

1. Dashboards

The following dashboard shows the CCG performance against key financial indicators:

Indicator	Target	Actual £'000	Actual %age	RAG
Financial Position YTD	Planned Monthly Deficit	0.1		√
Financial Position forecast outturn	Planned Annual Deficit	0.0		√
Running Costs forecast outturn	Breakeven	0.0		√
QIPP forecast outturn	Variance to plan before mitigations	(2.0)		!
Risks & Opportunities	Net risks of £0	0.0		√
Creditor - Better Payment Practice Code	Target 95% in value		99%	√
Monthly cash drawings	Bank Balance 1.25% of drawings		0.69%	√
Key				
On plan		√		
Take note		!		
Action Required		X		

NHSE dashboard – FOT vs run rate needs sense checking

Month	Actual Spend vs Planned Spend Variance YTD >1% (adverse)	FOT Spend vs Runrate spend >1% (adverse)	QIPP Achievement YTD <95%	Risks & Mitigations change vs plan (increase)/decrease >£100k	Acute Performance below target	Creditors > 10% of spend YTD	Debtors >10% of spend YTD
5	-0.03%	0.23%	89.82%	0	YTD Over £0.5m	4.12%	0.61%

At Month 5 the forecast position is a deficit of £18.8m, represented by 18/19 in year deficit of £15.5m and brought forward deficit from 17/18 of £3.3m NHSE manage the performance of the CCG on the in year deficit of £15.5m. The CCG is reporting a YTD underspend of £89k. The CCG is reporting a forecast on plan of £15.5m, with a further £5.3m of risk which the CCG has mitigations in place to cover.

2 Issues and actions

The CCG has identified the following issues at M5 and the actions being taken to mitigate as shown in the following table:

Table 1 - Issues and actions

Issue	Action	Action Owner	When
Non Elective Activity is showing a month on month increase that is unaffordable	Move at pace with the South Bucks solution	Debbie Richards	On Going
Further QIPP required	Review all uncommitted spend	Gary Heneage	September 2018
Further work to determine full risks	Undertake full sensitivity analysis and include	Gary Heneage	September 2018

3. Executive summary including YTD and Forecast Outturn

The following table shows the reported position at M5

Table 2 – M5 position

Summary of position						
Month 5 August 2018	Annual Plan	Plan to Date	Year to Date Actual	YTD Variance	Forecast outturn	Forecast Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Allocation*	696,255	288,257	288,257	0	696,255	0
Commissioning						
Planned and Unscheduled Care	425,178	176,525	177,316	(791)	428,575	(3,397)
Prescribing	68,997	28,749	28,582	167	68,831	167
Mental Health & Joint Care	67,211	27,990	29,014	(1,024)	68,066	(855)
Continuing Healthcare	60,175	25,073	25,232	(159)	57,610	2,565
Delegated Co-Commissioning	67,994	28,032	27,535	496	66,994	1,000
Primary Care IT	1,591	663	663	0	1,591	0
Other / Reserves	9,214	1,677	277	1,400	9,043	172
Commissioning sub-total	700,361	288,709	288,620	89	700,711	(350)
Running Costs	11,393	4,715	4,715	0	11,043	350
Total CCG Expenditure	711,754	293,423	293,335	89	711,754	0
Surplus/Deficit In Year	(15,500)	(5,167)	(5,078)	89	15,500	(0)
Note						
Planned Deficit In Year	(15,500)	(5,167)	(5,078)	89	(15,500)	0
C/Fwd 2017-18 Deficit	(3,324)	(1,108)	(1,108)	0	(3,324)	0
Total Planned Deficit	(18,824)	(6,275)	(6,186)	89	(18,824)	0

* Allocation excludes brought forward deficit of £3,324

The summary for M5 financial performance is as follows:

- At Month 5 the forecast position is a deficit of £18.8m, represented by 18/19 in year deficit of £15.5m and brought forward deficit from 17/18 of £3.3m. NHSE manage the performance of the CCG on the in year deficit of £15.5m.

The CCG has moved the previous reported risks of £8.7m into the FOT positions and are fully mitigated. The reported position is that the CCG is to achieve the plan deficit of £15.5m but has additional risks of £5.3m which are fully mitigated against to report a balanced net risk position.

- The CCG is reporting a YTD underspend of £89k.
- The reported forecast position reflects pressures developing in BHT due to Drugs, Frimley Health due to increased NEL activity, and Milton Keynes University Hospital and the Independent sector due to Elective activity (significant T&O pressure).
- Additionally S117 Joint Care costs have increased based on CHC cases being re assessed as S117 together with increased activity over 17/18. The QIPP target of £200k has been realigned as this will not be met.
- Pressures from patients within LD have reduced due to a patient being transferred to Oxford CCG.
- The forecast position of £2.6m underspend for CHC reflect the confirmed and anticipated savings for the full year.

- Actions being taken to address the pressures –

Frimley - South Bucks solution underway and programmes put in place to limit activity e.g. Roll out Airedale to 11 Care Homes, STP funded project to support SCAS shift to CATS and UCC, linking with East Berkshire on development of community Respiratory service, Cardiology workshop with BHT outreach arranged, initial proposal for Enhanced recovery at home model.

Robust contract challenges e.g. A&E pricing.

BHT Drugs and Devices - Work with BHT as 50% risk share so over-heating for system. Use of Biosimilar.

IS - Need to review referral patterns and look out how the contracts/activity can be managed more robustly.

London Providers – review referrals into London providers and if any can be re directed for future activity.

S117 – Liaise with the local authority once all transfers out of CHC have been confirmed to review and ‘match’ patients and explore reasons for package increases over 17/18.

- The CCG submitted a £21.4m QIPP target to NHSE England on 30 April. At the end of Month 5 CCG is forecasting 90% on the QIPP delivery before the application of mitigations.
- The reported variance across planned and unscheduled care for Buckinghamshire CCG has been based on Month 4 SLAM flex position.
- The CCGs continues to explore avenues to generate savings and to ensure that the CCGs maximises it opportunities to deliver against its targets.

CSF (Commissioner Sustainability Fund)

The CCG has secured CSF of £15,500k, subject to a number of conditions mainly around hitting in year plan and FOT, which will offset the in year deficit to enable a final in year position of breakeven. CSF will be recognised in the accounts on receipt of the allocation.

The quarterly phasing of the CSF is shown below. For reporting purposes the phasing of the CSF is assumed to be equal between each quarter.

	CSF phasing	CSF £
Qtr 1	10%	1.6
Qtr 2	25%	3.9
Qtr 3	30%	4.7
Qtr 4	35%	5.4
Total	100%	15.5

3. Risks and Mitigations

The CCG has reviewed the risks and mitigations and reflected appropriately within the financial position. The table below details those risks and mitigations which remain. The main risk relates to unprecedented growth on Category M drugs within prescribing which will not be funded by NHSE.

Table 3 – Summary of Risks and Mitigations

	Total £m
Risks	
Cat M pressure in Prescribing	1.100
Acute activity - sensitivity	2.000
S117 activity - sensitivity	0.100
D2A pressures	1.000
ICES activity pressure	0.200
Other	0.900
Total Risks	5.300
Mitigations	
Contingency	3.400
External Funding for DTA	1.000
Other	0.900
Total Mitigations	5.300
Net Risks	0.000

Note - D2A will not go ahead if External Funding not received

The above indicates that the risks the CCG has identified can be covered by mitigations.

For the CCG to maintain this position it is vital that QIPP schemes and other saving plans take grip and start delivering cash releasing benefits to offset the over performance issues in the acute sector.

4. QIPP

The table below shows that the CCG`s QIPP delivery before mitigations. The current shortfall is £2.0m; biggest risk is NELs over activity at Frimley Health and S117.

Table 4 - QIPP performance

	Annual Target £k	RAG	BEST	MOST LIKELY	WORST
QIPP - Delivery Status - 2018/19					
ORIGINAL QIPP TARGET TOTAL	21,435		21,435	19,434	13,157
Baseline Delivered:					
- CHC/Running Costs/Community	5,988	G	5,988	5,988	5,988
- Targeted investments to must do only	3,028	G	3,028	2,728	3,028
- Budget Star chambers - agreed	480	G	480	380	380
- Release of NR primary care reserves (£1m of £1.7m held following review)	1,000	G	1,000	1,000	500
Target - Baseline delivered	10,496		10,496	10,096	9,896
- Investments held	2,273	G	2,273	2,273	2,273
- Arden & Gem (part of £450k agreed)	150	G	150	150	150
Target - Other delivered	12,919		12,919	12,519	12,319
Activity required - some risk:					
- Acute contract QIPP (OUH, MK)	170	A	170	109	0
- Reduced London Capacity plan for high cost patient	1,400	A	1,400	930	700
- Risk share agreed with Frimley	1,927	G	1,927	1,000	0
- Prescribing assumed underspend	600	G	600	600	0
- CHC balance	2,200	G	2,200	2,200	0
Target - including activity base	19,216		19,216	17,358	13,019
Activity required - high risk:					
- Budget star chambers action required to deliver - Uptitration, PI, S117, diabetic pumps	399	A	399	69	69
- Frimley QIPP	1,000	A	1,000	0	0
- Other potential investments/budgets to hold	820	A	820	2006	69
Target - including activity base	21,435		21,435	19,434	13,157
			0	(2,001)	(6,277)

5. Acute Commissioning

Table 5 – Spend by Contract

Trust Contract	Annual Plan	YTD Plan	YTD Actual	YTD Variance	Forecast Spend	Full Year Forecast Variance as at M5
	£,000	£,000	£,000	£,000	£,000	£,000
Buckinghamshire Hospitals (Incl Comm & PTS)	245,700	102,375	102,476	(101)	245,962	(262)
Frimley Health	52,300	21,792	22,919	(1,127)	55,066	(2,766)
Royal Berkshire FT	2,952	1,230	1,311	(81)	2,905	47
BMI Group (all sites)	3,166	1,319	1,601	(282)	3,821	(655)
Ramsey Group (all sites)	1,341	559	507	52	1,269	72
Spire Hosp	526	219	262	(43)	638	(112)
Circle	275	114	123	(8)	292	(18)
Acute Commissioning/QIPP	1,590	(5)	0	(5)	1,590	0
Ambulance Services	19,165	7,985	8,015	(29)	19,205	(40)
Total Key Contracts	327,014	135,588	137,214	(1,626)	330,748	(3,734)
Other Planned and Urgent Care Contracts	35,205	14,669	15,084	(415)	35,837	(632)
London Trusts	17,189	7,162	7,357	(195)	17,658	(469)
Other Community providers (non BHT)	13,643	5,685	5,685	0	13,643	0
Other (incl NCA, 24/7, PTS)	32,128	13,421	11,976	1,445	30,691	1,438
	425,179	176,525	177,316	(791)	428,576	(3,397)

The main areas of contract over performance in month five (based on M4 SLAM Flex) are:

- Buckinghamshire Healthcare – The key variable in the contract for 18-19 continues to be High Cost Drugs and Devices. The month five overspend is based on the SLAM for four months. The year to date overspend at Month 5 is now £101k, down from £117k last month, and the forecast derived from the current position has dropped further from £453k to £262k. This position includes an adjustment for the risk share agreement of 50% for over-performance (kicks in at £9.9m). Key drivers remain AMD/ DMO (Age-related Macular Degeneration / Diabetic Macular Oedema), and Arthritis / Psoriasis related drugs.

There are still pressures in both Non Elective / Emergency and Elective activity PODs, which are impacting BHT's financial position.

- Frimley Health – following last month's significant reduction in the adverse forecast, there has been a slight movement upward of £160k to £2.77m. Non-Elective activity is still driving this position. The Non-Elective position including Short Stay is over performing by £996k in the unadjusted month 4 SLAM. Key areas continue to be Respiratory (High Intervention Score Pneumonias), Interventional Cardiology, Skin and Renal. CCU remains high with most of the activity at Level 3 (intensive).
- Milton Keynes University Hospital – This month's revised forecast is £57k adverse, which is a £243k improvement month on month. Activity levels are still similar in month 4 but the cost per case has reduced significantly. For example, only one high cost Knee or Hip procedure undertaken in month 4 against 4 or 5 in each of the previous months. This situation will be monitored in the coming months.
- Luton & Dunstable University Hospital – the forecast has reduced from an adverse £186k to an adverse £131k. The reductions have been in Ward Rehab (£25k), NEL (£20k) and Maternity (£13k).
- West Hertfordshire Hospitals - Planned activity is forecast to over-perform by £275k (up £100k on last month's forecast). In addition to the previous main drivers for this over-performance – Maternity, High Cost Drugs, and Elective activity, there has been a single high cost long stay Non-Elective Orthopaedic patient discharged, at a cost of £72k.

- Of the £91k forecast over-performance balance in Other Planned and Urgent Care NHS Contracts, £114k is at Oxford University Hospitals, and £23k at East and North Herts Hospitals (no significant movement at either Trust, with a £47k underspend at Royal Berkshire Hospital.
- Independents: BMI Hospitals (£655k forecast overspend) and Spire (£112k). The over performance across these providers remains Elective IP Orthopaedics (Hips and Knees), followed by Gastroenterology procedures.
- Ambulance Services: The position is driven by increased levels of activity and acuity in the 999 service. Potential pressure due to tolerance levels on the contract.
- Patient Transport: Current over performance has not yet reached the planned level of £200k.
- NHS 111: 1718 activity growth of 8% would present a cost pressure of £67k
- Other: release of NCA accruals from 17/18

6- Activity

The following information shows the activity and money for firstly, all main contracts, the specifically Buckinghamshire Healthcare, Frimley Health and Oxford University Hospitals. This is based on M4 SLAM data. The following information is direct from SLAM and not adjusted for risk share etc.

This table shows activity across the main five acute contracts:

Table 6 – Acute activity

Unadjusted SLAM Flex M4

Point of Delivery / Provider	Plan Activity	Actual Activity	Activity Var (Actual - Plan)	Activity Var (%) (Var/Plan)	Plan Cost (£s)	Actual Cost (£s)	Cost Var (£s)	Cost Var (%) (Variance/ Plan)
RXQ00 - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	13,193	13,305	112	0.9%	14,011,953	14,284,493	272,540	1.9%
RDU00 - FRIMLEY HEALTH NHS FOUNDATION TRUST	2,231	2,204	-27	-1.2%	2,430,320	2,402,693	-27,627	-1.1%
RTH00 - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2,054	1,845	(209)	-10.2%	2,080,621	2,026,567	(54,054)	-2.6%
RD800 - MILTON KEYNES UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	476	577	101	21.3%	454,437	548,870	94,433	20.8%
RC900 - LUTON AND DUNSTABLE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	186	171	(15)	-8.3%	236,162	209,582	(26,580)	-11.3%
Elective	18,139	18,102	-37	-0.2%	19,213,493	19,472,205	258,713	1.3%
RXQ00 - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	13,079	13,670	591	4.5%	24,149,811	25,413,280	1,263,469	5.2%
RDU00 - FRIMLEY HEALTH NHS FOUNDATION TRUST	2,832	3,272	440	15.5%	7,289,425	8,090,623	801,198	11.0%
RTH00 - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	949	924	-25	-2.7%	1,777,644	1,728,487	-49,158	-2.8%
RD800 - MILTON KEYNES UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	1,001	827	(174)	-17.4%	1,525,948	1,424,202	(101,747)	-6.7%
RC900 - LUTON AND DUNSTABLE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	238	387	149	62.5%	398,093	452,150	54,057	13.6%
Non Elective	18,099	19,080	981	5.4%	35,140,922	37,108,742	1,967,820	5.6%

7- Discretionary Spend and commissioning priorities

The CCG has had in place a discretionary spend process since April 2018, since further expanded to include all non-committed expenditure in 2018/19. This forms part of a Financial Recovery Plan (FRP) to assist in bringing the CCG back to financial balance. The only exception to this process is legal costs associated with Court of Protection/Deprivation of Liberty Standards (DoLS) cases, the meeting of which is a statutory duty.

10 applications for discretionary spend have been undertaken during September 2018.

Approved: 7, including costs of a Protected Learning Time (PLT) event for member practices

Declined: 0

In-progress: 3, whilst conducting options reviews.

The FRP also includes reporting commissioning priorities where the CCG considers the following:

1. Not to commission a service, where delegated by Governing Body to another committee or an individual.
2. To de-commission a service (authority delegated to the Executive Committee).
3. To not bid for short term external funding where a future CCG investment decision may be required which may or may not be available.

There have been no such decisions taken during September 2018.

8- ICS Summary

Buckinghamshire CCG is part of an Integrated Care System comprising of the Clinical Commissioning Group, Buckinghamshire Healthcare NHS Trust, Oxford Health Foundation Trust, South Central Ambulance Service, the countywide GPs federation, and Buckinghamshire County Council.

The purpose of the ICS is to drive closer working which was first set out in a five-year plan for health and social care through to 2020 which called for better integration of GP, community health, mental health and hospital services, as well as more joined-up working with local government.

The new approach is intended to:

- provide care closer to home to reduce the length of stay in hospital
- enable GPs and mental health teams to work alongside hospital teams in A&E, and
- streamline care for people with long-term conditions

Currently the finances reported relate to the CCG and Buckinghamshire Healthcare Trust and are shown in the following tables:

Table 7 – ICS Income and Expenditure

Excluding CSF/PSF	YTD		
	Plan	Act	Var
CCG	-6.5	-6.4	0.1
Trust	-2.9	-10.2	-7.3
Sub Total	-9.4	-16.6	-7.2

Including CSF/PSF	YTD		
	Plan	Act	Var
CCG	-2.3	-2.2	0.1
Trust	0.5	-10.2	-10.7
Sub Total	-1.8	-12.4	-10.6

CCG has now recognised 54/12th achievement on CSF of £4.1m given ytd favourable variance to plan of £89k. The CCG is expected to receive CSF in full in M6 of £5.5m.

Abbreviations and acronyms used:

2016/17	Financial Year from 1 April 2016 – 31 March 2017	k	Thousand
2017/18	Financial Year from 1 April 2017 – 31 March 2018	m	Million
A&E	Accident and Emergency	MSK	Musculo-Skeletal
APMS	Alternative Provider Medical Services	MPIG	Minimum Practice Income Guarantee
AT	Area Team	NHSE	NHS England
BPPC	Better Payment Practice Code- target (currently 95% of invoices to be paid within 30 days of receipt of invoice or goods/service.	PBR	Payment By Results – payment system (based on Healthcare Resource Groups) used mainly in acute contracts
AVCCG	Aylesbury Vale CCG	OUH	Oxford University Hospitals NHS Foundation Trust
Break-even	Position where actual costs are same as planned i.e. not in deficit or surplus (loss or profit)	POD	Point of Delivery – area of acute care activity of similar type (e.g. Inpatient or Outpatient)
Budget	A sum of money allocated for a specific purpose	PPD	Prescription Pricing Department (central body that provides GP prescribing data)
CCG	Clinical Commissioning Group	PSF	Provider Sustainability Funding
CAMH	Child & Adolescent Mental Health Services	QIPP	Quality, Innovation, Prevention and Productivity – plans and associated savings / changes in financial costs
CCGs	Aylesbury Vale and Chiltern Clinical Commissioning Groups	Reserves	Monies set aside for a specific purpose e.g. Contingency reserves for unforeseen spend in year.
CHC	Continuing Health Care	RTT	Referral to Treatment is the definition by which patients waiting to be treated are measured
CQUIN	Commissioning Quality & Innovation	Revenue Resource Limit (RRL)	Total funding allocated for the year set by the Department of Health
CSF	Commissioner Sustainability Funding	RBH	Royal Berkshire Hospital
CSU	Commissioning Support Unit	QIPP	Quality, Innovation, Prevention and Productivity – plans and associated savings / changes in financial costs
CT	Control Total	SCAS	South Central Ambulance Service
Deficit	Financial variance where overall net costs are more than planned	SLAM	Service Level Agreement Monitoring – i.e. contract monitoring information
Excess Bed Days	Term used in acute contracts to describe days chargeable under PBR in excess of the standard tariff (for example a tariff might set 5 days as standard stay and days above this are charged to the CCG)	STP	Sustainability and Transformation Plan (now Local NHS Plan)
FPH	Frimley Health NHS Foundation Trust.	Surplus	Financial variance where overall net costs are less than planned
FOT	Forecast Outturn (from 1/4/16 to 31/3/17)	Variance (Adverse)	Difference against plan (overspend)
FNC	Funded Nursing Care	Variance (Favourable)	Difference against plan (underspend)
GP	General Practice or General Practitioner	YTD	Year-to-date (from 1 April to the end of the reported month)
HR	Human Resource department (part of CSU)		