

Agenda item: 13

Paper no: GBIC (1) 09-2018

<b>Title of Report:</b>	Integrated Finance Report Month 5 2018/19	
<b>Status:</b>	TO REVIEW	
<b>Committee:</b>	Governing Bodies in Common	Date: 26/09/18
<b>Venue:</b>	H G Wells Conference Centre, Church Street East, Woking, GU21 6HJ	

<b>Presented by:</b>	Karen McDowell, Chief Financial Officer	
<b>Executive Lead sign off:</b>	Karen McDowell, Chief Financial Officer	Date: 18/09/18
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#### Governance:

<b>Conflict of Interest:</b> The Author considers:	None identified	✓
<b>Previous Reporting:</b> (relevant committees/ forums this paper has previously been presented to)	None	
<b>Freedom of Information:</b> The Author considers:	Open – no exemption applies	✓

#### Executive Summary:

This report provides a summary of the joint finance position for the Surrey Heartlands CCGs for 2018/19 as at month 5 (31st August 2018) including year to date, forecast outturn position and key assumptions, risks and actions. Governing Bodies are asked to:

- **REVIEW** and **NOTE** the position at month 5 and actions being taken to address key risks and issues

#### Implications:

What is the <b>health impact/ outcome</b> and is this in line with the <b>CCG's strategic objectives</b> ?	Objective 1: Achieving a sustainable system.
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Governing Bodies in Common / 26/09/2018/ Joint Finance Report Month 5 2018/19

**Working together as the Surrey Heartlands Clinical Commissioning Groups**

Guildford and Waverley CCG | North West Surrey CCG | Surrey Downs CCG

What is the <b>financial/resource</b> required?	As set out in this report.
What <b>legislation, policy or other guidance</b> is relevant?	NHS Constitution and Standard Contract for 2018/19, Statutory targets for the year.
Is an <b>Equality Analysis</b> required?	NA
Any <b>Patient and Public Engagement/consultation</b> required?	No public consultation or public engagement needed.
Potential <b>risk(s)</b> ? (including reputational)	Risks identified in the report are included within the CCG risk register. Achievement of financial performance against plan/target is a statutory requirement.

**Recommendation(s):**

1. The Governing Bodies in Common are asked to REVIEW AND NOTE the report

**Next Steps:**

Not applicable

## MONTH 5 FINANCE OVERVIEW

### 1. Overview of Month 5 Financial Position

- 1.1. The purpose of this paper is to update the Governing Body on the Month 5 (end of August) financial position, risks and actions for Surrey Heartlands CCGs (Guildford & Waverley, North West Surrey and Surrey Downs).
- 1.2. The key financial performance indicators are shown below:

	Year to Date: Month 5				Forecast Outturn			
	Guildford & Waverley	North West Surrey	Surrey Downs	Total	Guildford & Waverley	North West Surrey	Surrey Downs	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Planned In Year (Surplus) / Deficit	2,883	(1,083)	3,210	5,010	6,920	(2,600)	7,704	12,024
Actual In Year (Surplus) / Deficit	3,760	(1,083)	3,928	6,605	6,920	(2,600)	7,704	12,024
<b>Variance against Planned (Surplus) / Deficit</b>	<b>877</b>	<b>0</b>	<b>718</b>	<b>1,595</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Planned QIPP Programme Delivery	(4,366)	(5,205)	(4,593)	(14,164)	(10,477)	(12,493)	(13,501)	(36,471)
Actual QIPP Programme Delivery	(2,656)	(4,483)	(3,830)	(10,969)	(6,592)	(11,006)	(10,309)	(27,907)
<b>Variance against QIPP Plan</b>	<b>1,710</b>	<b>722</b>	<b>763</b>	<b>3,195</b>	<b>3,885</b>	<b>1,487</b>	<b>3,192</b>	<b>8,564</b>
Planned Running Cost Allocation	2,065	3,215	2,561	7,841	4,955	7,715	6,147	18,817
Actual Running Cost Expenditure	1,960	2,813	2,272	7,045	4,751	6,978	5,877	17,606
<b>Variance against Running Cost Allocation</b>	<b>(105)</b>	<b>(402)</b>	<b>(289)</b>	<b>(796)</b>	<b>(204)</b>	<b>(737)</b>	<b>(270)</b>	<b>(1,211)</b>
Risk					7,350	5,915	4,900	18,165
Mitigation					1,500	2,024	700	4,224
<b>Net Risk / (Mitigation)</b>					<b>5,850</b>	<b>3,891</b>	<b>4,200</b>	<b>13,941</b>

- 1.3. The joint financial position across Heartlands CCGs as reported to NHS England is a year to date deficit of £6.6m and a forecast deficit of £12m. The year to date position is an adverse variance to plan of £1.6m and the forecast position is in line with planned control totals. Within this position there are a number of risks as detailed within this paper.

### 2. Guildford and Waverley Financial Summary

- 2.1. The financial position at month 5 is a year to date deficit of £3.8m which is an adverse variance to plan of £0.9m and a forecast deficit of £6.9m in line with the CCG's financial plan.
- 2.2. The year to date variance to plan is driven by over performance on the Royal Surrey County Hospital (RSCH) contract of £3.2m. This is due to in year performance issues, the impact of the 2017/18 risk share agreement (forecast £1.75m before mitigations) and a pressure arising from month 12 2017/18 freeze position being higher than the accrual made at year end (£0.3m).
- 2.3. Actions taken to reduce the year to date over spend include the release of prior year accruals and 5 months of the general contingency.
- 2.4. The forecast outturn position is a £6.9m deficit in line with plan which includes the release of 0.5% contingency in full.

- 2.5. Key risks to the delivery of the £6.9m deficit relate to growth within non-elective admissions and slippage on the QIPP programme. Mitigating actions include identification of new QIPP schemes and stretch targets for existing schemes.

### **3. North West Surrey CCG Financial Summary**

- 3.1. The financial position at month 5 is a year to date surplus of £1.1m and a forecast surplus of £2.6m in line with the CCG's financial plan.
- 3.2. The year to date position includes an over spend at ASPH of £2.5m. This over spend relates to over performance across a number of points of delivery, mainly outpatient procedures, day case, PBR excluded drugs and adult critical care.
- 3.3. Actions taken to reduce the year to date over spend include the release of prior year accruals and 5 months of the general contingency.
- 3.4. The forecast outturn position is a £2.6m surplus. This includes a forecast over spend of £4.0m on the ASPH contract. This over spend has been reduced through the release of contingency in full and the release of non-recurrent benefits from prior year accruals.
- 3.5. Key risks to the delivery of the £2.6m surplus relate to further acute over performance, prescribing over performance and QIPP delivery. Mitigating actions include further benefit from year end settlement agreements, contract reviews and delayed hub investment.

### **4. Surrey Downs CCG Financial Summary**

- 4.1. The financial position at month 5 is a year to date deficit of £3.9m which is an adverse variance to plan of £0.7m and a forecast deficit of £7.7m in line with financial plan.
- 4.2. The year to date over spend is largely being driven through acute over performance. However it is anticipated that QIPP delivery later in the year and the outcome of significant challenges being pursued with acute providers will bring the year end forecast position back to plan.
- 4.3. Actions taken to reduce the year to date over spend include the release of 5 months of the general 0.5% contingency of £0.8m.
- 4.4. The forecast outturn position is deficit £7.7m. This includes a forecast over spend of £2.6m on the Epsom & St Helier contract. The forecast over spend has been reduced through the release of the £1.9m contingency funds.

### **5. Key Assumptions and Risks**

- 5.1. The data used from providers to inform reporting is based on Month 4 SLAM reports.

- 5.2. Prescribing data from the Practice Prescribing Authority (PPA) is received two months in arrears so the year to date and forecast positions within this report are based on June data.
- 5.3. The reported positions make a number of assumptions surrounding QIPP delivery as detailed within this report.
- 5.4. Each CCG has released contingency prorata to month 5 and in full into the forecast positions to achieve the reported positions.
- 5.5. Other than the mandated 0.5% contingency the CCGs do not hold any further reserves in 2018/19 which can be released to support the position.

## **Governing Body Finance Report – Month 5**

### **1. Introduction**

- 1.1. The report details the financial position for the Surrey Heartlands CCGs for 2018/19 at the end of month 5 (31<sup>st</sup> August 2018).

### **2. Allocations**

- 2.1. NHS England monitors CCGs financial performance against ‘in-year’ allocations. As at Month 5, the in-year Revenue Resource Limit (RRL) of the CCGs is detailed in the table below. CCGs also receive a non-recurrent adjustment relating to the cumulative return of prior year surpluses or deficits. This allocation does not relate to 2018/19 and cannot be committed.

The following allocation adjustments were received in month:

	<b>Guildford &amp; Waverley CCG</b>	<b>North West Surrey CCG</b>	<b>Surrey Downs CCG</b>	<b>Total</b>
Revenue Resource Limit	£000	£000	£000	£000
In Year 2018/19 Allocation (as at Month 4)	291,071	499,303	380,028	1,170,402
AfC Pay award uplift - Admin	38	50	147	235
AfC Pay award uplift - Programme	36	14	18	68
Local Transformation Funds 2018/19	5,800	0	0	5,800
<b>In Year 2018/19 Allocation (as at Month 5)</b>	<b>296,945</b>	<b>499,367</b>	<b>380,193</b>	<b>1,176,505</b>
Prior Year Surplus / (Deficit) Carried Forward	(15,198)	6,144	(48,602)	(57,656)
<b>Total Allocation</b>	<b>281,747</b>	<b>505,511</b>	<b>331,591</b>	<b>1,118,849</b>

### **Financial Performance to 31<sup>st</sup> August 2018**

- 2.2. The financial position for the first five months shows a year to date deficit of £6.6m which is an adverse variance to plan of £1.6m, and the forecast outturn shows a

£12.0m deficit in line with plan. These positions are summarised below and detailed in Appendix A.

### Year to Date Position:

Budget Heading	Guildford & Waverley	North West Surrey	Surrey Downs	Total
	Over / (Underspend)	Over / (Underspend)	Over / (Underspend)	Over / (Underspend)
	£'000	£'000	£'000	£'000
General & Acute	1,859	1,640	2,167	5,666
Mental Health	(99)	(337)	134	(301)
Community	(275)	(114)	(51)	(439)
Continuing Healthcare	187	379	(12)	555
Prescribing & Primary Care	36	(454)	(87)	(505)
Primary Care Co-Commissioning	0	0	0	0
Running Costs	(104)	(401)	(289)	(795)
Better Care Fund	(95)	85	0	(10)
Other Contracting	(91)	143	(312)	(260)
New Investments & Reserves	0	0	(44)	(44)
Contingency	(543)	(941)	(788)	(2,272)
Planned (Surplus) / Deficit	2,883	(1,083)	3,210	5,010
<b>Total</b>	<b>3,760</b>	<b>(1,083)</b>	<b>3,928</b>	<b>6,604</b>

\*variance key (underspend)/overspend

### Forecast Outturn Position:

Budget Heading	Guildford & Waverley	North West Surrey	Surrey Downs	Total
	Over / (Underspend)	Over / (Underspend)	Over / (Underspend)	Over / (Underspend)
	£'000	£'000	£'000	£'000
General & Acute	1,954	2,728	3,200	7,881
Mental Health	(46)	0	461	415
Community	(394)	(136)	(460)	(990)
Continuing Healthcare	0	338	0	338
Prescribing & Primary Care	26	(350)	0	(324)
Primary Care Co-Commissioning	0	0		0
Running Costs	(204)	(737)	(270)	(1,211)
Better Care Fund	(392)	204	0	(188)
Other Contracting	359	211	(589)	(19)
New Investments & Reserves	0	0	(450)	(450)
Contingency	(1,302)	(2,258)	(1,892)	(5,452)
Planned Surplus	6,920	(2,600)	7,704	12,024
<b>Total</b>	<b>6,920</b>	<b>(2,600)</b>	<b>7,704</b>	<b>12,024</b>

### 3. Acute Provider Position

3.1. The tables below detail the month 5 year to date and forecast positions for acute services across each CCG.

Budget Heading	Year to Date Month 5			
	Guildford & Waverley	North West Surrey	Surrey Downs	Total
	Over / (Underspend)	Over / (Underspend)	Over / (Underspend)	Over / (Underspend)
	£'000	£'000	£'000	£'000
Ashford & St Peters Foundation Trust	(27)	2,467	(355)	2,085
Royal Surrey County Hospital	3,225	64	333	3,622
Epsom & St Helier Hospitals	44	194	1,111	1,349
Kingston Hospital	0	182	542	724
South East Coast Ambulance	0	1	0	1
St Georges Hospital	(102)	70	735	703
Surrey & Sussex Healthcare	38	0	(220)	(182)
Frimley Health	54	(53)	27	28
Non Contracted Activity	15	(107)	(329)	(421)
Unidentified QIPP	0	202	1,410	1,612
Other	(1,388)	(1,380)	(1,087)	(3,855)
<b>Total</b>	<b>1,859</b>	<b>1,640</b>	<b>2,167</b>	<b>5,666</b>

Budget Heading	Forecast Outturn			
	Guildford & Waverley	North West Surrey	Surrey Downs	Total
	Over / (Underspend)	Over / (Underspend)	Over / (Underspend)	Over / (Underspend)
	£'000	£'000	£'000	£'000
Ashford & St Peters Foundation Trust	(58)	3,988	(899)	3,031
Royal Surrey County Hospital	4,858	23	189	5,070
Epsom & St Helier Hospitals	109	419	2,607	3,135
Kingston Hospital	0	437	1,187	1,624
South East Coast Ambulance	0	2	0	2
St Georges Hospital	(77)	213	1,891	2,027
Surrey & Sussex Healthcare	54	0	(454)	(400)
Frimley Health	193	(127)	493	559
Non Contracted Activity	15	(107)	(368)	(460)
Uncontracted QIPP	0	485	1,883	2,368
Other	(3,141)	(2,605)	(3,329)	(9,075)
<b>Total</b>	<b>1,953</b>	<b>2,728</b>	<b>3,200</b>	<b>7,881</b>

A detailed analysis of the key provider positions for each CCG is shown below.

### 3.2. Ashford and St Peter's Hospitals NHS Foundation Trust: North West Surrey CCG Position

The North West Surrey position on the Ashford & St Peters Hospital (ASPH) contract at month 5 is a year to date over spend of £2.5m, which is an increase of £0.4m from month 4. The forecast outturn of £4.0m is based on the month 4 SLAM and forecast using calendar and working days, adjusted for future QIPP achievement, Stroke Minimum Income Guarantee, impact of contract form and long stay critical care patients.

SLAM monthly spend against plan:

Month	Budget	Actual	Over/ (underspend)
	£'000	£'000	£'000
1	14,054	13,909	(145)
2	14,555	15,703	1,149
3	14,323	14,455	132
4	14,737	14,992	255
	<b>57,668</b>	<b>59,059</b>	<b>1,391</b>

The key areas of year to date over spend are:

- Outpatient procedures of £360k mainly due to Lucentis injections (£197k) as a backlog of patients is cleared, retinal tomography (£64k) due to clearing of diabetic screening waiting list, Electrocardiogram Monitoring or Stress Testing (£40k) and Intermediate Endoscopic Bladder Procedures (£32k).
- Day cases of £152k attributable to:
  - Urological and Male Reproductive System Procedures and Disorders (£115k)
  - Eyes and Periorbital Procedures and Disorders (£38k) mainly due to cataract spend.
  - Ear, Nose, Mouth, Throat and Neck Procedures (£79k) due to tonsillectomy and Aden tonsillectomy.
  - Hepatobiliary and Pancreatic System Disorders (£40k).
- Elective over spend of £124k. This is made up of over spends on digestive system procedures and disorders of £188k (£150k due to stomach bypass procedures), Haematological Procedures and disorders of £56k, Urological and male reproductive system procedures and disorders of £30k. There are also under spends on Orthopaedic Trauma of £66k and vascular imaging of £27k.
- Adult critical care of £200k due to a higher cost case mix than below (number of bed days are below plan). Additionally there are a number of patients yet to be discharged estimated at £599k (cost included within forecast).
- Regular day admissions of £152k mainly due to continuous intravenous infusion of therapeutic substance.
- High cost drugs of £374k, however the adjustment POD contains a credit for prior year spend of £154k, which brings the over spend to £220k. The



CCG Medicines Management team is working with the Trust to understand the increased spend (which on initial review relates to Ophthalmology).

The CCG also holds a separate Dermatology contract with ASPH. At month 5 this is over spent by £113k and forecast to over spend by £260k. The over spend is caused by higher activity than planned in one-stop clinics where ASPH have been providing weekend clinics to reduce waiting lists.

POD Description		2018/19 Month 4 YTD						
		Activity			Cost			
		YTD Plan	YTD Actual	Variance	YTD Plan	YTD Actual	Variance	
					£'000	£'000	£'000	
Outpatients	1	Outpatient First Attendance	22,904	21,042	(1,862)	3,879	3,595	(284)
	2	Outpatient Follow Up Attendance	37,991	35,716	(2,275)	2,922	2,794	(127)
	3	Outpatient Procedures	14,201	15,176	975	2,681	3,041	360
	4	One stop clinics	268	278	10	88	93	5
	5	Diagnostic Imaging whilst Out-Patient	11,318	11,471	153	1,104	1,109	5
<b>Total Outpatients</b>		<b>86,682</b>	<b>83,683</b>	<b>(2,999)</b>	<b>10,674</b>	<b>10,632</b>	<b>(42)</b>	
Planned Care	6	Day Case and Elective Inpatients	8,093	8,585	492	8,664	8,941	276
	7	Elective Excess Bed Days	87	168	81	24	49	25
	8	Regular Day Admissions	1,082	1,490	408	369	521	152
<b>Total Planned Care</b>		<b>9,262</b>	<b>10,243</b>	<b>981</b>	<b>9,057</b>	<b>9,510</b>	<b>453</b>	
A&E	9	Accident and Emergency	28,179	28,864	685	4,309	4,580	270
Unplanned Care	11	Ambulatory Care	1,395	1,451	56	321	335	13
	12	Critical Care	850	847	(3)	1,174	1,374	200
	13	Paediatric Critical Care	82	53	(29)	90	75	(16)
	14	Best Practice Tariff	460	383	(77)	326	309	(17)
	15	Non Electives and Emergency	7,552	7,088	(464)	18,715	18,947	233
	16	Non Elective Cap	0	0	0	(715)	(700)	15
	17	Emergency and Non elective Excess Bed Days	1,196	747	(449)	366	210	(156)
<b>Total Unplanned</b>		<b>11,536</b>	<b>10,569</b>	<b>(967)</b>	<b>20,277</b>	<b>20,550</b>	<b>273</b>	
Maternity	18	Antenatal	1,268	1,229	(39)	2,023	2,021	(2)
	19	Postnatal	1,251	1,056	(195)	383	330	(53)
	20	Births	1,209	1,145	(64)	3,958	3,851	(108)
<b>Total Maternity</b>		<b>3,727</b>	<b>3,430</b>	<b>(297)</b>	<b>6,365</b>	<b>6,202</b>	<b>(163)</b>	
<b>Subtotal - Planned, Unplanned and Maternity</b>		<b>139,385</b>	<b>136,789</b>	<b>(2,596)</b>	<b>50,682</b>	<b>51,473</b>	<b>791</b>	
Other	22	Direct Access	708,170	720,688	12,517	2,497	2,578	81
	23	PbR Excluded Drugs and Devices	0	0	0	2,224	2,635	410
	24	Other	22,453	23,809	1,356	1,881	2,143	263
	25	Adjustments	0	0	0	(117)	(271)	(154)
	28	Re-Admissions Penalties	0	0	0	(576)	(576)	0
	29	CQUINS	0	0	0	1,077	1,077	0
<b>Total Other</b>		<b>730,623</b>	<b>744,497</b>	<b>13,873</b>	<b>6,986</b>	<b>7,586</b>	<b>600</b>	
<b>Grand Total</b>		<b>870,009</b>	<b>881,286</b>	<b>11,277</b>	<b>57,668</b>	<b>59,059</b>	<b>1,391</b>	

### 3.3. **Ashford and St Peter's Hospitals NHS Foundation Trust: Other CCG Positions**

The Guildford & Waverley position on the Ashford & St Peters contract at month 5 is an under spend of £27k. Key issues are:

- NEL under spend of £227k and Best Practice Tariff of £50k (which is mainly due to Stroke). However the under spend in Stroke activity will be offset by the Stroke Minimum Income Guarantee and does therefore not represent a financial benefit to the CCG.
- The year to date Stroke Minimum Income Guarantee is £248k – this represents cost to the CCG as part of the minimum income guarantee to the Trust. This is forecast to be £747k at full year effect.
- The month reported position reflects an adjustment for Stroke rehab beds in addition to charges via SLAM. However, there is not yet agreement on the total amount and contractual discussions are ongoing to finalise.

The Surrey Downs reported outturn at Ashford and St Peter's at month 5 is below plan by £355k. This is as a result of under performance within elective and non-elective points of delivery.

### 3.4. **Royal Surrey County Hospital NHS Foundation Trust: Guildford & Waverley Position**

The Guildford & Waverley position on the Royal Surrey County Hospital (RSCH) contract at month 5 (based on Month 4 flex SLAM plus estimate for month 5) is an over spend of £3.2m year to date. The forecast overspend is £4.8m, which includes a number of assumptions on delivery of QIPP and activity challenges.

The adverse position with the Trust reflects the Month 12 Freeze pressure (£0.3m). This is as result of the Month 12 Freeze position based on actual activity being higher than the accrual made and agreed with the Trust in 2017/18 year end accounts.

The reported position also includes the impact of the 2017/18 risk share, contributing £1.75m to the forecast, before mitigations. This is the driver of the in-month movement compared to month 4.

There is a potential financial risk to the CCG which is associated with further increases in acute over performance over the next few months particularly within non elective and this position continues to be closely monitored with the Trust and mitigations must be sought to ensure delivery of the financial forecast.

The CCG and Trust are operating a standard PbR contract for 2018/19 and as a result the CCG raises monthly challenges on the activity data received. A number of these challenges allow for the data to be corrected resulting in a change in cost the following month. The remaining challenges are in relation to areas where the CCG do not agree with the activity charge and have been raised to the Trust for a formal response in line with the national timetable.

When comparing year to date spend (based on month 4 flex) to 2017/18 month 4 flex the key areas of increased costs are:

- Non-elective activity is 837 spells (12%) higher than in prior year, costing the CCG an additional £1.2m in 4 months.
- Increase in A&E attendances of 959 (6%) indicating an increased demand on emergency services overall as well as richer case mix in the non-elective care or higher patient acuity.
- Over spend in outpatient new activity 2,175 (12%) mainly due to Trauma and Orthopaedics and General Surgery Specialties.
- These costs are offset by under spends in non-elective and elective excess bed days, indicating that patient length of stay is less likely to result in excess bed day charge as compared to prior year.

### 3.5. **Royal Surrey County Hospital NHS Foundation Trust: Other CCGs**

The North West Surrey CCG year to date position at month 5 for the RSCH SLA is showing an over spend of £0.06m which forecasts to an over spend £0.02m by year end.

The main areas of over spend are in adult critical care, partially offset by under spends on day case and electives.

Month 4 (SLAM) spend in electives has increased however, mainly due to ENT and general surgery procedures. Spend in non-electives has increased due to ENT, geriatric medicine and trauma and orthopaedic procedures.

### 3.6. **Epsom & St Helier: Surrey Downs Position**

The Surrey Downs CCG year to date position at Epsom & St Helier Hospital is £42.1m at month 5, which is an adverse variance against plan of £1.1m (2.5%).

Underlying year to date over performance is as follows:

- An £814k adverse variance above plan (based on month 4 SLAM) is extrapolated up to the £1m adverse variance at M5.
- Higher than planned outpatient and elective activity is occurring particularly within Trauma and Orthopaedics and Cardiology and reflects lower than planned QIPP delivery in months 1 to 4. Further work is being undertaken in conjunction with the CSU to better understand this activity trend.
- The Epsom contract includes £4.7m of QIPP of which £1.4m non-elective QIPP is underwritten through the block and £3.3m elective QIPP for which the CCG holds the risk for non-delivery.
- Non-elective activity at Epsom is under a block contract for 2018/19 and is therefore reported to plan, however underlying activity data shows that

non-elective and emergency activity at Epsom is underperforming against baseline activity plan.

### 3.7. **Kingston: Surrey Downs Position**

The Surrey Downs CCG reported outturn at Kingston is £12.1m at month 5, which is an adverse variance to plan of £0.5m and represents a 5% increase than the expenditure reported at month 5 in 2017/18.

Based on available data the forecast is set to be above plan by £1.2m mainly as a consequence of continued increases in emergency and elective activity. This appears to relate to areas of the contract where QIPP was removed from the contract. Further work is being undertaken with the CSU to better understand this activity trend

### 3.8. **St Georges: Surrey Downs Position**

The Surrey Downs CCG reported year to date position at St George's is £5.3m at month 5 which is an adverse variance to plan of £0.7m (16.1%) and represents a 19.5% increase than the expenditure reported at month 5 in 2017/18. Year to date over performance is attributed to higher than planned non-elective, emergency and outpatient activity.

Outpatient activity is being driven in part by the trusts significant RTT pressure whilst emergency spells are linked to the Trust being the designated heart attack centre, hyper-acute stroke unit and major trauma centre for south London and surrounding areas. A&E activity has increased by 0.5% on last year, although the conversion rate has remained consistent with last year.

### 3.9. **Frimley Health: North West Surrey Position**

The reported year to date spend is below plan by £0.05m and is forecast to a month 12 under spend of £0.2m. The position continues to include an adjustment for IR activity that transferred back to the CCG in 2017/18 that has not yet been billed to date, the full year effect of this is £0.1m.

Compared to plan, there are under spends in day case, maternity deliveries, non-PbR drugs and outpatient first attendance, offset by over spends in non-elective excess bed days, adult critical care and electives.

### 3.10. **Frimley Health: Guildford & Waverley Position**

The reported month 5 position is an over spend of £0.06m and a forecast over spend of £0.2m. This position includes a £0.3m benefit from 2017/18 month 12 freeze, adjustment for stroke rehabilitation beds and the impact of the adjustment of the marginal rate emergency threshold (agreed with the trust after changes to the stroke pathway).

The CCG is expecting an additional allocation of circa £51k for IR activity from NHS England with discussions ongoing due to further complications of

adjustments for cardiac procedures. The costs are correctly reflected within the SLAM report so this is not additional cost pressure to the CCG.

### 3.11. **South East Coast Ambulance**

The 2018/19 plan was agreed during the 2017/19 contracting round and contains 3.1% growth on the 2017/18 plan. To date the monthly activity and spend are below plan, however due to the outcome of the joint demand and capacity review with the KMSS collaborative has agreed a block contract for the remainder of 2018/19, this will incorporate a significant level of investment across the whole contract to support the system in working towards achieving ARP targets and improving performance.

## **4. Prescribing**

- 4.1. The Practice Prescribing Authority (PPA) data is received two months in arrears so this report is based upon June data.
- 4.2. For North West Surrey there is an under spend of £239k year to date and £215k in the forecast position. The year to date position includes the release of an over accrual from 2017/18 of £77k. A QIPP plan of £2.4m has been set for prescribing at a practice level which is currently on plan and forecast to deliver in full for the year.
- 4.3. For Guildford and Waverley CCG the year to date position shows an overspend of £36k against budget with a forecast underspend of £17k. The benefit from the Month 12 final confirmed position against the accrual made has now been fully released into both the year to date and forecast positions. A QIPP plan of £1.5m has been set for Medicines Management which is on plan and forecast to deliver in full for the year.
- 4.4. For Surrey Downs the year to date position shows an under spend of £479k. This under spend has been risk rated in the forecast position to break even.
- 4.5. Each CCG is incurring pressures around the costs relating to drugs where there is No Cheaper Stock Obtainable (NCSO). These costs have been included within the year to date positions but mitigated out of the forecast outturns on the assumption that NHSE funding will be received to cover this cost. This has been included within each CCGs risk position.

## **5. Primary Care Co-Commissioning**

- 5.1. Guildford & Waverley CCG and North West Surrey CCG have delegated responsibility from NHS England for the commissioning of GMS/PMS and APMS contracts.
- 5.2. At Month 5 both CCGs have reported a breakeven position. The budget plans for 2018/19 have been approved by the Primary Care Co-Commissioning Committees (PCCC) and include a contingency against which a number of potential commitments are being reviewed.

- 5.3. The financial outcome of the 2018/19 contract agreement was not finalised when allocations were published, as the DDRB (Doctors' and Dentists' Review Body) Award was delayed. The recent announcement means a further 1% will be added to the contract, backdated to April 1st 2018. For North West Surrey CCG this represents a potential cost pressure of £352k and for Guildford & Waverley £213k. We are yet to receive confirmation from NHS England as to how this is to be funded.
- 5.4. For North West Surrey, in approving the financial framework, it was agreed that proposals would be presented to the PCCC meeting on how an indicative budget surplus of £2.0m would be committed in 2018/19. A number of priorities have been identified that are currently being scoped.
- 5.5. For Guildford and Waverley an indicative budget surplus of £0.5m has been identified. It was agreed to retain the surplus, before consideration was to be given as to how these funds were to be invested. The CCG awaits confirmation of detailed schedules from NHSPS for 2018/19, an estates strategy is being prepared by the CCG and the review of locally commissioned services is still ongoing all in addition to the potential cost pressure of the pay award. The reserve has been retained whilst these issues are confirmed.

## 6. Mental Health

- 6.1. The Surrey & Borders Partnership Foundation Trust (SABPT) Mental Health and Learning Disability SLAs are block contracts and managed as part of the Surrey Collaborative by Guildford & Waverley CCG.
- 6.2. Guildford & Waverley CCG also host a number of other Mental Health budgets under the Surrey risk share collaborative agreement. Latest information based on month 5 shows an under spent position in both the year to date and forecast positions. This is due to the partial release of a 2017/18 accrual offset by pressures on shared care placements.
- 6.3. Improving Access to Psychological Therapy (IAPT) budgets are locally managed within each CCG. Key issues at month 5:
- In 2018/19 CCGs were required to plan for an increase in referral rates to 19%. For North West Surrey CCG the year to date position is an under spend of £251k which reflects referral levels below plan.
  - In Guildford & Waverley there is a year to date under spend of £16k whilst Surrey Downs are £118k over spent.
  - From September 2018 the CCG will be responsible for salary support costs for IAPT trainees after the transfer of responsibility from Health Education England. The impact of this is estimated at circa £0.2m per CCG.
  - For North West Surrey and Guildford & Waverley CCGs this has not been included within the forecast outturn position but would be expected to be mitigated through a continued under spend within the IAPT budget.

- For Surrey Downs CCG this has not been included within the forecast outturn position but is included as an unmitigated risk.

6.4. A Children and Adolescent Health Services (CAMHS) contract variation has been agreed as a one off non-recurrent additional investment to address the estimated number of referrals waiting assessment at the end of May 2018. The cost is anticipated to be funded through transformation funding.

## 7. Continuing Healthcare and Free Nursing Care

7.1. Surrey Downs CCG host Continuing Healthcare budgets under the Surrey risk share collaborative. These budgets are expected to breakeven in the forecast positions.

7.2. Each CCG is required to make a provision for retrospective claims from patients who may be eligible for continuing healthcare. The impact of this has been included within each position.

## 8. Better Care Fund

8.1. CCGs are required to contribute into the Better Care Fund, a pooled budget hosted by Surrey County Council. Any over or under spends are shared equally between each partner.

8.2. Within this fund there are a number of schemes which are either commissioned by CCGs or Surrey County Council. CCG schemes include spend against existing community contracts, psychiatric liaison, virtual wards, mental health grants and the non-elective metric.

8.3. The table below details the breakdown of this fund and forecast outturn. There is a forecast over spend of which predominately relates to over performance of on the community equipment store. A review of this over performance is currently underway. The over spend will be split equally between the respective CCG and Surrey County Council,

BCF Summary Category	Annual Plan				Forecast				Forecast Variance			
	Guildford & Waverley	North West Surrey	Surrey Downs	Total	Guildford & Waverley	North West Surrey	Surrey Downs	Total	Guildford & Waverley	North West Surrey	Surrey Downs	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Care Act Revenue	453	778	647	1,878	453	778	647	1,878	0	0	0	0
Carers	435	747	621	1,803	435	747	621	1,803	0	0	0	0
Health Commissioned Services	3,503	6,613	5,041	15,157	3,503	6,613	5,041	15,157	0	0	0	0
Continuing Investment in Health and Social Care - CCG Managed Schemes	1,533	2,339	2,029	5,901	1,533	2,402	2,029	5,964	0	63	0	63
Continuing Investment in Health and Social Care - SCC Managed Schemes	1,710	2,692	2,559	6,961	1,710	3,037	2,559	7,306	0	345	0	345
Protection of Adult Social Care	4,342	7,452	6,195	17,989	4,342	7,452	6,195	17,989	0	0	0	0
<b>BCF Plan Submission Total</b>	<b>11,976</b>	<b>20,621</b>	<b>17,092</b>	<b>49,689</b>	<b>11,976</b>	<b>21,029</b>	<b>17,092</b>	<b>50,097</b>	<b>0</b>	<b>408</b>	<b>0</b>	<b>408</b>
Disabled Facilities Grant	1,024	2,959	2,257	6,240	1,024	2,959	2,257	6,240	0	0	0	0
Improved BCF and Spring Funding	1,371	2,353	1,957	5,681	1,371	2,353	1,957	5,681	0	0	0	0
Carry Forward and Adjustments	208	56	143	407	208	56	144	408	0	0	1	1
<b>Grand Total</b>	<b>14,579</b>	<b>25,989</b>	<b>21,449</b>	<b>62,017</b>	<b>14,579</b>	<b>26,397</b>	<b>21,450</b>	<b>62,426</b>	<b>0</b>	<b>408</b>	<b>1</b>	<b>409</b>

## 9. Running Costs

- 9.1. Running costs are shared across the Surrey Heartlands CCGs proportionally based upon running costs allocations received. In month 5 additional allocations totalling £235k have been received across all CCGs to fund the Agenda for Change pay award. The total running cost budget is £19.2m.
- 9.2. The combined year to date position is an under spend of £0.8m, of which £0.4m represents QIPP delivery and £0.4m is required to fund Quality team costs that are reported within programme spend (for North West Surrey and Guildford and Waverley) and Children's team costs within programme spend (North West Surrey only).
- 9.3. Within the forecast position no assumption has been made regarding any future QIPP delivery until there is a further review of vacant posts and non pay expenditure. However each CCG has differing plans and assumptions running cost QIPP so any additional savings that are identified should not be assumed to be incremental to existing plans.
- 9.4. The development of reporting corporate running costs across the Heartlands CCGs is on-going, with initial budget reports based on month 4 being shared with Executive leads.

## **10. New Investments, Reserves and Contingencies**

- 10.1. In order to achieve the reported positions at Month 5 contingency funds have been released in full in the forecast positions and prorate (5 months or 42%) in the year to date positions in each CCG.
- 10.2. CCGs are no longer required to set a 0.5% non-recurrent reserve as in previous years and this was removed from the submitted plans.

## **11. Quality Innovation Productivity and Performance (QIPP)**

- 11.1. The QIPP position within this report is based upon that reported to NHS England at month 5. It uses the latest SUS data available (month 4 for Surrey Downs and Guildford & Waverley, month 3 for North West Surrey) forecast into a month 5 position. Therefore the position in this report differs from that within the QIPP Delivery Report which is based on month 4 SUS data with no extrapolation to a month 5 position.
- 11.2. In order to achieve planned control totals for 2018/19 each CCG has a QIPP savings requirement. The total across all CCGs is £36.5m and year to date and forecast positions are summarised below:



CCG	Year to Date			Forecast		
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Guildford & Waverley CCG	4,366	2,656	1,710	10,477	6,592	3,885
North West Surrey CCG	5,205	4,483	722	12,493	11,006	1,487
Surrey Downs CCG	4,593	3,830	763	13,501	10,309	3,192
<b>Total</b>	<b>14,164</b>	<b>10,969</b>	<b>3,195</b>	<b>36,471</b>	<b>27,907</b>	<b>8,564</b>

- 11.3. QIPP plans are closely monitored by the Programme Management Office, local Financial Recovery Groups (where applicable), Strategic Finance Committees and local Programme Delivery Groups. Each CCG has also developed a financial recovery plan which details the work undertaken to both deliver the existing QIPP programme and provide a further stretched QIPP target. This focuses upon a number of opportunities which are collaborative in nature across Surrey Heartlands. These include a review of areas of growing clinical activity levels and areas of variation to national averages.

#### **Guildford & Waverley CCG:**

- 11.4. The baseline budget for 2018/19 includes a QIPP savings requirement of £10.5m.
- 11.5. Year to date performance against plan is 61% with £2.7m of savings achieved against a plan of £4.4m. The adverse variance is predominately against frailty and integrated care and new models of follow up schemes within the RSCH contract. Whilst there are reported levels of savings against these schemes significant delays in implementation has impacted delivery.
- 11.6. The forecast position is a delivery of £6.4m (63%) savings against a plan of £10.5m resulting in an adverse variance of £3.9m. As per the year to date position, the largest variance is caused by performance on frailty and integrated care and new models of follow up schemes within the RSCH contract.
- 11.7. In addition to the slippage on the forecast there is an additional risk outside of the forecast position of £1.3m which is mitigated by a number of new schemes resulting in a net risk of £0.7m.

#### **North West Surrey CCG:**

- 11.8. The baseline budget for 2018/19 includes a QIPP savings requirement of £12.5m.
- 11.9. The plan includes a requirement to deliver £3.9m QIPP savings against the Ashford & St Peters contract. A plan has been agreed with the trust to deliver this, with the largest schemes related to non-elective savings from the Out of Hospital strategy.
- 11.10. The material balance of QIPP is planned to be delivered from prescribing, continuing healthcare, review of reserves and from the negotiation of acute contracts.

- 11.11. The CCG has reported to NHS England a year to date QIPP delivery of 86% against plan. This gap represents the re-phasing of acute QIPP into latter quarters after the plan was submitted and the non-delivery of 5 months unidentified QIPP.
- 11.12. The table below represents QIPP delivery at month 5, based upon the re-phased plan. The forecast position includes £546k in relation to a month 4 corrective allocation for the transfer of 2017/18 specialist activity to the CCG which in part had already been commissioned and budgeted for. There is under performance on the forecast position on ASPH QIPP, which is reviewed within the monthly Joint Delivery Programme Group with the Trust, CCG and community provider.

Month 5 QIPP	Year to Date			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000
ASPH Joint Delivery Schemes	801	805	(4)	3,871	2,681	1,190
Contract Negotiation	1,034	1,262	(228)	2,482	3,028	(546)
Prescribing	1,006	1,245	(239)	2,418	2,633	(215)
Freeze Winter Resilience Reserves	405	405	0	971	971	0
Continuing Healthcare	490	437	53	1,175	1,122	53
Dermatology	188	0	188	188	0	188
Other	148	168	(20)	356	410	(54)
Corporate Budgets	0	161	(161)	0	161	(161)
Unidentified	430	0	430	1,032	0	1,032
<b>Total</b>	<b>4,502</b>	<b>4,483</b>	<b>19</b>	<b>12,493</b>	<b>11,006</b>	<b>1,487</b>

- 11.13. Due to a lack of availability of month 4 SUS data QIPP delivery for acute schemes has been based upon month 3 SUS data extrapolated to a month 5 position. Post submission of this position to NHS England and completion of this report, month 4 SUS data has become available which shows an improved position particularly against non elective admissions and advice and guidance schemes. The overall QIPP delivery based upon this latest dataset would be 99% achievement year to date and 89% achievement in the forecast outturn.

### Surrey Downs CCG:

- 11.14. The baseline budget for 2018/19 includes a QIPP savings requirement of £13.5m.
- 11.15. At month 5 the CCG is reporting QIPP delivery of £3.8m against a budget of £4.6m, an adverse variance of £0.8m. The forecast position is a delivery of £10.3m, an adverse variance of £3.2m.
- 11.16. The reported QIPP is based on finance and activity data for month 4 extrapolated to month 5 with activity-related QIPP calculated on a performance versus baseline basis. Year to date delivery shows acute QIPP as behind plan mainly due to slippage and lower than expected savings achievement in a number of planned and urgent care schemes. This is partially offset by non-acute QIPP delivery.

## 12. Risks and Mitigation

12.1. A summary of the net risk position is shown below.

CCG	Net Risk		
	Worse £000	Likely £000	Best £000
Guildford & Waverley CCG	(10,695)	(8,105)	0
North West Surrey CCG	(5,784)	(3,891)	2,684
Surrey Downs CCG	(7,800)	(4,800)	0
<b>Total</b>	<b>(24,279)</b>	<b>(16,796)</b>	<b>2,684</b>

12.2. An assessment of the “best”, “worse” and “likely” case risk has been undertaken by each CCG, the detail of which is shown in Appendix B.

12.3. Key risks consistent across all CCGs at month 5 are:

- The **Acute activity over performance** - This will be mitigated by assurance and pro-active monitoring and delivery of monthly rigorous performance management of contracts. This is rated as a **high risk**.
- **QIPP Savings** – Delivery of the current forecast QIPP savings programme. . This is rated as **high risk**.
- **Mental Health IAPT workforce costs** – Risk of funding deficiency in CCG plans to cover the costs of IAPT workforce trainee costs. This is rated as **medium risk**.
- **No Cheaper Stock Obtainable (NCSO)** – Cost pressures within prescribing due to price increases on drug prices were supply issues exist. It is anticipated that additional NHS England funding could be made available to fund this. This is rated as **medium risk**.

12.4. Key risks specific to CCGs at month 5 are:

- **Epsom pre consultation business case (Surrey Downs)** – Costs will be borne by the CCG if transformational funding cannot be secured. This is rated as **medium risk**.
- **Stroke pathway changes (Guildford & Waverley)** – Resulting in failure to sign the contract between the CCG and the Trust. This is rated as **high risk**.
- **GP Pay Award (Guildford & Waverley and North West Surrey)** – Additional cost of GP pay award was not funded through initial allocations for delegated primary care co-commissioning budgets. It is anticipated that additional NHS England funding could be made available to fund this. This is rated as **low risk**.

12.5. These risks will be mitigated through a number of measures. These include:

- Review of 2017/18 year end settlements for acute and other contracts, releasing any over accruals into the 2018/19 financial position.
- Review of NHS Property Services costs, utilisation of void space and therefore reduction of CCG subsidies payable
- Use of the POLCE Benchmarking toolkit to provide new opportunities to explore and provide stretched QIPP targets
- Further stretch of existing QIPP schemes and contractual challenges
- Annual review of all contracts in place to assess value for money

## Cash Position

12.6. The CCGs draw down cash at the beginning of the month from NHS England to ensure that creditors can be paid on time. At month 5 each CCG has drawn down cash at a rate under 5/12ths (41.7%) of the annual cash drawdown value as detailed below.

CCG	Maximum Cash Drawdown (Annual) £m	Cash Drawdown at Month 5 £m	% Drawdown
Guildford & Waverley CCG	303.2	125.3	41.3%
North West Surrey CCG	496.1	201.9	40.7%
Surrey Downs CCG	387.4	159.8	41.2%
<b>Total</b>	<b>1,186.7</b>	<b>487.0</b>	<b>41.0%</b>

## 13. Better Payment Practice Code

13.1. The Better Payments Practice Code measures the number of CCG invoices paid within 30 days as a percentage of the total invoices paid by value and volume with an achievement target of 95%. Cumulative performance at month 5 by CCG is detailed below:

Target	By Value	By Volume
	95.0%	95.0%
Guildford & Waverley CCG	97.6%	94.7%
North West Surrey CCG	97.0%	94.0%
Surrey Downs CCG	99.9%	98.3%

## 14. Conclusion

- 14.1. The Month 5 financial position across all 3 CCGs is a deficit of £6.6m which is an adverse variance to the Surrey Heartlands control total of £1.6m. This is due to adverse variances at Guildford & Waverley CCG (£0.9m) and Surrey Downs CCG (£0.7m).
- 14.2. Based on the information available and assumptions contained within the report a year end position of a £12.0m deficit has been reported in line with individual CCG and Surrey Heartlands control totals.
- 14.3. There is a high level of risk still to be managed and mitigated in order to achieve the planned control total. These risks relate to QIPP and managing acute activity to contract.
- 14.4. Each CCG has prepared financial recovery plans to ensure that these risks are mitigated and that the agreed control total is achieved.

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## Guildford and Waverley CCG Financial Position

	Cumulative Position			Forecast Outturn		
	Budget to date £'000	Actual to date £'000	Variance to date £'000	Annual Plan	Year End Forecast £'000	Variance Forecast £'000
<b>Resource Limit</b>	<b>123,334</b>	<b>123,334</b>	<b>0</b>	<b>296,945</b>	<b>296,945</b>	<b>0</b>
<b>Operational Financial Balance</b>						
<b>Acute Commissioning</b>						
Acute-SLAs-NHS (Includes Ambulance Services)	59,447	61,193	1,746	142,673	144,331	1,658
Acute-SLAs-Other Providers (Non-NHS, incl. VS)	2,681	2,776	95	6,434	6,712	278
Acute - High Cost Drugs	35	38	3	85	87	3
Acute - NCAs	1,469	1,484	15	3,526	3,541	15
<b>Sub-Total Acute Services</b>	<b>63,632</b>	<b>65,492</b>	<b>1,859</b>	<b>152,717</b>	<b>154,671</b>	<b>1,954</b>
<b>Non Acute Commissioning</b>						
Mental Health Services	10,718	10,619	(99)	25,723	25,677	(46)
Community Health Services	6,334	6,059	(275)	15,201	14,807	(394)
Continuing Healthcare Services	7,373	7,560	187	17,694	17,694	0
Primary Care Services	12,874	12,873	(0)	31,840	31,883	43
Better Care Fund	5,005	4,911	(95)	12,013	11,621	(392)
<b>Sub-Total Non Acute Services</b>	<b>42,304</b>	<b>42,022</b>	<b>(281)</b>	<b>102,472</b>	<b>101,682</b>	<b>(790)</b>
<b>Prescribing</b>	<b>12,384</b>	<b>12,420</b>	<b>36</b>	<b>29,721</b>	<b>29,704</b>	<b>(17)</b>
<b>Voluntary Sector Grants / Services</b>	<b>809</b>	<b>809</b>	<b>0</b>	<b>1,942</b>	<b>2,076</b>	<b>134</b>
<b>Other Corporate Costs (Non-Running Costs)</b>						
Clinical Costs	4,157	4,066	(91)	9,977	10,202	225
NHS Property Services re-charge	324	324	0	778	778	0
<b>Sub-Total Other Corporate Costs</b>	<b>4,481</b>	<b>4,391</b>	<b>(91)</b>	<b>10,755</b>	<b>10,981</b>	<b>225</b>
<b>Corporate Running Costs</b>	<b>2,065</b>	<b>1,960</b>	<b>(104)</b>	<b>4,955</b>	<b>4,751</b>	<b>(204)</b>
<b>Total Before Reserves</b>	<b>(2,341)</b>	<b>(3,760)</b>	<b>1,420</b>	<b>(5,618)</b>	<b>(6,920)</b>	<b>1,302</b>
<b>Operating Plan Requirements and Reserves</b>						
0.5% Contingency	543	0	(543)	1,302	0	(1,302)
1% Non Recurrent Reserve	0	0	0	0	0	0
General Reserve	0	0	0	0	0	0
<b>Surplus / (Deficit)</b>	<b>(2,883)</b>	<b>(3,760)</b>	<b>877</b>	<b>(6,920)</b>	<b>(6,920)</b>	<b>0</b>

# North West Surrey Financial Position

		Expenditure									
		Current Annual Budget	M5 YTD			M5 Forecast Outturn		Prior Month YTD (M4)		Prior Month Forecast Outturn (M4)	
		£'000	£'000	£'000	Over / (Underspend) £'000	Total £'000	Over / (Underspend) £'000	Over / (Underspend) £'000	Movement £'000	Over / (Underspend) £'000	Movement £'000
<b>General and Acute Commissioning</b>											
1	Ashford St Peters	170,861	72,397	74,864	2,467	174,849	3,988	2,044	423	3,988	0
2	Royal Surrey County	14,047	5,853	5,916	64	14,070	23	(27)	90	(151)	175
3	St Georges Hospital	4,341	1,809	1,879	70	4,554	213	115	(45)	344	(131)
4	Frimley Park Hospital	8,654	3,606	3,553	(53)	8,527	(127)	(68)	15	(196)	69
5	iMSK Service	28,306	11,794	11,794	0	28,306	(0)	0	0	(0)	(0)
6	Dermatology Service	1,754	731	844	113	2,013	260	21	92	86	174
7	Other Acute NHS	4,174	1,641	863	(777)	2,225	(1,949)	(740)	(37)	(1,543)	(406)
8	South East Coast Ambulance	12,982	5,283	5,284	1	12,984	2	1	0	2	0
9	Acute Non NHS (Private Providers)	1,991	830	549	(281)	2,095	104	(349)	68	65	39
10	Acute Exclusions/Cost per Case	607	253	203	(50)	557	(0)	0	(50)	0	(50)
11	NCA/Cost per Case	4,833	2,014	1,907	(107)	4,726	(107)	10	(117)	(0)	(107)
12	Tertiary	11,850	4,938	4,930	(7)	11,737	(113)	(132)	125	(516)	403
13	Winter Pressures	1,439	85	85	0	1,439	0	0	0	0	0
14	Unidentified QIPP	(485)	(202)	0	202	0	485	162	40	485	0
15	Partial Spells	0	0	0	0	0	0	0	0	0	0
16	<b>Total General &amp; Acute Commissioning</b>	<b>265,355</b>	<b>111,030</b>	<b>112,670</b>	<b>1,640</b>	<b>268,083</b>	<b>2,728</b>	<b>1,035</b>	<b>605</b>	<b>2,562</b>	<b>166</b>
<b>Mental Health</b>											
17	Surrey & Borders Adult MH & LD Contract	27,488	11,453	11,453	0	27,488	0	0	0	0	0
18	Mental Health Continuing Healthcare	2,539	1,058	975	(83)	2,539	(0)	(75)	(8)	0	(0)
19	CAMHS Services	5,574	2,370	2,372	1	5,577	3	2	(1)	7	(4)
20	IAPT	2,942	1,226	975	(251)	2,942	0	(138)	(113)	0	(0)
21	Other Mental Health Services	3,781	1,670	1,665	(5)	3,778	(3)	(4)	(1)	(3)	(0)
22	<b>Total Mental Health</b>	<b>42,324</b>	<b>17,777</b>	<b>17,440</b>	<b>(337)</b>	<b>42,324</b>	<b>0</b>	<b>(214)</b>	<b>(123)</b>	<b>5</b>	<b>(4)</b>
<b>Community Services Commissioning</b>											
23	Central Surrey Health	23,212	9,672	9,672	(0)	23,212	0	(0)	(0)	(0)	0
24	Childrens Community Services	3,834	1,597	1,564	(34)	3,753	(81)	(27)	(7)	(81)	0
25	Wheelchair Services	742	309	309	(0)	744	2	(17)	17	(16)	18
26	Out of Hospital Providers	1,528	637	620	(17)	1,543	14	(7)	(10)	33	(19)
27	Voluntary sector Contracts	2,353	980	918	(62)	2,281	(72)	(61)	(1)	(72)	0
28	<b>Total Community Services Commissioning</b>	<b>31,669</b>	<b>13,195</b>	<b>13,082</b>	<b>(114)</b>	<b>31,533</b>	<b>(136)</b>	<b>(112)</b>	<b>(1)</b>	<b>(135)</b>	<b>(1)</b>
<b>Continuing Healthcare</b>											
29	Continuing Healthcare & Free Nursing Care	23,611	9,838	10,125	287	23,819	208	180	107	90	118
30	Children's Services	1,446	603	642	39	1,524	77	34	5	77	0
31	CHC Hosted Services	1,216	507	559	53	1,269	53	49	4	49	4
32	<b>Total Continuing Healthcare</b>	<b>26,273</b>	<b>10,947</b>	<b>11,326</b>	<b>379</b>	<b>26,611</b>	<b>338</b>	<b>263</b>	<b>116</b>	<b>217</b>	<b>121</b>
33	<b>Total Commissioning Costs</b>	<b>365,620</b>	<b>152,950</b>	<b>154,518</b>	<b>1,569</b>	<b>368,550</b>	<b>2,930</b>	<b>972</b>	<b>596</b>	<b>2,648</b>	<b>282</b>
<b>Prescribing &amp; Primary Care</b>											
34	Practice Prescribing	44,008	18,303	18,064	(239)	43,793	(215)	(38)	(200)	(129)	(86)
35	Other Prescribing Costs	3,311	1,306	1,181	(125)	3,178	(133)	(1)	(123)	(68)	(64)
36	Primary Care Other	9,026	3,365	3,274	(91)	9,023	(2)	(93)	2	(2)	0
37	Primary Care Co-Commissioning	44,243	17,435	17,435	(0)	44,243	0	(0)	(0)	(0)	0
38	<b>Total Prescribing &amp; Primary Care</b>	<b>100,588</b>	<b>40,408</b>	<b>39,954</b>	<b>(454)</b>	<b>100,238</b>	<b>(350)</b>	<b>(133)</b>	<b>(321)</b>	<b>(200)</b>	<b>(150)</b>
39	<b>Running Costs</b>	<b>7,715</b>	<b>3,215</b>	<b>2,813</b>	<b>(401)</b>	<b>6,978</b>	<b>(737)</b>	<b>(321)</b>	<b>(80)</b>	<b>(705)</b>	<b>(32)</b>
<b>Other Contracts</b>											
40	Better Care Fund	11,895	4,956	5,041	85	12,099	204	75	10	225	(21)
41	Other Contracting	7,028	2,926	3,068	143	7,239	211	160	(17)	290	(79)
42	NHS Property Services	1,662	693	693	0	1,662	0	0	0	0	0
43	<b>Total Other Contracts</b>	<b>20,586</b>	<b>8,574</b>	<b>8,802</b>	<b>228</b>	<b>21,001</b>	<b>415</b>	<b>235</b>	<b>(7)</b>	<b>515</b>	<b>(100)</b>
<b>New Investments, Reserves &amp; Contingency</b>											
44	New Investments	0	0	0	0	0	0	0	0	0	0
45	Contingency	2,258	941	0	(941)	0	(2,258)	(753)	(188)	(2,258)	0
46	1% Non Recurrent Reserve	0	0	0	0	0	0	0	0	0	0
47	<b>Total New Investments, Reserves &amp; Contingency</b>	<b>2,258</b>	<b>941</b>	<b>0</b>	<b>(941)</b>	<b>0</b>	<b>(2,258)</b>	<b>(753)</b>	<b>(188)</b>	<b>(2,258)</b>	<b>0</b>
48	<b>Total Other Contracting &amp; Reserves</b>	<b>22,844</b>	<b>9,515</b>	<b>8,802</b>	<b>(713)</b>	<b>21,001</b>	<b>(1,843)</b>	<b>(518)</b>	<b>(195)</b>	<b>(1,743)</b>	<b>(100)</b>
49	<b>Total Expenditure</b>	<b>496,767</b>	<b>206,088</b>	<b>206,088</b>	<b>0</b>	<b>496,767</b>	<b>(0)</b>	<b>(0)</b>	<b>0</b>	<b>(0)</b>	<b>0</b>
50	<b>Planned Surplus</b>	<b>2,600</b>	<b>1,083</b>	<b>0</b>	<b>(1,083)</b>	<b>0</b>	<b>(2,600)</b>	<b>(867)</b>	<b>(217)</b>	<b>(2,600)</b>	<b>(0)</b>
51	<b>Net Position</b>	<b>499,367</b>	<b>207,171</b>	<b>206,088</b>	<b>(1,083)</b>	<b>496,767</b>	<b>(2,600)</b>	<b>(867)</b>	<b>(216)</b>	<b>(2,600)</b>	<b>0</b>

## Surrey Downs Financial Position

Surrey Downs CCG										
Board Summary Expenditure Summary for Month 5 ending August 2018	Annual Budget	M5 YTD			M5 FOT		Prior Month YTD		Prior Month FOT	
		M5 Budget	M5 Actual	M5 Over / (Underspend)	M5 Forecast Outturn	M5 Forecast Over/(Underspend)	Prior Month YTD Budget (M4)	Prior Month Over/(Underspend) (M4)	Over / (Underspend)	FOT Movement (M4- M5)
<b>General and Acute Commissioning</b>										
Epsom/St Helier NHST	105,842	44,210	45,321	1,111	108,449	2,607	35,674	506	1,621	986
Kingston Hospital FT	27,779	11,578	12,121	542	28,966	1,187	9,223	445	625	562
Surrey/Sussex HC NHST	17,650	7,514	7,294	(220)	17,196	(454)	5,951	(167)	(310)	(144)
St Georges FT	10,667	4,563	5,299	735	12,558	1,891	3,607	538	1,777	114
Royal Surrey County	6,996	2,930	3,263	333	7,185	189	2,315	284	312	(123)
Ashford/St Peters	5,994	2,545	2,190	(355)	5,095	(899)	2,018	(238)	(800)	(99)
Royal Marsden	5,966	2,563	2,454	(108)	5,689	(277)	2,022	(93)	(361)	84
Other Acute NHS	10,024	4,276	3,466	(811)	7,923	(2,101)	3,378	(624)	(2,067)	(34)
South East Coast Ambulance	10,088	4,282	4,282	(0)	10,088	0	3,396	(0)	0	0
Acute Non-NHS (Private Providers)	15,723	6,792	6,492	(301)	15,316	(407)	5,346	(459)	(1,014)	607
High Cost Drugs	2,138	896	912	15	2,138	0	728	2	0	0
Planned Care	3,187	1,483	1,610	127	1,037	(2,150)	1,186	92	(2,150)	0
NCA/Cost per case	4,400	1,833	1,504	(329)	4,032	(368)	1,473	(267)	(166)	(202)
Winter Resilience	622	259	260	0	622	0	207	0	0	0
RSS/IFR/Service Re-design	936	390	406	16	3,035	2,099	295	(92)	2,150	(51)
Unidentified QIPP	(3,383)	(2,325)	(915)	1,410	(1,500)	1,883	(1,798)	1,128	3,383	(1,500)
<b>General and Acute Commissioning Total</b>	<b>224,631</b>	<b>93,790</b>	<b>95,957</b>	<b>2,167</b>	<b>227,831</b>	<b>3,200</b>	<b>75,021</b>	<b>1,056</b>	<b>3,000</b>	<b>200</b>
<b>Mental Health</b>										
Mental Health	29,365	12,235	12,369	134	29,826	461	9,788	154	461	0
<b>Mental Health Total</b>	<b>29,365</b>	<b>12,235</b>	<b>12,369</b>	<b>134</b>	<b>29,826</b>	<b>461</b>	<b>9,788</b>	<b>154</b>	<b>461</b>	<b>0</b>
<b>Community Services Commissioning</b>										
Other Community Services	15,103	1,507	1,344	(163)	14,508	(595)	1,206	(128)	(595)	0
Voluntary Sector Contracts	1,084	452	564	112	1,084	0	361	(37)	0	0
Central Surrey Health	9,858	8,215	8,215	(0)	9,993	135	6,572	0	135	0
<b>Community Services Commissioning Total</b>	<b>26,045</b>	<b>10,174</b>	<b>10,123</b>	<b>(51)</b>	<b>25,585</b>	<b>(460)</b>	<b>8,139</b>	<b>(164)</b>	<b>(460)</b>	<b>0</b>
<b>Continuing Healthcare</b>										
Adult Continuing Healthcare and FNC	21,946	9,144	9,076	(69)	21,946	0	7,315	85	0	0
CHC Hosted Service	1,053	439	523	85	1,053	0	351	(168)	0	0
Childrens Continuing Healthcare	1,538	641	613	(28)	1,538	0	513	(26)	0	0
<b>Continuing Healthcare Total</b>	<b>24,537</b>	<b>10,224</b>	<b>10,212</b>	<b>(12)</b>	<b>24,537</b>	<b>0</b>	<b>8,179</b>	<b>(108)</b>	<b>0</b>	<b>0</b>
<b>Prescribing and Primary Care</b>										
Practice Prescribing	39,762	16,567	16,088	(479)	39,762	0	13,254	(70)	0	0
Primary Care Other	7,294	3,039	3,310	271	7,294	0	2,431	1	0	0
GPFV	1,640	683	683	0	1,640	0	547	0	0	0
Other Prescribing Costs	751	313	434	121	751	0	250	69	0	0
<b>Prescribing and Primary Care Total</b>	<b>49,447</b>	<b>20,603</b>	<b>20,516</b>	<b>(87)</b>	<b>49,447</b>	<b>0</b>	<b>16,482</b>	<b>(0)</b>	<b>0</b>	<b>0</b>
<b>Running Costs</b>										
Running Costs	6,147	2,561	2,272	(289)	5,877	(270)	2,000	(98)	(270)	0
<b>Running Costs Total</b>	<b>6,147</b>	<b>2,561</b>	<b>2,272</b>	<b>(289)</b>	<b>5,877</b>	<b>(270)</b>	<b>2,000</b>	<b>(98)</b>	<b>(270)</b>	<b>0</b>
<b>Other Contracts</b>										
Other Contracting	4,376	1,823	1,621	(202)	4,700	324	1,807	(525)	(691)	1,015
Better Care Fund	10,390	4,329	4,329	(0)	10,390	0	3,463	(0)	0	0
NHS Property Services	3,253	1,355	1,101	(254)	2,753	(500)	1,084	(154)	(500)	0
Other Programme Costs	1,033	430	573	143	620	(413)	0	489	602	(1,015)
<b>Other Contracts Total</b>	<b>19,052</b>	<b>7,938</b>	<b>7,625</b>	<b>(312)</b>	<b>18,463</b>	<b>(589)</b>	<b>6,355</b>	<b>(189)</b>	<b>(589)</b>	<b>0</b>
<b>New Investments, Reserves &amp; Contingency</b>										
Investments	6,782	3,311	3,267	(44)	6,332	(450)	2,649	(9)	(250)	(200)
Contingency	1,892	788	0	(788)	0	(1,892)	631	(631)	(1,892)	0
<b>New Investments, Reserves &amp; Contingency Total</b>	<b>8,674</b>	<b>4,099</b>	<b>3,267</b>	<b>(832)</b>	<b>6,332</b>	<b>(2,342)</b>	<b>3,280</b>	<b>(640)</b>	<b>(2,142)</b>	<b>(200)</b>
<b>Total Expenditure</b>	<b>387,897</b>	<b>161,624</b>	<b>162,341</b>	<b>718</b>	<b>387,897</b>	<b>0</b>	<b>129,244</b>	<b>10</b>	<b>0</b>	<b>0</b>
<b>Planned Deficit</b>	<b>(7,704)</b>	<b>(3,210)</b>	<b>0</b>	<b>3,210</b>	<b>0</b>	<b>7,704</b>	<b>(2,568)</b>	<b>2,568</b>	<b>7,704</b>	<b>0</b>
<b>Grand Total</b>	<b>380,193</b>	<b>158,414</b>	<b>162,341</b>	<b>3,928</b>	<b>387,897</b>	<b>7,704</b>	<b>126,676</b>	<b>2,578</b>	<b>7,704</b>	<b>0</b>



Guildford and Waverley CCG Month 5 Risks and Mitigations

Area	Headline detail	Level of Risk outside of forecast			RAG	Notes	Owner	Milestone Dates for Resolution	
		Worse	Likely	Best					
1	Risk of main acute provider contract over performance outside of the reported position and non delivery of main acute provider QIPP	5,545	5,345	2,200	Red	Risk of further acute over performance on the main acute provider contract that is not currently reported within the forecast position for the year.	Niki Baier	1) Monthly contract review meetings in place - <b>monthly</b> 2) Data Challenge on all activity in line with established reporting programme for Frailty and Integrated care - <b>September 2018</b>	
2	Slippage on QIPP programme EXC RSCH Acute	1,000	600	0	Yellow	Slippage on the CCG QIPP programme due to delays in implementation of schemes or lower than planned savings as a result of increasing activity levels.	Vicky Stobbart / Caroline Farrar	1) Regular robust monitoring of all activity overall through activity data - <b>Monthly</b> 2) Use of robust data challenge process - <b>Monthly</b>	
3	Other acute contract over performance issues	900	850	0	Yellow	Over performance on acute contracts outside of the main acute provider contract.	Niki Baier	1) Regular robust monitoring of acute position overall through activity data - <b>Monthly</b> 2) Use of robust data challenge process - <b>Monthly</b>	
4	Prescribing costs	450	300	0	Yellow	Increased activity / cost of prescribing items in year. NCSO continued risk not in forecast £0.3m	Rachel McKay	1) Timely monitoring of prescribing costs position to ensure any adverse issues are flagged as soon as possible	
5	Continuing Healthcare	350	250	0	Yellow	Growth in costs and activity above the planned levels.	Vicky Stobbart	1) Monitor monthly information from Surrey Downs as host CCG for CHC	
6	Stroke Pathway changes	900	650	0	Red	Provider to provider dispute about the changes to the stroke pathway resulting in the main acute provider refusing to sign the 18/19 contract variation as a result.	Niki Baier / Vicky Stobbart	1) Issues escalated to AO level 2) Timeline of issues prepared by Deputy Director	
7	Mental Health IAPT trainee workforce issue	250	250	0	Yellow	Transfer of commissioning responsibility for the MH IAPT trainee workforce costs currently being discussed across Surrey.	Sumona Chatterjee	1) Paper produced for discussion at JET - <b>Action completed July</b>	
8	Childrens contract issues	500	500	0	Red	Contractual issues with Children's contract	Sumona Chatterjee	1) Review of financial risk - <b>monthly</b> 2) Provider discussions - <b>ongoing</b>	
9	Other cost pressures	800	800	0	Red	Other in year cost pressures not able to mitigate in year	Vicky Stobbart	1) Review of financial risk - <b>monthly</b>	
<b>Total Risk</b>		<b>10,695</b>	<b>9,545</b>	<b>2,200</b>					
Item	Mitigations	Detail	Worse	Likely	Best	RAG	Notes	Owner	Milestone Dates for Resolution
1	Contingency	Use of Contingency budget within financial position	0	0	0	Green	Full release of the CCG contingency within the financial position to offset the risks described above.	Vicki Taylor	1) Contingency to be released into the Financial position to offset risks - Not available to further
2	CQUIN		0	100	200	Yellow	Plan assumes full delivery of CQUIN - where this does not occur a financial benefit will be taken into the position to offset risks.	Niki Baier	1) Monitor financial performance against CQUIN - <b>monthly</b>
3	POLCE		0	500	500	Yellow	Review of POLCE benchmarking to potentially release additional benefit into the bottom line.	Jane Williams	1) Monitor project through QDAG - <b>monthly</b>
4	Use IAPT budget under spend to fund IAPT workforce pressures		0	250	250	Yellow	Use of under spending on IAPT activity to offset pressures above	Sumona Chatterjee	1) Monitor financial performance against IAPT budgets - <b>Monthly</b>
5	Review of all small contracts		0	50	250	Green	Annual review of all CCG small contracts to determine if financial efficiencies can be released.	Niki Baier	1) Project work to be undertaken - <b>September 2018</b>
6	Stretch on prescribing QIPP programme - STP Planned Care / PBR challenge / Care home review etc		0	540	400	Green	Review of all stretch opportunities against QIPP and new initiatives	Rachel McKay / All	1) Tuesday morning group review
9	Quality Premium		0	0	600	Red	Receipt of QP not in the plan. To be pursued to deliver benefit to offset risks.	Vicky Stobbart	1) Monitor performance of QP in year as part of performance reporting
<b>Total Mitigation</b>			<b>0</b>	<b>1,440</b>	<b>2,200</b>				
<b>Net (Risk) / Benefit</b>			<b>-10,695</b>	<b>-8,105</b>	<b>0</b>		<b>Report this risk in Board report / in NHS E risk report and STP reporting</b>		

## North West Surrey CCG Month 5 Risks and Mitigations

Area	Headline detail	Level of Risk outside of forecast			RAG	Notes	Owner	Milestone Dates for Resolution	
		Worse	Likely	Best					
1	ASPH Contract Over performance / QIPP non delivery	Historical analysis of ASPH performance has shown year on year over performance	4,012	2,112	1,060		Risk includes non delivery of Joint Delivery Programme	Managing Director/ Contracts / Finance / Programme Delivery Group	- September 2018 Director level escalation meeting to discuss contract over performance - Bi Monthly Contract Management Board meetings with ASPH - Monthly performance letter issued to raise challenges and issues - Monthly Joint Delivery Programme Group between CCG and ASPH to discuss QIPP performance and identify new areas of opportunity
2	Other Acute Provider over performance	Historical analysis of acute contracts has shown year on year over performance	1,250	1,000	250			Contracts / Finance	- Monthly contract monitoring, activity review and challenge back to providers - Quarterly contract meetings with main independent provider
3	Non Delivery of unidentified QIPP	£1m of £12.5m QIPP requirement currently has no identified schemes to deliver	1,032	529	529			Managing Director/ Programme Delivery Group	- Monthly Programme Delivery Group to discuss QIPP performance and identify new areas of opportunity
4	GP Prescribing Over performance	Over performance of GP prescribing costs above budget due to higher growth than planned or under delivery of QIPP	600	500	0			Managing Director	- Monthly Medicines Optimisation Group to raise and understand over performance at both QIPP scheme an GP practice level
5	IAPT Trainees Salary Support	Cost of salary support for IAPT trainees transfers to CCGs from September	214	214	214		Mitigated through potential under spend on IAPT referral activity	Managing Director	Anticipated to start from September
6	NCSO Cost Pressure	Increased prescribing costs due to supply shortages leading to higher prices	1,208	1,208	1,208			Associate Director of Medicine Management	Monthly monitoring of prescribing spend issues raised and discussed at monthly Medicines Optimisation Group
7	GP Pay Award	Risk that GP Pay Award is not funded by NHSE	352	352	352			Finance	Awaiting national guidance from NHSE regarding funding
<b>Total Risk</b>			<b>8,668</b>	<b>5,915</b>	<b>3,613</b>				
Item	Mitigations	Detail	Worse	Likely	Best	RAG	Notes	Owner	Milestone Dates for Resolution
1	Delayed investment into Hubs	Slippage on investment into locality hubs	100	250	500			Managing Director	- Review allocated budgets and service model
7	IAPT Activity Budget under spend	Under spend on IAPT budgets if planned 19% referral rate not achieved	214	214	214		Offsets IAPT trainees salary support risk	Managing Director	Monthly monitoring of budgetary performance
8	NCSO Cost Pressure NHSE Funding	Additional funding received to cover NCSO cost pressures	1,208	1,208	1,208			Finance	Awaiting national guidance from NHSE regarding funding
9	GP Pay Award NHSE Funding	Additional funding received to cover GP Pay Awarded cost pressures	352	352	352			Finance	Awaiting national guidance from NHSE regarding funding
<b>Total Mitigation</b>			<b>1,874</b>	<b>2,024</b>	<b>2,274</b>				
<b>Net (Risk) / Benefit</b>			<b>-6,794</b>	<b>-3,891</b>	<b>-1,339</b>		<b>Report this risk in Board report / in NHS E risk report and STP reporting</b>		
<b>NON ISFE risk reported</b>			<b>-3,891</b>	<b>-3,891</b>	<b>-3,891</b>		<b>Must match reported risk in Non ISFE</b>		
<b>Variance to Risk schedule</b>			<b>-2,903</b>	<b>0</b>	<b>2,552</b>				

## Surrey Downs Month 5 Risks and Mitigations

Area	Headline detail	Level of Risk outside of forecast			RAG	Notes	Owner	Milestone Dates for Resolution	
		Worse	Likely	Best					
1	Acute overperformance	Overperformance versus budget / baseline	5,000	3,500	0		Current forecast is £3.8m overperformance on acute. 'Likely' case anticipates a further £2.2m of overperformance.	Reviewed as part of FRG on a weekly basis WD4 meetings ongoing	
2	Mental Health	Cost pressures on Mental Health budget	400	300	200		IAPT training cost pressure forecast (£0.2m) however cost pressure remains on BEN pathway invoice (£0.1m) and	Reviewed as part of FRG on a weekly basis Monthly reporting will improve accuracy of data from M9 onwards	
3	EPSOM Pre consultation business case	SD CCG share of £1.2m programme cost in 2018/19	900	700	200		Current estimated cost £700K. Assuming will receive £500K of transformation funding for this work (TBC)	Reviewed as part of FRG on a weekly basis Awaiting confirmation of transformation monies	
4	Corporate costs QIPP	£400K of QIPP assumed in budget	300	200	0		CCG budget assumes a £400K cost saving on corporate costs - likely case currently assumes only 200K of this saving	Reviewed as part of FRG on a weekly basis	
5	Acute overperformance	High Cost Drugs, Stroke MIG	200	100	0		Additional costs for Stroke Unit (ASPH) over and above those budgeted	Reviewed as part of FRG on a weekly basis	
6	HMRC audit	Non Payroll payments to office holders	700	500	200		As part of their ongoing audit, HMRC are pursuing the tax liabilities for executive directors paid off payroll	Reviewed as part of FRG on a weekly basis HMRC timescale - assume within 3 months	
<b>Total Risk</b>			<b>8,600</b>	<b>6,200</b>	<b>1,400</b>				
Item	Mitigations	Detail	Worse	Likely	Best	RAG	Notes	Owner	Milestone Dates for Resolution
1	CSU Challenges	Stretch on existing QIPP	0	400	400		CSU challenges, IR adjustments and NCA underspends	Reviewed as part of FRG on a weekly basis	Monthly reporting will improve accuracy of reporting from M9
2	Reduce investments	Reduce / delay other or investment spend	100	300	300		Savings on Hub costs	Reviewed as part of FRG on a weekly basis	
3	Prescribing	NCSO - funded by NHSE	700	700	700		NCSO - funded in prior year and NHSE aware of issue through non ISFE return	Reviewed as part of FRG on a weekly basis	National timetable
<b>Total Mitigation</b>			<b>800</b>	<b>1,400</b>	<b>1,400</b>				
<b>Net (Risk) / Benefit</b>			<b>-7,800</b>	<b>-4,800</b>	<b>0</b>		<b>Report this risk in Board report / in NHS E risk report and STP reporting</b>		
<b>NON ISFE risk reported</b>			<b>-4,800</b>	<b>-4,800</b>	<b>-4,800</b>		<b>Must match reported risk in Non ISFE</b>		
<b>Variance to Risk schedule</b>			<b>-3,000</b>	<b>0</b>	<b>4,800</b>		<b>Explain here any variance to Non ISFE</b>		

