

GOVERNING BODY MEETING

Date of meeting	Tuesday 24 May 2016	Agenda item number	19
Title of report	Financial Update for 2015-16		
Paper Presented by:	Mr D Walsh, Finance Manager		
Paper prepared by:	Mrs J Williams, Head of Finance and Business Support		

CCG strategic objective supported by this paper: (please tick ✓)	Develop and maintain an effective organisation	✓
	Commission high quality, safe and cost effective services which reduce health inequalities and improve access to healthcare	✓
	Effectively engage patients and the public in decision making	
	Develop excellent partnerships which lead to improved health outcomes	
	Make the best use of resources	✓

Purpose of report
To update and inform the Governing Body regarding the Clinical Commissioning Group's final outturn financial position for 2015/16.
Recommendation
<p>The Governing Body is requested to note and approve the contents of this report and delivery against 2015-16 financial duties, plans and recommendations:</p> <ol style="list-style-type: none"> 1. That the year-end financial position achieved the target surplus of £4.071 million 2. That the target QIPP of £3 million for 2015-16 was achieved <p>In addition, the Governing Body is asked to note and approve the contents of this report and executive summary regarding the CCG financial position at the end of Month 12 of the financial year, 2015-16.</p>

Please indicate which Group this has been discussed with (please tick ✓)			
Executive Management Team	✓	Quality Improvement and Governance Cttee	
Clinical Commissioning Committee		Finance and Performance Committee	✓
Audit Committee		Remuneration Committee	
Council of Members		Other/Not Applicable	
Patient and Public Engagement:	Commissioning plans 2015/16 and planned developments		
Equality Impact Assessment:	Considered as part of commissioning plans and as business cases progress		
Resource Implication(s):	Available allocation; impact on service developments and delivery of financial surplus		
For further information please contact:	Andrew Harrison – 01253 956440		






GOVERNING BODY – TUESDAY 24 MAY 2016

MONTH 12 FINANCIAL POSITION 2015-16

1 Background

Fylde & Wyre Clinical Commissioning Group (CCG) is required to report achievement against its key financial duties and plans on both a monthly and annual basis. This report discusses the position to the end of March 2016 (Month 12 of financial year 2015-16).

2 Executive Summary















High Level Targets & RAG Rating	Risks to Financial Plan
 <p>Total Revenue Allocation notified - £238.28m</p>	<ul style="list-style-type: none"> • Activity overperformance on payment by results contracts • Market share shifts across Providers • Developments not progressing at expected rate for new models of care • NHS Property Services Ltd recharges higher than anticipated, delays in progressing schemes • Continuing Healthcare expenditure monitored <p>Risk mitigation is in place for the above areas; some of which will relates to the deployment of reserves.</p>
 <p>Programme Allocation notified - £214.54m</p>	
 <p>Running Cost Allocation notified - £3.58m</p>	
 <p>Programme Co Commissioning Allocation notified - £20.16m</p>	
 <p>Cash Limit (Maximum Cash Drawdown notified) - £234.07m</p>	
	Other Areas of Focus
	<ul style="list-style-type: none"> • Lancashire Better Care Fund plan - and monitoring of performance • Capital Planning - bid progression of CCG schemes with NHS England & NHS Property Services • Property Strategy development commissioned and ongoing. • Information Management & Technology strategy development ongoing • Primary care co commissioning budgets - in month monitoring
	Overall Status
	<p>Achieved Financial Duties</p>

3 Financial Duties and Plans 2015-16

In 2015-16, the Income & Expenditure plans of the CCG are to:

- Deliver a 1.4% surplus against allocated Revenue Resource Limit (increased to 1.85%)
- Contain expenditure within an overall cash limit
- Contain expenditure within the Running Cost target of £22.50 per head of population
- Deliver a QIPP of £3m

Throughout the financial year the CCG has reported on its achievement against meeting its key financial duties and delivery against its financial plans. A summary of financial performance is shown below:-

Description of financial duties	YTD	Forecast	Explanation
Maintain expenditure within the revenue resource limit and deliver to an increased planned surplus of 1.85% in 2015/16.			The CCG has achieved its forecast surplus target to end of Month 12. The target surplus is £4.07m for the year and comprises monthly targets.
Maintain expenditure within a Maximum Cash Drawdown Limit (cash limit).			The CCG has drawn down £185.3m to date. This is in line with overall financial planning for 2015/16 and now incorporates monthly cash planning estimates.
Maintain capital expenditure within the delegated limit from the Area Team.			Anticipated capital allocation to be received during 2015/16.
Ensure running costs are within the £22.50 per head of population.			The CCG has an allocation of £3.58m for running costs. At Month 12, the running costs position was £340k underspent. This included £329k Quality premium.
Ensure a minimum of 1% contingency is held.			The CCG has established the 1% contingency reserve.
Delivery of QIPP targets.			The CCG has identified and will action delivery of the £3m of schemes within original estimates. Overall expenditures to Month 12 remain within QIPP adjusted budgets and delivery is on track to date and to forecast.
Ensure compliance with the Better Payment Practice Code (BPPC) - "Late Payment of Commercial Debt"			The CCG delivered 99.6% in 30 days against the number of NHS and 99% against non NHS invoices.

Maintain expenditure within the resources allocated and deliver a 1.8% surplus.

Total resources allocated to the CCG for 2015/16 are £238.28m. This includes the return of the 2014-15 target surplus and additional monies required for Enhanced Tariff Option of £505k. Additional allocation transfers were carried out in Month 12 for Clinical Pharmacy Pilot (£172k) and Hospice Capital Grant (£25k).

Maintain expenditure within a maximum cash drawdown limit

The CCG has now yet been notified of a maximum cash drawdown (MCD) figure of £234.07m and will work to that total. In 2015-16, the CCG has achieved the MCD.

Ensure running costs are contained within the allocated £22.50 per head of population

Running Cost allocation is now £3.58m for the financial year (addition of Quality Premium (£329k)). This is a reduction from 2014-15.

Deliver QIPP savings targets.

QIPP saving schemes of £3m are planned for this financial year. These are funded mainly via contract deflators and planned commissioning schemes.

Ensure compliance with the Better Payment Practice Code

99.5% of NHS invoices and 99% of Non NHS invoices by value and volume were paid by the CCG within 30 days to end of March. The CCG has complied with the better payment practice code following during the course of the year by a "Controlled

Environment for Finance” which supports the controlled access to data allowing invoices to be paid promptly. It is anticipated that this will again result in a higher percentage of BPPC compliance.

4 Position to Date

The CCG key financial duties were achieved in the cumulative position to March 2016 (Month 12). Appendix 1 highlights summary performance against the range of budget headings and financial performance.

The revised month 09 figures and allocations will be utilised for initial budget setting for 2016-17 which links to the 5 Year Financial Planning Cycle. The plan has been submitted to update these figures in April for submission to NHS England.

Risks include overperformance from Acute Providers, NHS Property Services voids and subsidies and Specialist Commissioning pressures. Specialist Commissioning is returning to the CCG in 16-17 and it is anticipated that current financial pressures associated with this area will be continuing. Overperformance invoices have been received from some Acute providers but there is some concern regarding some of the coding accuracy of these and some remain in query.

In spite of these overperformance matters, the overall financial year position as at the end of March (Month 12) shows a cumulative underspend of £4,072k (£3,732k programme and £340k running costs) which has achieved the target for the CCG’s planned 1.8% total surplus for 15-16 of £4.071m.

This is because the target surplus, Primary Care and Continuing Healthcare are currently showing underspends and there are Reserves and Contingencies remaining to fund pressure areas. This has resulted in the achievement of financial duties position albeit with ongoing issues for 2015-16 within the Continuing Healthcare database expenditure position and relevant contractual assumptions regarding accruals made for e.g. Continuing Healthcare risk share and NHS Property Services Ltd invoices. The Continuing Healthcare year end position is reflective of the forecast expenditure levels via the Commissioning Support Unit as at March 2016. Overperformance is being monitored closely with the Contracting team although there are some areas of concern due to coding issues at Blackpool Teaching Hospitals NHS Foundation Trust, Lancashire Teaching Hospitals and Spire.

5 Contractual Performance of Providers

Acute expenditure with our main providers is reflective of contracted values at Month 12 as amended in light of health economy discussions with Providers regarding contracts.

Payment by Results (PbR) data checks are undertaken to ensure activity is correctly attributed to the responsible CCG and that no incorrect Specialist Services charges fall to the CCG that are not agreed for 2015-16.

The main acute contract with Blackpool Teaching Hospitals is now set on a Payment by Results basis for this financial year. Activity levels will be closely monitored from Blackpool Teaching Hospitals throughout the 2015-16 financial year to validate invoiced activity V planned performance in all specialties. The activity contract

rebasings includes the requested increase in both elective and non-elective activity due to 2014-15 unprecedented demand. The year end cash position with Blackpool Teaching Hospitals NHS Foundation Trust has been agreed.

Monitoring of all acute activity is ongoing with additional activity planned at Lancashire Teaching Hospitals, Wrightington, Wigan & Leigh and Spire. The over performance at these organisations in 2014-15 has led to the CCG commissioning additional capacity.

Spire Healthcare remains overperforming at Month 12 in its financial performance to year end. This provider's activity is being monitored for year end forecast and overall outturn. The Spire audit undertaken in February has uncovered nothing untoward within the coding that was checked.

6 Health Economy Report

Board papers for both Blackpool teaching Hospitals and Lancashire teaching Hospitals were reviewed for contradictory content to this financial report. Blackpool Teaching Hospitals refers to its year to date deficit of £12.3m as at Month 10 in 2015-16 with a CIP of £20m with a planned year end deficit of £11.3m (February Board Papers). Concern around Financial Assurance and Sustainability were expressed with Limited Assurance given.

Lancashire teaching Hospitals (April Board papers) refers to its Monitor inspection and is reporting a deficit of £27.5m at Month 11 2015-16. (2015-16 projected deficit remains £29m). Both organisations have a current Financial Stability Risk Rating of 2.

7 Reserves

Reserves will be applied and utilised both recurrently and non-recurrently throughout the year based on current knowledge and subject to potential in year issues resulting from Commissioning decisions and ongoing developments.

Whilst development funds slipped in 2014-15, the main driver remains the extensivist service at Lytham, therefore, these reserves have been re-established for 2015-16 with planned Commissioning pathways to pump prime initiatives to support the full delivery of extensivist and Enhanced primary care during 2015/16. This programme will be closely monitored with Commissioners and is linked to the Vanguard initiatives.

Known pressures include LCFT Mental Health ongoing reconfiguration (£600k), Calderstones reconfiguration, Blackpool Teaching Hospitals ongoing financial position, Lancashire Teaching Hospitals financial position and New Models of Care estimates. These are planned to be offset by Developments slippage.

8 Allocations

Initial financial allocation of 2015-16 as at Month 12 of the financial year, are outlined below.

WRef	Contra Organisation	Contra Org Code	Contra Org Region	Contra Org Region Ct	Type Rec/ NonRec	Funding Stream	Revenue Resource £000	Description (80 Characters)	Month of transaction
1	X24 - NHS England (Central)	X24	-	-	Recurrent	Allocation	3,680	BCF	Mth01
2	X24 - NHS England (Central)	X24	-	-	Recurrent	Allocation	203,167	Initial CCG Programme Allocation	Mth01
3	X24 - NHS England (Central)	X24	-	-	Non-Recurrent	Allocation	4,390	Brought Forward surplus/(deficit)	Mth01
4	X24 - NHS England (Central)	X24	-	-	Recurrent	Allocation	3,248	Initial CCG Running Cost Allocation	Mth01
5	X24 - NHS England (Central)	X24	-	-	Non-Recurrent	Allocation	386	GPIT	Mth03
6	X24 - NHS England (Central)	X24	-	-	Non-Recurrent	Allocation	505	ETO/DTR Funding	Mth02
7	Q73 - Lancashire and Greater Manchester	Q73	Q73	Y54	Recurrent	Allocation	20,100	Transfer to Co-Commissioning Funds to CCGs Primary Care Co-commissioning Month 4	Mth02
8	Q73 - Lancashire and Greater Manchester	Q73	Q73	Y54	Recurrent	Allocation	(108)	adjustment Waiting list validation and improving operational processes	Mth04
9	X24 - NHS England (Central)	X24	-	-	Non-Recurrent	Allocation	6	Initial allocation of funding for eating disorders and planning in 2015/16	Mth04
10	X24 - NHS England (Central)	X24	-	-	Non-Recurrent	Allocation	90	15-16 Changes to Responsible Commissioner	Mth05
11	13Y - North West Commissioning Hub	13Y	Q75	Y54	Recurrent	Allocation	165	following service moves Tier 3 Neurology Commissioning Responsibility	Mth05
12	X24 - NHS England (Central)	X24	-	-	Recurrent	Allocation	461	Transfer - NHS England Tier 3 Specialist Wheelchairs Commissioning	Mth07
13	X24 - NHS England (Central)	X24	-	-	Recurrent	Allocation	88	Responsibility Transfer - NHS England	Mth07
14	X24 - NHS England (Central)	X24	-	-	Non-Recurrent	Allocation	40	Liaison Psychiatry - Mental Health Tier 3 Specialist Wheelchairs Commissioning	Mth07
15	01V - NHS Southport and Formby CCG	01V	Q75	Y54	Recurrent	Allocation	28	Ormskirk late adj Capital Grant: Wyre Borough Council -	Mth07
16	X24 - NHS England (Central)	X24	-	-	Non-Recurrent	Allocation	750	Lockwood/Poulton Extensive Care Facility	Mth08
17	Q73 - Lancashire and Greater Manchester	Q73	Q73	Y54	Non-Recurrent	Allocation	248	Extended/seven day access	Mth09
18	X24 - NHS England (Central)	X24	-	-	Non-Recurrent	Allocation	4	MoD - Out of hours	Mth09
19	X24 - NHS England (Central)	X24	-	-	Non-Recurrent	Allocation	40	Liaison Psychiatry	Mth09
20	X24 - NHS England (Central)	X24	-	-	Non-Recurrent	Allocation	225	Mental Health CAMHS - Transformational Allocation	Mth09
21	X24 - NHS England (Central)	X24	-	-	Non-Recurrent	Allocation	329	14-15 Quality Premium award 2015-16 CEOV and non-rechargeable services	Mth09
22	X24 - NHS England	X24	-	-	Non-Recurrent	Allocation	(252)	allocation adjustment	Mth10
23	Q73 - Lancashire and Greater Manchester	Q73	Q73	Y54	Non-Recurrent	Allocation	198	Extended/7 day access	Mth10
24	Q73 - Lancashire and Greater Manchester	Q73	Q73	Y54	Recurrent	Allocation	25	M10 Risk Share Co Commissioning	Mth10
25	13Y - North West Commissioning Hub	13Y	Q75	Y54	Recurrent	Allocation	141	T3 Adjustments -LTH, Salford, Walton & Southport	Mth11
26	Q73 - Lancashire and Greater Manchester	Q73	Q73	Y54	Recurrent	Allocation	(25)	M10 Risk Share Co Commissioning -reversed M10 Risk Share Co Commissioning-Made Non-	Mth10
27	Q73 - Lancashire and Greater Manchester	Q73	Q73	Y54	Non-Recurrent	Allocation	25	recurrent Capital Grant: Lockwood GP Practice - Development of hub at Wyre BC Civic Centre - Integration of	Mth10
28	X24 - NHS England Central	X24	-	-	Non-Recurrent	Allocation	39	GP/Extensivis Services	Mth11
29	13Y - North West Commissioning Hub	13Y	Q75	Y54	Recurrent	Allocation	93	Neuro LTH	Mth12
30	Q73 - Lancashire and Greater Manchester	Q73	Q73	Y54	Non-Recurrent	Allocation	172	Clinical pharmacy pilot - L3 CCG	Mth12
31	X24 - NHS England Central	X24	-	-	Non-Recurrent	Allocation	25	Capital Grant: Car park extension & resurfacing	Mth12
							238,283		

Financial Challenges 2015-16

The CCG's significant issues during the year are anticipated to be acute sector overperformance and the financial forecasts received relating to Continuing Health Care (CHC). This is not an exclusive Fylde & Wyre issue and similar financial concerns are being faced by several Lancashire CCGs. The CHC expenditure is currently in line with anticipated forecasts from CSU.

Primary Care Co Commissioning budgets have been delegated to the CCG in 2015-16 with an allocation of £20.16m. These budgets are to be closely monitored and evaluated during this financial year. Lancashire team's indicative allocation and planned expenditure are in line for Fylde and Wyre on this cohort of expenditure. There was a small overspend of £57k on this allocation which the team are analysing.

9 Risks and Mitigations

Risks regarding achievement of financial duties include the overperformance within the Acute sector (NHS and non NHS), NHS Property Services charges for voids and

subsidies and Prescribing expenditure fluctuations. These are planned to be managed through slippage from Development monies.

Prescribing expenditure is higher than in recent months and the forecast tool utilised by the Business Services Authority (BSA) has not reflected the impact of the reduction in cost from the Category M drugs pricing decreases. The CCG is expecting a reduction in cost in the last quarter of the year and there was a reduction in March. (Actual expenditure is 2 months behind forecast on prescription processing data).

The CCG has again set aside additional monies to fund the CHC expenditure area following its overspend in 2014-15. However, the information received during the financial year continues to suggest that the expenditure continues to fluctuate in month. Risks are associated with delayed invoicing from providers. The application of additional budget has reduced the overspend in this area for the CCG in both 2013-14 and 2014-15. Financial monitoring and scrutiny of this area will continue with risk and retrospective claims being scrutinised in conjunction with the CSU and MIAA. Formal returns to the central NHS England team regarding CHC restitution are now being completed on a monthly basis and the trajectory states that all cases will be assessed and completed by April 2017. In addition, the CCG has funded some additional posts within the CSU restitution team to speed up the process of calculating case claims. A target of cleared cases has been agreed with the CSU team. MIAA continue to assist the finance team with the CHC evaluation and performance monitoring.

10 Risk Shares

The CCG has entered into a full PbR contract with Blackpool Teaching Hospitals (BTH) resulting in no risk share arrangement for the main provider contract. The CCG is supporting the Trust in its development of the pilot Extensivist sites and an element of shared risk is inherent in this programme via the Commissioner support. These programmes also facilitate the work of the Fylde Coast Commissioning Advisory Board in terms of service modernisation programmes. The CCG hosts its own contract with the Hospitals Trust in 2015-16 combining acute and community service areas. The CCG continues to plan for the level of reductions targeted to NEL admissions as part of future strategy work aligned to the Better Care Fund and future funding of the out of hospital agenda.

11 Quality, Innovation, Prevention and Productivity (QIPP)

The CCG has a QIPP target of £3m in 2015-16. The majority of the QIPP target is funded via the tariff deflators applied to contracts and from renegotiated contracts with other providers at a lower rate than in 2014-15. At Month 12, the QIPP target is RAG rated Green. Prescribing QIPP opportunities are being monitored via detailed discussions at the Medicines Sub Group. This was presented to the March 2015 Finance & Performance Committee and Governing Body.

	QIPP	Reutilisation
	£000s	£000s
Tariff deflator	1,800	600
NEL reductions	800	800
Prescribing	300	300
Miscellaneous/unidentified	100	100
	3,000	1,800

12 Key Areas of Focus and Commissioning Implications

Tight fiscal control was undertaken to deliver Commissioning plans within budgetary allocations in the CCG's last financial year. Prioritisation on spending plans is again necessary and Commissioning and Finance will work together to deliver the commissioning intentions within the available financial envelope. Part of the strategy objectives, are to review all aspects of commissioning to ensure value for money and achievement of the CCG's financial targets both this year and in the future. The work of the Project Management Office is essential to this strategy. The financial pipeline and modelling that is required for this work is ongoing and the in-year and recurrent commitments of the organisation are in progress.

13 Running Costs

The CCG has a running cost allowance (£22.50 per head of population) which totals £3,248k for the 2015-16 financial year (quality premium monies now added to an adjusted total of £3.577m). The CCG must contain its expenditure for the year within this target and has achieved this financial duty at Month 12 (Appendix 2). Pricing with CSU for 2015-16 which will impact on the overall Running Cost quantum has been presented to Governing Body previously for approval.

14 Recommendations

The Governing Body is requested to note and approve the contents of this report and delivery against 2015-16 financial duties, plans and recommendations:

1. That the year-end financial position achieved the target surplus of £4.071 million
2. That the target QIPP of £3 million for 2015-16 was achieved

In addition, the Governing Body is asked to note and approve the contents of this report and executive summary regarding the CCG financial position at the end of Month 12 of the financial year, 2015-16.

David Walsh
Finance Manager

Judith Williams
Head of Finance & Business Development

Appendix 1

Commissioned Services Budget Statement - April to March 2016

Fylde & Wyre CCG

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April 2015 to March 2016

Summary Board Report



Fylde and Wyre

Clinical Commissioning Group

Month		12						
	Annual Budget	In Month			Year to Date			
		In Month Budget	In Month Spend	In Month Variance - Over / (Under)	Budget to Date	Spend to Date	Variance - Over / (Under)	
8.1	Revenue Resource Limit	0			0			
Acute services								
1.1	Acute-NHS	99,560	7,982	8,268	286	99,560	100,364	804
1.2	Acute-non NHS	5,126	579	424	-155	5,126	5,254	127
1.3	111 service	674	56	100	44	674	927	253
1.4	Ambulance Services	6,165	514	556	42	6,165	6,343	178
1.5	Non Contracted Activity	1,770	141	333	192	1,770	1,809	40
	Sub-total Acute services	£ 113,295	£ 9,272	£9,681	£409	£ 113,295	£ 114,697	£1,402
Mental Health Services								
2.1	Mental Health	17,834	2,389	2,237	-152	17,834	17,566	-268
2.2	Learning Difficulties	2,682	224	-203	-427	2,682	1,686	-996
	Sub-total MH services	£ 20,517	£ 2,613	£2,034	£-579	£ 20,517	£ 19,252	£-1,265
Community Health Services								
3.1	Community	22,718	1,636	2,064	428	22,718	23,361	642
	Sub-total Community services	£ 22,718	£ 1,636	£2,064	£428	£ 22,718	£ 23,361	£642
Continuing Care services								
4.1	Continuing Health Care	14,083	1,071	872	-199	14,083	13,338	-745
4.2	Funding Nursing Care	1,514	126	165	39	1,514	1,626	112
	Sub-total Continuing Care services	£ 15,597	£ 1,197	£1,036	£-161	£ 15,597	£ 14,964	£-633
Primary Care services								
5.1	Primary - Locally Enhanced Services	22,585	2,988	2,769	-218	22,585	21,552	-1,033
5.2	Primary - Out of Hours	779	65	101	36	779	773	-6
5.3	Primary Other	3,363	269	383	113	3,363	3,540	177
5.4	GP IT	1,046	87	-28	-115	1,046	656	-390
	Sub-total Primary Care services	£ 27,773	£ 3,409	£3,226	£-183	£ 27,773	£ 26,521	£-1,252
Other Programme services								
6.1	NHS Property Service	583	117	253	136	583	710	127
6.2	Other Programme Spend	1,963	605	813	208	1,963	2,128	165
6.3	QIPP	0	0	0	0	0	0	0
6.4	Planned Surplus	3,071	257	0	-257	3,071	0	-3,071
6.5	Reserves	671	671	0	-671	671	0	-671
6.6	Prescribing	28,518	2,335	2,199	-136	28,518	29,340	822
	Sub-total Other Programme services	£ 34,805	£ 3,985	£3,266	£-719	£ 34,805	£32,178	£-2,627
	Total - Commissioning services	£ 234,706	£22,112	£21,306	£-805	£234,706	£230,974	£-3,732
Running Costs Allowance								
7.0	Running Costs Allowance - Pay	1,556	185	256	71	1,556	1,466	-90
7.1	Running Costs Allowance - Non Pay	2,021	470	143	-327	2,021	1,771	-250
	Total - Running Costs Allowance	£ 3,577	£655	£399	£-256	£3,577	£3,237	£-340

Appendix 2**Running Costs Budget Statement April 2015 – March 2016**

Fylde & Wyre CCG

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Commissioning Services - April 2015 to March 2016

Running Costs Allowance Summary +



Fylde and Wyre

Clinical Commissioning Group

Month		12					
	Annual Budget	In Month			Year to Date		
		In Month Budget	In Month Spend	In Month Variance - Over / (Under)	Budget to Date	Spend to Date	Variance - Over / (Under)
Administration & Business Support	185	15	27	11	185	202	17
Assurance	125	10	-6	-16	125	90	-35
CEO/ Board Office	601	50	40	-11	601	468	-132
Chair & Non Execs	215	18	51	33	215	218	3
Clinical Governance	484	40	55	14	484	483	-1
Commissioning	1,034	141	152	11	1,034	996	-38
Communications & PR	70	6	42	36	70	192	121
Corporate Costs & Services	0	0	2	2	0	25	25
Estates & Facilities	0	0	0	0	0	0	0
Finance	559	47	51	4	559	593	34
General Reserve & Recharges	0	0	0	0	0	0	0
IM&T	24	2	-10	-12	24	19	-5
Medicines Management	0	0	0	0	0	0	0
Procurement	0	0	0	0	0	0	0
Recharges	-50	-4	-4	0	-50	-50	0
Quality Premium	329	329	0	-329	329	0	-329
Total - Running Costs	£3,577	£655	£399	-£256	£ 3,577	£ 3,237	-£340