

# Surrey Downs CCG: Finance and Activity Report

## 2016/17 M12

### 1. Purpose

The purpose of this report is to:

- Present and provide commentary on 2016/17 outturn ([section 2](#)).
- Update on acute referral activity ([section 3](#)).
- Report of the achievement of QIPP at M12 ([section 4](#))
- Report on the cash and debt position of the CCG at M12 ([section 5](#)).
- Report on planning and contracting 2017/18 ([section 6](#)).
- Report and update on finance operations ([section 7](#)).

### 2. Outturn

£M	FULL YEAR 16/17			Prior year		
	Act	Bud	Var	2015/16	Var	As %
Acute (incl SRG)	217.2	211.0	6.2	213.1	4.1	1.9%
Mental Health	24.8	25.8	-1.0	24.8	0.0	0.2%
Community	27.6	30.8	-3.2	27.0	0.6	2.1%
CHC	23.7	21.1	2.6	21.9	1.8	8.4%
Primary Care	47.4	47.1	0.3	46.2	1.2	2.6%
Other	14.0	14.1	-0.1	13.7	0.3	2.2%
Corporate	6.4	6.4	0.0	6.2	0.2	3.4%
Reserves (A)	7.2	11.9	-4.7	3.8	3.4	89.0%
<b>TOTAL</b>	<b>368.3</b>	<b>368.3</b>	<b>0.0</b>	<b>356.7</b>	<b>11.6</b>	<b>3.2%</b>
Allocation (B)	-331.0	-331.0	0.0	-328.1	-2.9	0.9%
<b>In year Surplus / Deficit (B)</b>	<b>-8.7</b>	<b>-8.7</b>	<b>0.0</b>	<b>-17.9</b>	<b>9.2</b>	<b>-51.6%</b>
<b>Cumulative surplus Deficit</b>	<b>-37.3</b>	<b>-37.3</b>	<b>0.0</b>	<b>-28.6</b>	<b>-8.7</b>	<b>30.3%</b>

(A) Budgeted reserves include £1.6m contingency, £6.8m investments, and £3.4m uncommitted reserves (1% of RRA) which the CCG was 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 re-provision 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 Full year outturn 2016/17

The CCG has achieved its budgeted in-year deficit of -£8.7m, which is in line with the second year of its FRP.

It should be noted that the reported statutory outturn in the CCG's annual report & accounts will include the benefit of the release of a £3.4m (1%) reserve that all CCGs were required to budget for in 2016/17 against national system cost pressures. Therefore, the statutory accounts will record an in year deficit of -£5.3m (-£8.7m netted off by the reserve release of £3.4m). The impact of this reserve release has been **excluded** from this report, which is presented on a management accounting basis. The benefit of this release is excluded by NHSE when assessing the CCG's performance against its legal and constitutional obligations (for example, the £3.4m does not count as an improvement in performance against plan for quality premium calculations).

## 2.2 Acute Outturn 2016/17

### 2.2.1 Overview of acute spend 2016/17

The M11 SLAM activity data extrapolated to M12 identified an overspend of £7.3m or 3.6% YTD (outturn £209.0m vs. budget of £201.7m) which was in line with forecast.

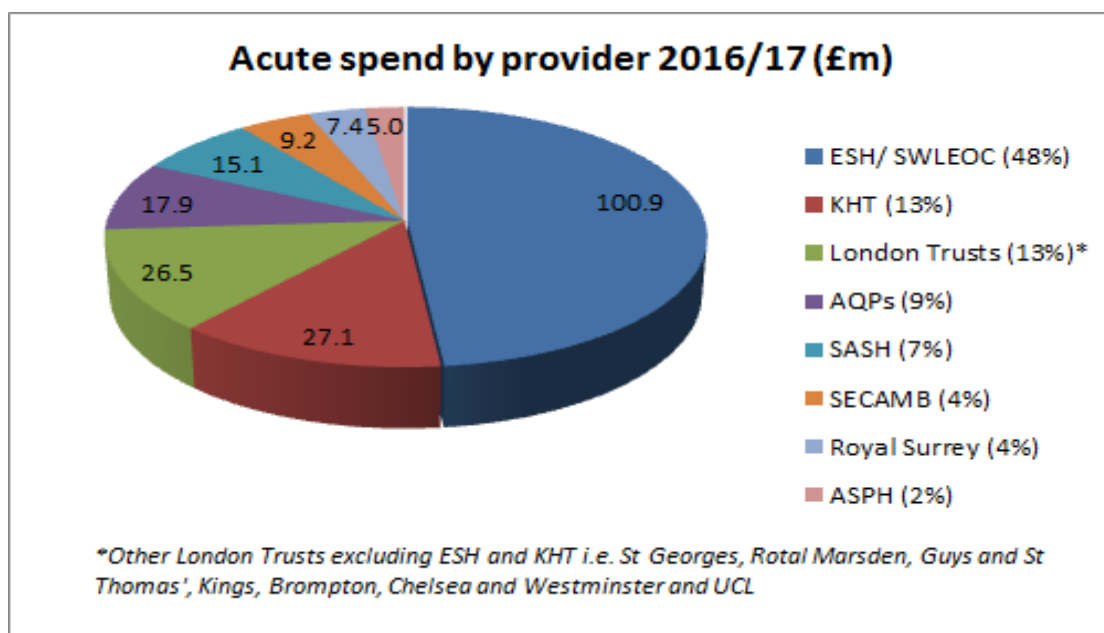
A summary of SLAM-based acute outturn 2016/17 is given in the table below, together with prior year comparators. A view excluding the main Epsom site is provided to factor out the impact of the 2016/17 block arrangement.

<u>Summary of acute outturn 16/17 with prior year comparators</u>								
i) Acute Outturn including main ESH acute and renal site								
	<u>Budget</u>	<u>outturn</u>	<u>var</u>	<u>var</u>	<u>outturn</u>	<u>outturn</u>	<u>YoY Growth</u>	
	<u>16/17</u>	<u>16/17 *</u>		<u>%</u>	<u>2015/16</u>	<u>2014/15</u>	<u>2016/17</u>	<u>2015/16</u>
NHS	185,377	191,182	-5,805	-3.1%	187,182	181,716	2.1%	3.0%
AQPs	16,397	17,863	-1,466	-8.9%	17,926	18,807	0.3%	-4.7%
Total SLA	201,775	209,046	-7,271	-3.6%	205,107	200,523	1.9%	2.3%
Other Acute (non SLA)	7,323	6,331	991	13.5%	6,072	8,703	4.3%	-30.2%
Total All Acute	209,097	215,377	-6,280	-3.0%	211,179	209,226	2.0%	0.9%
ii) Acute SLA Outturn excluding main ESH acute and renal site								
	<u>Budget</u>	<u>outturn</u>	<u>var</u>	<u>var</u>	<u>outturn</u>	<u>outturn</u>	<u>YoY Growth</u>	
	<u>16/17</u>	<u>16/17</u>		<u>%</u>	<u>2015/16</u>	<u>2014/15</u>	<u>2016/17</u>	<u>2015/16</u>
NHS	92,399	98,237	-5,838	-6.3%	93,755	91,627	4.8%	2.3%
AQPs	16,397	17,863	-1,466	-8.9%	17,926	18,807	-0.3%	-4.7%
Total SLA	108,797	116,101	-7,304	-6.7%	111,681	110,434	4.0%	1.1%

\* Outturn 2016/17 excludes the impact of £3m of QIPP that was not contracted / delivered

The above table shows that including the ESH block 16/17 year on year growth in Acute SLA 2016/17 expenditure was 1.9% (from £205.1m to £209.0m). Excluding the ESH block impact, underlying expenditure in 2016/17 grew by 4.0% (from £111.7m to £116.1m). Detail of growth on a provider by provider basis can be found at Appendix 2.

The split by provider type is as follows:



### 2.2.2 Reasons for overspend versus budget 2016/17

The underlying drivers behind the 2016/17 overperformance are as per previously reported, and can be summarised as follows:

i. Significant overperformance at SASH in non-elective / emergency

SASH overperformed by £1.8m (13.5%) versus budget in 2016/17 (£15.1m outturn versus a budget of £13.3m). Of the £1.8m overspend, £1.5m was driven by emergency procedures.

ii. High critical care costs at London and Surrey trusts

At POD level, critical care is £1.5m over plan as per M11 SLAM (£7.2m expenditure versus £5.7m plan). Overspend in critical care occurred across both London and Surrey Trusts. For example, outturn at Guys 2016/17 is £3.1m, which is £0.9m (40%) over YTD budget and approximately half of this overspend is driven by costs of critical care (two patient spells costing £240K and £110K respectively). There were further significant one off high cost instances of critical care specific to individual patients at St Georges (£130K), SASH (£120K) and Ashford and St Peters (£95K).

iii. Higher than budgeted activity with London trusts

Expenditure at London Trusts was £26.5m in 2016/17 which was £2.1m (~ 8.6%) over budget. The overspend was driven partly by critical care (see ii. above) but also overperformance in both emergency and elective care.

iv. Overperformance at SWLEOC

SWLEOC was £0.7m over budget (£8.0m versus £7.3m) in 2016/17. Whilst this represents a 9.5% overspend against budget, this is an improved position versus the forecast at M11. The Trust has acknowledged the CCG's claim to a reduction in the 2016/17 performance as a result of the

PoLCE procedures not being applied as designed throughout the year and agreed to a reduction of £0.3m to the full year 2016/17 charge.

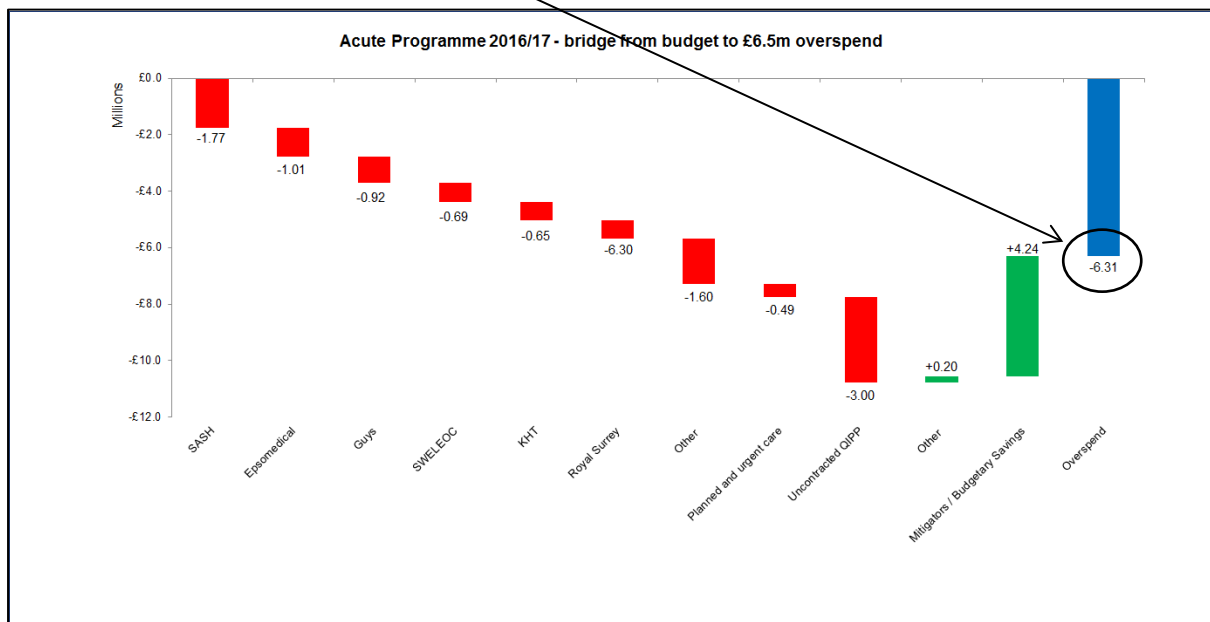
v. Overperformance at Epsomedical

Epsomedical was £1.0m over budget (£6.6m outturn versus budget of £5.6m). This is driven by overperformance outpatient first attendances and outpatient follow ups in a variety of specialities but especially Dermatology (£260K), Ophthalmology (£110K) and ENT (£50K). It should be noted there was a reported spike in activity at Epsomedical in M12 which increased the level of reported overspend at year end - the CCG / CSU are investigating the reasons for this.

2.2.3 Reported acute outturn 2016/17

The total acute outturn including undelivered QIPP and mitigations is £6.3m as follows:

Area	Variance	Comment
Acute SLA overspend	-7.2	Core SLA overspend as detailed in 2.2.1 and 2.2.2
Uncontracted QIPP	-3.0	Of the £19.6m original QIPP target, £3.0m was not contracted and did not have projects supporting it
Planned and Urgent care	-0.5	Higher interim costs are well as (unbudgeted) space and office cost recharges
<b>Acute overspend pre mitigations</b>	<b>-10.7</b>	
Mitigations	4.4	Primarily the benefit of budgetary savings and non-recurrent benefits arising from the final reconciliation of 2015/16 year end settlements.
<b>Net overspend</b>	<b>-6.3</b>	



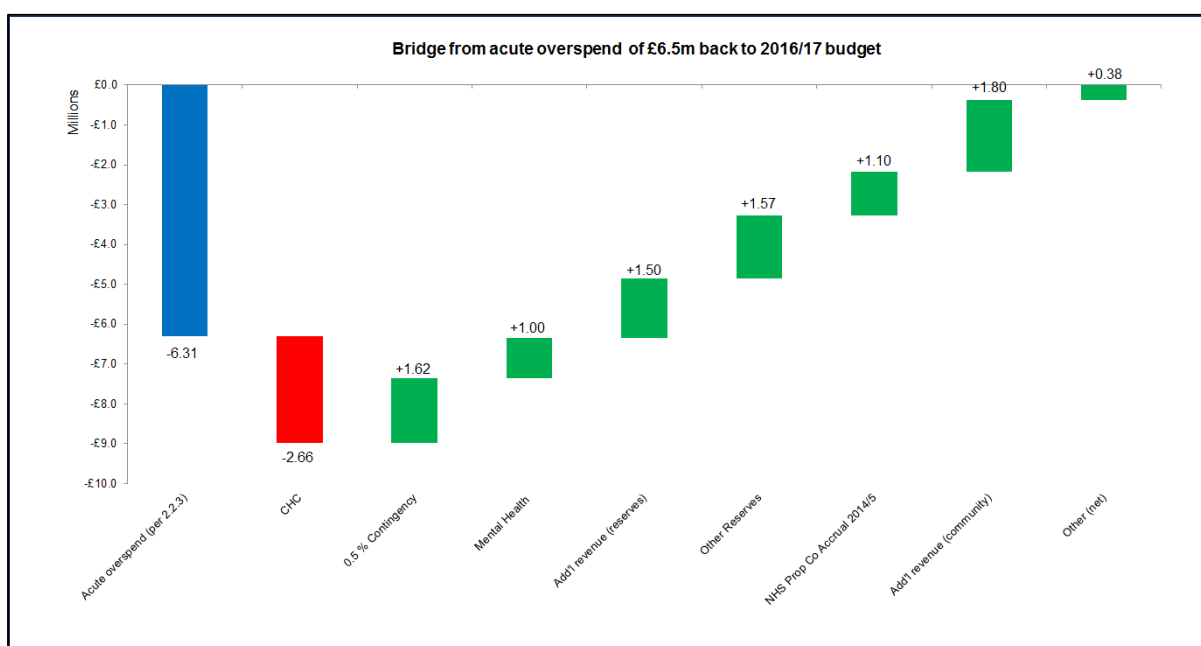
## 2.2.4 Closing the 2016/17 acute position

The 2016/17 position above is based on M11 SLAM extrapolated to M12. The final year end outturn will normally be agreed with providers during Q1 2017, and will be based on the finalised data adjusted for any challenges the CCG has outstanding that are accepted by the Trust. At the time of writing final year end outturn has been agreed for approximately 70% of Acute spend by value, as follows:

- ESH – block already fixed at £107.7m;
- SWLEOC - agreed at £8.0m (including a £0.3m reduction for PoLCE challenges – see 2.2.2); and
- KHT - agreed at £27.2m.

## 2.3 Non Acute Programme Outturn

The non-acute programme was (net) £6.3m underspent in 2016/17, offsetting the equivalent overspend in acute (2.2.3) as follows.



### 2.3.1 CHC (overspend £2.7m)

The overspend on CHC YTD of £2.7m (£23.7m versus budget of £21.0m) is a result of:

- an underlying increase in CHC spend for the year driven by case volume (£0.7m);
- additional QIPP included in the SDCCG budget which was not achieved (£0.4m); and
- the impact of the (unbudgeted) national FNC rate rise (£1.6m).

The increases in CHC and FNC are recurrent and impact the exit run rate 2016/17 and the 2017/18 budget.

### 2.3.2 Mental Health (underspend £1.0m)

The underspend on Mental Health at M12 of £1.0m (£24.8m versus budget of £25.8m) is a result of both underlying budgetary underspends and prior year benefits. Example of budgetary underspends include:

- i. IAPT (£0.1m) - expenditure £1.5m versus budget of £1.6m. Note that the spend on IAPT services has increased by approximately 30% year on year;
- ii. Collaborative miscellaneous mental health services (£0.1m) - expenditure £1.9m versus budget of £2.0m;
- iii. NCAs (£0.1m) - expenditure £0.2m versus budget of £0.3m;
- iv. Mental Capacity Act ('Blue Badge') (£0.1m) - expenditure was reclassified to the community programme but the £0.1m budget remained in Mental Health.

The remaining £0.6m underspend related to prior year benefits, for example, a 2015/16 CQUIN release, and outstanding invoices contested invoices with Surrey and Borders NHS Trust which the Trust agreed were not the CCG's cost.

### 2.3.3 Contingency release (benefit £1.6m)

Total contingency of £1.619m (0.5% of the CCGs resource allocation which the CCG is required to budget according to NHSE business rules) was released to support the bottom line.

### 2.3.4 Additional Revenue Reserves (benefit £1.5m)

This revenue relates to additional cervical screening and flu treatment funding released by NHSE (£1.5m) which was not budgeted.

### 2.3.5 Other Reserves (underspend £1.57m)

The underspend on reserves relates to underspends on community investments as a result of the delay in mobilisation of community hubs (primarily Dorking £0.3m), the benefits of a repayment from GP Health Partners relating to unutilised 2015/16 budget (£0.3m) and £1m budget of re-provision costs for CCG QIPP schemes which were budgeted in reserves but the cost was incurred in other programmes (e.g. acute).

### 2.3.5 NHS Property Services 14/15 accrual release (benefit £1.1m)

The benefit of £1.1m 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.

### 2.3.6 Other Community (benefit £1.9m)

The benefit on other community of £1.9m relates to NHSE funds to support the CCGs property costs which were re-assessed for 2016/17 (£1.6m) plus additional community service revenue from SCC not budgeted (net benefit £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 10.7% over plan M11 YTD. As a result first outpatient attendances also continue to rise above plan. Despite the overall fall in activity compared to M10, Elective inpatient activity remains on course to fall below plan for the year. Non-elective activity is still above target.

Surrey Downs CCG Summary Against Plan

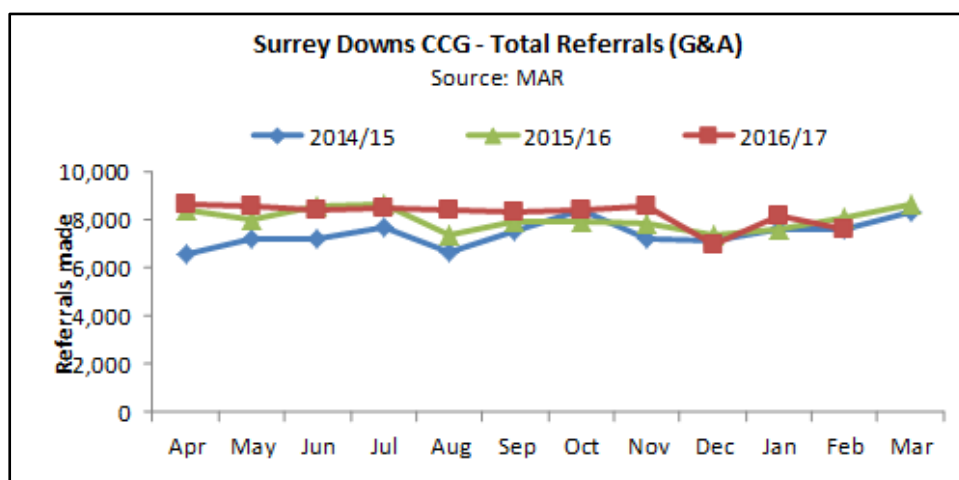
Month: Feb

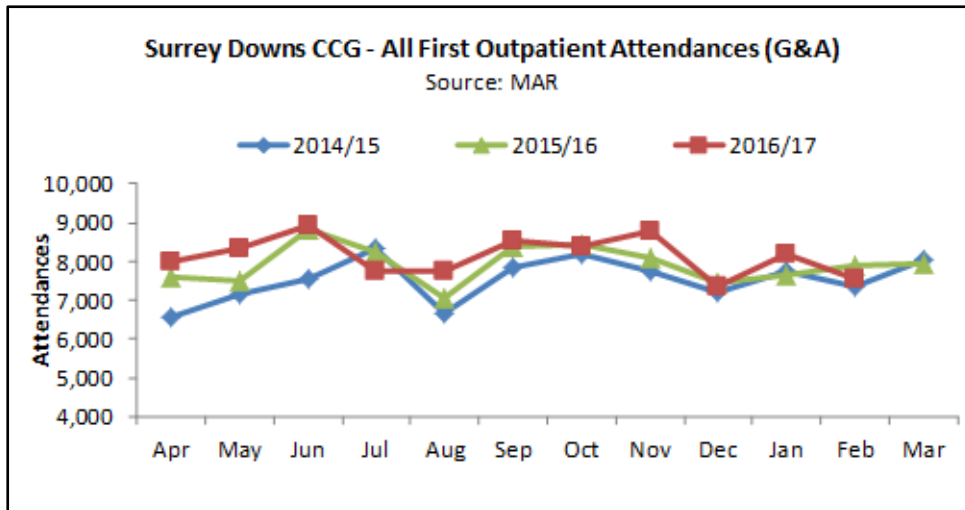
Metric	Source	Monthly				Year to Date			
		2016/17 activity	2016/17 plan	# Variance	% Variance	2016/17 activity	2016/17 plan	# Variance	% Variance
E.M.7 Total Referrals (G&A)	MAR	7,612	6,697	915	13.7%	90,602	81,862	8,740	10.7%
E.M.8 Consultant Led First Outpatient Attendances (Specific Acute)	SEM	8,301	7,825	476	6.1%	97,754	94,625	3,129	3.3%
E.M.9 Consultant Led Follow-up Outpatient Attendances (Specific Acute)		17,733	17,563	170	1.0%	204,634	209,982	-5,348	-2.5%
E.M.10 Total Elective FFCes (Specific Acute)		2,514	2,542	-28	-1.1%	28,743	28,472	271	1.0%
E.M.10.a Elective Ordinary FFCes (Specific Acute)		457	510	-53	-10.4%	5,722	5,717	5	0.1%
E.M.10.b Elective Day Case FFCes (Specific Acute)		2,057	2,032	25	1.2%	23,021	22,755	266	1.2%
E.M.11 Non-Elective FFCes (Specific Acute)		2,221	1,933	288	14.9%	25,216	24,430	786	3.2%
E.M.12 Total A&E Attendances excluding planned follow ups		7,242	7,155	87	1.2%	91,482	87,908	3,574	4.1%

Surrey Downs CCG Year on Year Summary

Month: Feb 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)	484	535	-51	-9.5%	545	-61	-11.2%	6,080	5,909	171	2.9%
Elective Day Case FFCes (G&A)	2,495	2,636	-141	-5.3%	2,490	5	0.2%	27,312	27,351	-39	-0.1%
Total Elective FFCes (G&A)	2,979	3,171	-192	-6.1%	3,035	-56	-1.8%	33,392	33,260	132	0.4%
Non-Elective FFCes (G&A)	2,188	2,410	-222	-9.2%	2,141	47	2.2%	24,776	23,970	806	3.4%
All First Outpatient Attendances (G&A)	7,530	8,206	-676	-8.2%	7,883	-353	-4.5%	89,534	87,167	2,367	2.7%
First Outpatient Attendances following GP Referral (G&A)	5,131	5,441	-310	-5.7%	5,391	-260	-4.8%	61,175	60,181	994	1.7%
GP Written Referrals Made (G&A)	5,934	6,335	-401	-6.3%	6,325	-391	-6.2%	71,054	68,708	2,346	3.4%
Other Referrals for a First Outpatient Appointment (G&A)	1,678	1,847	-169	-9.1%	1,760	-82	-4.7%	19,548	19,241	307	1.6%
Total Referrals (G&A)	7,612	8,182	-570	-7.0%	8,085	-473	-5.9%	90,602	87,949	2,653	3.0%





Comparing previous and current year activity, outpatient first attendances are 2.7% higher than this time last year, however, this is 0.7% lower than the position as at last month. Elective and Non-elective activity has followed a similar trend with YTD comparisons being lower than at this point last month but still up overall on last year.

## 4. QIPP

### 5.1 Overall 16/17 QIPP performance

The CCG reported £15.5m of QIPP savings in 2016/17 which represents 79% delivery against the original QIPP target of £19.6m for the year and is in line with the CCGs QIPP forecast revision at M8.

The majority of the 16/17 QIPP shortfall was in the acute area (i.e. Planned Care and Integration). The impact of not achieving the QIPP is included in the acute outturn which is based on actual SLAM activity (see section 4.2 above).

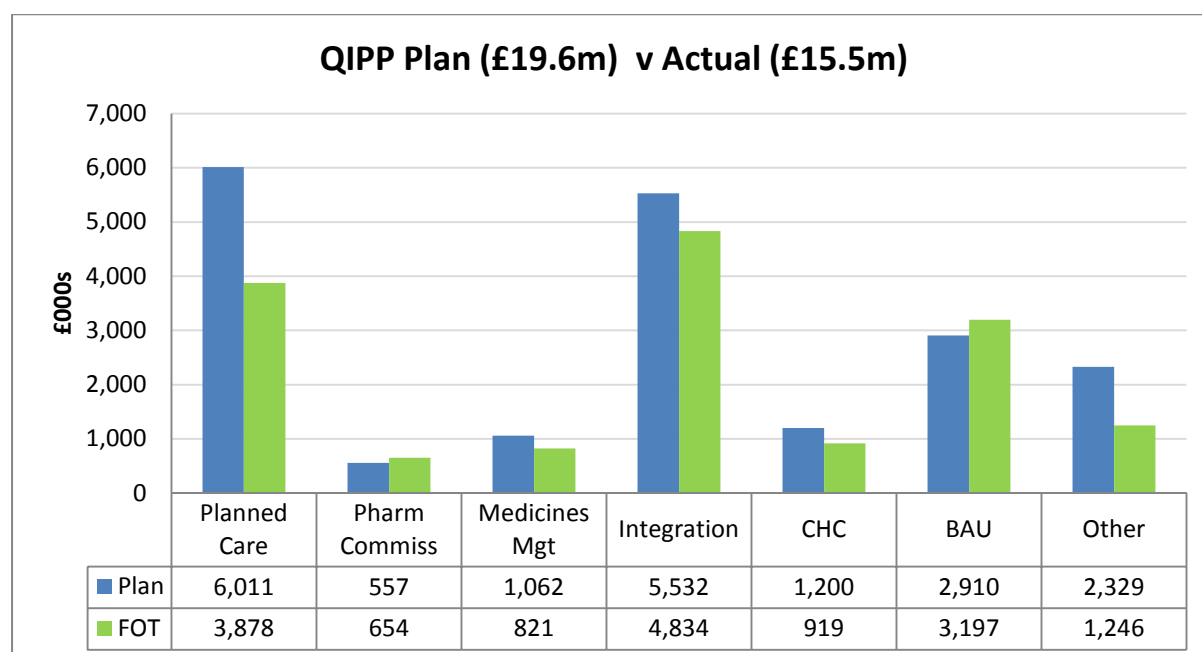
### 5.2 Breakdown of delivered QIPP 2016/17

The split of 2016/17 QIPP between **transactional and transformational** (as per the M12 non-ISFE return) is presented below.



	16/17 Target		Outturn			
	£m	% of Allocation	Actual £m	Var £m	% of Plan	RAG
<b>Transactional QIPP</b>						
Acute services	6.2	1.9%	4.3	(1.9)	69.3%	R
Continuing Care Services	1.4	0.4%	0.9	(0.5)	66.6%	R
Other Programme Services	0.6	0.2%	0.9	0.3	159.8%	G
<b>Transactional QIPP TOTAL</b>	<b>8.1</b>	<b>2.4%</b>	<b>6.1</b>	<b>(2.0)</b>	<b>75.1%</b>	<b>A</b>
<b>Transformational QIPP</b>						
Acute services	9.6	2.9%	8.4	(1.2)	87.6%	A
Primary Care services	1.2	0.4%	0.9	(0.3)	74.4%	R
Other	0.7	0.2%	0.1	(0.5)	45.5%	R
<b>Transformational QIPP TOTAL</b>	<b>11.5</b>	<b>3.5%</b>	<b>9.5</b>	<b>(2.0)</b>	<b>82.3%</b>	<b>A</b>
<b>TOTAL QIPP</b>	<b>19.6</b>	<b>5.9%</b>	<b>15.5</b>	<b>(4.1)</b>	<b>79.3%</b>	<b>A</b>

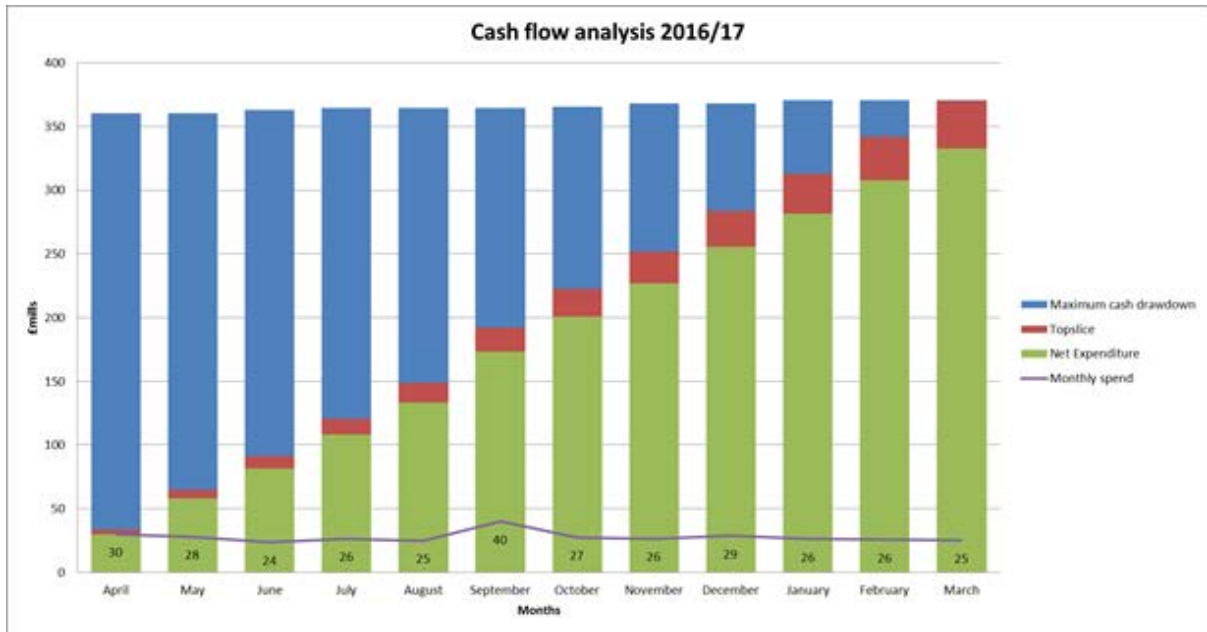
The split of 2016/17 QIPP by programme area of QIPP scheme is shown below:



## 5. Cash and Debtors

### 5.1 Cash

The CCG had a maximum cash download (MCD) in 2016/17 of £370.7m. At M12 the CCG has drawn down £370.2m (99.9%) of its MCD for 2016/17, leaving a balance of £0.5m.



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.

## 5.2 Debtors

Debtors	1-30 days	31-60 days	61-90 days	91-120 days	181-360	361+	Total
NHS Trusts	0	0	15,361	0	0	0	15,361
Other	33,447	40,500	0	0	0	12,408	86,355
Other CCGs	372,736	61,512	0	700	0	153,477	588,425
SCC	389,960	0	0	0	0	116,027	505,987
<b>Grand Total</b>	<b>796,143</b>	<b>102,012</b>	<b>15,361</b>	<b>700</b>	<b>0</b>	<b>281,912</b>	<b>1,196,128</b>

Of the total debt due of £1.196m, £0.399m is overdue (i.e. over 31 days) compared to an overdue debt of £1.684m in the previous month. The significant decrease in debt is as a result of the CCG agreeing to credit back invoices where the CCG had invoiced for CHC costs of care on parity of days between the CCG and SCC in terms of when each party became the prime source of funding post the final CHC assessment. As previously reported, SCC had not agreed to the change in trading agreement and, therefore, had refused to pay 2016/17 invoices raised on this basis. The CCG is continuing to work with SCC to agree a more equitable arrangement for 2017/18. Note that the outstanding £116K debt with SCC over one year old is fully provided for at 31.03.17.

## 6. Contracting and Planning 2017/18

### 6.1 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	£1.8m
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
<b>Total</b>	<b>£195.5</b>	<b>-</b>	<b>-</b>	<b>£6.35m</b>

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).

In addition to the £6.35m of QIPP recognised in contracts, above, there is another £1.2m of QIPP in the contract baselines of providers <£5m, giving a total QIPP included in contract baselines of £7.5m.

## 6.2 Plan Status

### 8.2.1 Financial Planning template 23.12.16

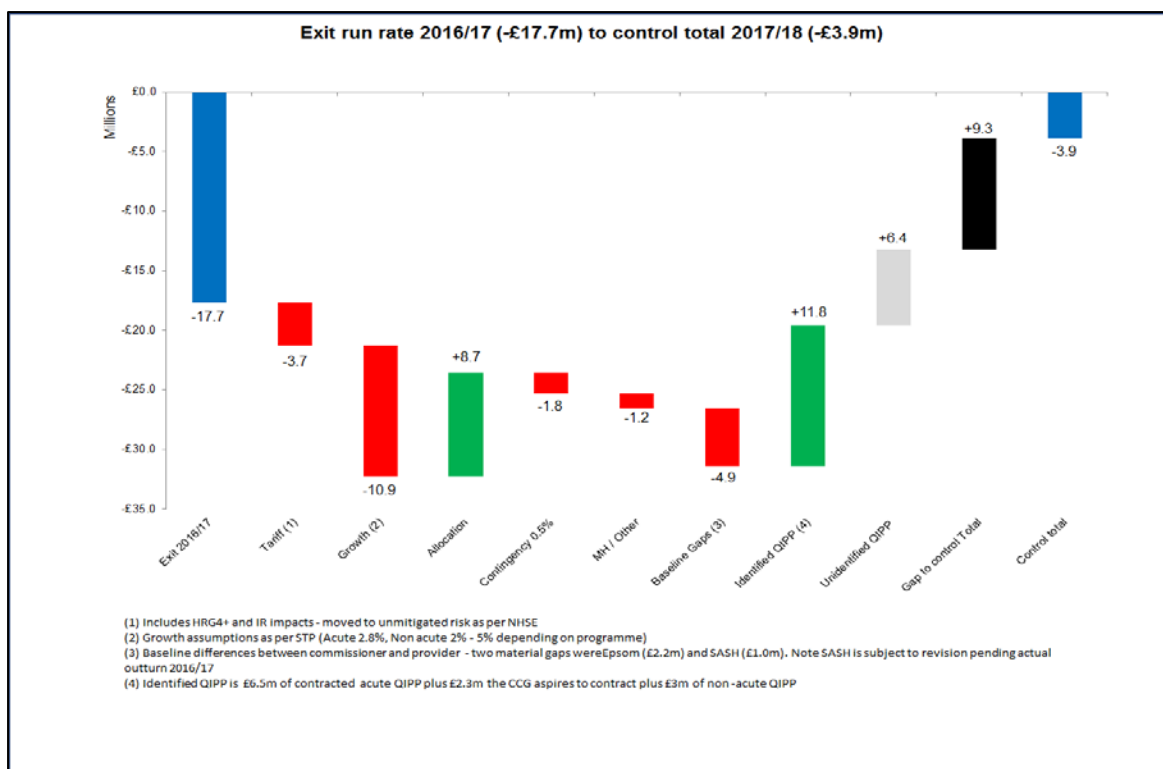
Along with its operating plan, the CCG submitted a financial planning template on 23.12.16 ('the template') which recorded QIPP of £22.4m and unmitigated risk of £15m. The £15m of unmitigated risk was in acknowledgement of the fact that at the time of submission of the template, the contract values with 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 to meet 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. The extent to which these options might be used to try and close any gap is not yet clear. The CCG has an on-going dialogue with NHSE regarding its current plan status, but as at w/c 01 May, the CCG does not have a compliant or approved plan.

## 7. Finance Operations

### 7.1 Resourcing

It should be noted that:

- i. On an acting basis only, it has been agreed that Dan Brown will perform CFO duties once the current CFO Matthew Knight leaves (May end). A handover process is largely complete.

- ii. 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.

## **7.2 Annual accounts 2016/17**

The CCG submitted its draft annual accounts to both NHSE and its external auditors on 26.04.2017. The review and audit process is underway. The CCG is on track to complete its statutory reporting obligations in line with national guidance and deadlines. The key deadlines to note are:

- i. 19/05 Audit Committee - review of final accounts and annual report
- ii. 26/05 Audit Committee – final sign off of annual accounts and annual report
- iii. 31/05 Submission of final statutory accounts and annual report to NHSE

**END**

## **Appendices**

- 1 M12 Outturn Detail**
- 2 M12 Acute Detail**
- 3 M12 Running Costs**

## Appendix 1: M12 Outturn (Detail)

SURREY DOWNS CCG - M12 OUTTURN REPORT BY PROGRAMME 2016/17									
M11	M	M	M	YTD	YTD	YTD	Var %	FOT	FOT var
	ACT	BUD	Var	ACT	BUD	Var	(-ve = under)	M-1	(-ve = fav)
	£K	£K	£K	£K	£K	£K	%	£K	£K
Mental Health	1,672	2,229	-557	24,842	25,843	-1,001	-3.9%	25,278	-436
Acute	18,865	16,997	1,867	215,377	209,097	6,280	3.0%	214,661	716
WR	196	182	14	1,783	1,875	-92	-4.9%	1,775	8
Primary Care	4,287	4,194	93	47,382	47,116	266	0.6%	46,915	467
CHC	1,831	1,756	75	23,735	21,075	2,660	12.6%	23,675	60
Community	2,891	3,028	-138	27,568	30,849	-3,281	-10.6%	27,304	264
Reserves	-3,142	1,508	-4,650	3,756	11,911	-8,155	-68.5%	7,815	-4,059
Other	1,073	1,208	-135	14,000	14,135	-135	-1.0%	14,413	-413
Running Costs	535	529	5	6,409	6,410	-1	0.0%	6,410	-1
Total Expenditure	28,207	31,633	-3,426	364,851	368,310	-3,459	-0.9%	368,245	-3,394
Allocation				-330,997	-330,997	0	0.0%	-330,932	-65
Surplus (Deficit)				-33,854	-37,313	-3,459	9.3%	-37,313	3,459
Deficit c/f				28,613				28,613	
In Year				-5,241				-8,700	3,459

(A) Note this £3.459m reflects the favourable impact of the 1% uncommitted reserve held by all CCGs against national system cost pressures. This impact is excluded from the main body of the report (see 2.1)

## Appendix 2: M12 Acute Outturn (Detail)

SURREY DOWNS CCG - M12 ACUTE SPEND BY PROVIDER 2016/17										
	Budget	Outturn	Var	as %	Outturn	Outturn	Year on Year Comparators			
	2016/17	2016/17	(-ve = over)	(-ve = over)	2015/16	2014/15	2016/17 vs 2015/16		2015/16 vs 2014/15	
	£K	£K	£K	£K	£K	£K	£K	%	£K	%
Epsom and St Helier (Acute and Renal)	92,978	92,945	33	0.0%	93,427	90,089	-482	-0.5%	3,338	3.7%
Kingston Hospital	26,467	27,115	-648	-2.4%	26,975	25,590	139	0.5%	1,385	5.4%
Surrey and Sussex	13,347	15,116	-1,769	-13.3%	14,121	13,762	996	7.1%	359	2.6%
St George's Healthcare	9,444	9,852	-409	-4.3%	9,617	9,303	235	2.4%	314	3.4%
South East Coast Ambulance Trust	9,133	9,162	-29	-0.3%	9,082	9,056	80	0.9%	26	0.3%
Epsom and St Helier (SWLEOC)	7,300	7,990	-690	-9.5%	6,900	7,283	1,090	15.8%	-383	-5.3%
Royal Surrey County Hospital	6,729	7,355	-626	-9.3%	6,830	6,967	525	7.7%	-137	-2.0%
Royal Marsden.	5,089	5,502	-413	-8.1%	5,109	5,074	394	7.7%	35	0.7%
Ashford and St Peters	5,000	4,994	6	0.1%	5,327	5,042	-333	-6.3%	285	5.7%
Guy's and St Thomas'	2,220	3,139	-918	-41.4%	2,288	2,152	851	37.2%	136	6.3%
University College London	1,115	1,280	-165	-14.8%	1,200	1,019	81	6.7%	181	17.7%
Moorfields.	957	1,006	-49	-5.1%	1,031	1,060	-29	-2.5%	-29	-2.7%
Royal Brompton & Harefield	903	1,121	-218	-24.1%	954	886	167	17.5%	68	7.7%
Queen Victoria.	848	802	46	5.4%	817	788	-14	-1.8%	29	3.6%
Kings	811	612	198	24.5%	669	827	-56	-8.4%	-158	-19.2%
Chelsea and Westminster	606	663	-57	-9.4%	445	550	218	48.9%	-105	-19.1%
Queen Mary Roehampton	559	463	96	17.1%	680	508	-217	-31.9%	172	33.9%
Imperial College	567	779	-212	-37.4%	579	704	200	34.5%	-125	-17.8%
Royal National Orthopaedic Hospital.	462	417	45	9.7%	432	417	-15	-3.5%	15	3.7%
Frimley Park	422	352	70	16.6%	386	375	-34	-8.8%	11	3.0%
GOS	219	277	-58	-26.6%	314	264	-37	-11.6%	50	19.0%
Croydon Health Service	201	238	-38	-18.7%	0	0	238	-	0	
<b>Subtotal Main NHS providers</b>	<b>185,377</b>	<b>191,182</b>	<b>-5,805</b>	<b>-3.1%</b>	<b>187,182</b>	<b>181,716</b>	<b>4,000</b>	<b>2.1%</b>	<b>5,466</b>	<b>3.0%</b>
Dorking Healthcare	6,824	7,192	-368	-5.4%	6,889	6,859	303	4.4%	30	0.4%
Epsom Medical	5,567	6,575	-1,008	-18.1%	6,469	6,859	106	1.6%	-390	-5.7%
Ramsay Ashted Hospital	4,006	4,096	-90	-2.2%	4,567	5,089	-471	-10.3%	-522	-10.3%
<b>Subtotal Main Independents</b>	<b>16,397</b>	<b>17,863</b>	<b>-1,466</b>	<b>-8.9%</b>	<b>17,926</b>	<b>18,807</b>	<b>-62</b>	<b>-0.3%</b>	<b>-881</b>	<b>-4.7%</b>
<b>Grand Total Tier 1 Providers</b>	<b>201,775</b>	<b>209,046</b>	<b>-7,271</b>	<b>-3.6%</b>	<b>205,107</b>	<b>200,523</b>	<b>3,938</b>	<b>1.9%</b>	<b>4,584</b>	<b>2.3%</b>
GUM	766	-766	1,532	200.0%	766	0	-	-	-	
RSS	340	393	-53	-15.7%	339	0	-	-	-	
Urgent and planned care	828	1,317	-489	-59.1%	763	0	-	-	-	
Non Contract Activity	3,599	3,428	172	4.8%	2,460	3,683	-	-	-	
Tier 2	2,310	2,134	176	7.6%	2,326	3,033	-	-	-	
IFR / IT	62	55	7	11.4%	51	0	-	-	-	
Headroom (I)	-2,995	0	-2,995	100.0%	0	0	-	-	-	
Mitigations and Y/end deal benefits	0	-2,494	2,494	-	-1,310	0	-	-	-	
Other (Cytokine Modulator)	2,383	2,474	-91	-3.8%	0	0	-	-	-	
Other	0	0	0	-	677	41	-	-	-	
Other	0	-209	209	-	0	1946	-	-	-	
<b>Subtotal Other Acute</b>	<b>7,294</b>	<b>6,332</b>	<b>962</b>	<b>13.2%</b>	<b>6,072</b>	<b>8,703</b>	<b>260</b>	<b>4.3%</b>	<b>-2,631</b>	<b>-30.2%</b>
<b>TOTAL Acute excl SRG</b>	<b>209,068</b>	<b>215,377</b>	<b>-6,309</b>	<b>-3.0%</b>	<b>211,179</b>	<b>209,226</b>	<b>4,198</b>	<b>2.0%</b>	<b>1,953</b>	<b>0.9%</b>
SRG	1,875	1,783	92		1,772	1,772	11	0.6%	0	0.0%
<b>GRAND TOTAL INCL SRG</b>	<b>210,943</b>	<b>217,160</b>	<b>-6,217</b>	<b>-2.9%</b>	<b>212,951</b>	<b>210,998</b>	<b>4,209</b>	<b>2.0%</b>	<b>1,953</b>	<b>0.9%</b>



## Appendix 3: M12 Running Cost Detail

### SURREY DOWNS CCG - M12 OUTTURN REPORT RUNNING COSTS 2016/17

M12	Owner	YTD	YTD	YTD	Var %	Comment on outturn to date
		ACT	BUD	Var	(-ve = under)	
		£K	£K	£K	%	
CEO/Board Office	D Brown	1,080.5	1,129.5	-49.0	-4.3%	No significant variance from budget
Chair and Non - Execs	M Knight	545.3	322.4	222.9	69.1%	Includes all Non Executive Members costs & ~ £80K of (unbudgeted) GB specific training costs
Clinical Governance	E Clark	359.6	400.1	-40.5	-10.1%	Unfilled vacancies for large proportion of the year, now filled
Communications & PR	S Shettle	292.7	327.5	-34.8	-10.6%	Underspend on Perm Staff Costs
Contract Management	J W-Smith	433.8	408.9	24.9	6.1%	No significant variance from budget
Corporate costs & Services	J W-Smith	1,580.7	2,263.6	-682.9	-30.2%	A Large Proportion of Recharges were included back into Corporate costs and services
Corporate Governance	J Dix	273.4	190.6	82.8	43.4%	Interim costs not in budget (~£60k)
Estates and Facilities	J W-Smith	109.8	542.4	-432.6	-79.8%	Benefit of Property Service accrual release
Finance and Legal	M Knight	756.2	1,129.4	-373.2	-33.0%	Includes £145k recharge to CHC, plus an underspend on Staff Costs
Human Resources	B Brewer	148.6	248.0	-99.4	-40.1%	Full year training costs received.
Other	-	-0.3	0.0	-0.3	-	-
Performance	M Wu	352.4	281.5	70.9	25.2%	Overspend on interim staff costs, however these are now perm positions.
Strategy and Development	J Chalmers	476.2	465.3	10.9	2.3%	One off Project Costs included early 2016/17 (eg Community Review).
Recharges to programme*	-		-1,299.3	1,299.3	-100.0%	These costs have been distributed throughout the cost centres based on the actual services
Total Expenditure		6,408.9	6,409.9	-1.0	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.