NHS
Wiltshire
Clinical Commissioning Group

Clinical Commissioning Group
Governing Body
Paper Summary Sheet
Date of Meeting: 28 March 2017

For: PUBLIC session ☒ **PRIVATE Session** ☐

For: Decision ☐ **Discussion** ☐ **Noting** ☒

Agenda Item and title:	GOV/17/03/18 Items as Approved at the Finance and Performance Committee
Author:	Steve Perkins – Chief Financial Officer
Lead Director/GP from CCG:	Steve Perkins – Chief Financial Officer
Executive summary:	The Finance and Performance Committee is a standing sub-committee of the Governing Body, with delegated authority to oversee provider and service performance, NHS constitutional targets and the financial control targets. The following items were approved at the Finance and Performance Committee meeting held on 14 March 2017 and are brought to the Governing Body for ratification: • Finance and Performance Committee Terms of Reference • NHS Funding Settlement Impact and Budget Setting 2017-18 The meeting was quorate and at least 3 Governing Body Members were present.
Evidence in support of arguments:	
Who has been involved/contributed:	Finance and Performance Committee Members.
Cross Reference to Strategic Objectives:	
Engagement and Involvement:	
Communications Issues:	These documents should be treated as public documents and would be available for release under the FOI Act.
Financial Implications:	

Review arrangements:	The Finance and Performance Committee adheres to its annual work plan, which contains review details for all documents to be approved.
Risk Management:	
National Policy/ Legislation:	The CCG is required to show that these documents have been approved by the Finance and Performance Committee and then ratified by the Governing Body.
Public Health Implications:	
Equality & Diversity:	
Other External Assessment:	
What specific action re. the paper do you wish the Governing Body to take at the meeting?	It is recommended that the Governing Body ratify the items as approved by the Finance and Performance Committee.

NHS
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Finance and Performance Committee

Terms of Reference

Date Approved by Finance and Performance Committee: 14 March 2017
Date Approved by Governing Body:

1. Purpose

1.1 The Finance and Performance Committee will look at the prospective risk environment for the CCG and will establish a performance framework which enables the CCG to monitor its Financial, Performance and Quality Innovation, Productivity and Prevention agenda.

1.2 The Committee will proactively manage provider and service performance, NHS constitutional targets and the financial control targets, and hold to account the Executive Management Team of the CCG for delivery in their areas of responsibility.

1.3 The Committee will retain management oversight of the work of the Information Management and Technology (IMT) Steering Group and its associated programmes.

1.4 The Committee will retain management oversight of the work of the Estates Committee and its associated programmes.

2. Membership

2.1 The core membership of the Committee will consist of the following or their nominated deputies:

VOTING MEMBERS
Chair of WCCG (Chair)
Lay Member for Audit and Governance (Vice Chair)
Accountable Officer (where appointed, Chief Operating Officer as Deputy)
Chief Financial Officer
Lay Member for Public and Patient Involvement
Secondary Care Doctor Lay Member
GP Chair representing NEW
GP Chair representing West
GP Chair representing Sarum
ATTENDEES
All Directors of WCCG
Associate Director of Information
Deputy Chief Financial Officer
Associate Director of Performance, Corporate Services and Head of PMO
Medical Advisor

3. Quorum

3.1 In the absence of the Chair, the Vice Chair will deputise and Chair the meeting.

3.2 In the absence of the Chief Financial Officer, the Deputy Chief Financial Officer will deputise and, in so doing, be recognised as a member of the Committee for the purpose of establishing a Quorum.

3.3 To be quorate there is a requirement for a minimum of five Voting Members - 1 Lay Member, 2 Executive Directors and 2 Senior Clinicians to be present. The Chair or Vice Chair must be present.

a. Expectation of Attendance

i. Members of the Committee are required to attend a minimum of 4 (8 when meetings held monthly) meetings a year (or pro rata if the Committee member joins part way through the year).

4. Frequency of Meetings

4.1 A formal meeting will be held bi-monthly.

4.2 When managing the Financial Recovery Plan, meetings will be held monthly.

4.3 Extraordinary meetings may be called by the Chairman with seven working days' notice as required.

a. Meeting Arrangements

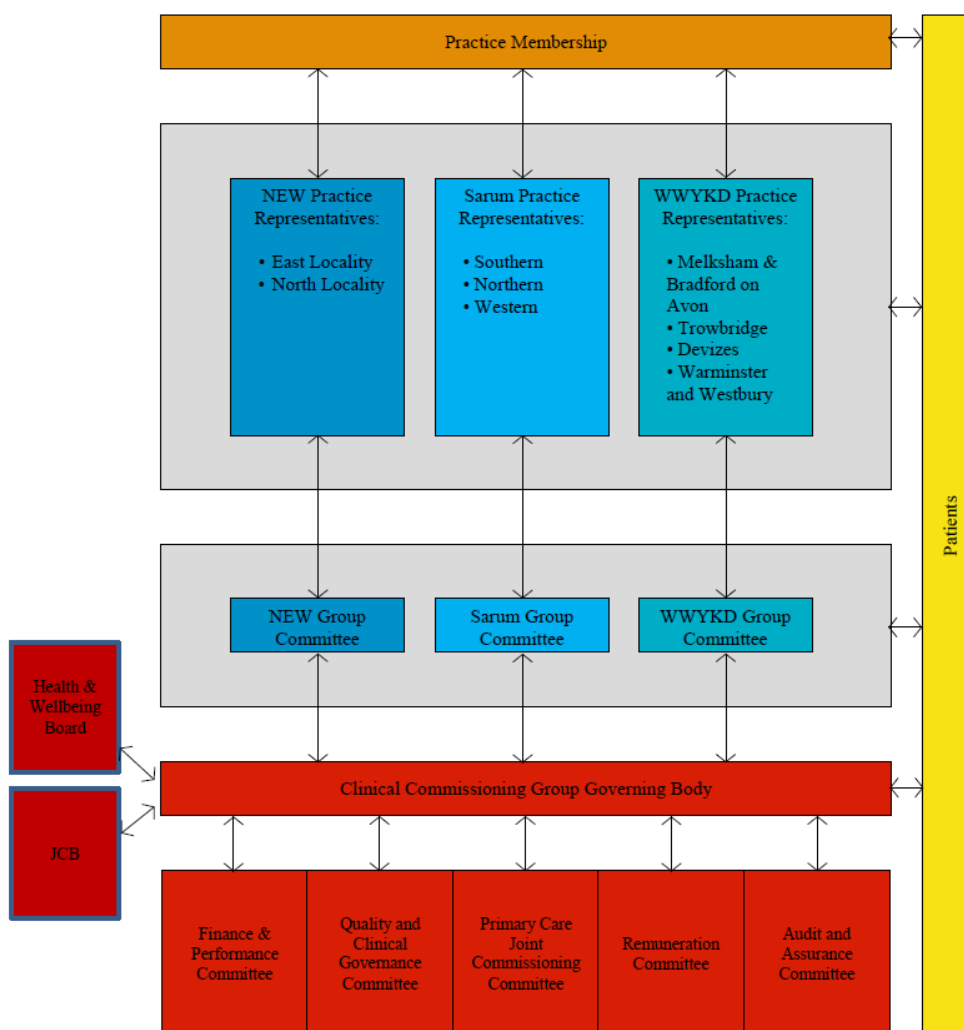
i. A work programme and standing agenda will be agreed to guide the work of the Committee, but will allow for flexibility.

5. Accountable To

5.1 The Committee is accountable to the CCG Governing Body.

5.2 Provide assurance to the Audit and Assurance Committee and the CCG Governing Body regarding the finance and performance of the CCG.

Figure 1: Clinical Commissioning Group Structure



6. Responsibilities / Authority / Scheme of Delegation

6.1 The Committee is authorised by the CCG Governing Body to undertake activity within its terms of reference.

6.2 The Governing Body delegates the following to the Committee:

Delegations by the Governing Body to the Finance and Performance Committee	
Body/Individual	**Delegation**
Finance and Performance Committee	a) Agree detailed revenue financial plans, budgets and financial monitoring reports b) Monitor the financial performance of the CCG against the detailed plans and seek assurance that robust plans are in place to ensure financial risks are managed. c) Monitor the delivery of CCG projects in line with the endorsed project management methodology and to see rectification plans if a project is not delivering d) Monitor the delivery of all activity and access targets in line with the NHS constitutional requirements. e) Oversee the development and implementation of the financial information systems' strategy, f) Act as an assurance committee of the CCG's business and finance risks via the Assurance Framework and Risk Registers, g) Consider and assess any new investment decisions and make recommendations to the Governing Body or officers of the CCG h) Review any financial activity which impacts on the financial performance of the CCG i) Take any legal or other professional advice with regard to the financial performance of the CCG j) Review and agree the Procurement strategy for the CCG k) Review and agree the future procurements timetable for the CCG l) Monitor the effectiveness of procurements and the procurement service provided by the CSU. m) Approval of procedures, policies and strategies relevant to the committee's terms of reference.

7. Accountable For

- IMT Steering Group and associated programmes
- Estates Committee and associated programmes
- Monthly Performance Review Meeting

8. Duties

No additional duties.

9. Reporting

9.1 The final and approved minutes of this meeting will go to the Governing Body.

10. Monitoring

10.1 The Committee will review its performance and feedback sought from the Governing Body.

10.2 The Terms of Reference will be reviewed on an annual basis. Any changes to the Terms of Reference must be approved by the CCG Governing Body.

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NHS Wiltshire Clinical Commissioning Group

Governing Body

Date of Meeting: 28 March 2017

For: Decision ☐ **Discussion** ☐ **Noting** ☒

Agenda Item and Title:	Budget Setting 2017/18 Sign Off
Author:	Steve Perkins – Chief Financial Officer
Lead Director/GP from CCG:	Steve Perkins – Chief Financial Officer
Executive summary:	To report to the Governing Body confirmation of the 2017/18 budget setting process and income and expenditure budgets for the 2017/18 financial year. Budgets represent the funding made available, the investment priorities and QIPP requirements as outlined within the CCG's operational plan and associated planning submission to NHS England. The CCG is planning for a cumulative 1% surplus of recurrent resources at the end of 2017/18.
Evidence in support of arguments:	N/A
Who has been involved/contributed:	Finance, Information and Commissioning leads.
Cross Reference to Strategic Objectives:	Delivery of statutory financial targets.
Engagement and Involvement:	N/A
Communications Issues:	None
Financial Implications:	NHS England business rules require that a cumulative 1% surplus is delivered - failure to deliver the CCG's 1% surplus position would result in the CCG needing to produce a financial recovery plan. As part of this it would need to consider all areas of commissioning expenditure which may lead to decisions

	being made in respect to decommissioning and or reviewing access criteria to ensure that the CCG can afford to fund care for those who most need it. If the CCG is not able to successfully deliver the financial business rules, and ensure financial sustainability, NHS England which will enact appropriate assurance measures.
Review arrangements:	Monthly review of the financial position including regular reporting through the Integrated Performance Report to the Governing Body and regularly to the Finance Committee.
Risk Management:	The key risks are associated with not delivering the planned level of surplus or the required levels of QIPP savings / redesign. This will be mitigated through analysis of areas that overspend and challenge to identify causes and corrective actions. A robust QIPP programme, underpinned by the PMO methodology, will be required to ensure delivery of the QIPP challenge to support financial policy. The CCG will hold a 0.5% contingency reserve to mitigate emerging issues but may require further actions, such as robust contract management or the reallocation of resilience funding, to ensure financial delivery.
National Policy/ Legislation:	NHS England financial requirements.
Equality & Diversity:	N/A
Other External Assessment:	N/A
Next steps:	The Governing Body is asked to approve the budget setting process and sign off the budget.

NHS Wiltshire Clinical Commissioning Group

Governing Body 28th March 2017

Budget Setting 2017/18 Sign Off

1 Introduction

The purpose of this paper is to report the final funding settlement and its impact, to confirm the budget setting process and to seek approval for the adoption of the 2017/18 budget. The detail of this paper has been reviewed by the Finance and Performance Committee, which recommended the adoption of the 2017/18 budget.

2 Summary

The 2017/18 core allocations remain unchanged from those published within the Government's 2016/17-2020/21 Comprehensive Spending Review. There have been subsequent changes to reflect the impact of changes to tariff arrangements and specialised commissioning transfers.

The budgets for 2017/18 have been built upon the fundamentals contained within the CCG's recent operational plan submitted to NHS England (NHSE) and are aligned with the details included within the Sustainability and Transformation Plan (STP) financial model – the output of which was included in the December STP publication.

Appendix 1 contains an income and expenditure summary of the 2017/18. The key budget setting control total for 2017/18 is outlined below in table 1:

Table 1: 2017/18 budget setting control totals

Category	£'m
Sources of funding	597.3
Applications	605.9
QIPP	-14.5
Net (surplus) / deficit	-5.9
Net (surplus) / deficit as % of funding	1.0%

3 Allocations

The 2017/18 core allocations remain unchanged from those published within the Government's 2016/17-2020/21 Comprehensive Spending Review. There have been subsequent changes to reflect any prior year agreed transfers and the impact of national adjustments (described below).

In 2017/18 the NHS will be using an updated health resource grouper (HRG), referred to as HRG4+, to support the translation of coded activity data against the payment by results (PbR)

tariff. At a national level the financial impact from the implementation of the new grouper and associated tariff should be neutral.

Nationally further work has also been undertaken to refine the Identification Rules used to identify Specialised Commissioning activity. Whilst updating and correcting for partial transfers from prior years these updates also include the impact of recent decisions by Ministers to update which service should not be commissioned by CCGs.

As the 2017/18 and 2018/19 published core allocations are final no adjustment could be included to allocations to reflect both the specialised services and HRG4+ adjustments. As such non-recurrent adjustments have been applied to the CCG's resources impact of changes to tariff arrangements and specialised commissioning transfers.

A full breakdown of the CCG's resource limit for 2017/18 can be found in appendix 2.

4 Budget setting process

The proposed CCG budgets have been created against confirmed resource limits ensuring that, upon inclusion of QIPP programmes, an overall balanced position is delivered which results in the 1% surplus NHS England (NHSE) business rule being achieved.

NHSE business rules CCG are required to deliver a cumulative 1% surplus based on their recurrent resources. From 2017/18 there is the possibility that the mechanism for reporting the cumulative surplus position may be changed to represent an in year approach.

The position in table 1 currently assumes that the 2016/17 surplus is returned to the CCG – discussions are currently in progress with NHSE to confirm the presentation of surplus reporting which would either see:

- The prior year surplus returned to the CCG and an incremental underspend delivered to total 1% of resources, or

- The prior year surplus is not returned and incremental underspend is delivered which brings the total cumulative underspend to 1% of resources. This additional underspend element may be removed from the CCG's resources so that a breakeven position is reported with a memorandum balance sheet included to represent the cumulative historic 1% surplus position.

No anticipated resource limits have been included at this time in line with the information provided by NHSE for the planning submission process.

As per previous years the budgets for the new financial are based on the information that has been contained within the financial plans submitted to NHSE. Given the earlier financial planning and contracting timetables these plans have been built upon the budget position at an earlier point in the year with appropriate forecast outturn extrapolations included.

As an initial start point the recurrent budgets included in the financial plan have been replicated into the ledger of the new financial year to create a baseline set of budgets. Budgets have then been adjusted to reflect:

- Any changes to the agreed contract positions with providers e.g. to reflect specific changes such as Identification Rules

- Changes in commissioning responsibilities (if applicable)

- Investments or disinvestments in services where required

The budgetary positions included in the financial plan are inclusive of inflationary and cash releasing efficiency saving (CRES) requirements.

In addition budgets have been adjusted to represent demographic and non-demographic growth requirements – for acute services these are linked to the Indicative Hospital Activity Model (IHAMs) values which NHSE support.

The final budgeted position for NHS contracts reflects the agreed contract values. Contracts were signed by 23 December 2016, in line with NHSE requirements.

The impact of changes to contribution levels to the Clinical Negligence Scheme for Trusts (CNST) is included within the agreed contractual positions via tariff uplifts, where relevant as it is only applicable to acute providers of specific services (predominantly unplanned care and maternity providers).

Surplus, contingency and headroom reserves have been updated to reflect required NHSE business rules requirements as outlined below in table 2:

Table 2: NHS England business rules requirement 2017/18

Category	% required	£'000
Surplus (based on recurrent admin and programme budgets)	1.0%	5,935
Headroom (based on programme budgets)	1.0%	5,831
Contingency (based on total admin and programme budgets)	0.5%	2,957

As part of managing the overall financial risk to the NHS in 2016/17 the CCG had to fully set aside its headroom as a system risk reserve and was not permitted to use it for local investment. In 2017/18 the CCG is asked to set aside 50% of its headroom as a system risk reserve – this leaves c£2.9m available for local investment which has a number of pre-commitments against it to support Quality, Innovation, Productivity and Prevention (QIPP) and service redesign.

Running costs budgets will be set based on the agreed organisational structure and historic information of non-pay expenditure and contractual commitments. The overall running cost

envelope has seen a minor increase in 2016/17 as a consequence of the review of population sizes included in the calculation of CCG allocations.

Funding in excess of the mandated minimum value has been set aside in relation to the Better Care Fund.

The national guidance requires CCGs to include investment in mental health to ensure parity of esteem with investment in acute services. To that effect CCGs must invest a minimum level of investment, against its current level of mental health expenditure, equivalent to the % level of allocation growth received. For Wiltshire this represents a 2.4% increase in expenditure over and above its current expenditure level.

As part of producing a balanced financial plan QIPP savings of £14.5m have been included within budgets.

5 QIPP

In year QIPP savings of £14.5m have been included within the budgetary positions against the relevant service contracts or programme areas. These savings represent cashable savings that are required by the CCG to achieve its required surplus target. This plan has been updated since the budget-setting paper was presented to the Finance and Performance Committee in January. Table 3 below shows the updated summary QIPP position by programme and scheme:

Table 3: Programme and scheme analysis of QIPP

Programme	Value / £'m
Unplanned care	3.00
Planned care	1.90
Prescribing growth	2.50
Non-acute programme areas	3.80
Continuing healthcare	0.50
Non-recurrent measures	1.10
Running costs	0.50
Unidentified	1.20
Total	**14.5**

It should be noted that the QIPP challenge identified is subject to further review dependent upon the outcome of out of area contract settlements and any changes to the prior year financial position.

This further review will be used to bridge the current unidentified QIPP challenge which is the first call on contingent reserves until mitigated.

6 Risks to the 2017/18 position

Summarised below in table 4 are the main risks to the 2017/18 financial position that were included within the NHS England planning return at the end of February 2017. The net risk represents the value of unidentified QIPP.

Table 4: Identified risks to the financial position

Programme area	Risk	Full value / £'000s	Likelihood	Risk adjusted value / £'000s
Acute	Overperformance relating to independent sector and main NHS contracts	3,142	68%	2,135
Community	Growth in birth rate and impact on maternity contract	400	50%	200
Mental health	Out of area placements risk	200	25%	50
Continuing care				0
QIPP delivery	Unidentified QIPP and planned care QIPP tbc	2,530	47%	1,200
Performance issues	RTT risk			0
Prescribing				0
Running costs	Impact of market rents - assumed to be offset nationally	124	99%	123
Other risks	Risk of further FNC rate increase & Daisy unit under-occupancy	720	80%	573
		7,116		4,281
Less application of contingency				-2,957
Less additional funding mitigations				-124
NET RISK				1,200

7 Activity plan assumptions

As part of the STP planning process a common set of activity assumptions were used to ensure consistency of approach between providers and commissioners. These were based on a combination of national assumptions, informed by IHAMs, and from local knowledge. The key assumptions are summarised below in table 5:

Table 5: Demographic and non-demographic growth impacts

		2017/18	
		National	Local
Acute	OP attendances	4.0%	
	Elective admissions	2.3%	
	Non elective admissions	2.3%	
	A&E attendances	2.2%	
	RDAs and other	4.0%	
	Drugs		10.0%
Mental health		1.9%	
Community			0.9%
Ambulance		2.3%	
Continuing healthcare			4.0%
Prescribing			3.0%
Primary care			1.5%

Appendix 3 contains a summary of the activity positions included within the 23rd December 2016 Unify2 submission to NHS England. Highlighted below are the key points / assumptions that underpin the Unify2 submission:

- An overall CCG plan has been produced and is underpinned by a local plan focussed on major providers (those >£5m).
- Built using SUS data (using pre-populated baseline and forecast outturns using NHS England algorithm)
- Initially based on month 4 ytd actual information from 2016/17 with agreed extrapolations for the main 3 providers. The resultant forecast activity is profiled based on previous 12 month actual activity patterns.
- Adjustments to the forecast outturns have been made using local intelligence of part-year impacts RTT backlogs and other known changes.
- Demographic and non-demographic growth is applied. This is based on weighted list size growth. The population growth is age and case mix weighted.
- QIPP activity plans deducted (which have been sized at Point of Delivery, provider, HRG and speciality level for planned care schemes).
- The activity plan is profiled with planned care based on operating days and unplanned care using calendar days. A comparison with the rolling 12 months is undertaken to ensure seasonality is allowed for.

Overall the CCG is planning for a net increase in planned care activity but is seeking to mitigate the impact of non-elective growth. The rationale behind this is that there has been underperformance, against plan, for planned care activity of c4% in 2016/17 and over-performance in non-elective activity, against plan, of c5% which have been included within the 2017/18 activity baselines.

8 Recommendation

The Governing Body is asked to approve the adoption of the 2017/18 budgets.

9 Appendices

Appendix 1: Summary I&E report 2017/18

Appendix 2: Resource limit assumptions

Appendix 3: Activity summary included within NHS England return

Appendix 1 – Summary I&E report 2017/18 (all values £'m)

Income and Expenditure	2016/17 FOT	FOT NR adj	FOT NR allocations	Rec FOT	Net inflation	Growth	Investments and CQUIN	QIPP	2017/18 budgets
Acute services									
Acute contracts -NHS (includes Ambulance services)	273.2	0.0	0.0	273.2	1.0	8.9	-4.3	-4.9	273.9
Acute contracts - Other providers (non-nhs, incl. VS)	25.1	0.2	0.0	25.2	0.0	0.2	0.7	0.0	26.1
Acute - Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Acute - Exclusions / cost per case	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Acute - NCAs	6.8	0.0	0.0	6.8	0.0	0.1	0.7	0.0	7.6
Acute - Pass-through payments	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Sub-total Acute services	305.0	0.2	0.0	305.2	1.1	9.2	-2.9	-4.9	307.7
Mental Health services									
MH contracts - NHS	36.5	0.4	0.0	36.9	0.0	1.0	0.2	0.0	38.1
MH contracts - Other providers (non-nhs, incl. VS)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
MH - Other	8.8	0.0	0.0	8.8	0.0	0.1	0.2	0.0	9.1
MH - Exclusions / cost per case	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
MH - NCAs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
MH - Pass-through payments	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Sub-total MH services	45.4	0.4	0.0	45.7	0.0	1.1	0.4	0.0	47.3
Community Health Services									
CH Contracts - NHS	20.2	-10.2	0.0	10.0	0.0	0.2	1.7	0.0	11.9
CH Contracts - Other providers (non-nhs, incl. VS)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CH - Other	39.7	9.5	0.0	49.2	0.0	0.6	-0.1	0.0	49.8
CH - Exclusions / cost per case	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CH - NCAs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CH - Pass-through payments	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Sub-total Community services	60.0	-0.7	0.0	59.3	0.1	0.8	1.6	0.0	61.7
Continuing Care services									
Continuing Care Services (All Care Groups)	17.8	0.0	0.0	17.8	0.0	0.8	-0.5	-0.5	17.6
Local Authority / Joint Services	5.7	0.0	0.0	5.7	0.0	0.0	0.1	0.0	5.8

Free Nursing Care	7.4	0.0	0.0	7.4	0.0	0.0	2.2	0.0	10.0
Sub-total Continuing Care services	31.0	0.0	0.0	30.9	0.0	0.8	1.8	-0.5	33.4
Primary Care services									
Prescribing	76.0	-0.2	0.0	75.8	0.0	2.6	-2.1	-2.5	73.8
Community Base Services	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Out of Hours	8.5	0.0	0.0	8.5	0.0	0.1	0.0	0.0	8.6
Practice Transformation Support	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1
PC - Other	7.1	0.0	0.0	7.1	0.1	0.0	0.2	0.0	7.4
Sub-total Primary Care services	91.6	-0.2	0.0	91.4	0.1	2.7	-1.9	-2.5	89.8
Other Programme services									
GP IT Costs	1.2	0.0	0.0	1.2	0.0	0.0	0.0	0.0	1.2
NHS Property Services re-charge (excluding running cost)	0.1	0.0	0.0	0.1	0.0	0.0	0.4	0.0	0.5
Voluntary Sector Grants / Services	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Social Care	21.0	0.0	0.0	21.0	0.0	0.0	-0.5	0.0	20.5
Other CCG reserves	4.5	-3.5	-1.1	3.4	0.0	0.0	3.0	0.0	6.4
Other Programme Services	6.6	0.1	0.0	6.6	0.0	0.1	3.4	-6.1	4.0
1% Non Recurrent - uncommitted funds (0.5%)	0.0	0.0	0.0	0.0	0.0	0.0	5.8	0.0	5.8
Sub-total Other Programme services	33.4	-3.4	-1.1	32.3	0.0	0.1	12.1	-6.1	38.4
Total - Commissioning services	566.3	-3.7	-1.1	564.8	1.3	14.7	11.2	-14.0	578.4
Sub-Total Running costs	10.3	0.0	0.2	10.5	0.0	0.0	0.0	-0.5	10.0
Contingency	2.9	0.0	-2.9	0.0	0.0	0.0	3.0	0.0	3.0
TOTAL	579.5	-3.7	-3.8	575.3	1.3	14.7	14.2	-14.5	591.4
						Resource limit incl b/f surplus			-597.3
						Planned surplus			-5.9

Appendix 2: resource limit assumptions

Description	2016/17 / £'000s			2017/18 / £'000s		
	Rec	NR	Total	Rec	NR	Total
Baseline funding including growth	571,678		571,678	585,613		585,613
Running costs	10,459		10,459	10,446		10,446
B/f surplus		5,535	5,535		5,878	5,878
Newborn hearing screening	34		34	34		34
PMS review	109		109	109		109
Community dental	-2720		-2,720	-2,720		-2,720
CEOV adjustment		-565	-565			0
Additional MH		348	348			0
GP access		42	42			0
Acceleration funding		92	92			0
Other Inter Org Non-Rec Transfers		412	412			0
IR Changes			0		-1774	-1,774
HRG4 changes			0		-242	-242
	579,560	5,864	585,424	593,482	3,862	597,344

Appendix 3: Activity summary within NHS England return

SUS Data			NHSE algorithm							
			2017/18 Plans							
			16/17	17/18						
Ref	PoD	Provider	FOT	Non-Recurrent Activity Changes	Underlying Trend and Demographic Growth *	Gross Increase	Transformational Change (QIPP)	Plan	Net Increase
E.M.12	A&E (All Excl Follow-ups)	CCG Total	133,274		2,892	2.17%	0	136,166	2.17%
E.M.11	NELs (Specific Acute)	CCG Total	42,270		1,402	3.32%	-1,403	42,269	0.00%
E.M.8	1st Cons OP (Specific Acute)	CCG Total	133,434	909	5,397	4.73%	-3,908	135,832	1.80%
E.M.9	FUP Cons OP (Specific Acute)	CCG Total	217,050	260	8,780	4.16%	-4,803	221,287	1.95%
E.M.10	All Elective Spells (All-Specific Acute)	CCG Total	55,622	65	1,281	2.42%	-278	56,690	1.92%

Plans are based on NHSE Baseline FOT, local FOT adjustments, plus IHAMs * less QIPP
Non-rec adjustments = 16/17 Q4 WLI