

Governing Body Public meeting

DATE: 26 September 2013

Title	Financial Performance Update as at Month 4 (July) 2013/14
Recommended action for the Governing Body	<p>That the Governing Body:</p> <ul style="list-style-type: none"> • DISCUSS & NOTE the Month 4 (July) financial position and forecast outturn detailed in this report which shows the CCG meeting the required 1% surplus; • NOTE the details of the 2013/14 allocations (programme and running costs) received and expenditure to date; • NOTE the returns made to NHS England reporting the Month 4 financial position, QIPP delivery, use of 2% headroom and the risks and mitigations which the CCG has (Appendix 1); • DISCUSS & NOTE the key risks and cost pressures identified to achieving the surplus control total in 2013/14 and the management actions being taken to address and mitigate these risks; • NOTE the month 4 actual reported performance against the key national finance targets.
Executive Summary	<p>The CCG reported a surplus of £1,155k at month 4 against a plan for the same value. Running costs remain within the allocation at this stage in the year.</p> <p>The required 1% surplus of £2,569k has been set aside in reserves. In month 4, it is being forecast that this will be achieved in 2013/14.</p> <p>The financial outlook at this point in the year assumes full utilisation of available reserves and contingencies and delivery of the Quality, Innovation, Productivity & Prevention (QIPP) programme as currently forecast. Whilst overall the position is as expected at month 4, risks to the forecast outturn position have been identified and are updated in the body of the report.</p> <p>QIPP data is starting to become available and work is on-going with the Commissioning Support Unit (CSU) multi-disciplinary team (MDT) team to establish the value of acute QIPP delivered. A full Director's review of all schemes has now taken place and the impact of this is reflected in the QIPP section of this report.</p>

	<p>The acute contracting information has improved at month 4 but is still not as robust as required. The QIPP for the major trusts has now all been phased according to our plans; previously this has only been undertaken for SLHT. Over-performance is being declared against SLHT, Guy's and externals after assuming some challenges will be successful. The contract at Dartford & Gravesham is still not agreed and due to concerns over data accuracy the decision was made to show this at breakeven again this month but to declare a potential year end over performance. Clearly, the acute position remains a high risk for the CCG and will continue to be monitored.</p> <p>The CCG's performance against the Better Payment Practice Code (BPPC) targets has improved by count in month 4 but remains marginally below the 95% target. The by value target is being met.</p>	
Which objective does this paper support?	Patients: Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders	✓
	People: Empower our staff to make BCCG the most successful CCG in (south) London	✓
	Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation	✓
	Process: Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience	✓
Organisational implications	Key Risks (corporate and/or clinical)	As detailed in the report, there are a number of risks which may affect the ability to achieve the financial targets. The main ones being acute performance, the impact of the specialist commissioning reconciliation, QIPP delivery and the settlement of the ongoing continuing healthcare claims.
	Equality and Diversity	N/A
	Patient impact	N/A
	Financial	At this point in the year, the CCG is predicting to achieve the 1% surplus with a number of risks identified. In order to qualify for any quality premium payment the guidance states that the CCG must manage within its total resource envelope and must not exceed the agreed level of surplus drawdown.
	Legal Issues	N/A

	NHS constitution	N/A
Consultation (Public, member or other)	N/A	
Audit (Considered / Approved by Other Committees / Groups)	This paper has not been to any other committee but will be reported to the Governing Body, once it has been to this meeting.	
Communications Plan	N/A	
Author	Julie Witherall Head of Finance and Business	
	Clinical Lead Dr Sid Deshmukh Finance Lead	Executive Sponsor Theresa Osborne Chief Financial Officer
Date	20 August 2013	

FINANCIAL PERFORMANCE UPDATE AS AT MONTH 4 (JULY) 2013/14

1. FINANCIAL KEY INDICATORS 2013/2014

Table 1 below sets out the statutory targets for the CCG, and progress to date, on which the CCG will report to the Department of Health, at the year end, in its Annual Accounts and Annual report.

Table 1: Key Indicators 2013/14

	Target	Forecast Outturn	Var	% Var	Indicator M3	Indicator M4	Movement from previous
CCG Statutory Targets:							
Achieve 1% control total (Programme)	£2,569k	£2,569k	£0k	0			=
Achieve Financial Balance – Revenue (Programme)	£0k	£2,569k	£2,569k	0			=
Remain within Running costs allocation	£5,660k	£5,660k	£0k	0			=
Better Payments Practice Code (BPPC) Compliance – by count (number)	95%	94.81%		(0.19)%			↑
Better Payments Practice Code (BPPC) Compliance – by value	95%	98.18%		3.18%			↑

KEY:	Significantly Below Target (over 3%)	
	Marginally Below Target (Between 1% and 3%)	
	On or above target or less than 1% below target	
	Reduction in Performance from last period	↓
	Same performance as last period	=
	Improvement from last period	↑

2. HIGHLIGHTS

- Surplus of £1,155k reported at month 4 against a plan for the same value. Running costs remain within the allocation at this stage in the year.
- The required 1% surplus of £2,569k has been set aside in reserves. In month 4, it is being forecast that this will be achieved in 2013/14.
- The financial outlook at this point in the year assumes full utilisation of available reserves and contingencies and delivery of the Quality, Innovation, Productivity & Prevention (QIPP) programme as currently forecast. Whilst overall the position is as expected at month 4, risks to the forecast outturn position have been identified and are updated in the body of the report.
- QIPP data is starting to become available and work is ongoing with the Commissioning Support Unit (CSU) multi-disciplinary team (MDT) team to establish the value of acute QIPP delivered. A full Director's review of all schemes has now taken place and the impact of this is reflected in the QIPP section of this report.
- The acute contracting information has improved at month 4 but is still not as robust as required. The QIPP for the major trusts has now all been phased according to our plans; previously this has only been undertaken for SLHT. Over-performance is being declared against SLHT, Guy's and externals after assuming some challenges will be successful. The contract at Dartford & Gravesham is still not agreed and due to concerns over data accuracy the decision was made to show this at breakeven again this month but to declare a potential year end over performance. Clearly, the acute position remains a high risk for the CCG and will continue to be monitored.
- BPPC performance has improved by count in month 4 but remains marginally below the 95% target. The by value target is being met.

3. BUDGETS

A summary of the 2013/14 budgets showing the approved opening budgets and any movements between month 3 and month 4 are shown in table 2 below. The month 4 budgets shown equal the expected allocation shown further on in the report, which is as anticipated at year end.

The resources shown are net of miscellaneous income that the CCG receives for the goods/services it provides to other organisations. The total allocations reflect the resource limit that the CCG receives from the Department of Health.

During the month there have been a number of budget changes as additional QIPP has been identified and cost pressures managed. Additionally, the allocation has been adjusted in respect of the secondary care dental item, the correction of the property services month 3 adjustment and a small adjustment in respect of collaborative claims.

Table 2: 2013/14 Budget Summary

Directorate	13/14 Starting Budget	April 2013 - Total	May 2013 - Total	June 2013 - Total	July Budget Changes	July 2013 - Total
TOTAL MENTAL HEALTH	26,852,569	26,852,569	26,852,569	26,852,569	-63,041	26,789,528
TOTAL ACUTE	143,407,059	143,407,059	143,407,059	142,722,587	0	142,722,587
TOTAL PRIMARY CARE	34,140,769	34,140,769	34,179,087	34,370,783	44,510	34,415,293
TOTAL CONTINUING CARE	8,270,798	8,270,798	8,270,798	8,270,798	0	8,270,798
TOTAL COMMUNITY HEALTH	23,651,151	23,651,151	23,651,151	23,058,321	-146,988	22,911,333
TOTAL OTHER	16,602,230	16,602,230	16,569,637	14,610,317	-994,491	13,615,826
TOTAL CORPORATE	5,602,808	5,602,808	5,597,083	5,572,381	-17,990	5,554,391
TOTAL ALLOCATIONS	-258,527,384	-258,527,384	-258,527,384	-258,027,000	1,178,000	-256,849,000
TOTAL 1% SURPLUS	0	0	0	2,569,244	0	2,569,244
	0	0	0	0	0	0

4. CCG ALLOCATIONS / Revenue Resource Limit (RRL)

Since the CCG's initial allocations were received just before Christmas, some further adjustments have been advised by NHS England. The final allocation / RRL is the figure that the CCG's net spend will be measured against when reviewing its achievement of financial balance.

There have been three allocation adjustments in month 4 which were as follows, £1,227k decrease relating to secondary care dental, £5k increase in funding for collaborative claims and finally an adjustment of £44k increase in relation to the property services adjustment which was incorrect per last month's report. The initial allocation and any adjustments since are shown in table 4 along with expected adjustments to the end of the year.

Table 4: Month 4 (July) and final expected CCG Allocation

Month	Description	Allocation
Initial	Initial Allocations	(251,148,000)
Initial	12/13 growth	(5,776,000)
Initial	Running Cost Allowance	(5,660,000)
	Initial Allocations	(262,584,000)
	Month 2 Allocation	(262,584,000)
Anticipated	London baseline Adjustment IATs v28	407,000
Anticipated	Specialised Commissioning additional adjustment	7,338,000
Anticipated	GP IT	(658,000)
Anticipated	2012/13 Surplus return	(2,574,000)
Actual	Prop Co - adjustment	(456,000)
	Month 2 Allocation	(258,527,000)
Actual	Prop Co - adjustment	500,000
	Month 3 Allocation	(258,027,000)
Actual	Prop Co - adjustment	(44,000)
Actual	Secondary Care Dental allocation	1,227,000
Actual	Collaborative Claims	(5,000)
	Month 4 Allocation	(256,849,000)
	Month 4 Ledger	(256,849,000)

Assurance had been received that reductions to the CCG's allocations in respect of specialist commissioning would be cost neutral including the additional deduction of £7.3m shown above. However, further work has now been undertaken by NHS England and there is a real risk which is included in the risk section below that the adjustment may not be cost neutral. At month 4, the CCG still holds a negative reserve of £5.1m which relates to Specialist Commissioning. Further work is being undertaken to validate the numbers. Further adjustments are not expected until month 6.

The final programme allocation cannot be used to fund any overspend in running costs. However, any underspend in the running cost allowance may be used to fund the programme costs of the CCG.

5. CAPITAL RESOURCE LIMIT (CRL)

At present, the CCG has not been issued with any allocation in respect of capital and as it will hold very few, if any, fixed assets once the Care Trust's opening balances have been distributed, it is not envisaged that any capital will be required. Capital may however be allocated for primary care IT, which the CCG is managing on behalf of NHS England. The CCG has been required to submit details of the capital programmes included in its financial plan to NHS England which it has complied with.

6. 2013/14 MONTH 4 (JULY) FINANCIAL POSITION

Table 5 summarises the financial position, at category of care level, for the CCG at Month 4 (July). The CCG facing team are now able to report the financial position at a Directorate level as well as at this higher level. It is hoped that this will be included in the Finance report from next month. However, the national IFRS / SBS system is extremely limited and the CCG has to work within the nationally set parameters and so further refinements may be necessary.

Table 5: Summary financial position by category of care – July 2013

Directorate	Type	Original Plan	Annual Budget	In Month	In Month	In Month	YTD Budget	YTD Actual	YTD Variance	YTD Variance	Forecast	Forecast
		£000's	£000's	Budget £000's	Actual £000's	Variance £000's	£000's	£000's	£000's	%	Outturn	Variance
Mental Health	Programme	26,853	26,790	2,217	2,396	179	8,930	9,239	309	3	27,307	517
Acute	Programme	143,407	142,723	12,911	12,437	-474	50,009	50,631	621	1	145,488	2,765
Primary Care	Programme	34,141	34,415	2,879	2,858	-21	11,472	11,441	-30	0	34,671	255
Continuing Care	Programme	8,271	8,271	689	690	1	2,757	2,747	-10	0	8,331	60
Community Health	Programme	23,651	22,911	1,871	1,957	86	7,653	7,755	102	1	23,171	260
Other	Programme	14,033	13,616	-511	-276	236	1,788	836	-952	-53	9,794	-3,822
Corporate	Admin	5,603	5,554	458	451	-7	1,851	1,810	-41	-2	5,519	-35
Error Suspense		2,569	2,569	171	0	-171	1,155	0	-1,155	-100	0	-2,569
		258,527	256,849	20,684	20,513	-171	85,615	84,459	-1,155		254,280	-2,569

The CCG is reporting a surplus of £1,155k as at month 4 in line with the plan figure for the same period. There is an underspend of £1,114k against the programme budgets which are the non-running cost budgets i.e. spend on healthcare and an underspend of £41k against the administration budgets which represent the CCG's running costs and must remain within the £25 per head allocation. Any underspend on administration budgets may be used against programme budgets. A forecast outturn surplus of £2,569k is being reported at this stage in the year, unchanged from the previous month. This is in line with the requirement for CCGs to make a 1% surplus.

The month 4 position includes £327k unbudgeted spend on the project managers and additional staff supporting the delivery of the QIPP schemes, together with consultancy costs for McKinsey to support the TSA work. This is being funded by the use of the 2% non-recurrent reserve. The CCG has also committed to expenditure on Capitated and Outcome Based Incentivised Contract (COBIC) to support some procurement processes from the 2% non-recurrent reserve, this is expected to cost c£40k.

To achieve the required surplus position for month 4, four months' worth of the 0.5% contingency has been released (428k), which is as expected at this stage in the financial year. In addition £278k of the commissioning reserve has been released into the position to help to cover the acute overspend of £621k and some of the 2% headroom has been factored into the position in order to cover the £327k spend detailed above plus the remaining acute overspend which has been funded by the risk share element of the 2% monies.

There are a few small favourable Corporate variances, where staff are not yet in post. Most other budget lines have been broken even as invoices have either not yet been received or there is no indication at this stage that there is any over-performance. This is not unusual at this stage in the year and as most expenditure is on a contractual basis not unexpected. There are one or two exceptions to this, namely the anti-coagulation contract, acute commissioning expenditure and mental health contracts and details of these are given in the next section.

7. SUMMARY OF MAIN VARIANCES

Mental Health YTD Variance £309k, FOT £517k

The overspend on mental health can be attributed to Oxleas NHS Foundation Trust and South London and Maudsley NHS Foundation Trust.

- The Oxleas budget is overspent by £278k at month 4 and forecast to be £500k overspent at year end based on the month 3 report received from the provider. The causes of the variance are detailed below:
 - Tilt - the CCG contracts for one bed in this facility. Currently there is an additional bed in use which has contributed £26k to the monthly variance. The full year cost of £80k has been included in the forecast outturn.
 - UEA and Cost per Case is overspent by £265k at month 4 and forecast to be £420k overspent at year end assuming that this level of activity does not continue. It is expected that this is just a spike in activity that will be brought under control during the remainder of the year. Discussions with the mental health commissioner, at budget holder meetings, will take place to establish the actions being taken to ensure that the costs are contained in year.
- The South London and Maudsley NHS Foundation Trust overspend is as a result of a late change in the contract value (£17k) which has not been amended in budgets to date as clarification of the agreed contract value is required from the mental health commissioner before any budget adjustment can be made.
- The NCA budget is overspent by £56k at month 4. This budget currently covers the adult cost per case and NCAs. There have been an increased number of emergency episodes which are currently being investigated. This budget has been forecast to breakeven at year end as this is also expected to be contained within budget during the remainder of the year. However if the emergency trend continues this will have to be re-stated.

Acute YTD Variance £621k, FOT £2,765k

The month 4 acute position is showing an overspend of £621k an improvement on last month; with a forecast outturn of £2,765k which is similar to last month. In month 4, the QIPP has been matched to the plans, rather than scheduled in twelfths, for the other 4 major providers. SLHT had already been matched in previous months. The SLCSU information shows that the following contracts are overspent at month 4:

- SLHT £740k
- Guy's £249k
- Other external contracts including BPAS etc. £26k.

These are offset by underspends being shown at Lewisham of £124k, Kings of £147k and NCAs of £123k.

At month 4, an assumption has been made that the Dartford & Gravesham contract will break even. The contract is still to be agreed and signed and the data is still unreliable. This is partly due to issues with validation in relation to personal confidential data. There is some risk attached to this position as the initial activity looks high. However, this is possibly due to specialist episodes still included within the data.

The month 3 trust SLAM reports have been used as the basis of the calculations for month 4. At SLHT, the main causes of the overspend are elective inpatients, emergency inpatients, unbundled diagnostics and outpatients. The position has been adjusted for challenges. The overspend at Guy's is attributable to over-performance in elective work, emergency and outpatients. Further analysis of the acute position is being undertaken by the MDT at the CSU and a detailed acute report will be produced within the agreed timescales. This will provide further detail regarding the specialities where the overspends have occurred and the reasons for this.

For the forecast outturn it has been assumed that SLHT will breakeven. This is a prudent view of the position as early indications are showing that there may be an underspend of up to circa £2m, due to the QIPP phasing. However, this forecast is not felt to be robust enough at this stage to use for forecasting. Based on the corrected profiling of QIPP together with the information from the SLAM reports, the forecast outturn positions for King's is expected to be an underspend of £310k, Lewisham an underspend of £389k, Guy's an overspend of £1,054k and the external contracts a net overspend position of £63k. With regard to Dartford & Gravesham this is more difficult to predict as the contract is not yet agreed and remains unsigned. However, to be prudent the CCG has decided to recognise an overspend of £2,399k in the forecast outturn position at this stage of the financial year.

Primary Care YTD Variance £(30)k, FOT £255k

The prescribing budget is the main budget under this directorate. It has been broken even at month 4, based on the two months' data received for the current financial year. Data is produced approximately two months in arrears. At this early stage in the financial year, the Prescription Pricing Authority (PPA) do not include a forecast outturn in their reports. Therefore, by reviewing the current spend and in discussions with the Assistant Director of Medicines Management, it has been agreed that the likely forecast outturn position is £300k overspend.

The forecast outturn position is understated by the omission of a year-end breakeven estimate for the out of hours service which is being delivered by Bedside Manor. This error will be corrected in the month 5 reporting cycle and has a value of £44k.

Continuing Care (CHC) YTD Variance £(10)k, FOT £60k

The financial position has been informed by the Continuing Care Team using their detailed activity database. The month 4 position is £10k underspent. Growth is likely within this directorate due to the opening of a new care home in the area with 18 nursing beds expected to be filled quickly, resulting in a forecast outturn of £60k overspent.

The first of the retrospective review payments in respect of care relating to previous years are now being processed and offers sent to individuals to accept. A provision of circa £7m for

these payments was included in the 2012/13 Bexley Care Trust accounts and this will be returned to the CCG in order to cover this expenditure. There remains a risk that the actual costs may exceed this value.

Community Health YTD Variance £102k, FOT £260k

Most services within the community directorate are at breakeven with the exception of the Anti-Coagulation service, which is £80k overspent at month 4. The position for this is likely to continue to overspend as it has in the previous two years to a prudent adverse forecast outturn variance of £250k. The service has recently been re-tendered and forms part of the QIPP programme for 2013/14 in moving more clients from secondary care to this community service. The project is being monitored to determine how successful the scheme proves to be.

The Cardiology service within the Long Term Conditions cost centre is currently £17k overspent. This is principally due to £10k costs which have been incurred in respect of costs for Dr Brennand-Roper for additional activity in order to reduce waiting lists. This is also included in the outturn figure.

Other YTD Variance £(952)k, FOT £(3,822)k

To achieve the required surplus position as at month 4, four months' worth of the 0.5% contingency has been released (£428k). This is as expected at this stage in the financial year. In addition £278k of the commissioning reserve has been released into the position to help to cover the acute overspend of £621k. Some of the 2% headroom has been factored into the position in order to cover the £327k spend on QIPP plus the remaining acute overspend which has been funded by the risk share element of the 2% monies.

At month 4, it continues to be anticipated that the 1% surplus at year end will be achieved, although there are a number of risks attached to this assumption. Further details are included in the risk section of the report. Included within the £3,822k forecast surplus are costs for the QIPP support staff of £583k which is offset by the release of an equal sum from the 2% Non-Recurrent reserve to cover this expenditure.

Corporate YTD Variance £(41)k, FOT £(35)k

This directorate represents the CCG expenditure against the £25 per head running cost allowance. The CCG is currently operating within the allowance as illustrated in the table below. The £41k underspend comprises of a few small variances, most notably in Finance and IM&T.

- Finance is £18k underspent for the year up until July, principally due to a band 6 vacancy (£14k) carried for the year to date.
- IM&T is underspent by £22k as at month 4. A £20k overspend on pay, due to agency costs, is offset by a £28k underspend on non pay and a £9k recovery of 12/13 income from Psychological Measurements Ltd. An expenditure plan is being drawn up to inform accruals and forecasts more accurately.

- Commissioning is currently £18k underspent. A number of vacancies have given rise to a £53k pay underspend which is partially offset by £34k of agency costs for the interim Assistant Director of Transformation and Redesign.
- The vacant Clinical Governance and Risk manager post is currently filled by agency and as a result, the cost centre is £11k overspent. This role has now been appointed to.

Continuing Care Unassessed Periods of Care Claims

In the books of the Care Trust a provision was made for c£7m for the impact of the c300 claims in respect of continuing healthcare. It remains important for the CCG to monitor progress against the claims, as any shortfall is likely to be payable from the CCG's current (and future year's) allocation. The finance department is continuing to work closely with the continuing care team to assess the potential financial liability. Claims are now starting to be approved for settlement. It is expected that the provision will be returned to the CCG in September in order to offset this expenditure. Updates are provided on a regular basis and the best, worst and most likely cases for the various categories of case are calculated.

Latest calculations show that the most likely impact of the claims received is now £6,333k, which is lower than the provision made at the end of the year. However, the worst case position is still substantially higher. In order to arrive at the potential liability figures, percentages have been assigned to the likelihood of them coming to fruition. This includes provision for a percentage of the claims going to the ombudsman in case a decision is made against the organisation. The other variable in the calculation is the number of weeks that it is expected would be paid. For many cases this is not known. An average of the number of weeks, where this is known, has been used in this case. These numbers will continue to be regularly refined but are the best estimates available at present.

8. RUNNING COSTS (CORPORATE)

Within the ledger, there are a number of cost centres which are mapped as administration and where the running costs must be coded. Currently the ledger is showing a small underspend of £41k on running costs against the allocation of £5,660k. However, as a result of ledger limitations, there is no mechanism to allocate the GP IT income, received through the allocations, against the admin cost centres which would further reduce the running cost spend. There are a number of other adjustments that would also be required when the ledger issues are resolved. Currently, we are maintaining these adjustments off ledger by means of a spreadsheet. Advice is being taken on how these items can be correctly reflected in the ledger as this is one of the measurable performance targets for the CCG.

A risk remains around the actual costs to be charged by NHS Property Services for 221 Erith Road and other properties transferred to NHS Property Services from Bexley Care Trust. Notification has been received that actual costs will be charged from quarter 3. This may depend on an assessment to be made by NHS Property Services and may be greater, or less than, amounts currently being charged.

9. RISKS

Table 6: Best, Most likely, worst case risks

	2013/14 Best case £m	2013/14 Most likely £m	2013/14 Worst case £m	Notes	How they are being managed	RAG rating
Opening (deficit)/surplus after final budgets	(8.3)	(8.3)	(8.3)			
RAG rated QIPP included in plans	10.9	10.9	10.9			
Opening underlying (deficit)/surplus after final budgets after QIPP	2.6	2.6	2.6			
Further risk / expected movements						
Acute under / (over)-performance	1.8	(1.7)	(3.1)	Month 4 acute position is better but still uncertain. This risk may escalate as more certainty is provided by the CSU. Best case assumes D&G will break even & that QIPP will deliver & result in an underspend at SLHT. Worst case assumes that QIPP will not deliver & that SLHT will overspend in line with month 3.	Contant review and update of position. CCG working with GPs to reduce referrals and use of PMC to triage. Working to ensure implimentation of QIPP schemes.	
QIPP under-performance	(0.2)	(1.1)	(1.9)	Best & worst case are based on director assessments. Difference between Pre-RAG and RAG rated QIPP is set aside as a QIPP reserve. Most likely is half way between worst & best cases	Project Managers & Commissioning team working to deliver QIPP. CQUIN built into SLHT contract relating to QIPP. PMO processes monitoiring QIPP delivery.	
Mental Health under / (over) performance	(0.2)	(0.5)	(0.5)	Current project overspend on mental health due to increased use of commissioned TILT beds & additional acute activity.	Mental Health team analysing position to try & bring back within budget.	
Outstanding gap on specialised services RRL reduction	0.0	0.0	(5.1)	Difference between RRL & Specailised commissioning & additional gap.	Monthly reconciliaiton to be undertaken by NLCSU. NHSE assured CCGs of cost neutrality	
Increased continuing healthcare unassessed periods of care claims	0.9	0.0	(6.2)	Worst case shows worst case CHC assessed value less 12/13 provision. Best case shows most likely CHC assessed value less 12/13 provision	Monthly review of CHC position. Rigourous review of all cases in place. Additional support commissioned. 299 cases received. Could take upto 12 months to review. .	
Increased costs for Audiology AWP	0.0	0.0	(0.3)			
Overspend on prescribing	0.0	(0.3)	(0.4)	Current in-house predictions not yet on PPA reports	Covered by prescribing reserve	
Overspends on other BSU directorates	0.0	(0.3)	(0.5)	Small CHC overspend & predicted overspend on anti-coag		
(Deficit) / surplus after risks before reserves	4.9	(1.3)	(15.4)			
Pipeline schemes	1.0	0.0	0.0			
Commissioning reserve	0.9	0.9	0.9	reduction from month 3 includes property & dental reductions of £1.8m	General reserves	
Prescribing reserve	0.5	0.5	0.5			
0.5% contingency	1.3	1.3	1.3			
QIPP reserve	1.2	1.2	1.2			
Final (Deficit)/surplus after risks & reserves	9.8	2.6	(11.5)			

Even at this stage in the financial year, there are a number of risks in delivering the 1% surplus required. The main risks and the potential impact on achievement are shown in table 6.

These risks are continually reviewed and adjusted and the impact on the financial position monitored as they crystallise or circumstances become clearer. The most likely case is as shown in the reported forecast outturn income & expenditure position.

The following provides an update on risks for month 4:

- £1,227k allocation reduction in respect of secondary care dental costs. This was adjusted in month 4 and the CCG has utilised general reserves to cover this position, leaving less available to cover any of the other risks identified above;
- Possible contribution to the costs of the Trust Special Administrator (TSA) from the 2% non-recurrent headroom. A proposal regarding this is being put to Governing Bodies in private before the end of August 2013; and to public meetings in September..
- Initial findings from the specialist commissioning reconciliation work shows that the costs may not be cost neutral to Bexley CCG. Additional work undertaken identified an error in the Bexley number. However, there is still a £5m negative reserve held in the position. Further work is ongoing and the numbers are still being validated but is likely to result in net costs of between £0 and £5m.

If all of the risks shown in the worst case position were to come to fruition, then the CCG does not have the funds available to cover them. This would result in a deficit of £11.5m.

CCG officers continue to review all budgets and commitments with a view to finding additional resources and QIPP for 2013/14.

10. 2013/14 QIPP / SAVINGS PLANS

QIPP of £12.1m, with a risk assessed value of £10.9m, has been identified to secure sufficient savings to meet the 1% surplus control total. To ensure robust governance around the RAG rating of the QIPP schemes, a multi-disciplinary/agency panel was formed. The panel initially met on 21st January 2013, reconvened, as agreed, on the 24th April 2013 and will meet again at the end of October 2013 to validate the self-assessments of project managers, presented monthly on the Implementation & Monitoring forms, discussed at 1:1 meetings.

The QIPP delivery report has been re-formatted to encompass Internal Audit Recommendations made last year. It now includes a RAG rating for milestones and performance as well as finance. A trend column is also included to show movement from the previous period. External reporting for 2013/14 has been simplified requiring reporting against transactional, transformation, other and unidentified headings.

QIPP data is starting to become available and work is ongoing with the CSU multi disciplinary team (MDT) to establish the value of acute QIPP delivered. This has been hampered by the restrictions on access to personal confidential data since the formation of CCGs.

A full review of all QIPP schemes has now taken place with Directors and the impact of this is reflected in table 7 below. This table also shows a summary of the 2013/14 QIPP schemes with planned, forecast outturn and latest RAG rating.

Table 7: Summary of 2013/14 QIPP schemes

2013/2014 QIPP



Bestley Clinical Commissioning Group

Scheme Heading	Project Lead	Clinical Lead	Planned Go 'Live' Date	No of Months Saving in 13/14	Scoping			PLANNING				Rag Rating 24/04/2013	2013/14 Delivery			Director Assessment 17/07/2013					
					(Full Year) Viable Opportunity "GROSS" £	(Full Year) Recurrent Cost of Re provision £	(Full Year) Effect Net Saving	2011 / 2014 Plan		2014 / 2015 Plan	Overall Scheme Rating		Green 100% Amber 75% Red 50%	Implementation & Monitoring Form (App 7) Delivery RAG Rating - Month 4 July		"Non ISFE" - Financial Reporting Month 4 July		Best Case	Most Likely	Worst Case	
								(Part Year) Viable Opportunity "GROSS" £	(Part Year) Recurrent Cost of Re provision £	13/14 Net Saving Opportunity £				14/15 Net Saving Opportunity	Finance	Milestones	Performance				2013/14 Delivery YTD Value £
GP QIPP - Reduction in Referrals 5%	TBC	TBC	Jul-11	9	602,000	0	602,000	451,500	0	451,500	150,500	Green	451,500	=	=	=	7,023	63,210	80,000	63,210	40,000
GP QIPP - Reduction in Referrals Additional 5%	TBC	TBC	Jul-11	9	602,000	0	602,000	451,500	0	451,500	150,500	Amber	338,625	=	=	=	0	0	0	0	0
Adult Intergrated Care (Older People)	Sue Robinson	N Khanani	Sep-13	7	4,020,505	-2,021,228	1,999,279	2,680,337	-1,515,930	1,164,417	834,862	Green	1,164,417	=	=	=	388,139	1,164,417	1,164,417	1,164,417	1,000,000
Mental Health in General Acute Setting	Gordon Powell	Dr Milstein / Dr Wallatt	Oct-13	6	812,000	-240,000	572,000	406,000	-120,000	286,000	286,000	Green	286,000	=	=	=	0	52,500	55,000	52,500	50,000
Palliative Care EOLC	Kat Watson	Dr Kwan	Oct-13	6	600,000	-200,000	400,000	300,000	-100,000	200,000	200,000	Green	200,000	=	=	=	0	250,000	300,000	250,000	200,000
Respiratory	Kat Watson	Dr Paul	Oct-13	6	400,000	-200,000	200,000	200,000	-100,000	100,000	100,000	Amber	75,000	=	=	=	0	163,000	175,000	163,000	150,000
MSK	Coral Alexander	Dr Bhadra	Dec-13	4	15,612,367	-13,270,512	2,341,855	5,204,122	-4,423,504	780,618	1,561,236	Amber	585,464	=	=	=	0	897,711	1,198,078	897,711	599,039
Cardiology	Jane Price	Dr Manis	Apr-14	0	523,817	0	523,817	0	0	0	523,817	Amber	0	=	=	=	0	333,000	445,436	333,000	222,718
Pathology	Neil Hales	TBC	Oct-13	6	250,000	0	250,000	125,000	0	125,000	125,000	Red	62,500	Closed	Closed	Closed	0	0	0	0	0
POLCE (TAPS)	Neil Hales	Dr Ghondia	Apr-13	12	450,000	0	450,000	450,000	0	450,000	0	Green	450,000	=	↓	=	138,880	349,920	450,000	349,920	250,000
Community Consultant Services - General Surgery	Neil Hales	Dr Kanani	Oct-13	6	475,000	-200,000	275,000	237,500	-100,000	137,500	137,500	Green	137,500	=	↑	=	0	403,177	451,253	403,177	400,000
Community Consultant Services - Dermatology	Neil Hales	Dr Kanani	Oct-13	6	115,000	0	115,000	57,500	0	57,500	57,500	Green	57,500	=	↑	=	0	0	0	0	0
Ophthalmology	Neil Hales	TBC	Apr-13	12	500,000	0	500,000	500,000	0	500,000	0	Red	250,000	=	↑	=	125,000	125,000	150,000	125,000	100,000
Diabetes - Redesign	Alan Rubin	Dr Gill	Jan-14	3	1,200,000	-200,000	1,000,000	300,000	-50,000	250,000	750,000	Green	250,000	=	=	=	0	200,000	250,000	200,000	150,000
Community Consultant Services - Urology	Neil Hales	Dr Kanani	Oct-13	6	300,000	-200,000	100,000	150,000	-100,000	50,000	50,000	Green	50,000	=	↑	=	0	0	0	0	0
Community Consultant Services - Gynaecology	Neil Hales	Dr Kanani	Oct-13	6	450,000	-200,000	250,000	225,000	-100,000	125,000	125,000	Green	125,000	=	↑	=	0	0	0	0	0
Neuro Rehab	Alan Rubin	TBC	Apr-13	12	1,273,416	-1,221,268	52,148	1,273,416	-1,221,268	52,148	0	Green	52,148	=	=	=	17,383	52,148	52,148	52,148	52,148
Anticoag	Alan Rubin	Clare Fernee	Apr-13	12	412,915	-157,910	255,005	412,915	-157,910	255,005	0	Green	255,005	=	=	=	72,223	139,999	140,000	139,999	140,000
Reduction in Access Points - UCC	Alan Luke	Sue Robinson	Apr-14	0	250,000	0	250,000	0	0	0	250,000	Green	0	=	=	=	0	0	0	0	0
Oxleas - Community Contract	Alan Rubin	TBC	Apr-13	12	500,000	0	500,000	500,000	0	500,000	0	Green	500,000	=	=	=	166,667	500,000	500,000	500,000	500,000
Diabetes - Training	Alan Rubin	Dr Gill	Apr-13	12	486,000	-236,000	250,000	486,000	-236,000	250,000	0	Green	250,000	=	=	=	83,333	250,000	250,000	250,000	250,000
Corporate Schemes	T Osborne	H Stoate	Apr-13	12	650,000	0	650,000	650,000	0	650,000	0	Green	650,000	=	=	=	650,000	650,000	650,000	650,000	650,000
IAPT - Mental Health Referral Management	Gordon Powell	A Milstein / W Wallatt	Apr-13	12	1,000,000	0	1,000,000	1,000,000	0	1,000,000	0	Red	500,000	=	↓	=	0	0	0	0	0
General Mental Health	Gordon Powell	A Milstein / W Wallatt	Apr-13	12	500,000	0	500,000	500,000	0	500,000	0	Green	500,000	=	=	=	166,667	500,000	500,000	500,000	500,000
GP QIPP - PMC	Neil Hales	TBC	Apr-13	12	500,000	-350,000	150,000	500,000	-350,000	150,000	0	Green	150,000	=	=	=	50,000	150,000	150,000	150,000	150,000
Thwaites	TBC	TBC	Apr-13	12	90,000	0	90,000	90,000	0	90,000	0	Green	90,000	=	=	=	23,000	23,000	45,490	23,000	0
Prescribing	Clare Fernee	B Cotter	Apr-13	12	3,000,000	0	3,000,000	3,000,000	0	3,000,000	0	Green	3,000,000	=	=	=	1,000,000	3,000,000	3,000,000	3,000,000	3,000,000
Total					35,575,020	-18,696,916	16,878,104	20,150,790	-8,574,602	11,576,188	5,301,915		10,430,658				2,888,315	9,267,082	10,006,822	9,267,082	8,403,905
12/13 QIPP Rfwd										511,852	0		511,852				511,852	511,852	511,852	511,852	511,852
Additional QIPP 13/14 identified during the year																	1,204,199	1,204,199	1,204,199	1,204,199	1,204,199
Saving on CQUIN																	150,000	150,000	200,000	150,000	100,000
Adjustment for Running Costs QIPP not included in NHSE reporting																	-607,000	-607,000		-607,000	
SLA Reserve																	127,200	1,144,800		1,144,800	
																	4,274,566	11,670,933	11,922,873	11,670,933	10,219,956

Key

- ⬆️ No Change
- ⬆️ Improvement
- ⬇️ Deterioration

11. FINANCIAL MANAGEMENT

Better Payment Practice Code (BPPC)

Target

One of the CCG's national targets is to ensure that at least 95% of NHS and non-NHS trade creditors are paid within 30 days of receipt of the invoice. Performance against this target is regularly reported to the local NHSE performance team, and the annual cumulative figure for the year is published in the Annual Accounts and Annual Report.

Table 8: Better Practice Payment Code (BPPC) performance

	CUMULATIVE												
		NHS	NON-NHS	TOTAL	NHS	NON-NHS	TOTAL	NHS	NON-NHS	TOTAL	NHS	NON-NHS	TOTAL
	Target	By Count	By Count	By Count	By Value	By Value	By Value	By Count	By Count	By Count	By Value	By Value	By Value
	%	%	%	%	%	%	%	%	%	%	%	%	%
April	95.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
May	95.00	92.50	93.70	93.57	99.64	79.80	97.77	95.16	94.36	94.47	99.82	81.50	98.83
June	95.00	92.63	95.48	94.88	97.19	91.56	96.82	93.63	94.89	94.67	98.72	86.23	97.99
July	95.00	97.62	94.03	94.97	99.94	94.20	98.78	95.91	94.51	94.81	98.98	90.41	98.18

The month 3 statistics have been restated in this report as there was a timing issue with the information received from the CSU and consequently 40 additional invoices should have been included in the numbers. This has made very small changes to the reported position. In month 4, the cumulative figures for NHS by count and by value exceed the 95% target, however, the non NHS by count and by value are still below target. It should be noted that the non NHS by value has improved by almost 4% in month which is positive. The combined NHS and non NHS by count remains marginally below the 95% target, although there has been an improvement in month. The combined NHS and non NHS by value continues to exceed the target and has also improved in month. As this is one of the measurable targets for the CCG, this needs to be addressed to ensure that the target is met. Budget holders are constantly being asked to approve invoices in a timely manner or if there is a problem with the invoice to place it on hold until the issue is resolved. They have also now been asked to refer invoices to the local finance team if they are unclear who should approve it as opposed to sending it back to the central CSU team. It is hoped that this will also speed up the approval process. The local finance team will continue to reinforce this message to budget holders during their regular budget meetings.

Cash Management

Cash Limit

The CCG has yet to receive a formal cash limit and so the working assumption has been that this will be equal to the allocations issued to the CCG as detailed above. As soon as further information is available this will be reported to the Governing Body. The CSU local CCG facing finance team is also working with the Financial Governance team

to ensure that they are aware of any allocation changes which would affect the cash position.

Cash Drawings

Table 9 shows the year to date cash drawings to Month 4 compared to the planned drawings for the same period. The cash plan anticipates the cash limit at the end of 2013/14 which has yet to be issued as explained above.

Table 9: Planned and actual cash drawings

	Actual Cash Drawings 2013/14	Planned Cash Drawings	Cumulative Actual Cash Drawings	Cumulative Planned Cash Drawings	Cash Balance
	£m	£m	£m	£m	£m
April	18.000	18.000	18.000	18.000	2.892
May	18.500	18.500	36.500	36.500	4.228
June	14.000	14.000	50.500	50.500	1.348
July	16.400	16.400	66.900	66.900	0.541
August		15.000		81.900	
September		17.200		99.100	
October		20.832		119.932	
November		20.832		140.764	
December		20.832		161.596	
January		20.832		182.428	
February		20.832		203.260	
March		20.832		224.092	
Total	66.900	224.092	50.500	224.092	

The cash balance at the end of month 4 is another improvement on previous months but still remains too high, compared to the £150k end of month target. The joint working between the Financial Governance team and the CCG facing team have improved the situation but further work is still required to achieve the target. The CCG now receives weekly cash forecasting information which is also an improvement from last month. This information allows the CFO and CCG facing team to ensure that as many payments as possible are approved to reduce the cash balance. This assists with the BPPC position. It is hoped that the cash target will be met in August for the first time.

Debtors and Income Collection

Table 10: Aged Debtors Position

	Position as at 30 April 2013	Position as at 31 May 2013	Position as at 30 June 2013	Position as at 31 July 2013
	£	£	£	£
Under 1 Month	787	564548	0	1521
1-2 Months	0	8431	161108	264174
2-3 Months	0	0	8431	152913
Over 3 Months	0	0	0	8431
Total	787	572978	169539	427039

The level of aged debtors has increased significantly this month as a result of the work undertaken to ensure that all income is being invoiced. In total, the CCG has debts outstanding from 18 organisations. The highest level of debt remains with the London Borough of Bexley which totals £361k. Further work will be undertaken by the CCG facing team to follow this up. A further £41k of debt is with South London Healthcare NHS Trust which SBS have attempted to follow up but have been unable to make contact with the organisation. Again, the CCG facing team will follow up and see if they can make contact to ensure payment is made. The debt due from South London CSU has now been agreed and the invoices passed for payment.

Statement of Financial Position

The Statement of Financial Position has not been presented here. At present it is not meaningful as no opening balances have yet been transferred to the CCG and are unlikely to do so until September 2013.

12. RECOMMENDATIONS

Members are asked to:

- **DISCUSS & NOTE** the Month 4 (July) financial position and forecast outturn detailed in this report which shows the CCG meeting the required 1% surplus;
- **NOTE** the details of the 2013/14 allocations (programme and running costs) received and expenditure to date;
- **NOTE** the returns made to NHS England reporting the Month 4 financial position, QIPP delivery, use of 2% headroom and the risks and mitigations which the CCG has;
- **DISCUSS & NOTE** the key risks and cost pressures identified to achieving the surplus control total in 2013/14 and the management actions being taken to address and mitigate these risks;
- **NOTE** the month 4 actual performance against the key national finance targets.

FIMS

Month 4 CCG Financial Position

CCG code	Year to Date Planned Surplus / (Deficit)	Year to Date Actual Surplus / (Deficit)	Year to Date Variance from plan		Full Year Planned Surplus / (Deficit)	Full Year Forecast Outturn Surplus / (Deficit)	Full Year Variance from plan
	£'m	£'m	£'m		£'m	£'m	£'m
07N	1,155	1,155	-		2,569	2,569	-

Non ISFE Reporting M04**Clinical Commissioning Group**

NHS Bexley CCG	07N
----------------	-----

Area Team

London	Q71
--------	-----

Region

London	Y56
--------	-----

Month

Jul-13	04
--------	----

Completed By:

Julie Witherall

Email:

julie.witherall@bexley.nhs.uk

Contact Number:

0208 298 6252

CCG	NHS Bexley CCG
CCG Code	07N
Month	Jul-13

Risks & Opportunities Please read notes at the bottom before completing this template

Risks	Full Risk Value £m	Probability of risk being realised %	Potential Risk Value £m	Proportion of Total %	Commentary
CCGs					
Acute SLAs	3.10	55%	1.71	43.5%	Potential risk value = current most likely as per SLCSU less QIPP under-performance
Community SLAs	.50	60%	.30	7.7%	Potential risk value = anti-coag overspend
Mental Health SLAs	.50	100%	.50	12.8%	Potential risk value = current most likely - relates to increased TILT bed use plus additional acute activity.
Continuing Care SLAs	6.20	0%	0.00	0.0%	Includes risk on CHC claims. Likely risk considered very small at month 4. Risk may increase as year progresses.
QIPP Under-Delivery	1.90	59%	1.12	28.6%	Potential risk = based on latest director assessment of delivery.
Performance Issues	0.00	0%	0.00	0.0%	
Other Risks	5.80	5%	.29	7.4%	Includes risk on specialist commissioning, prescribing & Audiology AQP. NHSE confirmed zero impact on specialist commissioning. Risk may increase as year progresses. Potential risk value = likely prescribing reserve

TOTAL RISKS	18.00		3.92	100%
--------------------	-------	--	------	------

Mitigations	Full Mitigation Value £m	Probability of success of mitigating action %	Expected Mitigation Value £m	Proportion of Total %	Commentary
Uncommitted Funds (Excl 2% Headroom)					
Contingency Held	1.30	100%	1.30	23.2%	0.5% contingency
Contract Reserves	3.80	100%	3.80	67.9%	General reserve, prescribing, 0.5% risk reserve and QIPP reserves to offset shortfalls
Investments Uncommitted	0.00	0%	0.00	0.0%	
Uncommitted Funds Sub-Total	5.10		5.10	91%	
Actions to Implement					
Further QIPP Extensions	1.00	50%	.50	8.9%	QIPP pipeline schemes being developed
Non-Recurrent Measures	0.00	0%	0.00	0.0%	
Delay/ Reduce Investment Plans	0.00	0%	0.00	0.0%	
Other Mitigations	0.00	0%	0.00	0.0%	
Actions to Implement Sub-Total	1.00		.50	9%	

TOTAL MITIGATION	6.10		5.60	100%
-------------------------	------	--	------	------

NET RISK / HEADROOM			1.68	
----------------------------	--	--	------	--

BEST CASE IMPACT	5.10		5.10	
-------------------------	------	--	------	--

No risks materialise and funds remain uncommitted.

WORST CASE IMPACT	(12.90)		1.18	
--------------------------	---------	--	------	--

All risks occur and further actions all unsuccessful, uncommitted funds mitigate only.

PLANNED SURPLUS/DEFICIT			2.57	
RISK ADJUSTED CONTROL TOTAL			4.25	

CCG	NHS Bexley CCG
CCG Code	07N
Month	Jul-13

2% Expenditure

	Full Year Plan £m	YTD Actual £m	Balance of Committed £m	Balance Uncommitted £m	Commentary
Local CCG 2%					
Transitional support - provider					
Transformation funding	0.00	0.00	0.00	0.00	
Double running/pump priming	0.00	0.00	0.00	0.00	
Other	0.00	0.00	0.00	0.00	
Transitional support - CCG	0.00	0.00	0.00	0.00	
Innovation funding	0.00	0.00	0.00	0.00	
Investment to improve health outcomes/pathway development	3.86	0.33	3.53	0.00	Implementation of local QIPP schemes (0.5%) % community based care schemes (1%)
Risk pooling	1.28	0.00	1.28	0.00	SEL Collaborative risk share
Other risk management	0.00	0.00	0.00	0.00	
Other 2%	0.00	0.00	0.00	0.00	
Sub Total CCG	5.14	0.33	4.81	0.00	
Used as support to plan bottom line	0.00	0.00	0.00	0.00	
Total CCG	5.14	0.33	4.81	0.00	

Total identified in plan	5.14
Check	0.00

Notified Resource Limit	256.92
Percentage	2.0%

CCG	NHS Bexley CCG
CCG Code	07N
Month	Jul-13

QIPP **Note: Enter a positive value for net savings \ a negative value for net investment.**

	QIPP Target		In-Month					YTD					Forecast				Commentary	
	£m	As % of Allocation	Plan £m	Actual £m	Var £m	Var %	RAG	Plan £m	Actual £m	Var £m	Var %	RAG	Actual £m	Var £m	Var %	RAG		
Local QIPP																		
Transactional	0.94	0.4%	.08	1.43	1.35	1805.3%	G	.34	1.70	1.35	394.8%	G	2.30	1.35	143.6%	G	Additional CIPS of £1.2m found in year.	
Transformational	10.03	3.9%	.69	.19	(.50)	-73.0%	R	2.44	1.94	(.50)	-20.5%	AR	7.72	(2.31)	-23.0%	AR	Key items: IAPT £1m savings deferred to 14/15 & RAG rating diff. shown in other as not a transformational saving.	
Other	0.51	0.2%	0.00	.13	.13		G	0.51	0.64	.13	25.0%	G	1.66	1.15	224.3%	G	Includes RAG rating reserve held to offset under delivery of transformational QIPP.	
Unidentified	0.00	0.0%	0.00	0.00	0.00	0.0%		0.00	0.00	0.00	0.0%		0.00	0.00	0.0%			
Total QIPP	11.48	4.5%	.76	1.74	.98	129.1%		3.29	4.27	.98	29.8%		11.67	.19	1.7%			
Total QIPP identified in plan	11.48																	
Total QIPP Check	0.00																	

The QIPP schemes in the operating plan are gross before Rag rating with the offsetting value provided in reserves & in

<----- Please explain in the box above why your unidentified plan is less than the operating plan check

Notified Resource Limit	256.92
-------------------------	--------

Analysis of QIPP savings

	QIPP Target £m	Forecast Actual £m	Var £m	% of Total
Recurrent	10.98	11.17	0.19	1.66%
Non-recurrent	0.50	0.50	0.00	0.00%
Total Local QIPP	11.48	11.67	0.19	

check TRUE TRUE

Memo - Health economy wide QIPP

	QIPP Target		In-Month					YTD					Forecast				Commentary	
	£m	As % of Allocation	Plan £m	Actual £m	Var £m	Var %	RAG	Plan £m	Actual £m	Var £m	Var %	RAG	Actual £m	Var £m	Var %	RAG		
Health Economy Wide QIPP																		
Price Efficiency Acute	6.18		.52	.53	.01	1.9%	G	2.06	2.10	.04	1.9%	G	6.30	.12	1.9%	G	Actuals where known. Plan wehre contract not yet agreed. Excludes increase in maternity pathway for SLHT.	
Price Efficiency Mental Health	1.06		0.00	0.00	0.00			1.06	1.06	0.00	0.0%	G	1.06	.00	0.1%	G	Negotiated out of 13/14 block contract baselines with Oxleas & SLAM & other contracts	
Price Efficiency Other NHS	1.02		0.00	0.00	0.00			1.02	1.02	0.00	0.0%	G	1.02	.00	0.2%	G	Negotiated out of 13/14 block contract baselines with Oxleas & SLHT & other contracts	
Price Efficiency Non-NHS	0.00		0.00	0.00	0.00	0.0%		0.00	0.00	0.00	0.0%		0.00	0.00	0.0%			
Other Schemes	0.36		.03	.03	(.00)	-1.1%	G	.12	.12	0.00	0.0%	G	.36	(.00)	-1.1%	G		
Total Health economy wide QIPP	8.63		0.55	0.56	0.01	1.7%		4.26	4.30	0.04	0.9%		8.74	0.11	1.3%			
Total HE QIPP identified in plan	8.63																	
HE QIPP Check	0.00																	

GLOSSARY OF TERMS

BPPC	BETTER PAYMENT PRACTICE CODE
CAMHS	CHILDREN'S AND ADOLESCENTS MENTAL HEALTH SERVICES
CCG	CLINICAL COMMISSIONING GROUP
CHC	CONTINUING HEALTHCARE
CIP	COST IMPROVEMENT PROGRAMME
CRL	CAPITAL RESOURCE LIMIT
CSU	COMMISSIONING SUPPORT UNIT
DES	DIRECTLY ENHANCED SCHEME
DVH	DARENT VALLEY HOSPITAL
FIMs	FINANCIAL INFORMATION MONITORING RETURNS
FOT	FORECAST OUTTURN
GSTT	GUY'S & ST THOMAS' NHS FOUNDATION TRUST
HRG	HEALTH RESOURCE GROUP
LA	LOCAL AUTHORITY
LBB	LONDON BOROUGH OF BEXLEY
LES	LOCAL ENHANCED SCHEME
LIS	LOCAL INCENTIVE SCHEME
LHNT	LEWISHAM HOSPITAL NHS TRUST
KCH	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST
KPI	KEY PERFORMANCE INDICATOR
MDT	MULTI DISCIPLINARY TEAM
NHSE	NHS ENGLAND
PMO	PROGRAMME MANAGEMENT OFFICE
PPA	PRESCRIPTION PRICING AUTHORITY
QIPP	QUALITY, INNOVATION, PRODUCTIVITY & PREVENTION
QOF	QUALITY OUTCOME FRAMEWORK
RRL	REVENUE RESOURCE LIMIT
RTT	REFER TO TREATMENT
SBS	SHARED BUSINESS SYSTEMS
SLA	SERVICE LEVEL AGREEMENT
SLHT	SOUTH LONDON HEALTHCARE NHS TRUST
UHL	UNIVERSITY HOSPITAL LEWISHAM
TSA	TRUST SPECIAL ADMINISTRATOR
YTD	YEAR TO DATE