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NHS
Merton
Clinical Commissioning Group

MERTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Date of Meeting: 29th September 2016

Agenda No: 8.2

Attachment: 16

Title of Document: Financial Report – Month 5 2016/17	Purpose of Report: For approval
Report Author: Chris Moreton	Lead Director: Andrew Hyslop
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Executive Summary: This report provides a detailed analysis and commentary on the CCG's Month 5 2016/17 financial performance.	
Key sections for particular note (paragraph/page), areas of concern etc: Governing Body members should note that this report provides an updated view of the emerging position in 2016/17 including an emerging indication that underlying acute activity (before QIPP) may be underperforming and a revised view of the current achievement of QIPP.	
Recommendation(s): The Governing Body is requested to approve the Financial report – Month 5 2016/17.	
Committees which have previously discussed/agreed the report: Senior Management Team – 19.9.16; Finance Committee 22.09.16	
Financial Implications: Contained within the body of the report.	
Implications for CCG Governing Body: None other than those reported in the paper.	
How has the Patient voice been considered in development of this paper: The patient voice is considered at a detailed project by project level. However, there are no direct implications on the patient voice from this report.	

Other Implications: (including patient and public involvement/Legal/Governance/Risk/Diversity/ Staffing) The potential for the CCG to over perform against target could have implications for patients and the wider Merton CCG public. These implications will be specifically addressed as and when the risks emerge with greater certainty.
Equality Assessment: N/A
Information Privacy Issues: None
Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution) Existing internal and external communications messages currently reflect the latest financial outlook and are updated appropriately as new information becomes available.



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1. Overview

- 1.1. The purpose of this report is to analyse and summarise the overall financial position of the CCG as at the end of August 2016 (Month 5).
- 1.2. This CCG has a control total of a £0.6M deficit and we are continuing to make good progress towards achieving this target and we are currently reporting to NHS England that we will achieve this position by the year end. However, this report will indicate that there are some significant movements in key budgets which broadly compensate each other and which mean we continue to be broadly on track for achieving a demanding savings challenge.
- 1.3. For the year to date position our pro-rata target is a £250K deficit position but we are marginally ahead with a year to date position of £170K deficit. This is perhaps more expected given that a significant proportion of our QIPP programme, and therefore potential risk, is back ended.

2. Overall savings requirement

- 2.1. The Governing Body will recall that in order to reduce the original planned deficit from £6.0M to £0.6M that a number of additional savings measures, over and above the planned QIPP, were required to be identified. Of this £5.4M reduction an aggregate £2.7M was identified through the release of the RTT reserve (£2.0M) and further budgetary reductions (£0.7m). This left a shortfall of £2.7M which required further work to generate or alternatively a likely £3.3M deficit in total.
- 2.2. Since the Governing Body last met a detailed review of budget setting was carried out which unidentified that some budgets were likely to underspend in year. This includes slippage in QIPP investments (£500K non-recurring). This primarily reflects a delay in the commencement of the referral management and complex patient case finding services. Therefore the savings shortfall has reduced to £2.033M.
- 2.3. During month 5 a series of further measures have been applied to the position, which have reduced the shortfall by £978K to £1.055M. The benefit of these measures, which collectively have been referred to as Finance policy & procedures review, have been reflected in the year to date position on a pro-rata basis. The main driver of this review was the reversal of prior year balance sheet net provisions for disputed sums that are unlikely to be required, all of which are non-recurring. This has been reported as QIPP, although has been reduced down to £743K to reflect an offsetting under accrual from 2015/16 which is already incorporated into the forecast.
- 2.4. A number of additional measures have been identified to close the remaining shortfall. These include:
 - An assumption that the CCG will receive a quality premium payment (£200K non-recurring). The sum for 2016/17 is due to be announced by

November. In 2015/16 we received £450K and a prudent assumption has been made that this will be reduced on account of not achieving compliance with business rules in 2015/16. This sum is not guaranteed and should be considered a risk, which is why we were not permitted by planning guidance to build this into the sculpting of the original control total.

- A review of material block contracts (principally mental health and community) to recover an element of investment in services which have either slipped beyond the planned start date or where there are significant vacancies which are impacting upon service delivery (£200K non-recurring).
- Reflecting the anticipated benefit in a national reduction in category M drug pricing which is due to incrementally take effect in the second half of the year. It is difficult to develop a hard calculation of this benefit (which could be £600K to £700K on a full year basis) so a lower amount of £200K (recurring) has been assumed.
- An initial review of CHC indicates that there is scope for further measures to counteract the rising trend of expenditure. These measures, which will be framed in a holistic plan, are over and above the initial planned QIPP savings and are targeted to release a further £455K (recurring) in 2016/17.

2.5. Unlike the Finance policy & procedure review, these additional measures are prospective and should be considered to carry a higher degree of risk.

2.6. In planning terms, the combination of the Finance policy & procedures review and the prospective measures outlined above will reduce the budgeted position to break even against the £0.6M deficit control total. However, it should be noted that these measures rely upon a significant degree of non-recurring initiatives which mean that further recurring measures will need to be identified in 2017/18 to substitute for the non-recurring benefit in 2016/17.

3. Key movements in forecast outturn position (Table 1)

3.1. There are a number of significant movements against plan. To distinguish underlying movements from the delivery of QIPP (which is embedded in budgets), the analysis below removes the impact of QIPP and effectively treats this as a standalone budget. The principal reason for this is to isolate the drivers of underlying variances from variation in QIPP delivery.

3.2. Key variances include:

- There is a significant underperformance on acute contracts. Before the impact of QIPP is applied to these budgets it is forecast that expenditure will be £5.1M below plan. The key driver of this reduction appears to be a sustained reduction in GP referrals and an unexpected fall in maternity expenditure. The impact of the former factor appears to reflect the initiatives that took place during the end of the 2015 calendar year that have had a far bigger impact than have been anticipated at the point when the plan was set. See section 5 for more details.
- Since the previous Finance report a more robust view of QIPP performance has been applied. This reflects the fact that we are further into

the financial year and have more accumulated data to calibrate performance and the challenge provided by the recently appointed Programme Director (Financial Recovery). We are now forecasting (before the additional measures outlined in section 2 above) that the QIPP programme will deliver a reduced aggregate saving of £4.7M. This is a shortfall of £2.6M against the budgeted programme of £7.3M. However, this includes the newly created QIPP scheme for the Finance policy & procedures review, so the under achievement against the original QIPP programme widens to £3.3M

- This reflects a significant degree of caution and we are continuing to work hard to recover the programme. See section 10 for more details.
- Despite growing 2015/16 outturn expenditure by 15%, the CHC budget is facing increasing pressure. This is comprised of both sustained organic growth in new cases and the impact of a national price increase in funded nursing care which has had a £763K impact back dated to April 2016. See section 6 for more details.
- The underlying position on prescribing is beneficial and this reflects a position that is shared by other CCGs across South West London. If the £1.2M QIPP target is removed, expenditure is forecast to be £0.9M below budget. The reasons for this are not completely clear. Whilst the partial achievement of QIPP is a factor, this is not the sole driver of the position as much of the £800K stretch that was added to the original £400K QIPP is focused around specific actions which take more time to be implemented.

3.3. The movements described above are summarised below.

Budget	Variance (Incl QIPP)	Remove QIPP	Variance (Excl QIPP)
Acute	(£0.2M)	£5.3M	£5.1M
CHC	(£0.8M)	£0.4M	(£0.4M)
Prescribing	(£0.3M)	£1.2M	£0.9M

4. Revenue Resource Limit (RRL)

4.1. There has been a slight change to the revenue resource limit CCG this month to £270,570k, which is an increase of £19k relating to the GP development programme. This has been matched with an equal spending Assumption.

5. Acute Commissioning (Table 2)

- 5.1. In the early part of the financial year, the reporting position was badly affected by data quality issues at Saint George's Hospital (SGH) and Epsom & St. Helier Hospitals (ESH). Therefore, it was decided to report to plan at that point. Since then a contractual Information Breach Notice has been issued to SGH and the CSU has worked with ESH to improve the robustness of their data. Consequently, after testing by the CSU, it appears that the latest reporting from both providers is of sufficient quality to report.
- 5.2. As is normally the case, the reporting of what is referred to as frozen actuals is two months behind. This means that confirmed actuals are only available as at Month 3 (June). This is supplemented by early 'flex' reporting for Month 4 (July). The flex

position is preliminary billing which is subject to opportunities for both the providers and the CSU to refine coding or challenge respectively. Therefore, the flex position is subject to change.

- 5.3. To produce a year to date position for month 5, the month 4 position is simply extrapolated on a linear basis (i.e. 5/4). The forecast outturn position is based upon an extension of this extrapolation to the year end, but is adjusted for a number of factors including seasonality, anticipated changes to the trend rate, CSU led data challenges and known developments.
- 5.4. The year to date position, which includes embedded QIPP targets, shows a small adverse variance of £96k (0.17% of budget). This position is driven by the performance on the major acute trusts. SGH and Kingston Hospital (KGH) both show small adverse variances of £176k (0.7%) and £84k (1.9%) respectively. However, ESH is showing a small favourable variance of £290k (2.2%).
- 5.5. The year to date position is borne out in the full year forecast too. Overall there is a full year forecast overspend of £231k on a budget of £133.4M (0.17%). However, as highlighted in section 3 above, this position reflects that QIPP has been embedded within budgets and there are significant areas of under delivery against the QIPP programme (e.g. £1.1M shortfall against the foetal medicine scheme alone). This means that the underlying position, driven by organic activity change, is more favourable.
- 5.6. This is because of significant levels of activity underperformance at both SGH and ESH, slightly offset by pressure on other contracts. The key areas of variation are as follows:
 - A significant reduction in maternity activity at SGH, although this appears to be partially offset by increased activity at other providers outside SW London, suggesting that patient choice may be a factor.
 - A reduction in elective activity at ESH, especially in endoscopy.
 - An increase in short stay non-elective admissions at SGH, although the impact of this has been offset by the fact that much of it is absorbed into facilities that are subject to a block contract (e.g. CDU/SAU) and which are effectively free of additional charge in 2016/17.
 - A significant increase in rehabilitation bed days at Queen Mary's Hospital Roehampton. This has the characteristics of being a potential shift in recording policy vis a vis early discharges from the main SGH site. This will be explored as part of the coding and counting review.
- 5.7. This indicates that activity in the elective pathway (referrals, admissions and 1st outpatients) appears below plan across the board. It is unclear what is driving this trend, but it is likely that a number of actors are at play:
 - The impact of measures such as One Merton initiative that took place at the end of the 2015 calendar year have had a greater impact upon reducing GP referrals that had been anticipated in the plan. Work is on-going to demonstrate whether this is the case, and if proven, it is proposed

that the effect is counted as part of QIPP delivery rather than simply unexpected acute performance.

- The loss of theatre capacity at SGH and the junior doctor's strikes are likely to have had an impact upon provider supply meaning that it is probable that the RTT position is growing, however, due to SGH non-reporting this is a factor that is difficult to calibrate. Furthermore, whilst this appears as a benefit in 2016/17, this effectively creates a non-recurring liability in 2017/18 on the assumption that additional activity will be required to bring the waiting list in line with required targets once SGH recommences reporting.
- The impact of growing activity at the Nelson was not factored into the plan as it was assumed that the minimum income guarantee would not be exceeded. This substitution has had the effect of providing 'free of charge' activity for the difference between 2015/16 forecast outturn activity at the Nelson (£1.6M) and the minimum income guarantee (£2.0M).
- In an isolated number of areas, it is possible that our activity growth model, which was based upon a three year average run rate model, has over factored in past one-off steps in growth.

5.8. Further work is being performed to provide a more robust analysis of the drivers of the current trend and this will be reported to the Finance Committee as part of the Month 6 report.

6. Non-Acute (Tables 3 & 4)

6.1. The year to date position is an adverse variance of £258k and a full year forecast adverse variance of £693k. This aggregate position actually masks a number of individual variances.

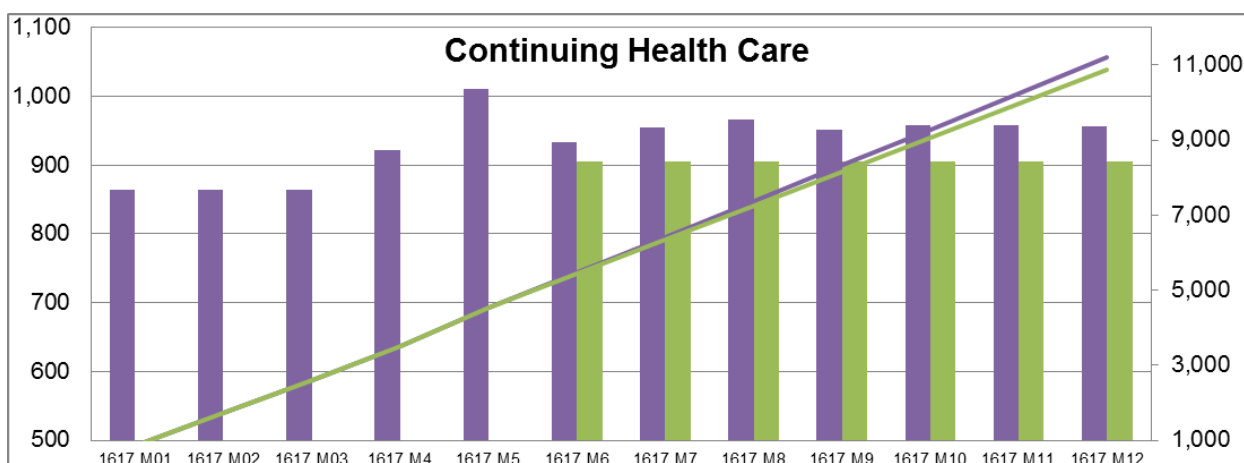
6.2. One of the main areas of pressure has been on mental healthcare placements which show a year to date £183k adverse variance and a full year forecast adverse variance of £572k. It is always difficult to predict and forecast with certainty the volume of placements in a financial year. The forecast allows for a net four additional placements. We will keep this area under review as the year progresses.

6.3. The other key adverse variance in the non-acute programme relates to continuing healthcare (CHC) for which there is forecast to be an adverse variance of £846k. The budget was increased by 15% in 2016/17. The variance is largely driven by the decision of NHSE to significantly increase national rates for funded nursing care packages, which has added £693k of additional cost to the year end position.

6.4. However, this is a one off catch up impact and of more concern is the trend of growth in new cases, especially given the significant additional growth we have applied to this programme.

6.5. The full year forecast is based on a straight line extrapolation of the year to date position. However, since month end we have conducted a more detailed analysis of the recent trends on the month on month trends. As can be seen below, if a rolling three month average is assumed for the remaining seven months of the year, the full year forecast would increase to an unmitigated £11.2m (i.e. £0.3m higher than the

current forecast). However, due to the high level of variation in the historical data, the final figure could be even higher than this.



- 6.6. Finally, the community services position has shown a marked increase this month. The year to date favourable variance is £233k and the full year forecast is £559k favourable. The full year position has been improved by an agreed reduction in contract value worth £321k. This relates to a performance incentive payment to CLCH to reduce non-elective admissions which is being withheld.

7. Primary Care & prescribing (Table 5)

- 7.1. This programme area is largely comprised of prescribing and delegated primary care.
- 7.2. As with acute billing, prescribing data is always two months behind. Therefore, the position as at Month 5 is based upon just three months actuals. This makes forecasting difficult, especially since there is generally significant volatility from month to month. Therefore, robust profiling based upon previous historic patterns is important.
- 7.3. The year to date position for prescribing is an overspend of £116k which has been matched by a relatively linear forecast outturn extrapolation of £277k overspend. However, it should be noted that £1,235K of QIPP savings have been embedded into the budget. Therefore, this forecast indicates that all of the initial £435K QIPP is being delivered as well as a significant proportion of the additional £800K stretch target.
- 7.4. There can be some optimism that the full year forecast can improve further. The PMO forecast which includes the effects of Category M drugs whose price reductions are the subject of national policy and other policy changes is some £0.5m lower than our reported forecast. It is for this reason that some of the unidentified savings has been populated with a proportion of further prescribing savings.
- 7.5. The other material budget in this programme is devolved primary care. Whilst the CCG is fully accountable for this service, it is continued to be managed on a day to day basis by NHSE. The CCG has very little oversight of the ledger and little understanding of the approach by NHSE to setting accruals or reporting QIPP delivery. Therefore, although the YTD position indicates a flat position, there is concern that this may not reflect the underlying position. A meeting has been requested with NHSE to reach a more acceptable position whilst the service is in transition. The forecast outturn is again for a flat position.

8. Corporate & Estates (Table 6)

- 8.1. Year to date expenditure is running at £322k adverse to budget. This continues to be driven by a combination of factors principally interim staff spend, the new clinical lead model recently implemented and some additional CHC administration expenditure not previously factored in to the position.
- 8.2. However the full year forecast is expected to be £374k. This position reflects the work undertaken to drive QIPP compliance this year. As has been reported previously, the CCG has enacted a programme to reduce avoidable interim posts, releasing incumbents where possible and converting other roles to permanent posts.
- 8.3. The CCG is required to comply with its running costs allocation from NHSE of £4,397k for the year as part of the business rules regime required of all CCGs. Table 6 shows a compliant position with this requirement. However, the CCG moved £332k year to date and £417k in the full year forecast of qualifying running costs expenditure in to other corporate costs in order to achieve this balance. It should be noted that the movement only reflects disclosure of the position and does not affect the bottom line figures. There remains a risk that the CCG will be unable to comply with business rules if the current full year forecast remains accurate. We will continue to monitor this area closely, report the underlying size of the issue as well as further review spend in this area against the definitions of programme and running costs.

9. Reserves (Table 7)

9.1. The reserves position is made up of four elements. As described below;

Reserves	16/17 M5 FOT	16/17 M4 FOT	Change
Unallocated savings	(2,033)	(2,124)	(91)
Contingency	0	0	0
Systemwide Programmes	1,510	1,134	(376)
Non recurrent Fund	2656	2656	0
Total	2,133	1,666	(467)

9.2. Unallocated savings – we have undertaken considerable work to implement credible plans for the delivery of the savings required. The audit trail for the movement in the savings target has been highlighted in section 2 and this currently stands at £2,033k.

9.3. This shortfall has now been matched with identified measures as follows;

	£000s
Finance Policy & Procedure	978
Quality Premium	200
Block contract review	200
CHC QIPP	455
Prescribing Category M	200
Total	2,033

9.4. There is no change to the forecast for the contingency as this is assumed to release evenly over the year to nil.

9.5. The full year forecast for system wide programmes has worsened to an overspend of £376k. This is largely due to further unfunded costs for both 2015/16 and 2016/17 PUPOC worth £283k, which had previously been assumed to have been met in full by NHSE.

9.6. The final element is the non-recurrent fund of 1%, we have assumed that this fund will be authorised for deployment by NHSE to mitigate system wide financial pressures. We have therefore assumed it has been fully deployed in the year to date position and will be fully deployed in the full year position.

10. Risks & Mitigations

10.1. The risk of overspending remains concentrated into contracts or programmes that are based upon variable payments; principally acute contracts, prescribing and continuing healthcare. As can be seen from this report, there is an emerging picture that acute commissioning is running close to budget overall. In addition, there is growing concern that the CHC position is deteriorating further than planned. Despite the budget being loaded with an additional 15% growth, the forecast is showing an adverse position.

- 10.2. However, the position with prescribing appears to be beneficial with savings achieved in the year to date exceeding the QIPP target. We have also deployed the 0.5% contingency reserve which remains completely uncommitted.
- 10.3. The key risk is therefore failure to deliver the total savings requirement (i.e. the QIPP programme of £7,258K and the unallocated savings £2,033k). However, as we have identified potential sources of the unallocated savings, the risk should be seen as less severe. There is also some mitigation through underlying underperformance on acute contracts and the 0.5% contingency, but it is clear that distilling the overall financial position is still quite complex.
- 10.4. Under the lead of the new Programme Director (Financial recovery) remedial measures continue to be implemented to strengthen the delivery of the QIPP programme. It is clear that considerable progress has been made already.

Appendix 1

Table No	Description
1	Summary Report
2	Acute Commissioning
3	Mental Health & Learning Disabilities
4	Other Non-Acute
5	Primary Care & Prescribing
6	Corporate & Estates
7	Reserves

Month 5 2016/17: Table 1 Summary Report

SUMMARY	Year To Date			Full Year Forecast Outturn		
	Budget £000's	Actual £000's	Variance £000's	Budget £000's	Forecast £000's	Variance £000's
Revenue Resource Limit	112,854	112,854	0	270,570	270,570	0
EXPENDITURE						
Acute	56,929	56,992	(63)	136,610	136,841	(231)
Non Acute	27,340	27,598	(258)	65,617	66,310	(693)
Primary Care & Prescribing	23,534	23,300	233	56,482	55,933	550
Corporate & Estate Costs	3,992	4,314	(322)	9,581	9,954	(374)
Reserves & Other	1,309	819	490	2,881	2,133	748
Total Expenditure	113,104	113,024	80	271,170	271,170	0
In Year Surplus	(250)	(170)	80	(600)	(600)	0

NON ACUTE (see tables 3,4)	Year To Date			Full Year Forecast Outturn		
	Budget £000's	Actual £000's	Variance £000's	Budget £000's	Forecast £000's	Variance £000's
TOTAL MENTAL HEALTH	9,857	9,943	(87)	23,656	23,998	(342)
TOTAL LEARNING DIFFICULTIES	727	708	19	1,745	1,700	45
TOTAL END OF LIFE CARE AND HOSPICES	366	387	(21)	878	908	(30)
TOTAL LONG TERM CONDITIONS	55	45	10	133	108	25
TOTAL URGENT AND INTERMEDIATE CARE	2,835	2,821	14	6,804	6,730	74
TOTAL COMMUNITY SERVICES	8,250	8,162	87	19,800	19,590	210
TOTAL CHILDREN SERVICES	1,079	1,008	71	2,589	2,418	171
TOTAL ADULT CONTINUING CARE	4,172	4,524	(353)	10,012	10,858	(846)
TOTAL NON ACUTE COMMISSIONING	27,340	27,598	(258)	65,617	66,310	(693)

PRESCRIBING (see table 5)	Year To Date			Full Year Forecast Outturn		
	Budget £000's	Actual £000's	Variance £000's	Budget £000's	Forecast £000's	Variance £000's
TOTAL PRESCRIBING	9,840	9,955	-116	23,616	23,893	-277
TOTAL PRIMARY CARE DELEGATED BUDGET	11,757	11,757	0	28,218	28,218	0
LOCAL ENHANCED SERVICES	245	111	134	588	266	322
TOTAL OUT OF HOURS	813	810	3	1,950	1,896	54
TOTAL PRIMARY CARE OTHER	880	668	212	2,111	1,660	451
TOTAL PRIMARY CARE & PRESCRIBING	23,534	23,300	233	56,482	55,933	550

CORPORATE AND ESTATES (see table 6)	Year To Date			Full Year Forecast Outturn		
	Budget £000's	Actual £000's	Variance £000's	Budget £000's	Forecast £000's	Variance £000's
TOTAL RUNNING COSTS	1,832	1,832	(0)	4,397	4,397	(0)
TOTAL CSU CHARGES	537	578	(41)	1,288	1,344	(55)
TOTAL OTHER CORPORATE COSTS	1,552	1,833	(281)	3,724	4,042	(318)
PROPERTY COSTS	71	71	0	171	171	(0)
TOTAL CORPORATE & ESTATE COSTS	3,992	4,314	(322)	9,581	9,954	(374)

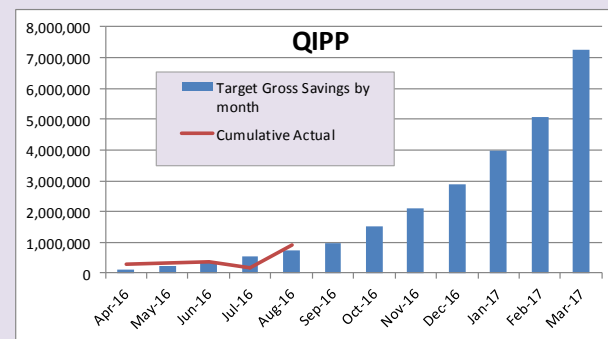
STATUTORY DUTIES AND PERFORMANCE			
Statutory Duty	Area	YTD	Forecast
Not to exceed RRL	Revenue	(170)	(600)
Not to exceed running cost allocation	Running costs	0	0
Not to exceed CRL	Capital	0	0
Deliver a recurrent surplus	Revenue	(1.2)%	(1.2)%
Deliver a 0.5% in year surplus	Revenue	(0.2)%	(0.2)%
Comply with BPPC #	Business conduct	98.5%	98.5%
Comply with BPPC £	Business conduct	99.2%	99.2%
Fully deliver planned QIPP	QIPP	124.6%	65.3%

Period	Year To Date			Full Year Forecast Outturn		
Aug-16	Budget £000's	Actual £000's	Variance £000's	Budget £000's	Forecast £000's	Variance £000's
ACUTE CONTRACT EXPENDITURE TOP 5 (see table 2)						
ST GEORGE'S HEALTHCARE TRUST	25,436	25,612	(176)	61,030	61,772	(742)
EPSOM & ST. HELIER UNIVERSITY HOSPITALS NHS TRUST - ACUTE	13,367	13,077	290	32,080	31,240	840
KINGSTON NHS TRUST	4,322	4,406	(84)	10,373	10,552	(179)
LAS - EMERGENCY SERVICE CONTRACT	2,695	2,740	(45)	6,468	6,577	(109)
EPSOM & ST. HELIER UNIVERSITY HOSPITALS NHS TRUST - SWLEOC	1,993	1,917	76	4,783	4,602	181
ALL OTHER CONTRACTS	9,117	9,241	(124)	21,875	22,098	(222)
	56,929	56,992	(63)	136,610	136,841	(231)

ACUTE CONTRACT VARIANCE BY POD	Year To Date			Other Providers		Total
	SGH	ESH	KHT	Other Providers	Total	
Elective	(402)	639	(7)	(396)	(166)	
Emergency	450	112	130	(244)	448	
Non-Elective	(4)	113	0	(117)	(8)	
Maternity Pathway	581	65	(19)	49	676	
A&E	(12)	96	(77)	(59)	(52)	
Out Patient 1st	(11)	172	16	110	287	
Out Patient Follow Up	98	87	(86)	62	161	
Out Patient Procedure	(498)	57	63	181	(197)	
Unbundled Diagnostics	(194)	127	8	(71)	(130)	
Critical Care	414	0	(15)	14	413	
Other PODs	(1,164)	(628)	(192)	321	(1,663)	
	(742)	840	(179)	(150)	(231)	

BALANCE SHEET AS AT Aug-16	Actual	
	£000's	
Property, Plant And Equipment	788	
Current Trade And Other Receivables	(130)	
Cash And Cash Equivalents	2,952	
Current Trade And Other Payables	(226)	
Current Other Liabilities	(17,971)	
General Fund	(14,587)	(14,587)

Actual	
£000's	
Property, Plant And Equipment	788
Current Trade And Other Receivables	(130)
Cash And Cash Equivalents	2,952
Current Trade And Other Payables	(226)
Current Other Liabilities	(17,971)
General Fund	(14,587)



Month 5 2016/17: Table 2 Acute Commissioning

Merton CCG - ACUTE COMMISSIONING	Year To Date			Full Year Forecast Outturn		
	Budget	Actual	Variance	Budget	Forecast	Variance
	£000's	£000's	£000's	£000's	£000's	£000's
FOUNDATION TRUSTS						
1 ST GEORGE'S HEALTHCARE TRUST	25,436	25,612	(176)	61,030	61,772	(742)
2 KINGSTON NHS TRUST	4,322	4,406	(84)	10,373	10,552	(179)
3 MOORFIELDS EYE HOSPITAL	1,690	1,699	(10)	4,055	4,170	(115)
4 QUEEN MARYS ROEHAMPTON	773	989	(216)	1,851	1,793	58
5 GUYS & ST THOMAS' HOSPITAL TRUST	1,111	1,044	67	2,667	2,801	(134)
6 CHELSEA & WESTMINSTER HEALTHCARE TRUST	571	563	7	1,370	1,350	20
7 THE ROYAL MARSDEN HOSPITAL TRUST	775	698	77	1,861	1,861	(0)
8 KINGS HEALTHCARE TRUST	486	539	(52)	1,167	1,357	(190)
9 UNIVERSITY COLLEGE LONDON HOSPITALS TRUST	291	281	10	698	675	23
10 THE ROYAL BROMPTON & HAREFIELD HOSPITALS TRUST	158	152	7	380	365	15
11 ROYAL SURREY COUNTY & ST LUKE'S HOSPITAL TRUST	49	75	(26)	117	125	(8)
12 THE ROYAL FREE (HAMPSTEAD) NHS TRUST	57	75	(19)	136	180	(44)
13 GREAT ORMOND ST HOSPITAL FOR CHILDREN NHS TRUST	39	61	(23)	93	108	(15)
ACUTE TRUSTS						
14 EPSOM & ST. HELIER UNIVERSITY HOSPITALS NHS TRUST - ACUTE	13,367	13,077	290	32,080	31,240	840
15 LAS - EMERGENCY SERVICE CONTRACT	2,695	2,740	(45)	6,468	6,577	(109)
16 EPSOM & ST. HELIER UNIVERSITY HOSPITALS NHS TRUST - SWLEOC	1,993	1,917	76	4,783	4,602	181
17 CROYDON UNIVERSITY HOSPITAL NHS TRUST	891	762	129	2,138	1,807	331
18 IMPERIAL COLLEGE NHS TRUST	386	368	18	927	883	44
19 BARTS & THE LONDON NHS TRUST	116	154	(38)	278	369	(91)
20 THE ROYAL NATIONAL ORTHOPAEDIC HOSPITAL TRUST	95	65	30	227	156	71
21 LEWISHAM HOSPITAL NHS TRUST	29	28	1	70	70	(0)
22 LONDON NORTH WEST HOSPITALS TRUST	49	92	(43)	117	220	(103)
OTHER						
23 ASPEN HEALTHCARE	107	153	(47)	256	367	(111)
24 INHEALTH	134	164	(30)	321	393	(72)
25 GENERAL ACUTE COMMISSIONING	55,617	55,714	(96)	133,462	133,793	(331)
26 NON CONTRACT ACTIVITY	834	743	92	2,002	1,782	221
NON-SLA & OTHER						
27 LASERCARE CONTRACT (SKIN) / DEXA (SPIRE) / TECHNOMED	36	35	1	87	88	(1)
28 ESH - CHRONIC FATIGUE SYNDROME / LIQUID BASED CYTOLOGY	40	39	1	96	95	1
29 SYSTEMS RESILIENCE	170	159	11	407	378	29
30 AQP IVF	335	281	54	804	654	150
31 INDIVIDUAL FUNDING REQUESTS	21	21	(0)	51	51	0
31 ACUTE CONTRACT RESERVE	(125)	0	(125)	(300)	0	(300)
32 TOTAL NON-SLA & OTHER	477	536	(58)	1,146	1,266	(120)
33 TOTAL ACUTE COMMISSIONING	56,929	56,992	(63)	136,610	136,841	(231)

Month 5 2016/17: Table 3 Mental Health & Learning Disabilities

Merton CCG - NON ACUTE COMMISSIONING				Year To Date			Full Year Forecast Outturn		
				Budget	Actual	Variance	Budget	Forecast	Variance
				£000's	£000's	£000's	£000's	£000's	£000's
MENTAL HEALTH CONTRACTS									
1	SOUTH WEST LONDON AND ST GEORGES MENTAL HEALTH TRUST			6,889	6,889	(0)	16,534	16,534	(0)
2	TIER 4 DETOX SERVICE			92	95	(3)	222	229	(7)
3	SOUTH LONDON & MAUDSLEY			166	172	(6)	398	413	(15)
4	SABP & MH NCAS			51	22	29	122	53	69
JOINT AGENCY, VOLUNTARY & INDEPENDENT SECTOR CONTRACTS									
5	CAMHS DEVELOPMENT FUND / YOUTH OFFENDING TEAM			278	267	11	667	642	25
6	MERTON VOLUNTARY SECTOR / CARERS SUPPORT			35	35	(0)	83	83	0
7	MULTI SYSTEMIC THERAPY			27	27	0	65	65	0
8	ADVOCACY SERVICES			5	0	5	11	0	11
9	DEMENTIA SERVICES			28	29	(0)	68	69	(1)
NAMED PATIENTS & PLACEMENTS									
10	MENTAL HEALTH PLACEMENTS AND UNCONTRACTED ACTIVITY			1,554	1,737	(183)	3,731	4,303	(572)
OTHER MENTAL HEALTH SERVICES									
11	IAPT			731	670	62	1,755	1,607	148
12	TOTAL MENTAL HEALTH			9,857	9,943	(87)	23,656	23,998	(342)
13	LEARNING DISABILITIES			135	116	19	324	279	45
14	LEARNING DISABILITIES CONTINUING CARE			592	592	(0)	1,421	1,421	0
15	TOTAL LEARNING DIFFICULTIES			727	708	19	1,745	1,700	45

Month 5 2016/17: Table 4 Other Non-Acute

Merton CCG - NON ACUTE COMMISSIONING		Year To Date			Full Year Forecast Outturn		
		Budget	Actual	Variance	Budget	Forecast	Variance
		£000's	£000's	£000's	£000's	£000's	£000's
16	END OF LIFE - LOCAL ENHANCED SERVICE	8	16	(9)	19	19	0
17	NURSING - MARIE CURIE - CANCER	42	55	(13)	100	131	(31)
18	BEREAVEMENT SERVICES	27	27	0	65	64	1
19	HOSPICES	220	220	(0)	527	527	0
20	SWL CANCER NETWORK AND ESH CANCER NURSE	70	70	(0)	167	167	0
21	TOTAL END OF LIFE CARE AND HOSPICES	366	387	(21)	878	908	(30)
22	HOME OXYGEN SERVICE	34	24	10	82	57	25
23	TB PROJECT	21	21	0	51	51	0
24	TOTAL LONG TERM CONDITIONS	55	45	10	133	108	25
25	URGENT CARE	10	0	10	25	0	25
26	GPSI'S COMMISSIONING - MINOR SURGERY	38	44	(6)	91	106	(15)
27	OPHTHALMOLOGY (LOW VISION SERVICE)	5	4	1	12	11	1
28	BPAS	70	55	14	167	125	42
29	MARIE STOPES INTERNATIONAL	49	67	(19)	117	155	(38)
30	INTERMEDIATE CARE COMMISSIONING (BEDS)	248	256	(8)	594	587	7
31	DESP SURVEYANCE SERVICE	27	27	(0)	64	65	(1)
32	BETTER CARE FUND	2,389	2,367	22	5,734	5,681	53
33	TOTAL URGENT AND INTERMEDIATE CARE	2,835	2,821	14	6,804	6,730	74
34	COMMUNITY SERVICES	7,006	6,772	233	16,813	16,254	559
35	NELSON HEALTH CENTRE	625	741	(116)	1,500	1,779	(279)
36	PODIATRY	54	22	33	130	52	78
37	MERTON ICES	20	20	(0)	47	47	0
38	MERTON MUSCULOSKELETAL SERVICE	546	608	(62)	1,310	1,458	(149)
39	TOTAL COMMUNITY SERVICES	8,250	8,162	87	19,800	19,590	210
40	PAEDIATRIC, AUDIOLOGY AND DESIGNATED CHILD DEATH DOCTOR CONTRACT	251	251	(0)	603	603	(0)
41	MERTON CHILDREN - SCPS	813	742	71	1,951	1,780	171
42	SAFEGUARDING CHILDREN BOARD	15	15	(0)	35	35	0
43	TOTAL CHILDREN SERVICES	1,079	1,008	71	2,589	2,418	171
44	TOTAL ADULT CONTINUING CARE	4,172	4,524	(353)	10,012	10,858	(846)
45	TOTAL NON ACUTE COMMISSIONING	27,340	27,598	(258)	65,617	66,310	(693)

Month 5 2016/17: Table 5 Primary Care & Prescribing

Merton CCG - PRIMARY CARE & PRESCRIBING	Year To Date			Full Year Forecast Outturn		
	Budget	Actual	Variance	Budget	Forecast	Variance
	£000's	£000's	£000's	£000's	£000's	£000's
1 PRESCRIBING	9,507	9,656	(148)	22,818	23,173	(355)
2 SCRIPTSWITCH	44	36	8	105	86	19
3 CENTRAL DRUGS	289	264	25	693	634	59
4 TOTAL PRESCRIBING	9,840	9,955	(116)	23,616	23,893	(277)
5 PRIMARY CARE CONTRACT VALUE AND KPI'S	8,368	8,043	325	20,083	19,303	780
6 PRIMARY CARE OTHER DELEGATED BUDGET	3,389	3,714	(325)	8,135	8,915	(780)
7 TOTAL PRIMARY CARE DELEGATED BUDGET	11,757	11,757	0	28,218	28,218	0
8 LES - NEAR PATIENT TESTING	2	3	(0)	6	6	(1)
9 LES - ATRIAL FIBRILATION	2	2	(0)	4	5	(1)
10 LES - ANTI COAG	73	73	(0)	175	175	0
11 LES - PHLEBOTOMY	45	20	26	109	47	62
12 LES - POST OPERATIVE WOUND CARE	9	9	(0)	21	22	(1)
13 LES - MENORRAGHIA	45	38	7	108	92	16
14 LES - GYNAECOLOGY	29	23	6	69	55	14
15 LES - UROLOGY	13	18	(5)	31	44	(13)
16 LES - DIABETES	6	2	4	15	5	10
17 LES - CARE OF OLDER PEOPLE	0	(0)	0	0	0	0
18 LES - OTHER	21	(77)	98	50	(185)	235
19 LOCAL ENHANCED SERVICES	245	111	134	588	266	322
20 TOTAL OUT OF HOURS	813	810	3	1,950	1,896	54
21 GP - STATUTORY MEDICAL FEES	58	45	13	140	108	32
22 QUALITY PREMIUM PROGRAM	0	0	0	0	0	0
23 PRIMARY CARE OTHER	405	249	157	972	626	346
24 WALK IN CENTRE (UNREGISTERED PATIENTS)	416	374	42	998	926	72
25 TOTAL PRIMARY CARE OTHER	880	668	212	2,111	1,660	451
26 TOTAL PRIMARY CARE & PRESCRIBING	23,534	23,300	233	56,482	55,933	550

Month 5 2016/17: Table 6 Corporate & Estates

Merton CCG - CORPORATE & ESTATES		Year To Date			Full Year Forecast Outturn		
		Budget	Actual	Variance	Budget	Forecast	Variance
		£000's	£000's	£000's	£000's	£000's	£000's
1	TOTAL RUNNING COSTS	1,832	1,832	(0)	4,397	4,397	(0)
2	GP IT (SLCSU)	179	192	(13)	430	460	(30)
3	CONTINUING CARE TEAM (SLCSU)	245	278	(33)	588	662	(74)
4	ISPS (SLCSU)	8	8	0	19	19	0
5	RECLASSIFICATION OF RUNNING COSTS TO PROG COSTS	95	91	4	228	179	49
6	INFECTION CONTROL (SLCSU)	10	10	(0)	24	24	(0)
7	TOTAL CSU CHARGES	537	578	(41)	1,288	1,344	(55)
8	MEDICINES MANAGEMENT	239	242	(3)	574	632	(58)
9	SAFEGUARDING	45	41	4	108	99	9
10	INTERPRETING SERVICES	8	4	5	20	12	8
11	CLINICAL LEADS	187	201	(14)	450	398	52
12	TRANSFORMATIONAL SERVICE MANAGERS	941	1,196	(256)	2,258	2,555	(297)
13	DEPRECIATION	67	83	(17)	160	200	(40)
14	PPI / CSU COMMS	64	65	(1)	154	146	8
15	TOTAL OTHER CORPORATE COSTS	1,552	1,833	(281)	3,724	4,042	(318)
16	PROPERTY COSTS	71	71	0	171	171	(0)
17	TOTAL CORPORATE & ESTATE COSTS	3,992	4,314	(322)	9,581	9,954	(374)

Month 5 2016/17: Table 7 Reserves

Merton CCG - RESERVES & OTHER	Year To Date					Full Year Forecast Outturn		
	Budget	Actual before Accrual	Accrual	Actual	Variance	Budget	Forecast	Variance
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
1 UNALLOCATED SAVINGS	0	0	(0)	(0)	1	(2,459)	(2,033)	(425)
2 CONTINGENCY	563	0	0	0	563	1,350	0	1,350
3 SYSTEMWIDE PROGRAMMES	746	678	141	819	(73)	1,333	1,510	(177)
4 NON RECURRENT FUND	(0)	182	(182)	0	(0)	2,656	2,656	0
5 TOTAL RESERVES	1,309	574	(41)	819	490	2,881	2,133	748