

**Month 10 Hammersmith & Fulham CCG finance
report**

03-Mar-15

Contract Acronyms

Key message

The following acronyms are used throughout this pack.

Acronym	Full Provider Name
ASP	Ashford And St Peter's Hospitals NHS Foundation Trust
BLT	Bart's Health NHS Trust
C&W	Chelsea And Westminster Hospital NHS Foundation Trust
CLCH	Central London Community Healthcare NHS Trust
CNWL	Central And North West London MH NHS Foundation Trust
EHT	Ealing Hospital NHS Trust
ESH	Epsom And St Helier University Hospitals NHS Trust
GOSH	Great Ormond Street Hospital For Children NHS Foundation Trust
GSTT	Guys And St Thomas NHS Foundation Trust
HRCH	Hounslow And Richmond Community Healthcare NHS Trust
HUH	Homerton University Hospital NHS Foundation Trust
HWP	Heatherwood And Wrexham Park Hosps NHS Foundation Trust
ICHT	Imperial College Healthcare NHS Trust
KCH	Kings College Hospital NHS Foundation Trust
KHT	Kingston Hospital NHS Trust
MEH	Moorefield's Eye Hospital NHS Foundation Trust
NWLHT	North West London Hospitals NHS Trust
RBH	Royal Brompton And Harefield NHS Foundation Trust
RMH	The Royal Marsden Hospital NHS Foundation Trust
RNOH	Royal National Orthopaedic Hospital NHS Trust
RSC	Royal Surrey County NHS Foundation Trust
SGT	St George's Healthcare NHS Trust
SLAM	South London And Maudsley NHS Foundation Trust
SWL&StG	South West London And St George's Mental Health NHS Trust
THH	The Hillingdon Hospital NHS Foundation Trust
UCLH	University College London NHS Foundation Trust
WHH	The Whittington Hospital NHS Trust
WLMH	West London Mental Health NHS Trust
WMUH	West Middlesex University Hospital NHS Trust

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Section 1: Executive summary

Executive summary

Overall financial
position

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Executive summary

		Status
Overall financial position	At month 10 the CCG is reporting a year to date surplus of £10.8m, which is £0.7m above plan and is now forecasting a surplus for the year of £13.2m, which is £1.3m above plan. This is an increase in the surplus of £0.7m from the previous month. The key changes this month are as follows:	Green
	(1) The £0.7m increase in the surplus is a planned variance agreed by the Chair following confirmation from NHS England this will be returned to the CCG in 15/16.	Green
	(2) The position now includes a revised forecast outturn for the Section 75 following the Q3 review with LBHF. The previous reported underspend has reduced from £1.0m to £0.7m largely due to LD placements.	
	(3) The CCG has received a resource transfer of £1.0m from NHS England to cover the extended hours LES. The forecast spend on this LES is £1.2m in line with prior year, and so this is likely to result in a cost pressure. Further work is underway to determine whether this can be risk shared with Central and West CCGs who have also received a resource transfer.	
	(4) A further release from contingency has been made this month to enable the increase in surplus. The CCG now has £0.2m uncommitted.	
	There are no material changes in the underlying position reported this month.	Amber
Risks and opportunities	The CCG contingency has not yet been fully utilised, and along with potential slippage on investments will offset the risks identified, in the most likely scenario. The potential range is an increase in the surplus of £6.2m to a worsening of £3.5m. Managing these risks and opportunities will be key to ensuring the CCG delivers the forecast surplus.	Green
Contract performance	The main area of over performance continues to be C&W which is overspending by £0.8m year to date and forecast to be £1.0m by year end. This has worsened by £0.3m this month following a change in the reporting of challenges and the RTT adjustment. ICHT is forecast at the level of the income guarantee but also includes additional transformation funding of £0.5m, dependent on outcomes. Across all contracts the CCG is forecast to have £1.4m overperformance and the risk summary includes an assessment of potential further overperformance based on the movement between month 10 and year end seen in 13/14.	Amber
QIPP	The QIPP programme is reporting delivery of £4.9m savings year to date, which is equivalent to 82% of plan. The forecast for the year is £5.9m, 80%. Whilst QIPP savings from acute are technically delivered because of contract terms, we continue to report the underlying position as this will impact on contracting for 2015/16.	Amber
Investments and reserves	The CCG has local investment reserves of £0.7m, as shown on slide 14, which is unchanged from the previous month. The position against the planned investments is shown on slide 13 and an assessment of slippage has been included in the risk and opportunities.	Amber

Source: Team analysis

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CCG finance dashboard

Key

- On plan
- Take note
- Action required

Indicator		Target	Actual	Rating this month		
Financial position year to date	Agreed surplus	£5,498k	£6,224k		13.2%	variance from plan
Financial position forecast outturn	Agreed surplus	£11,850k	£13,175k		11.2%	variance from plan
Running costs outturn	Agreed surplus	£4,397k	£4,397k		0.00%	variance from plan
QIPP year to date		£6,005k	£4,903k		(18.4%)	variance from pre-risk plan
QIPP forecast outturn		£7,333k	£5,892k		(19.7%)	variance from pre-risk plan (see note)
Investment spend		£5,082k	£4,696k		(7.6%)	variance from plan
Risks and opportunities	Risk/opportunity	£0k	£23k			net (risk) / opportunity outside reported position
Creditors - Better Payment Practice Code		95.0%	94.7%		(0.3%)	of invoice value paid in 30 days
Capital forecast outturn		£455k	£0k		0.0%	subject to business case
Cash		£208,200k	£200,600k		(3.7%)	variance from plan

Note

The QIPP position is assessed against the pre-risk plan of £7.3m. The CCG budget is based on the post-risk plan of £6.1m against which we are forecasting 96% delivery. Further information is contained in slide 15.

Risks and opportunities

Key Messages

The following risks and opportunities are those items which may impact the CCG but have not been included in the month 10 position either because we are not able to quantify the value, or are not yet certain it will materialise. The table below also shows those items which have been agreed to form part of the CWHHE risk share following discussion at the January F&P Committee. As the contingency has not been fully utilised and there is potential slippage in investments, the risks identified in the most likely scenario can be fully mitigated. The potential range is an increase in the surplus of £6.1m to a worsening of £3.5m. Managing these risks and opportunities will be key to ensuring the CCG delivers the agreed surplus at year end.

	Amount	Likely Case		Best Case		Worst Case		
	£000s	Probability	Value	Probability	Value	Probability	Value	
Risks	Community services	(1,669)	66%	(1,096)	0%	0	100%	(1,669)
	Acute	(2,496)	77%	(1,916)	18%	(458)	100%	(2,496)
	Continuing care	(400)	25%	(100)	0%	0	13%	(50)
	Collaborative risk share	(1,588)	102%	(1,612)	0%	0	102%	(1,612)
	Total Risk	(6,153)		(4,724)		(458)		(5,827)
Opps	Contingency	159	100%	159	100%	159	100%	159
	Investment slippage	4,099	59%	2,399	72%	2,941	38%	1,554
	Provisions	604	50%	302	100%	604	0%	0
	Incentive fund	800	25%	200	100%	800	0%	0
	13/14 balance sheet	2,928	58%	1,688	72%	2,104	20%	580
	Total opportunities	8,590		4,748		6,608		2,293
Net (Risks) & Opportunities	2,437		23		6,150		(3,534)	

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Underlying Position

Key message

The underlying financial position of the CCG shows the recurrent revenue less the recurrent expenditure and excludes all non recurrent or one-off items eg return of the prior year surplus or investments such as the System One rollout. It also factors in the full year effects of any investment or savings schemes that have started part way through the financial year.

At month 10 there are no material changes reported in the underlying position of the CCG. This is calculated to be a surplus of £13.9m which is a £3m improvement from the Q2 position and a strengthening of the position reported to NHS England in June of £2.3m.

FOT as at month 10

	Recurrent £'000s	Non recurrent £'000s	Total £'000s
Revenue	232,066	23,284	255,350
Expenditure	216,566	25,609	242,175
Surplus / (deficit)	15,500	(2,325)	13,175

Underlying Position

	Surplus / (deficit) £'000s	%
Forecast underlying position	13,931	6.0
Bridge Return to NHSE - June 2014	13,158	5.7
Improvement / (worsening)	773	

Reconciliation of the change in position

	Surplus £'000s
Bridge Return to NHSE - June 2014	13,158
Acute contracts	
Local intelligence - ICHT	2,624
Local intelligence - C&W	(482)
Additional non recurrent investments	
Primary care weekend opening	400
PMCF contribution from CCG	209
ICHT PMO function	495
Full year effect of investments	
UCC 24/7 opening	(1,194)
Virtual ward enhanced model	(507)
OOHS contracts (anticipated)	(772)
Forecast underlying position at end of 2014/15	13,931

Key issues and actions relating to financial position

	Issue	Key drivers	Financial impact YTD, £m	Action	Owner
Acute contracts over-performance	ICHT		£1.5	ICHT reported an unmitigated adverse variance (after removing the balance of contract and the adjustment to maternity) against the YTD M9- Income Guarantee (IG) & CQUIN plan of (£1.73m). After mitigations of £215k. The underlying traded position reduces to (£1.515m). An adjustment of 1.515m is then made to force the variance to zero. For note £1.125m of penalties have been recorded but agreed to be reinvested back into the Trust. QIPP deduction reflected in the YTD traded position of £2.546m.	David Hill
	C&W		-£1.2	Main drivers of over performance are Day case (£210k), A&E (£210k), Maternity (£193k), and Regular Day Admissions (Dermatology) (£112k) .	Zeeshan Shah
	Total		£0.3		
Programme cost over-spends	Continuing Care		£0.7	A detailed review of dementia, frail elderly and end of life placements is being undertaken including establishing trend information from 13/14 activity. This will review how placement costs are being forecast and the level of accuracy from this method in the prior year. This is ongoing.	Shelley Martin
	Total		£1.0		

Section 2: Overall financial position

Executive summary

Overall financial position

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Surplus/deficit including running costs

Key message

At month 10 the CCG is reporting a year to date surplus of £0.7m above plan and is forecast to exceed the planned surplus for the year by £1.3m. This has increased by £0.7m from the previous month and is a planned variance agreed by the Chair following agreement from NHS England this will be returned to the CCG in 15/16. Commissioned services are discussed in detail on slide 10 and the key movements in variances are highlighted on slide 12.

		Year to date (£'000s)			Full year (£'000s)			Forecast Variance at M09
		Budget	Actual	Variance	Budget	Forecast	Variance	
Allocation	Resource limit	202,738	202,738	0	259,674	259,674	0	0
Commissioned Services	Acute Services	100,576	101,483	(907)	130,842	132,444	(1,602)	(1,376)
	Continuing Care	13,319	12,781	538	15,793	15,688	105	807
	Community Health	19,996	20,137	(141)	23,994	24,254	(260)	(263)
	Mental Health	27,220	26,956	264	32,665	32,272	392	373
	Prescribing	17,105	16,702	403	20,414	20,165	249	134
	Primary Care	6,257	6,237	20	7,530	7,487	43	224
	Other	9,103	8,553	550	12,190	9,792	2,397	692
Running costs	Corporate Costs	3,664	3,664	0	4,397	4,397	0	(0)
	Total expenditure	197,240	196,514	727	247,824	246,499	1,325	591
	Surplus/deficit position	5,498	6,224	727	11,850	13,175	1,325	591

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Breakdown of programme (commissioning) spend

Key message

The key pressure continues to be acute contracts with the most significant variance at C&W.

	Year to date (£'000s)			Full year (£'000s)			Forecast Variance at M09	Further Detail	
	Budget	Actual	Variance	Budget	Forecast	Variance			
Commissioned services	Acute Contracts	88,414	88,848	(434)	113,207	114,132	(925)	(774)	
	Other Acute Services	12,162	12,635	(473)	17,635	18,312	(677)	(603)	
	Total Acute Services	100,576	101,483	(907)	130,842	132,444	(1,602)	(1,376)	
	Continuing Care	13,319	12,781	538	15,793	15,688	105	807	
	Community Health	19,996	20,137	(141)	23,994	24,254	(260)	(263)	
	Mental Health	27,220	26,956	264	32,665	32,272	392	373	
	Prescribing	17,105	16,702	403	20,414	20,165	249	134	
	Primary Care	6,257	6,237	20	7,530	7,487	43	224	
	Total Non Acute Services	83,897	82,814	1,083	100,395	99,866	529	1,275	
	Commissioning Non Acute	442	442	0	530	529	1	1	
	Commissioning Reserves	2,770	2,770	(0)	3,494	1,863	1,631	(107)	Page 14
	Programme Projects	3,245	2,851	394	5,177	4,634	542	532	Page 13
	Other - commissioned services	2,647	2,490	157	2,989	2,766	223	266	
	Total Other	9,103	8,553	550	12,190	9,792	2,397	692	
	Total commissioning spend	193,576	192,850	727	243,427	242,103	1,324	591	

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Breakdown of running cost spend

Key message

The CCG is reporting on plan for month 10 and forecasting full spend of the £4.4m running cost allowance in 14/15.

		Year to date (£'000s)			Full year (£'000s)		
Commissioning Spend Breakdown		Budget	Actual	Variance	Budget	Forecast	Variance
Allocation	Resource limit	3,664	3,664	0	4,397	4,397	0
	Pay costs	1,789	1,636	153	2,278	2,175	103
Running costs	Interim and contractors	0	117	(117)	0	133	(133)
	CSU - in house costs	1,560	1,601	(41)	1,776	1,760	16
	Audit fees	107	95	12	129	129	0
	Property services	156	156	0	188	188	0
	Other non pay costs	167	195	(28)	200	186	14
	Recharge income	(116)	(136)	20	(174)	(174)	0
Surplus/deficit for running costs		0	0	0	0	0	0

Source: Financial ledger

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Movement of variances including running costs

Change in variance from M09 to M10							
	Year to date variance (£'000s)			Forecast outturn variance (£'000s)			
Initiative	Month 10	Month 9	Movement	Month 10	Month 9	Movement	Further detail
Acute Contracts	(1,279)	(1,123)	(155)	(1,936)	(1,786)	(150)	There has been an improvement in the C&W forecast position this month
Acute Reserve	845	761	84	1,011	1,012	(1)	
Other Acute Services	(473)	(368)	(106)	(677)	(603)	(75)	
Continuing Care	538	441	97	105	807	(702)	The worsening in the forecast is partially due to the £0.6m benefit from the CHC refund being moved to commissioning reserves and now reflecting the Q3 section 75 position agreed with LBHF
Community Health	(141)	(132)	(10)	(260)	(263)	3	
Mental Health	264	240	24	392	373	19	
Prescribing	403	277	126	249	134	115	The forecast outturn is based on the PMD report adjusted to reflect the recharge from Lambeth CCG in relation to the Hurley Clinic.
Primary Care	20	153	(133)	43	224	(181)	Funding for the extended hours LES has been received from NHS England this month but does not fully cover the CCG spend resulting in this pressure.
Commissioning Non Acute	0	1	(1)	1	1	0	
Commissioning Reserves	(0)	0	(0)	1,631	(107)	1,738	This relates to the CHC provision refund £0.6m and release of £1.0m contingency to cover overspends in the position and increase the surplus.
Programme Projects	394	399	(5)	542	532	10	
Recharges	0	0	0	0	0	0	
Other - commissioned services	158	190	(32)	223	266	(43)	
Running Costs	0	(0)	0	0	(0)	(0)	
Total	727	839	(112)	1,324	591	734	

Source: Financial ledger

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Investments

Key message

This slide provides a breakdown of the programme projects for the CCG and support costs. In addition £2m has been earmarked for investment in Primary Care initiatives and a number of projects have been approved by F&P. The reserves available for further investment are included on the next slide.

	Year to date (£'000s)			Full year (£'000s)			Further detail
	Budget	Actual	Variance	Budget	Forecast outturn	Variance	
Primary Care							
Investment in primary care	1,667	1,667	0	2,000	2,000	0	Committed against weekend opening, PMCF contribution and OOHS contract implementation
Programme Projects							
SystemOne	526	541	(15)	1,000	1,000	0	
Park View Medical Centre	127	152	(25)	1,226	1,226	0	
Homeless Health	10	10	0	10	10	0	
Integrated Care Pilot	593	159	434	712	169	543	Transition budget set by the ICP
CSU Charges	692	692	(0)	763	763	0	
Programme Support Costs	1,166	1,166	0	1,189	1,189	0	Staffing to support Transformation and recharges from CWHHE
GP Network Development	130	130	0	277	277	0	Approved by the Investment Committee
Subtotal Programme Projects	3,245	2,851	394	5,177	4,634	543	
Non Recurrent Programme							
Women and Girls Network	31	31	0	37	28	9) Projects approved by F&P
Homeless Health Nurse	58	58	0	72	72	0)
Expert patient programme	82	90	(8)	101	126	(25)	Destia
Subtotal Non Recurrent Programme	171	179	(8)	210	226	(16)	
TOTAL	5,082	4,696	386	7,387	6,860	527	

Breakdown of reserves

Key message

This gives a breakdown of the £3.5m held in the CCG commissioning reserve, including the contingency fund. The CCG has £0.7m uncommitted reserves including Quality Premium.

	Forecast Outturn (£'000s)			Further detail
	Budget	Outturn	Variance	
Commissioning Reserve				
• 2.5% headroom - part A (balance)	600	600	0	Committed against provider transition costs - A&E closure Hammersmith Hospital
• Investment reserve	724	724	0	Includes £0.36m Quality Premium
• Investment reserve - committed	300	300	0	Dermatology and SCT funding
• Mental health funding	80	80	0	NWL strategy funding for MH. The £108k resilience funding was transferred to Central CCG this month
• CHC provision refund	591	0	591	
• Contingency	1,199	159	1,040	Release of contingency to increase the surplus
TOTAL Commissioning Reserve	3,494	1,863	1,631	

Source: Financial ledger

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QIPP

Year to date to M10, we are reporting an achievement of 82% against a net plan of £8.0m. Year to date performance is largely determined using SUS data available to M09. The M10 and year end forecast take into account assumed impact of actions currently under way / planned to improve performance. We are aware that the current SUS data used to report our performance is impacted by the coding issues at Imperial following the implementation of CERNER. Reporting of QIPP this year includes discussion at internal CCG QIPP delivery group meeting and incorporates the use and interpretation of SUS data, delivery against project milestones and range of project metrics. The full year forecast is to deliver savings of £5.9m against the plan of £7.3m (80% delivery).

Whilst CCG is reporting a delivery of 80% against pre-risk plan of £7.3m, the total savings forecasted of £5.9m represents 96% delivery against the post risk plan of £6.1m.

QIPP initiatives (Net QIPP)

Initiative	Year to Date (£k)			Full Year (£k)			Further detail
	Plan	Actual	Var	Plan	Forecast	Var	
Transformational Schemes							
Unscheduled Care	2,622	1,581	(1,041)	3,209	1,860	(1,349)	The largest scheme in this programme aimed at admission avoidance is Virtual Ward. January-15 reported the highest number of referrals supported by the investment funded through winter resilience monies. Our forecast of delivery in future months are based on delivering the year to date performance of 68%. This will result in an underperformance of £971k by year end. Service review is in progress to identify strengths/weaknesses/opportunities and challenges to ensure that the service is robust and fit for purpose for rollout to new lead provider. Planned marketing via video is almost complete to support system wide communication, awareness and referrals. Revised End of Life training programme is to be developed for 2015 and role of EoL facilitator is to be reviewed
Planned Care	440	106	(334)	557	115	(442)	Supporting the Out of Hospital Strategy, these schemes are aimed at reducing the OP referrals to acute providers, to maximise the use of existing Community services and to better manage patients proactively within the primary care/community. There are 7 schemes that make up the planned care programme. YTD variance is largely driven by shortfall of £123k ytd on Gynaecology, which we know is impacted by the coding issue at Imperial but recent months are reporting savings. New provider for Community Gynaecology service from Mar-15 also confirmed. Approval is granted to go ahead with the procurement of new Community Ophthalmology Service. We are not forecasting any savings this year for this scheme. Capacity issue with Community Dermatology service has lead to long wait. Actions by practices are not delivering the desired effect and resulting in activity reduction expected from the Referral review scheme. On a full year basis, shortfall is forecasted for Dermatology (£85k), Ophthalmology (£139k), Gynaecology (£123k) and referral review (£68k)
Mental Health	426	426	0	519	519	0	QIPP delivered as per contract agreed with WLMHT. Schemes included in this programme are Shifting Setting of Care and Mental Health placements. We are closely monitoring performance against the revised SSoC trajectory (discharges to enhanced primary care) submitted by WLMHT and in December there were 18 discharges against the revised plan of 34. Most recent performance was not available at the time of writing this report. Concerns have been raised of the level of discharges to-date and if primary care is ready to receive the activity
Prescribing	162	162	0	198	198	0	The scheme focuses to develop a way or ways of identifying and addressing potential causes of severe medicine-related harm in practices. Practices are enabled to use information to switch medication where appropriate. Current forecast is an underspend on the budget. Reducing medicines related harm work is on schedule with year to date over 1300 interventions identified. The scope of this work has been revised to include a number of new interventions. Direct savings and reducing medicine related work has slowed in pace as practices focus on QOF and the medicine management team focuses on 15-16 preparation
Other	40	0	(40)	50	0	(50)	We are forecasting Diagnostics Cloud project to deliver no savings this year. Project has been delayed due to technical issues (e.g., interface with the clinical system) and pilot sites have been identified
Total	3,690	2,275	(1,415)	4,533	2,692	(1,841)	
Transactional Schemes							
Acute Services	758	758	0	910	910	0	This scheme is aimed at delivering the acute metrics agreed with the providers. Because of the agreed block contract with the providers, we are reporting this scheme to deliver the planned savings year to date and at year end
Community Services	158	158	0	190	190	0	QIPP delivered as per contract agreed with CLCH
Prescribing	666	666	0	800	800	0	The direct savings for this scheme will be delivered through continued pursuit of opportunities to reduce unnecessary expenditure on medicine and other prescribed items. Current actuals are a reflection of the ledger position reporting an underspend of £403k to date and £249k at year end. Reporting takes into account the performance from IPP data available to M08 reporting
Other	733	1,046	313	900	1,300	400	Savings are from schemes aimed at reducing expenditure by consolidation/termination of investment in pilots which have ended and forecast on LD budget. Specific savings of £339k have been identified and remaining £261k has been attributed to underspends identified in current budgets. Over delivery of £400k is reported on the Health funded placements schemes in line with the circa £700k under spend forecasted on LD budget this year
Total	2,315	2,628	313	2,800	3,200	400	
Grand Total	6,005	4,903	(1,102)	7,333	5,892	(1,441)	

Source:PMO QIPP report

Capital, creditor payments and cash

Key message

Capital

- NHSE has confirmed the capital allocation of £0.5m for Park View, which is subject to a business case process.

Creditor payments

	Invoice Count	Invoice Count (Passed)	% Passed	BPPC Amount	Invoice Amount (Passed)	% Amount Passed
NHS	2495	2243	89.9%	145,229,179	137,511,383	94.7%
Non NHS	5531	5076	91.8%	29,540,853	27,988,664	94.7%
Total	8026	7319	91.2%	174,770,032	165,500,047	94.7%

The CCG has not met the Better Payment Practice Code (BPPC) target for the Invoice amount and Invoice numbers. We are currently working with budget holders to ensure that invoices are coded and that outstanding queries are dealt with promptly in order that invoices are paid within payment terms.

Cash

- Maximum Cash Drawdown Limit: £243.0m* Drawn Down to Date: £200.6m
Forecast Draw Down at Month 9: £208.2m Under Drawn: £7.6m

*The submitted Maximum cash drawn (MCD) limit of £238.4m for 2014/15 will be reflected in the Feb-15 cash report by NHS England. The Jan-15 cash report is showing MCD of £243.0m and the CCG will be drawing down the £13.2m in March 2015 representing the remaining balance of £238.4m. The MCD can change during the year due to changes in the Revenue Resource (RRL) limit as CCG may receive new funding streams or have funding withdrawn by NHS England. NHS England will provide an opportunity for CCG's to request further or to reduce their MCD in light of projected cash requirements at year end. The forecast cash drawdown is based on the month 10 actual spend.

Source: team analysis

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