12.0%	2,912	259	8.9%	30,413	30,225	188	0.6%
Non-Elective FFCes (G&A)	2,410	2,469	-59	-2.4%	2,209	201	9.1%	22,588	21,829	759	3.5%
All First Outpatient Attendances (G&A)	8,206	7,360	846	11.5%	7,649	557	7.3%	82,004	79,284	2,720	3.4%
First Outpatient Attendances following GP Referral (G&A)	5,441	4,968	473	9.5%	5,269	172	3.3%	56,044	54,790	1,254	2.3%
GP Written Referrals Made (G&A)	6,335	5,424	911	16.8%	5,835	500	8.6%	65,120	62,383	2,737	4.4%
Other Referrals for a First Outpatient Appointment (G&A)	1,847	1,549	298	19.2%	1,756	91	5.2%	17,870	17,481	389	2.2%
Total Referrals (G&A)	8,182	6,973	1,209	17.3%	7,591	591	7.8%	82,990	79,864	3,126	3.9%



Comparing previous and current year activity shows an increase of 3.4% in outpatient first attendances. Despite a reduction in M9 the number of attendances, M10 has have once again seen an increase in attendances and these are also higher than M10 volumes in previous years.

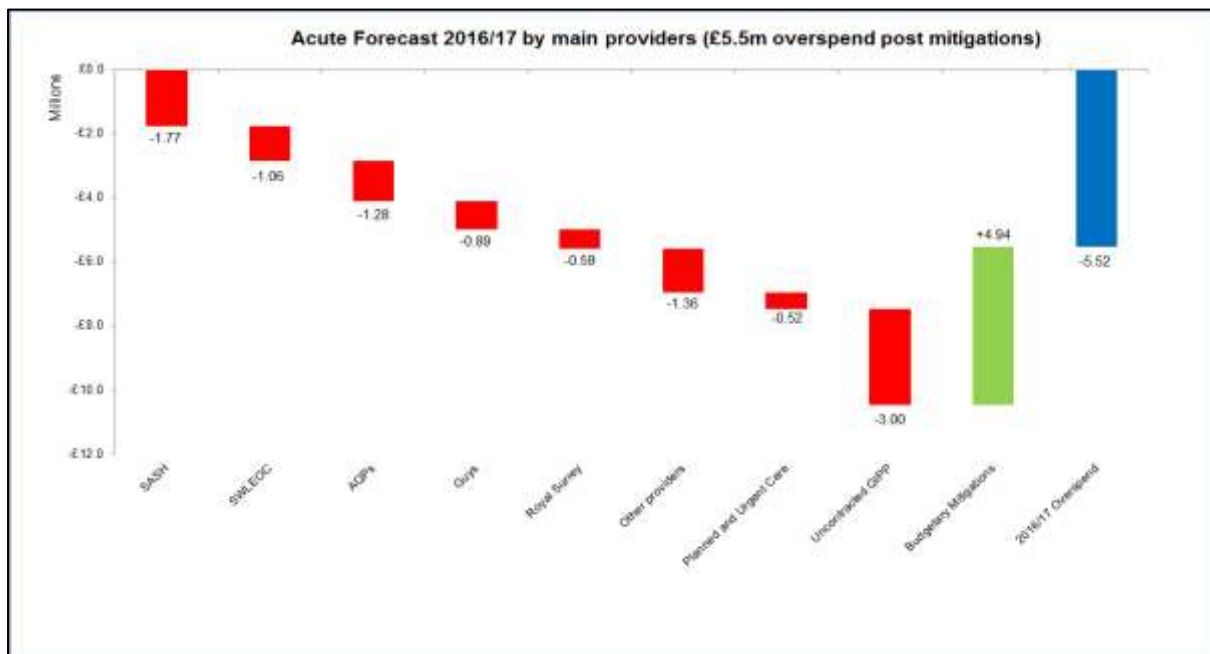
4. Full year forecast 2016/17

4.1 Forecast

The CCG is currently forecasting to achieve 16/17 budget. As per M10, the CCG is currently reporting a nil net risk in this position.

4.2 Acute forecast

An extrapolation of the acute outturn per the M10 SLAM gives a predicted year end overspend position of £7.0m. Including the realisation of planned and urgent care and uncontracted QIPP, this overspend would be £10.5m versus budget. This can be partly mitigated by the predicted impact of approximately £4.9m 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 £5.5m as follows:



4.2.1 Key assumptions in acute forecast calculation

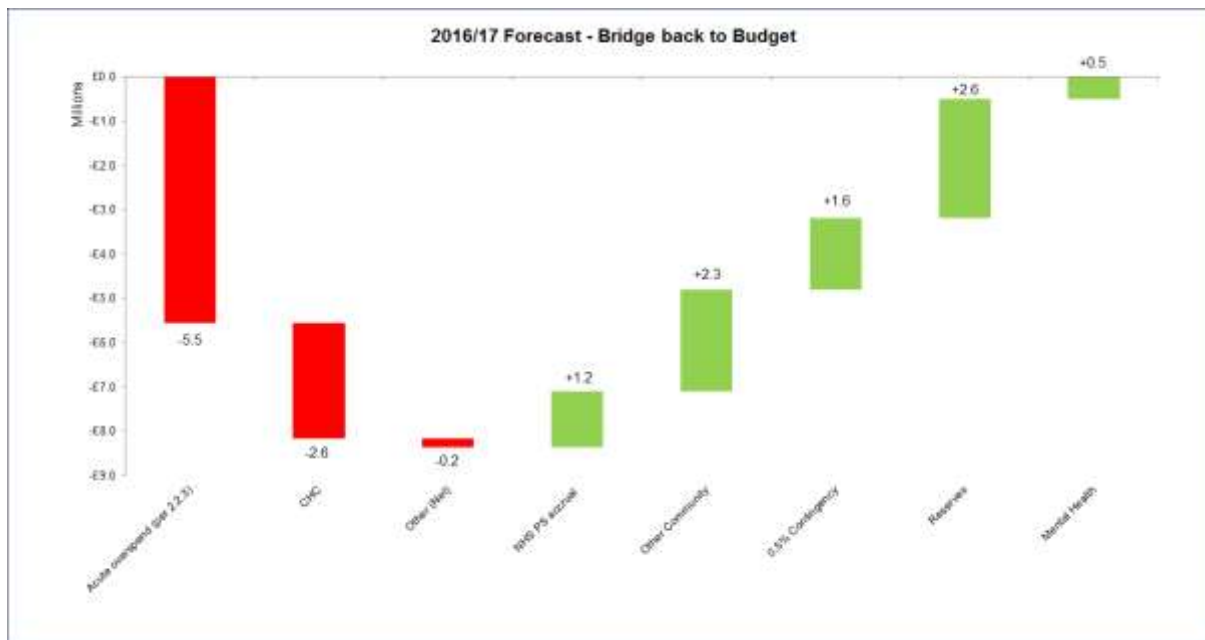
The forecast methodology was to extrapolate the M10 SLAM position based on the profiled budget (which includes QIPP where QIPP was agreed in the contract baseline). The following adjustments are included:

- 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 M10 position;

- ii. Adjustments totalling £780K 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.

4.3 Non Acute forecast

The adverse forecast variance on acute of £5.5m is offset in the non-acute programme area as per the graphic below, meaning the CCG is reporting to be on budget 2016/17. The key variances and mitigations are as per the to date variances commented on in 2.3.3, but projected for the full year.



5. QIPP

QIPP to date is adverse to budget by £3.8m at M11, as per the table below.

£M	To Date			Full Year		
	Act	Bud	Var	FOT	Bud	Var
Transactional						
Acute	3.53	5.52	-2.00	4.44	6.16	-1.72
CHC	0.84	1.24	-0.40	0.99	1.38	-0.39
Other	0.83	0.50	0.33	0.88	0.56	0.32
Subtotal	5.19	7.27	-2.07	6.31	8.10	-1.79
Transformational						
Acute	7.45	8.51	-1.05	8.14	9.61	-1.47
Other	0.82	1.66	-0.84	1.01	1.89	-0.88
Subtotal	8.27	10.17	-1.89	9.15	11.50	-2.35
TOTAL QIPP	13.47	17.43	-3.97	15.47	19.60	-4.14

Acute QIPP is adverse YTD (-£3m) against the original plan due to a number of projects tracking behind plan within Planned care, as well as delays in the mobilisation of the Dorking Community Hub within the Integration programme.

Non-acute QIPP is adverse YTD (-£0.8m) due to project slippage within CHC (-£0.4m) and lower than planned savings to date within BAU and Medicines Management (-£0.4m).

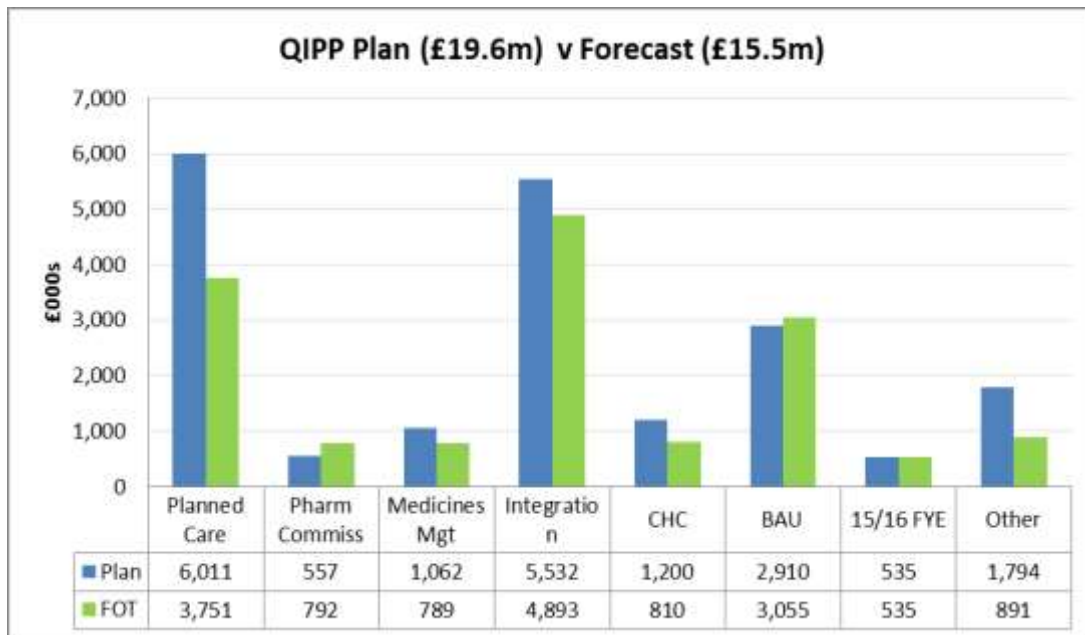
5.2 2016/17 QIPP forecast and year to date delivery

At M11 the CCG continues to forecast £15.5m of QIPP for 16/17. However, due to lower than planned savings within Planned Care projects particularly PoLCE, MSK Shared Decision Making and Direct Access Pathology. There is a new risk this month of approximately £0.5m to the forecast full year outturn for QIPP. The forecast deficit position is not impacted by this potential slip in QIPP since any PoLCE benefit was forecast conservatively in the I&E.

The PoLCE project continues to be more than 50% behind plan with outcomes from Q1-3 challenges still awaited; the savings achievable from the settlement of these challenges is now expected to be lower than previously anticipated.

The MSK Shared Decision making project has made no savings outside of those built into the block contract with Epsom hospital.

The Direct Access Pathology project is to be assigned to a task and finish group as the desired level of savings from the scheme have not materialised. The task and finish group will aim to determine whether the scheme should continue into 17/18 or be stopped.



The majority of the projected QIPP shortfall is in the acute area (e.g. planned care, integration) and the impact of not achieving the QIPP is included in the acute outturn and forecast which is based on actual SLAM activity (see section 4.2 above).

5.3 QIPP 2016/17: delivery status

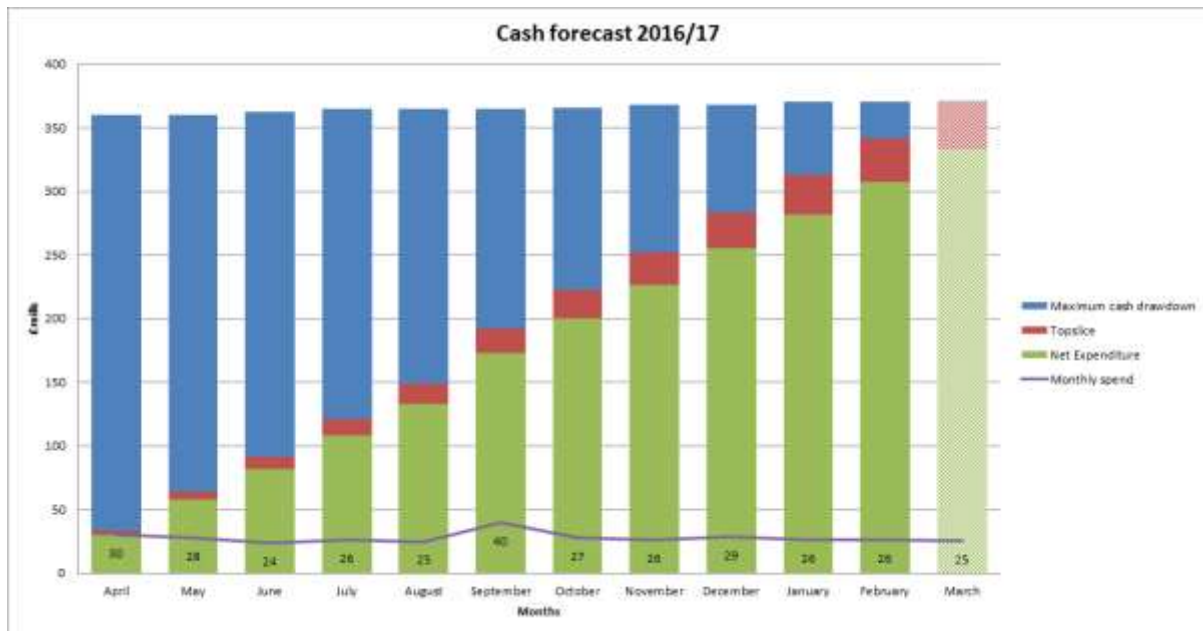
The QIPP delivery summary produced by the CCG's PMO currently tracks schemes totalling £17.8m of the £19.6m planned total, with a forecasted outturn of £15.5m. All efforts are being made to ensure that the revised forecast is met. There are 36 schemes currently listed on the tracker, of which 10 are assessed as red in terms of delivery status, 11 as amber and the remainder green.

6. Cash and Debtors

6.1 Cash

The CCG has a maximum cash download (MCD) in 2016/17 of £370.7m. At M11 the CCG has drawn down £341.6m (92.1%) of its MCD for 2016/17, leaving a balance of £29.1m.

The CCG has drawn down slightly more cash to date (92.1%) when compared to a straight line, equal monthly prorated basis (91.7%), but anticipates being in a position to manage its cash within the notified MCD of £370.7m in M12.



Note the high cash spend in August was effectively a catch up / year to date correction to bring the cash available back in line with the new monthly acute SLA payments for 2016/17.

6.2 Debtors

The aged debt profile at M11 end is as follows:

Debtors	1-30 days	31-60 days	61-90 days	91-120 days	181-360	361+	Total
NHS Trusts	83,771	0	5,000	0	0	0	88,771
Other	17,182	24,238	700	0	12,000	1,409	55,529
Other	-6,459	0	0	0	0	0	-6,459
Other CCGs	372,860	9,731	0	0	-3,693	153,477	532,374
SCC	637,074	0	0	184,026	1,053,769	244,028	2,118,898
Grand Total	1,104,428	33,969	5,700	184,026	1,062,076	398,914	2,789,113

Note a provision of ~£1m is held against the £1.3m debt (181 + days) with Surrey County Council and relates almost exclusive to amounts charged to SCC in respect of CHC. It should be noted that the debt with SCC is the *gross* debt across the CHC collaborative. Under the CHC collaborative risk share agreement, the financial risk of non-payment is shared across the collaborative i.e. the financial exposure to the Surrey Downs CCG is ~20% of the total exposure.

6.2.1 Progress update - outstanding CHC debt with SCC

The CCG has held a meeting (15/03/17) with key stakeholders at SCC to review all CCG outstanding CHC debt. Many of the contested invoices relate to the principle of when each party should start incurring costs. The current arrangement is that where the CCG is determined as the prime funding source, it incurs costs from 28 days after final assessment, and where SCC is determined as the prime funding source, it incurs costs 56 days after assessment. The CCG views this arrangement (which dates back to the PCT period) as inequitable, and, at the end of 2015/16 invoices were raised to SCC on the basis of parity i.e. the CCG assumed SCC took on the liability for funding after 28 days instead of 58 days, and invoiced on this basis. However, the revised approach to invoicing had not been agreed with SCC, who has refused to pay costs of care invoiced on this basis.

At the meeting with SCC the key points agreed were:

1. SD CCG to credit sums back where it had billed on the basis of parity and then re-raise invoices in accordance with the old 28/56 day trading agreement;
2. Invoices that were contested on a basis other than the 28/56 day split (e.g. self-funders or different interpretations of case history) were grouped, and actions were assigned to operational members of each party to resolve;
3. Both sides acknowledged the current trading arrangements were not reflective of the current move towards devolution and greater health and social care integration, and that a revised memorandum of understanding was required.

It should be noted that crediting back the invoices (1.) does not have an adverse financial impact on the CCG or the wider collaborative. As a result of the provision made at the end of 2015/16, as well as not having billed some 2016/17 invoices year to date, the financial impact of crediting the 2015/16 invoices raised is estimated as neutral.

7. Risks and Mitigations

As commented on above (4.1) the CCG reported a net risk of zero at M11.

8. Contracting and Planning 2017/18

8.1 Contract status

The contract status for the CCG's acute and mental health contracts 2017/18 is summarised in the table below.

Summary of 2017/18 SDCCG Offer Status (contracts £5m > in value)	Agreed Contract value	Block / PbR	Contract Status	QIPP recognised in contract baseline (£m)
Epsom & St Helier and SWELEOC	£111.0m	Block	Signed	£3.1m
KHT NHS Foundation Trust	£26.4m	PbR	Signed	£1.5m
SaBP (Mental Health)	£17.3m	Block	Signed	TBA
SASH	£16.2m	PbR	Signed	£0.5m
SECAMB	£9.5m	Block +/-	Signed	£0.0m
St George's	£9.6m	PbR	Signed	£0.7m
Royal Surrey County	£7.1m	PbR	Pending Signature	£0.0m
Royal Marsden	N/A	PbR	N/A	TBA
Ashford & St Peters	£5.5m	PbR	Signed	£0.25m
Total	£195.5	-	-	£6.05m

The CCG had agreed and signed contracts with its three largest acute Trusts (ESH, KHT and SASH) by NHSE deadline of 23.12.2016. Values have subsequently been agreed with the majority of the CCG's providers. The only significant (>£5m) provider for which no agreed contracts value exists is Royal Marsden. Sutton CCG is the lead CCG for Royal Marsden and continues to negotiate with the Trust.

The final contract value for the CCG is anticipated to be between £4.8m (CCG offer) and £5.1m (Trust offer).

8.2 Plan Status

8.2.1 Financial Planning template 23.12.16

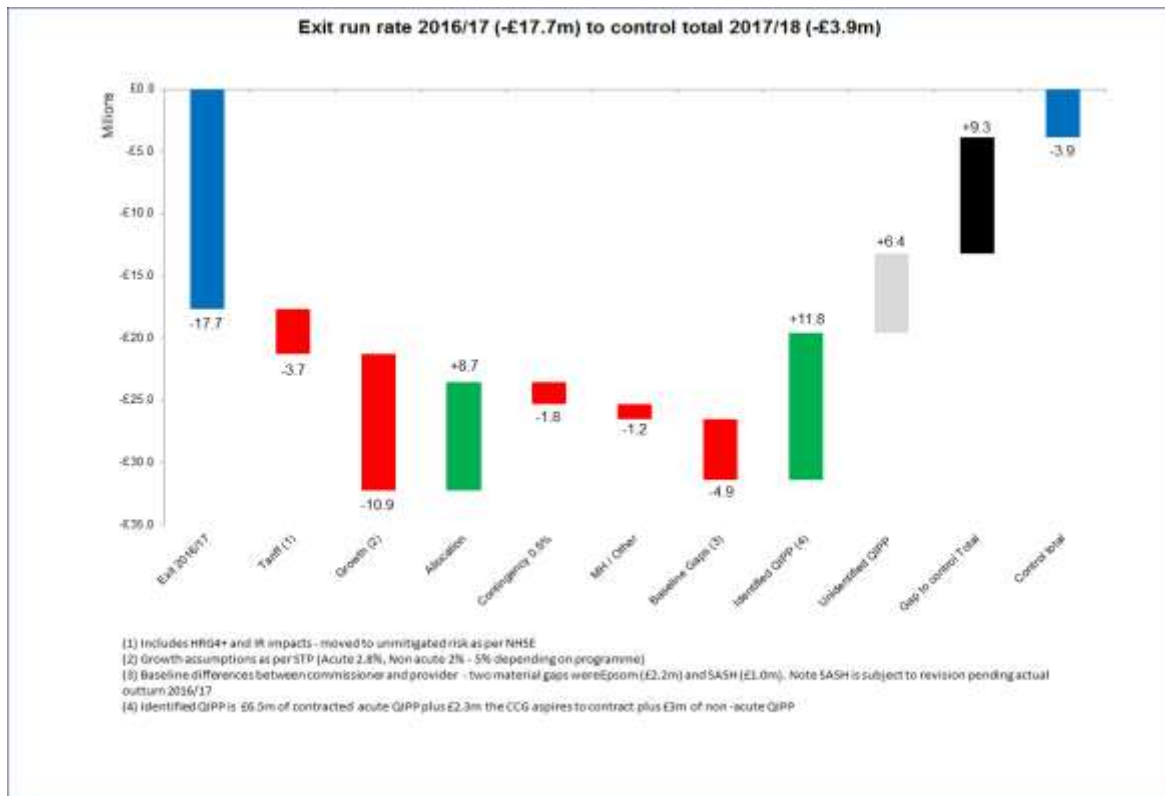
Along with its operating plan, the CCG submitted a financial planning template on 23.12.16 ('the template') which recorded QIPP of £22.4m and unmitigated risk of £15m. The £15m of unmitigated risk was in acknowledgement of the fact that at the time of submission of the template, the contract values with the CCGs three main acute providers were in the process of being finalised and it was likely that the contract values signed would be significantly above what the CCG could afford given its resource allocation and control total.

8.2.2. Revised view post contract signatures

Post contract signature with ESH, KHT, SASH on 23.12.16 and a revision to the CCG's assumption regarding tariff impacts and 2016/17 exit run rate, the CCG revised its 2017/18 plan view internally. The overall level of QIPP required meeting the CCG's control total increased by approximately £5m to £27.5m, and the element of the QIPP that is unidentified within the total QIPP increased from £6.8m to £17.9m. The primary driver behind the increase in unidentified QIPP is the movements in baseline the CCG conceded when agreeing contract values (which increased total QIPP and unidentified QIPP from £22.5m to £27.5m) as well as the level of QIPP agreed in the ESH block being lower than the CCG's internal modelling (thereby reducing the 'identified' QIPP).

8.2.3. Plan re-submission (17.03.17)

The CCG re-submitted a view of the financial template 17.03.17. In this revised view, the CCG was asked by NHSE to cap QIPP at 5% of RRA (which equates to £18.2m). The impact of this is to decrease the QIPP in the plan by £9.3m and effectively create an equivalent gap between the budget template submission and the notified control total of -£3.9m as follows:



In the latest planning submission of 17.03.17 the CCG was also asked to remove the impact of a £2.7m cost pressure arising as a result of HRG4+ tariff changes and include it as a risk to be mitigated by national funding. The CCG is querying this treatment and, for the purposes of the above, the £2.7m is assumed as a cost pressure and not a mitigated risk.

The above shows a total gap to plan of £15.7m as being the unidentified QIPP of £6.4m (£18.2m total less £11.8m identified) plus the £9.3m gap created as a result of capping the QIPP at 5%.

8.2.4 Bridging the gap to the control total – additional initiatives

As previously reported, given the scale of the gap to the notified control total, as well as looking for stretch within existing QIPP plans, the CCG has been asked to consider and present expenditure reduction options which are over and above the scope of its current QIPP. These initiatives have been shared with NHSE and the CCG is due to meet with NHSE w/c 20/03 to review this presentation. The extent to which these options might be used to try and close any gap is not yet clear.

9. Finance Operations

It should be noted that:

- On an acting basis only, it has been agreed that Dan Brown will perform CFO duties once the current CFO Matthew Knight leaves (end May). A handover process is underway.
- The current head of finance role performed by Dan Brown will be split between two current members of the finance team – some interim backfill will be required to assist the team as

they step up to their new roles especially in light of the year end accounts and the associated additional work.

END

Appendices

- 1 M11 Outturn Detail**
- 2 M11 Acute Detail**
- 3 M11 Running Costs**

Appendix 1: M11 Outturn (Detail)

SURREY DOWNS CCG - M11 OUTTURN REPORT BY PROGRAMME 2016/17													
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	2,054	2,164	-110	23,170	23,614	-444	-1.9%	25,278	25,778	-500	-1.9%	25,278	0
Acute	17,366	17,449	-83	196,512	192,100	4,413	2.3%	214,661	209,097	5,564	2.7%	214,889	-228
WR	80	182	-102	1,587	1,693	-106	-6.3%	1,775	1,875	-100	-5.3%	1,775	0
Primary Care	3,324	3,599	-275	43,095	42,921	174	0.4%	46,915	46,916	-1	0.0%	46,615	300
CHC	2,257	1,756	501	21,904	19,318	2,586	13.4%	23,675	21,075	2,600	12.3%	23,675	0
Community	2,823	3,028	-205	24,677	27,820	-3,143	-11.3%	27,304	30,849	-3,545	-11.5%	27,304	0
Reserves	-346	-417	72	6,897	10,403	-3,505	-33.7%	7,815	12,111	-4,296	-35.5%	7,815	0
Other	1,381	1,208	173	12,927	12,926	0	0.0%	14,413	14,135	278	2.0%	14,214	199
Running Costs	534	529	5	5,874	5,881	-6	-0.1%	6,410	6,410	0	0.0%	6,410	0
Total Expenditure	29,474	29,499	-25	336,644	336,677	-33	0.0%	368,245	368,245	0	0.0%	367,974	271
Allocation				-302,515	-302,515	0	0.0%	-330,932	-330,932	0	-330,932	-330,661	271
Surplus (Deficit)				-34,129	-34,162	-33	0.1%	-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: M11 Acute Outturn (Detail)

SURREY DOWNS CCG - M11 ACUTE SPEND BY PROVIDER 2016/17									
	Budget	M11	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)	84,897	84,897	0	0.0%	92,978	92,978	0	0.0%	
Kingston Hospital	24,158	24,791	-633	-2.6%	26,467	26,950	-483	-1.8%	
Surrey and Sussex	12,228	13,812	-1,585	-13.0%	13,347	15,052	-1,705	-12.8%	
St George's Healthcare	8,610	9,031	-421	-4.9%	9,444	9,854	-410	-4.3%	
South East Coast Ambulance Trust	8,329	8,405	-76	-0.9%	9,133	9,181	-48	-0.5%	
Epsom and St Helier (SWLEOC)	6,623	7,669	-1,046	-15.8%	7,300	8,363	-1,063	-14.6%	
Royal Surrey County Hospital	6,141	6,697	-556	-9.1%	6,729	7,323	-594	-8.8%	
Royal Marsden,	4,604	4,886	-282	-6.1%	5,089	5,331	-242	-4.8%	
Ashford and St Peters	4,564	4,665	-102	-2.2%	5,000	5,084	-84	-1.7%	
Guy's and St Thomas'	2,023	2,902	-879	-43.5%	2,220	3,105	-884	-39.8%	
University College London	1,016	1,100	-85	-8.3%	1,115	1,201	-86	-7.7%	
Moorfields,	869	918	-49	-5.7%	957	1,003	-46	-4.8%	
Royal Brompton & Harefield	822	1,049	-227	-27.6%	903	1,137	-234	-25.9%	
Queen Victoria,	770	698	72	9.4%	848	762	86	10.2%	
Kings	738	534	203	27.6%	811	569	242	29.8%	
Chelsea and Westminster	551	618	-67	-12.1%	606	669	-63	-10.4%	
Queen Mary Roehampton	509	414	95	18.7%	559	452	107	19.2%	
Imperial College	516	690	-173	-33.5%	567	753	-186	-32.8%	
Royal National Orthopaedic Hospital,	419	395	24	5.8%	462	431	31	6.8%	
Frimley Park	385	331	54	14.0%	422	361	61	14.5%	
GOS	199	230	-31	-15.7%	219	252	-33	-15.2%	
Croydon Health Service	182	218	-36	-19.6%	201	239	-38	-19.0%	
Subtotal Main NHS providers	169,153	174,951	-5,798	-3.4%	185,377	191,050	-5,672	-3.1%	
Dorking Healthcare	6,215	6,565	-350	-5.6%	6,824	7,200	-377	-5.5%	
Epsom Medical	5,107	5,890	-782	-15.3%	5,567	6,409	-842	-15.1%	
Ramsay Ashtead Hospital	3,641	3,713	-72	-2.0%	4,006	4,062	-55	-1.4%	
Subtotal Main Independents	14,964	16,168	-1,204	-8.0%	16,397	17,671	-1,274	-7.8%	
Grand Total Tier 1 Providers	184,116	191,119	-7,002	-3.8%	201,775	208,721	-6,946	-3.4%	
GUM	702	-766	1,468	209.1%	766	-766	1,532	200.0%	
RSS	312	384	-72	-23.1%	340	420	-80	-23.6%	
Urgent and planned care	770	1,191	-421	-54.7%	828	1,350	-522	-63.1%	
Non Contract Activity	3,301	2,799	502	15.2%	3,599	3,150	449	12.5%	
Tier 2	2,117	2,123	-6	-0.3%	2,310	2,460	-150	-6.5%	
IFR / IT	56	2	54	96.4%	62	62	0	0.0%	
Headroom (I)	-1,482	0	-1,482	100.0%	-2,995	0	-2,995	100.0%	
Mitigations and Y/end deal benefits	0	-2,489	2,489	-	0	-2,495	2,495	0.0%	
Other (Cytokine Modulator)	2,185	2,383	-198	-9.1%	2,383	2,533	-150	0%	
Other	0	-211	211	-	0	-843	843		
Subtotal Other Acute	7,961	5,416	2,545	32.0%	7,294	5,871	1,422	2	
TOTAL Acute excl SRG	192,077	196,535	-4,457	-2.3%	209,068	214,592	-5,524	-2.6%	
SRG	1,693	1,587	106		1,772	1,772	0	-	
GRAND TOTAL INCL SRG	193,770	198,122	-4,351	-2.2%	210,840	216,364	-5,524	-2.6%	

Appendix 3: M11 Running Cost Detail

SURREY DOWNS CCG - M11 OUTTURN REPORT RUNNING COSTS 2016/17										
M11		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	987.7	1,044.0	-56.3	-5.4%	1,076.8	1,129.5	-52.7	-4.7%	No significant variance from budget
Chair and Non - Execs	M Knight	503.4	295.6	207.8	70.3%	537.7	322.4	215.3	66.8%	FOT Includes all Non Executive Members costs & * £80K of (unbudgeted) GB specific training costs
Clinical Governance	E Clark	324.6	365.3	-40.7	-11.1%	361.8	400.1	-38.3	-9.6%	Unfilled vacancies for large proportion of the year, now filled
Communications & PR	S Shettle	272.7	300.3	-27.6	-9.2%	298.1	327.5	-29.4	-9.0%	Underspend on Perm Staff Costs
Contract Management	J W-Smith	391.8	374.6	17.2	4.6%	424.2	408.9	15.3	3.7%	No significant variance from budget
Corporate costs & Services	J W-Smith	2,060.5	2,075.0	-14.5	-0.7%	2,244.8	2,263.6	-18.8	-0.8%	No significant variance from budget
Corporate Governance	J Dix	260.3	181.5	78.8	43.4%	269.7	190.6	79.1	41.5%	Interim costs not in budget (**£60k)
Estates and Facilities	J W-Smith	228.1	479.3	-251.2	-52.4%	289.8	542.4	-252.6	-46.6%	Benefit of historic property services accrual release
Finance and Legal	M Knight	998.7	1,038.9	-40.2	-3.9%	1,096.3	1,129.4	-33.1	-2.9%	No significant variance from budget
Human Resources	B Brewer	206.3	227.3	-21.0	-9.2%	215.3	248.0	-32.7	-13.2%	No significant variance from budget
Other	-	-3.0	0.0	-3.0	-	-3.0	0.0	-3.0	-	Training of Community Nurses and GPs
Performance	M Wu	303.1	263.2	39.9	15.2%	330.6	281.5	49.1	17.4%	* £49k overspend on staff costs due to interims backfilling perm positions.
Strategy and Development	J Chalmers	485.3	426.5	58.8	13.8%	507.4	465.3	42.1	9.0%	One off Project Costs incurred early 2016/17 (e.g. Community Review). Note STP costs now billed to partners
Recharges to programme*	-	-1,145.5	-1,191.1	45.6	-3.8%	-1,239.8	-1,299.3	59.5	-4.6%	
Total Expenditure		5,874.0	5,880.4	-6.4	-0.11%	6,409.7	6,410	-0.2	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.

Other includes Quality Assurance, and Operations Management