

# Governing Body

# REPORT

<b>Subject</b>	<b>Finance Report as at September 2017 (Month 6)</b>
<b>Date</b>	<b>2<sup>nd</sup> November 2017</b>
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## Executive Summary

The report provides the Governing Body with a routine monthly update on the financial position of the CCG.

The report highlights the current in-year position and the forecast outturn position for the year. Based on current information the £11.0m planned surplus is not likely to be achieved and the CCG is currently developing a Financial Recovery Plan. At this point in time the control total has not been adjusted formally, so the planned surplus is still used in this report.

As at month 6, the CCG is forecasting to end the year with a £5.3m deficit. This forecast included prior year adjustments, in year cost pressures of £20.8m, potential risks of £3.9m, and planned mitigations of £8.4m. If the CCG is to achieve its control total of £11.0m, the CCG is require to find additional cost mitigations of £16.3.

## Recommendation

1. To note and discuss the financial position at month 6, and to note the risk to delivering the target year end financial position is now very significant.

Attention is drawn specifically to the table on page 3 of the commentary which outlines the impact of risks and mitigations on the likely outturn for the year, currently assessed as a £5.3m deficit.

2. To note the summary 'Dashboard' of financial indicators supplied to provide a quick overview of financial performance.

## Links to the business and risks

### Relevant Strategic Objectives 2017/18 (please mark in bold)

1. Systematically implementing prevention, early diagnosis and early intervention
2. Commissioning services that deliver evidence-based care, in the right place and at the right time, including promoting self-care and empowering patients to manage their own conditions.
3. Making sure that care is high quality, safe and sustainable, that it improves health outcomes and wellbeing and provides a good patient experience.
4. Using the statutory framework with best practice governance and transparency principles to be fully accountable to our population in commissioning and operating as a part of the wider health system

**5. Ensure that the CCG commissions and operates in a financial manner consistent with the regulatory framework, long terms sustainability and best use of public money.**

6. We will work in close partnership with all the organisations who commission or provide care for our population, to integrate services where it makes sense and to achieve seamless transitions of care for patients where services remain separate.

7. Embedding member, public, patient, carer, staff and other stakeholders' views through meaningful engagement into decision-making processes and commissioning intentions.

<b>Links to Board Assurance Framework / Corporate Risk Register</b>	<b>The financial position is linked to both the Board Assurance Framework and Corporate Risk Register</b>
<b>Details of additional risks associated with this paper (may include NHS England Assurance Framework / NHS Constitution)</b>	<b>As outlined in the Financial Risk Register</b>
<b>Financial Implications / impact</b>	<b>The subject of the report</b>
<b>Legal Implications / impact</b>	<b>The CCG has an obligation to report its financial position in a transparent way and to be properly accountable for the spending of public money.</b>
<b>Partnership work / public engagement implications / impact</b>	<b>N/A</b>
<b>Committees / groups where this has been discussed before</b>	<b>Considered by the Executive Committee Meeting</b>
<b>Other options available and their pros and cons</b>	<b>N/A</b>
<b>Background papers</b>	<b>N/A</b>



**Financial Performance Dashboard**

Measure	Month 6 performance	RAG Rating	Commentary
1 Forecast performance against plan: Overall	The CCG is currently forecasting to deliver its planned surplus of £11.0m but with a high risk factor quantified at £18.6m.	Very High	The emerging risks to the delivery of the planned surplus; prior year adjustment £4.1m, acute over-performance £7.6m and QIPP potential shortfall £10.4m equates to a high degree of risk. A Financial Recovery Plan is currently being worked up which should be agreed with NHSE by 31st Oct.
2 Full year forecast QIPP Delivery	The current assessment of QIPP delivery is a Risk Adjusted Gap of £9.8m.	High	The focus is now centred on developing & delivering pipeline schemes to mitigate this risk and exploiting the scope identified within the Optum High Impact areas, the Menu of Opportunities (MoO) and the Financial Recovery Plan.
3 Year to date performance against plan: Programme Costs	£8,793k adverse variance	High	Over performance in acute contracts, QIPP schemes delivering less than originally planned and pressures in Mental Health S117 packages
4 Year to date performance against plan: Running Costs	£88 adverse variance	Low	Action is being taken to bring the costs back in line with plan.
5a Public Sector Payment Policy: NHS Invoices (95% target) Non-NHS Invoices (95% target)	87% by number paid within 30 days 89% by number paid within 30 days	Negligible Negligible	100% achieved by value for NHS 99.5% achieved by value for Non-NHS
5b Cashflow	Year to date position £2.6m under planned drawdown	Low	Deteriorating performance against financial targets will result in increasing pressure on the cashflow. When the opportunity arises we will request additional funds.
5c Capital Investment	£133k annual capital allocation received	Negligible	Evaluate capital required to fund the rolling internal IT replacement programme. Surplus to fund main IT investment programme via HBL ICT.
5d Accounts delivered to national timetable	All deadlines achieved	Negligible	Monthly timetable and key deliverables issued by NHSE
5e Un-coded invoices at month end	433 Non Purchase Order invoices un-coded	Negligible	Internal target set at 450 which represents 1 weeks average invoices
5f Invoices pending authorisation at month end	£1,964k	Low	Internal target set at 1,250 pending invoices.

## Bedfordshire CCG financial summary at month 6

	£m	
<b><u>2016/17 costs transpiring in 2017/18</u></b>		
Prior costs higher than estimated at	(4.1)	This is now a known amount and is in the current forecast. It arises from the impact of challenges and activity estimates being different than final settlements on 2016/17 contracts.
Release the reserves and redirection of investment funding	4.1	These funds have been released to offset the cost pressure shown above.
<b>Total</b>	<b>0.0</b>	The prior year adjustments have been fully mitigated, but this means that the CCG will not have reserves in hand to deal with other pressures that may arise in the remainder of the year.
<b><u>In-year cost pressures</u></b>		
Unidentified schemes within the QIPP savings programme	(6.5)	There is a gap in the QIPP savings programme of £6.495m between the target savings of £25.5m and the current planned savings of £19.005m. This has arisen due to commissioned external schemes not being delivered as planned.
Activity greater than planned at acute hospitals	(7.0)	Activity greater than plan is concentrated at Bedford Hospital and Luton and Dunstable Hospital. In the 6 months to date, this amounts to £4.0m. By the end of the year this is forecast to increase to £8.0m. £0.4m of other underspends have also been forecast at acute hospitals. £7.6m forecast overspend on these budgets assumes that QIPP schemes deliver as planned – the risk of this not happening is shown separately below. Actions have already been taken to review in detail the over performance at Luton and Dunstable Hospital, which was reported last month, and this is the basis for undertaking remedial action to improve the contract performance. A similar process is also now underway to review contract performance at Bedford Hospital. This will also inform remedial action planning. The cost benefit of these actions cannot yet be quantified with confidence.
Other cost pressures identified months 1 - 6	(7.3)	A number of non-acute cost pressures have also been identified at month 6. Mental Health placements more than planned, the dermatology service, integrated urgent care, A&E streaming and NHSE financial planning changes on prescribing and Specialised Commissioning. While these cost pressures have been identified, their impact in the full year is estimated based on current information.
<b>Total in year cost pressures</b>	<b>(20.8)</b>	This means that if all cost pressures continued unabated the CCG would end <u>the year with a £9.8m deficit.</u>
<b><u>Further risks identified</u></b>		
Further QIPP risks identified	(3.9)	QIPP schemes have been reviewed and risk adjustment has been applied based on a review of the currently available performance data.
<b>Total risks identified</b>	<b>(3.9)</b>	
<b>Total risk position and cost pressures</b>	<b>(24.7)</b>	This means that if all cost pressures continue unabated and other identified risks also transpired, <u>the CCG would end the year with £13.7m deficit.</u>
<b><u>Mitigations identified</u></b>		
Underspends identified month 1-6	3.6	A number of non-acute underspends have been identified in months 1-6 (which are fortuitous and not due to planned QIPP schemes). These are mainly driven by continuing healthcare £1.0m and the re-profiling of investments. The full year impact of these underspends have been estimated based on current information.
QIPP pipeline schemes	1.9	Schemes identified and being implemented.
Other QIPP opportunities	2.9	Prospective schemes identified and being prepared to be implemented.
<b>Total mitigations</b>	<b>8.4</b>	
<b>Net risk position</b>	<b>(16.3)</b>	This is the net position taking into account known cost pressure, potential risks and known and planned mitigations.
<b>Control total</b>	<b>11.0</b>	
<b>Forecast year end position as at</b>	<b>(5.3)</b>	<u>The forecast year end position as at month 6 is a deficit of £5.3m</u>  This assumes cost pressures transpire as forecast (see above). It also includes £3.9m of QIPP risk which may or may not transpire (this estimate is under continual review). If these risks do not transpire as estimated, then the position would be a £1.4m deficit.

## Context

1. Surplus. The CCG has agreed with NHS England to deliver a surplus of £11.0m which comprises 1% per the business rules and 1% deficit recovery.
2. Business rules. The plan that was agreed was fully compliant with the national planning business rules;
  - 0.5% Contingency
  - 0.5% Non-recurrent Reserve (national risk reserve guidance)
  - 0.5% Non-recurrent Reserve (committed)
  - 0.5% CQUIN Reserve
3. Recurrent Balance. The CCG is also required to be able to demonstrate that the underpinning 'recurrent' position is also in balance. (There is a risk that one-off benefits could be used to report a financial position, disguising an underlying deficit position.) The CCG is still forecasting to deliver a recurrent surplus and is therefore compliant with the requirement to demonstrate 'recurrent revenue balance'.

## Key month on month movements in forecast outturn

4. The overall risk adjusted forecast outturn has shown a deterioration from month 5 (£4.2m deficit) to a forecast deficit position at month 6 of £5.3m. This £1.1m net deterioration can be further analysed as follows:
  - Overall improvement in major acute contracts £0.5m
  - Reduction in Primary Care transformational investment, Non recurrent 0.5% reserve & discretionary GP IT spend £0.7m

Offset by:

- Additional QiPP investment and cost of delivering financial recovery £1.2m
- Additional charge for CHC, year to date savings not extrapolated for full year £0.8m
- Other acute cost pressures £0.3m

## Year to Date Position

5. In the year to date so far, BCCG has overspent by £7.7m (2.8%) compared with planned expenditure of £273.1m for the period (**Table 1 below, and Appendix 1**).

*Table 1: Bedfordshire CCG financial position for the year to September 2017*

	Budget £'000	Actual £'000	Variance £'000
Acute Commissioning	119,023	122,617	(3,594)
Other Acute	29,089	29,829	(740)
Unidentified QiPP	(3,910)	0	(3,910)
Commissioning Partnerships	39,621	41,078	(1,457)
Out of Hospital	32,615	32,409	206
CHC	13,555	12,536	1,020
Primary Care	31,069	31,455	(386)
Safeguarding	471	404	67
<b>Subtotal</b>	<b>261,533</b>	<b>270,327</b>	<b>(8,793)</b>

Reserves applied	6,638	5,436	1,203
Running costs	4,906	4,994	(88)
<b>Subtotal</b>	<b>11,544</b>	<b>10,430</b>	<b>1,115</b>
<b>Overall</b>	<b>273,077</b>	<b>280,757</b>	<b>(7,679)</b>

The year to date main acute provider position at Month 6 has stabilised showing a small improvement (£0.1m) against the Month 5 position with the rate of deterioration levelling off after sharp falls in month 3 and 4. Against plan the main acute trusts are overspending by £3.6m driven by acute over-performance at Luton & Dunstable Foundation Trust £2.1m, Bedford Hospital Trust by £1.9m and Milton Keynes Foundation Trust £0.4m. This means that the Sustainable Transformation Plan (STP) is responsible for a cost pressure of £4.4m (£3.8m month 5) driven by provider colleagues in the STP footprint. Overall the year to date deterioration is substantially driven by driven by four factors;

- A prior year hangover on the final acute provider settlements split between activity not captured £1.7m and contract challenges raised but not realised £2.4m which was summarised in the month 4 report.
- Significant acute over performance £3.6m, per above, substantially driven by Non-elective activity over plan by £3.9m, £2.8m of which was generated by Luton & Dunstable Foundation Trust
- Additional unplanned S117 (Mental Health) liabilities £1.4m
- A shortfall on QiPP delivery

This adverse position was partially offset by;

- The accelerated release of the Contingency Reserve, £2.7m, to offset the prior year charge
- Re-profiling of investments £2.4m
- Savings on CHC £1.0m

## **Contracts Performance analysis**

### **6. Acute Overview:**

The two main acute contracts are over budget at month 5 by £3.1m, this is being driven by Non Elective activity in the Luton & Dunstable and by Elective, Outpatient first, Non Elective and excluded drugs at Bedford Hospital. The CCG has undertaken a deep dive into the Luton & Dunstable non Elective over performance and this is in the Geriatric, General Medicine and General Surgery specialties. Commissioners have identified the GP practices and the care homes where the activity growth has been generated and are working to identify the reasons and what service and pathway changes can be implemented.

The CCG is continuing to monitor all acute activity and spend to avoid smaller providers over spending.

The Acute challenge process is now working well and additional resource has been introduced to bolster the team and to work with NHS England to identify new opportunities. The Challenge process is on target to deliver £4.6m of savings.

### **7. Out of Hospital Overview:**

The procurement of a new community provider is proceeding to plan. The contract award date is Mid November.

The Non-Emergency Patient transport provider went into administration on the 6<sup>th</sup> of October. This has followed significant months of poor performance. A new contract is currently being negotiated.

The out of hours provider Herts Urgent Care have been struggling to meet the requirements of the contract and Commissioners have been working closely with Herts Urgent Care (HUC) in order improve the current position to be effective imminently. The underperformance has led to increase in A&E attendances at both main acute providers.

Table 2 summary of acute contracts forecast position by point of delivery (based on SLAM Mths 1 – 5)

Point of Delivery	Budget £'000	Forecast £'000	Variance £'000	Variance %
A&E	16,395	17,160	(765)	-4.7%
Elective/Day Case	35,679	37,279	(1,600)	-4.5%
Non-Elective	90,133	98,320	(8,187)	-9.1%
Outpatient First	13,961	15,059	(1,098)	-7.9%
Outpatient Follow-up	15,344	14,585	760	5.0%
Outpatient Procedures	10,776	11,489	(714)	-6.6%
Outpatient Remote	130	110	20	15.3%
Outpatient Diagnostics	5,456	5,092	364	6.7%
Direct Access Radiology	3,327	3,389	(62)	-1.9%
Direct Access Pathology	7,735	7,508	226	2.9%
Direct Access Other	1,979	1,982	(4)	-0.2%
Maternity Pathway	20,710	20,491	219	1.1%
Critical Care	8,014	7,201	814	10.2%
Excluded Drugs	9,384	9,440	(56)	-0.6%
Excluded Devices	121	160	(39)	-32.6%
PTS/HTS	66	78	(12)	-18.3%
Best Practice Tariffs	140	37	103	73.8%
CQUIN	5,405	5,507	(102)	-1.9%
Other Services	7,823	8,359	(535)	-6.8%
Un-allocated QIPP	(5,414)	0	(5,414)	100.0%
PbR business rules	(7,041)	(9,373)	2,332	-33.1%
Contractual Penalties	0	(478)	478	
SUS/SLAM challenges realised	0	(4,641)	4,641	
QiPP not in the run rate	0	(1,650)	1,650	
<b>Sub-total</b>	<b>240,124</b>	<b>247,105</b>	<b>(6,981)</b>	<b>-2.9%</b>
Other Adjustments	569	598	(29)	-5.1%
<b>Forecast per Board Report</b>	<b>240,693</b>	<b>247,703</b>	<b>(7,010)</b>	<b>-2.9%</b>

#### 8. Quality Innovation Productivity Prevention (QiPP) delivery

The QiPP programme included in the financial plan was for £25.5m of cost reductions. To accommodate the additional pressure in the budget identified in the year to date, QiPP delivery is now targeted at delivery of £30.0m (5.6%).

The forecast outturn at month 6 is **£19.036m**. This is **£2.424m** less than at month 5 and is **£10.964m** short of our revised **£30m** QiPP target. A key pressure within the delivery of the QiPP programme is the removal of the anticipated benefit arising from schemes due to be provided by Optum/the STP (£5.0m) as no clear assurance on the full in-year value of these could be obtained.

Delivery in month 6 is **£1.521m**. Year-to-date delivery is **£7.824m**. This is **£1.232m** short of our revised plan year-to-date.

Banked savings total **£8.791m** YTD (M1-M6 delivered savings of £7.824m + M7-M12 risk free savings of £967k)

The current average monthly savings total is **£1.3m**. This run-rate will need to increase to **£2.9m +** per month in the remaining 6 months to achieve the £25.531 original plan.

Further detail on the performance of different schemes is included at appendix

## 9. Forecast year-end position

The CCG has produced a forecast outturn for the year which, although it shows achievement of the control total of £11.0m, this has been achieved by assuming the overall risk, quantified at £18.6m will be achieved through the delivery of as yet unidentified QiPP.

The key drivers in the deteriorating position are as described above:

- Prior year charges £4.1m
- Acute over-performance at the top 6 providers £7.0m (**Appendix 1**)
- Cost pressures in Mental Health £3.0m (unplanned S117 liabilities £2.4m)
- Risk adjusted QiPP shortfall £9.8m (**Appendix 2**)

The above overspends were offset by savings on CHC (£1.0m), re-profiling of investments (£2.6m) and the release of contingency reserves (£2.7m).

*Table 3: Bedfordshire CCG financial position for the year to March 2018*

	Budget £'000	Actual £'000	Variance £'000
Acute Commissioning	240,692	247,702	(7,010)
Other Acute	58,177	58,802	(625)
Unidentified QiPP	(9,890)	(18,614)	8,724
Commissioning Partnerships	78,958	81,577	(2,619)
Out of Hospital	65,281	65,530	(249)
CHC	27,111	26,092	1,019
Primary Care	61,743	62,400	(667)
Safeguarding	942	807	134
<b>Subtotal</b>	<b>523,015</b>	<b>524,298</b>	<b>(1,283)</b>
Reserves applied	14,054	12,772	1,282

Running costs	9,815	9,815	0
<b>Subtotal</b>	<b>23,869</b>	<b>22,587</b>	<b>1,282</b>
<b>Overall</b>	<b>546,884</b>	<b>546,884</b>	<b>0</b>

## 10. Risk Adjusted Plan (Forecast) Outturn

Detailed analysis of factors not included in the plan (forecast) position which may impact on the outturn indicates a range of possible outcomes between a 'best case' £0.3m (compared with a plan of £11.0m), and a 'worst case' loss of £8.6m, an overall range of -£10.7m to -£19.6m against plan.

This analysis shows that if risks of up to £21.8m were to fully materialise less identified mitigations of £5.4m, then the CCG would still have to identify an additional £16.3m of potential mitigating actions in order to deliver the agreed financial plan surplus of £11.0m.

## 11. Financial Risks

The main financial risks relate to the following, namely;

- Delivery of the QiPP programme in full during 2017/18 (**Appendix 4**);
- Managing Acute over-performance on the top 6 provider contracts, both in terms of activity and the potential cost implications of the introduction of ICD 10 and HRG4+
- The non-realisation of acute challenges included in the forecast outturn
- Cost pressures arising from the delivery of Dermatology Services from a block contract to PbR.
- Emerging cost pressures in prescribing due to changes in the national rules
- Additional resource required to fund the Hertfordshire Urgent Care Out of Hours Service

Key mitigations to counter the risks identified are:

- Develop QiPP pipeline opportunities
- Exploit potential in NHSE initiatives, Deloitte Menu of Opportunities and the QiPP Opportunity Guide

## 12. Financial/Technical Accounting

There are also a number of other useful financial indicators of performance that can be derived from sources within the financial ledger, in order to both help manage performance and also track improvements, namely;

### **Public Sector Payment Policy**

This shows that for Month 6, 98% (number) and 99.5% (value) of Non NHS invoices were paid within 30 days of being approved (against the 95% target). It also shows that for Month 6, 87% (number) and 100% (value) of NHS invoices were paid within 30 days of being approved (against the 95% target).

## Invoices awaiting authorisation

The analysis shows that, at Thursday 12<sup>th</sup> October 2017, there were 1,964 invoices (previously 1,691 at 13<sup>th</sup> September 2017) within the financial ledger, awaiting processing (either coding, and/or approval, and/or formally in dispute).

## Cash Flow

Using the agreed annual budget of £545m, (subject to finalisation when the budget has been adjusted for the cumulative historic deficit) as a proxy indicator for available cash, it is possible to gauge whether, or not, cash expenditure is in line with the plan.

Accordingly, the forecast cash “drawdown” for Months 01 to 6 circa £272.6m, with an actual drawdown occurring of £270.0m.

Hence, as at 30<sup>th</sup> September 2017 the cash is underdrawn by £2.6m against the planned profile. This favourable cash position is unlikely to continue as the CCG’s underperformance against the planned surplus of £11.0m is translated into cash pressures.

Whilst it is a relatively crude analysis, it does help triangulate financial performance, and provide another indicator of financial control.

## Aged Debtors

There has been an increase of £2.0m since last month with the total outstanding debtors balance (i.e. monies owed to the CCG) as at 30<sup>th</sup> September 2017 at £7.2m (previously £5.2m), £2.4m 121 days or more overdue (previously £2.5m). The overall increase in debtors is driven by current invoicing with 65.3% (£4.7m) made up of invoices dated 1 - 30 days.

The comparative period in 2016/17 had total debtors outstanding of £5.6m of which £2.3m had been outstanding for 121 days or more.

The over 121 days debtors of £2.4m is substantially made up of two debtors; Bedford Borough Council £1.0m who historically have paid in instalments and EPUT £0.7m in respect of property recharges incorrectly levied against the CCG. Both of these debts will be recovered.

	Mth 05 £	Mth 06 £	No.	%age
30 days or less	2,465,120	4,671,097	53	64.93%
31 to 60 days	152,183	867	4	0.01%
61 to 90 days	20,244	131,873	7	1.83%
91 to 120 days	0	9,614	7	0.13%
121 days or more	2,542,962	2,380,371	34	33.1%
	<b>5,180,509</b>	<b>7,193,822</b>	<b>105</b>	<b>100.0%</b>

## Appendix 1

## Summary of financial position at 30 September 2017 (Month 6)

Income	2016/17	Annual	Forecast	Variance		Budget	Actual	Variance	
	Outturn £'000	Budget £'000	Outturn £'000	£'000	%	YTD £'000	YTD £'000	Year to Date £'000	%
Recurrent Resource Allocation	(530,054)	(548,261)	(548,261)	0	0.00%	(273,769)	(273,769)	0	0.00%
Running Cost Allowance	(9,814)	(9,857)	(9,857)	0	0.00%	(4,929)	(4,929)	0	0.00%
Deficit brought forward	63,149	48,725	48,725	0	0.00%	24,363	24,363	0	0.00%
Others	(6,839)	234	234	0	0.00%	117	117	0	0.00%
<b>Total Income</b>	<b>(483,558)</b>	<b>(509,159)</b>	<b>(509,159)</b>	<b>0</b>	<b>0.00%</b>	<b>(254,218)</b>	<b>(254,218)</b>	<b>0</b>	<b>0.00%</b>
<b>Expenditure</b>									
Acute Commissioning Top six providers	237,623	240,692	247,702	(7,010)	-2.91%	119,023	122,617	(3,594)	-3.02%
Other Acute Commissioning	56,681	58,177	58,802	(625)	-1.07%	29,089	29,829	(740)	-2.54%
Unidentified QIPP Target	0	(9,890)	(18,614)	8,724	-88.21%	(3,910)	0	(3,910)	100.00%
Commissioning partnerships	75,621	78,958	81,577	(2,619)	-3.32%	39,621	41,078	(1,457)	-3.68%
Out of Hospital	61,854	65,281	65,530	(249)	-0.38%	32,615	32,409	206	0.63%
Continuing Healthcare	24,697	27,111	26,092	1,019	3.76%	13,555	12,536	1,020	7.52%
Primary Care	60,222	61,743	62,400	(657)	-1.06%	31,069	31,455	(386)	-1.24%
Safeguarding	789	942	807	134	14.25%	471	404	67	14.23%
<b>TOTAL EXPENDITURE BEFORE APPLICATION OF RESERVES</b>	<b>517,488</b>	<b>523,015</b>	<b>524,298</b>	<b>(1,283)</b>	<b>-0.25%</b>	<b>261,533</b>	<b>270,327</b>	<b>(8,793)</b>	<b>-3.36%</b>
<b>Reserves</b>									
Non recurrent 0.5% reserve	5,713	2,741	2,241	500	18.24%	1,371	1,231	140	10.19%
Contingency Reserve	0	2,741	0	2,741	100.00%	2,741	0	2,741	100.00%
CQUIN Reserve	0	485	485	0	0.00%	0	0	0	
Investment Reserves (Held until PID Approved)	0	4,775	2,205	2,570	53.82%	2,527	68	2,459	97.31%
Allocations held in reserves	0	571	963	(392)	-68.65%	0	0	0	
Prior Year	0	0	4,137	(4,137)		0	4,137	(4,137)	
Non Recurrent Headroom (must be held as uncommitted)	5,301	2,741	2,741	0	0.00%	(0)	0	(0)	100.00%
Sub Total	11,014	14,054	12,772	1,282	9.12%	6,638	5,436	1,203	18.12%
<b>TOTAL PROGRAMME EXPENDITURE AFTER APPLICATION OF RESERVES</b>	<b>528,502</b>	<b>537,069</b>	<b>537,070</b>	<b>(1)</b>	<b>-0.00%</b>	<b>268,172</b>	<b>275,763</b>	<b>(7,591)</b>	<b>-2.83%</b>
Running Costs	9,082	9,815	9,815	0	0.00%	4,906	4,994	(88)	-1.79%
<b>SURPLUS/(DEFICIT)</b>	<b>(54,026)</b>	<b>(37,725)</b>	<b>(37,725)</b>	<b>(0)</b>	<b>0.00%</b>	<b>(18,860)</b>	<b>(26,538)</b>	<b>(7,679)</b>	<b>40.71%</b>
<b>IN YEAR SURPLUS/(DEFICIT)</b>	<b>9,123</b>	<b>11,000</b>	<b>11,000</b>	<b>(0)</b>	<b>-0.00%</b>	<b>5,503</b>	<b>(2,176)</b>	<b>(7,679)</b>	<b>-139.54%</b>

**Bedfordshire CCG**  
**QIPP PROGRAMME 2017/18 - Period Ending 30 September (Month 6)**  
**Status: Final (Awaiting Financial Validation)**  
**Sorted by SRO, then Programme and then by Total Impact (£'000)**  
**(Movement from the previous month is shown as GREEN positive or RED negative)**

ID	Scheme	Sub-Prog	SRO	Project Lead	Status	Plan (M3) £'000	Savings												Total Impact £'000	RAG Rating	Risk Assessed Impact	Value of Risk	M5 Position	Movement from M5 Position (Full Year)	
							Delivered April Month 1 £'000	Delivered May Month 2 £'000	Delivered June Month 3 £'000	Delivered July Month 4 £'000	Delivered August Month 5 £'000	Delivered September Month 6 £'000	Forecast October Month 7 £'000	Forecast November Month 8 £'000	Forecast December Month 9 £'000	Forecast January Month 10 £'000	Forecast February Month 11 £'000	Forecast March Month 12 £'000							Estimated
QIPP007	CHC Optimisation	CHC	AM	Diana Butterworth	Delivery	100	9	9	9	36	36	36	36	36	36	36	36	36	36	347	Green	347	0	347	0
QIPP014	Children, Young People & Maternity Optimisation	CYM	AM	Karlene Allen	Initiation	397						56	56	56	56	56	57	57		397	Green	397	0	397	0
QIPP036	Medicines Management Additional Stretch	Meds	AM	Fiona Garnett	Delivery	1,500			375	125	100	100	100	100	100	100	100	100		1,296	Green	1,296	0	1,296	0
QIPP003	Medicines Optimisation	Meds	AM	Fiona Garnett	Delivery	997	44	54	96	121	177	90	87	90	91	92	94	95		1,130	Green	1,130	0	1,130	0
QIPP036	Medicines Management Stretch	Meds	AM	Fiona Garnett	Delivery	968	81	81	81	81	81	81	81	81	80	80	80	80		968	Green	968	0	968	0
QIPP016	Waste Reduction	Meds	AM	Fiona Garnett	Implementation	80					10	10	10	10	10	10	10		80	Green	80	0	80	0	
QIPP018	Care Home Pharmacist (x3)	Meds	AM	Fiona Garnett	Delivery	71	7	6	6	6	12	12	18	18	18	18	18	18		153	Green	153	0	153	0
QIPP027	Contract Challenges – SUS, SLAM, F2F, C2C and HCD	F&C	MM	Arshad Muhammad	Delivery	3,000	250	250	250	250	250	484	484	484	484	484	484	484		4,641	Amber	3,188	1,453	3,000	1,641
QIPP024	ELFT Contract - Year 3	F&C	MM	Jonathan Tweed	Delivery	591	50	50	50	49	49	49	49	49	49	49	49	49		591	Green	591	0	591	0
QIPP028	EEAST Contract Rebase - 3rd year	F&C	MM	Malcolm Miller	Delivery	560	47	47	47	47	47	47	47	47	47	47	47	47		560	Green	560	0	560	0
QIPP031	Circle Referral Bypassing	F&C	MM	Malcolm Miller	Delivery	250	21	21	21	21	21	21	21	21	21	21	20	20		250	Green	250	0	250	0
QIPP032	Reduced External Audit Provider Cost	F&C	MM	Matt Hollex	Delivery	22	2	2	2	2	2	2	2	2	2	2	2	2		22	Green	22	0	22	0
QIPP010	Anticoagulation services	PC	CK	David Picking	Delivery	444	37	37	37	37	37									185	Red	185	0	444	-259
QIPP017	Minor Eye Conditions - LOCSU	PC	CK	Beth Collins	Delivery	402					50	9	14	25	35	45	45	45		268	Amber	164	104	402	-134
QIPP062	Leighton Buzzard Ophthalmology Service	PC	CK	Beth Collins	Delivery							17	3	3	3	3	3		33	Amber	25		0	33	
QIPP049	VBEC 1 (IFR Service / PA - Declined Cases) + Stretch	DM	JM	Tara Dear	Delivery	2,085	183	183	72	224	183	183	183	183	183	183	183	183		2,126	Green	2,126	0	2,126	0
QIPP046	Advice and Guidance	DM	JM	Tara Dear	Implementation	47							3	3	9	15	17		47	Amber	24	24	41	6	
QIPP008	Street Triage	MH	ST	Claire Olliffe	Delivery	365	20	20	20	20	1	43	43	43	43	43	43	43		382	Amber	253	129	91	291
QIPP047	Development of a Liaison Psychiatry service at Bedford Hospital	MH	ST	Rachel Volpe	Initiation	270						21	21	21	21	21	21	21		147	Amber	84	63	210	-63
QIPP061	Priory Adult Group (Amore contract)	MH	ST	Lianne Bowskill	Initiation							18	18	18	18	18	18	18		128	Green	128		0	128
QIPP026	End of life pathway redesign	BCF	DD	Angelina Florio	Delivery	284				19	19	19	19	19	19	19	19	19		171	Green	171	0	171	0
QIPP004	EoL EEAST Avoided Admissions to Acute	BCF	DD	Angelina Florio	Delivery	267	22	22	31	24	24	22	21	21	21	21	21	21		271	Green	271	0	271	0
QIPP025	Community Beds - Rehab (Stroke Co-ordinator Role)	BCF	DD	Maria Browne	Delivery	232	21	14	20	20	20	20	20	20	20	20	20	20		232	Green	232	0	232	0
QIPP023	Stroke - Early Supported Discharge	BCF	DD	Kathy Nelson	Delivery	174	29	29	29	29	113	29								258	Green	258	0	258	0
QIPP050	Managing Transfers of Care between Hospital and Home	BCF	DD	TBC	Initiation	2,156										359	359	359		1,078	Red	0	1,078	2,156	-1,078
QIPP060	Improving Discharge and Patient Flow at BHT	BCF	DD	TBC	Implementation	930										103	103	103		309	Red	0	309	826	-517
QIPP051	Falls Pathway Development	BCF	DD	Sarah Pearson	Implementation	244										25	25	25		75	Amber	38	38	193	-118
QIPP041	Fracture Liaison Service	BCF	DD	Sarah Pearson	Implementation	88										13	13	13		38	Amber	19	19	88	-50
QIPP020	Falls Prevention in Care Homes and Extra Care Housing	BCF	DD	Sarah Pearson	Delivery	76	6	6	6	6	6	6	6	6	6	8	6	8		76	Amber	56	20	76	0
QIPP022	Psychology Integration with MSK	PIC	DD	Tara Dear	Delivery	262	22	22	22	22	22									109	Red	109	0	262	-153
QIPP058	RC: Respiratory	PIC	DD	Taneisha Scanlon	Initiation	363										40	40	40		121	Amber	60	60	121	0
QIPP055	RC: Cardiovascular Disease	PIC	DD	Sara Burford	Initiation	360										35	35	35		104	Amber	52	52	105	0
QIPP053	RC: Gastro-Intestinal	PIC	DD	Charlotte Davies	Delivery	307	15	15		46						24	24	24		148	Amber	112	36	289	-141
QIPP056	RC: Diabetes and Endocrine	PIC	DD	Wendy Pearson	Delivery	242			7	12		5	23	23	23	26	26	26		170	Amber	97	73	242	-72
QIPP057	RC: Genito-Urinary	PIC	DD	Charlotte Davies	Implementation	192							13	26	38	51	64		192	Red	0	192	192	0	
QIPP012	GP Referral Pathway into BHT	UnC	DD	Emma Hunt-Smith	Delivery	525	47	57	63	56	56	56	56	56	56	56	56	56		672	Amber	504	168	672	0
QIPP040	Integrated Urgent Care Reprourement	UnC	DD	Emma Hunt-Smith	Delivery	597	52	52	49	49	49	37	37	37	37	37	37	37		508	Green	508	0	597	-89
QIPP043	Ambulance Hear & Treat and See & Treat	UnC	DD	Tom Shyu	Delivery	229	2	5	27	14	264	19	19	19	19	19	19	19		445	Amber	388	57	2,161	-1,716
QIPP011	Developing an Integrated A&E Front Door Model at BHT	UnC	DD	Emma Hunt-Smith	Implementation	331						24	24	24	24	24	24	24		168	Amber	96	72	176	-8
QIPP042	Urgent Connect - L&D	UnC	DD	Emma Hunt-Smith	Delivery	64	7	7	7	4	9	7	7	7	7	7	7	7		82	Green	82	0	82	0
QIPP035	Biosimilars: Infliximab & Etanercept FYE	F&C	BJ	Matt Hollex	Closed	57	14	14	14	14										57	Closed	57	0	57	0
QIPP038	Nerve Conduction Studies FYE	PIC	DD	Tom Shyu	Closed	4	0	0	0	0										1	Closed	1	0	1	0
QIPP054	RC: Cancer	PIC	DD	Kathy Nelson	Closed	284														0	Closed	0	0	0	0
QIPP048	OPTUM High Impact Area: Complex Care	STP	DD	Sarah Ferguson	Closed	2,944														0	Closed	0	0	0	0
QIPP048	OPTUM High Impact Area: Paediatrics	STP	DD	Sarah Ferguson	Closed	1,882														0	Closed	0	0	0	0
QIPP048	OPTUM High Impact Area: Transitions of Care	STP	DD	Sarah Ferguson	Closed	166														0	Closed	0	0	0	0
QIPP002	Ear, Nose and Throat Pathways	PIC	DD	Tara Dear	Closed															0	Closed	0	0	0	0
QIPP009	Consultant to Consultant Policy	DM	JM	Tara Dear	Closed	123														0	Closed	0	0	123	-123
<b>Total</b>						<b>25,531</b>	<b>987</b>	<b>1,002</b>	<b>1,335</b>	<b>1,283</b>	<b>1,695</b>	<b>1,521</b>	<b>1,503</b>	<b>1,532</b>	<b>1,555</b>	<b>2,189</b>	<b>2,208</b>	<b>2,225</b>	<b>19,036</b>			<b>15,081</b>	<b>3,947</b>	<b>21,460</b>	<b>-2,424</b>
<b>Plan (M3)</b>							<b>987</b>	<b>1,002</b>	<b>1,335</b>	<b>1,385</b>	<b>2,126</b>	<b>2,219</b>	<b>2,648</b>	<b>2,701</b>	<b>2,715</b>	<b>2,791</b>	<b>2,803</b>	<b>2,819</b>	<b>25,531</b>						
<b>Cumulative Total</b>							<b>987</b>	<b>1,990</b>	<b>3,324</b>	<b>4,607</b>	<b>6,302</b>	<b>7,824</b>	<b>9,327</b>	<b>10,859</b>	<b>12,414</b>	<b>14,603</b>	<b>16,811</b>	<b>19,036</b>							
<b>Cumulative Plan (M3)</b>							<b>987</b>	<b>1,990</b>	<b>3,324</b>	<b>4,710</b>	<b>6,836</b>	<b>9,055</b>	<b>11,703</b>	<b>14,404</b>	<b>17,118</b>	<b>19,909</b>	<b>22,712</b>	<b>25,531</b>							
<b>Over/(Under) Plan</b>							<b>0</b>	<b>0</b>	<b>0</b>	<b>-103</b>	<b>-431</b>	<b>-698</b>	<b>-1,145</b>	<b>-1,169</b>	<b>-1,159</b>	<b>-601</b>	<b>-595</b>	<b>-593</b>							
<b>Cumulative Over/(Under) Plan</b>							<b>0</b>	<b>0</b>	<b>0</b>	<b>-103</b>	<b>-534</b>	<b>-1,232</b>	<b>-2,376</b>	<b>-3,545</b>	<b>-4,704</b>	<b>-5,306</b>	<b>-5,901</b>	<b>-6,494</b>							