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NHS ENGLAND – BOARD PAPER

Title: NHS Performance and Finance update
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Purpose of Paper: To provide the Board with a summary of NHS performance and actions being taken by NHS England and partners. To provide the Board with an update on implementation of the key commitments included in 'Next Steps on the NHS Five Year Forward View'. To update the Board on the financial position for month 8 2018/19, the forecast for the year and the associated risks of delivery.
Patient and Public Involvement The financial information in this paper summarises the outputs of the financial reporting process to report the position for month 8, 2018/19. Further information on the financial position and NHS performance information is available to patients and the public on a quarterly basis on the NHS England and NHS Digital websites.
The Board is invited to: Review the performance and progress outlined in this report and receive assurance on NHS England's actions to support implementation of 'Next Steps'. Note the financial position for month 8, 2018/19

NHS performance and progress on implementation of 'Next Steps on the NHS Five Year Forward View'

Introduction

1. This paper focuses on current NHS performance and the progress we are making in addressing the priorities identified in 'Next Steps on the Five Year Forward View'.

2. Information on current NHS performance is incorporated into this report. We also publish comprehensive statistics regarding NHS performance on our website: https://www.england.nhs.uk/statistics/statistical-work-areas/combined- performance-summary/

3. This paper also provides an update on the overall NHS England financial position for month 8 2018/19.

Managing Demand and Transforming Care Models

Urgent and Emergency Care

4. The majority of growth in attendances has been in non-A&E services, such as urgent care centres, minor injuries units and walk-in centres (Type 2 – 4), which have seen year-to-date growth of 10.6% by November 2018. Attendances at Type 1 A&Es have risen by 1.7% over the same period. This is consistent with our urgent and emergency care strategy, to support patients to access the most appropriate setting for their urgent care needs, keeping patients away from A&E departments if there is a suitable alternative option.

5. The majority of growth in non-elective admissions has been for patients with no overnight stay, with year-to-date growth of 10.5% compared to 2.7% for those patients who required an overnight stay in the year to November 2018, reflecting the move to more ambulatory same day emergency care provision, and also in line with our urgent and emergency care strategy.

6. In December 2018, 2,046,541 people attended Accident and Emergency which is an increase of 2.1% on the previous year. Despite this increase in demand, performance for the A&E 4-hour standard for December 2018 was 86.4%; an improvement in performance compared to 85.0% in December 2017. The data shows that the number of patients seen and admitted or discharged within 4 hours has increased by 3.9% compared to the previous year, which equates to 1.77m people treated within 4 hours (compared to 1.70m in December 2017). Meanwhile, bed occupancy was running approximately 1% lower than the same time last year.

7. Although there has been a slight increase in ambulance arrivals at A&E departments in December compared to last year, hospitals and the ambulance service have worked together to significantly reduce ambulance handover delays. The published data for December showed consistent reductions nationally in both 30 minute and 60 minute handover delays compared to last December, in the order of 25% and 40% respectively. Within that are variations between trusts, and regional teams are working very closely with those who continue to face challenges.

8. We have seen improved delivery in the ambulance sector during the last year across all four categories of performance standards, with all trusts regularly achieving the 90th centile standard for Category 1 response times for the most life-threatening cases. National performance against the Category 1 mean was 7 minutes and 6 seconds, reflecting an improvement of 1 minute 46 seconds against performance in December 2017.

9. In December, the service managed 1.66 million 111 calls. The year to date figure for 2018/19 (up to Dec) has seen over 800k more calls than the same period last year. Of calls answered by NHS 111 in December, 82% were answered within 60 seconds compared to 72.7% last year, whilst clinical advice was provided in 53.9% of triaged calls, the highest recorded monthly figure (up from 46% last year).

10. The national NHS 111 online service is now available across 91.5% of England with most areas having the functionality to receive a call back from local Integrated Urgent Care (IUC) services. In December 2018, 111 online completed approximately 100,000 triages, this represented 6.8% of all NHS Pathways triage activity.

Winter Management

11. Our national and regional winter arrangements are now fully operational. This means that across this period both regional and national operations teams move to a more intense seven day working model to ensure rigorous oversight of, and agile reaction to, challenged UEC performance.

12. National and regional teams have been working closely together to support local systems to prepare for winter and they continue to have daily engagement with health systems across the country to monitor and support delivery. This includes intensive targeted support for organisations where there may be significant challenges, both at senior executive level through NHSI and NHSE directors and at operational level through the deployment of improvement support teams such as the Emergency Care Intensive Support Team.

13. As with last winter, there is strong ongoing clinical engagement through NEPP (the National Escalation Pressures Panel). Chaired by the National Medical Director Professor Steve Powis, NEPP brings together clinical leaders and experts from organisations including: the Royal College of Surgeons, the Royal College of Physicians, the Royal College of GPs, the Royal College of Nursing, Public Health England and the Care Quality Commission (CQC).

14. We have strengthened our approach to ‘flu. Latest uptake rates for all the seasonal ‘flu vaccinations show uptake numbers that are broadly in line with last year. For Healthcare workers the latest figures show vaccination rates slightly higher than at the same time last year. Overall the prevalence of ‘flu has been lower than at this time last year and the main strain is *H1N1pdm09*, which is well matched virologically by the vaccine. We have seen a small increase during recent weeks in the rate of ‘flu hospitalisations, for week two the rate was 4.75 per 100,000 population, which is above the baseline threshold of 0.89. There remains a risk from other ‘flu strains, which can appear later in the season and have been more prevalent so far in Eastern Europe. These will be closely monitored over the coming weeks. The Chief Medical Officer for England wrote to providers on 31 December 2018, advising that antivirals may now be prescribed to patients in primary care.

15. In terms of discharging patients from hospital, there has been a reduction in the number of long stay patients (in hospital for 21 days or more) of 1,739 (three month rolling average up

to November 2018) compared to baseline. The aim continues to be achieving a reduction of 4,000 and we are working with trusts to accelerate their delivery.

16. There has also been a reduction in delayed transfers of care (DTOC) with the latest position (November) showing 4,580 daily DTOC beds compared to 5,171 for the same month last year. This has been supported by the investment by the Government of £240m to local authorities for adult social care to help reduce pressures on the NHS by enabling discharge.

17. As well as the social care money, the capacity of the NHS has also been bolstered by the recent £145m capital investment, with schemes delivering improvements across the country this winter, upgrading emergency departments & providing facilities to support the delivery of new models of care.

RTT

18. Performance on the referral to treatment (RTT) waiting time standard in November 2018 saw 87.3% of patients waiting less than 18 weeks, a slight improvement on 87.1% in the previous month. The overall reported waiting list size is down in the last month from 4.18m to 4.15m.

19. There has been a reduction in 52 week waits over the past five months by 1,085 to 2,432 (0.06% of the total list). An elective recovery plan has been put in place to increase capacity and closely monitor issues and actions locally. A forward looking national patient tracking list has also been implemented.

20. The observed increases in the waiting list that have occurred during 2018/19 partly reflect capacity constraints on elective volume increases that occurred during February to April 2018 as a result of severe urgent care winter pressures. We are working system by system to ensure that they deliver as close to the planned levels of activity as possible.

21. In recent years, CCGs have effectively managed down demand growth for elective care, with annual GP referral rates falling from 4.7% growth in 2015/16 to -1.8% in 2017/18. This has continued into 2018/19, with GP referrals at 0% growth year-to-date (November 2018). Other referrals have grown by 3.7%, with overall year-to-date demand at 1.3%. Outpatient attendances have grown by 1.3% and overall elective spells have grown by 0.5%. This shows that CCGs continue to effectively manage demand for elective referrals.

22. Through 2018, we continued our work to reduce inappropriate demand for elective care, implementing interventions to ensure that patients are referred to the most appropriate healthcare setting. As at end November 2018, 98% of CCGs had established compliant MSK Triage services to ensure patients access the most appropriate services and receive personalised decision making about their treatment plans.

23. Further work to transform delivery of elective care in 2018/19 includes 12 specialty level transformation handbooks, roll out of capacity alert functionality across all regions, and delivery of high impact interventions focussing on First Contact Practitioners (FCP) in MSK services and ophthalmology.

Digital

24. Progress continues to be made with enabling patients to access services and information digitally.

25. We have been improving the NHS website to include more accessible content which is better optimised for mobile devices. The redesigned homepage has been live since mid-August 2018 and there are on average 40 million visits a month. Visits to the site in December 2018 have increased by 4 million compared to December 2017.

26. The NHS Apps Library currently has 80 apps live across a range of health and social care categories, with a further 117 under review. It has received 765,000 cumulative visits to the library.

27. The NHS App provides patients with secure access to a range of healthcare services, such as booking appointments, ordering repeat prescriptions and viewing their GP medical records. It was released to Google and iOS app stores on 31 December 2018 and as of early January 2019 GP practices are being onboarded. It is expected that all practices will be onboard by July 2019. Updated guidance and materials are being prepared for practices. Testing is being done in private beta with 3,400 active user patients.

Cancer

28. The cancer priorities within the NHS Long Term Plan were announced on 7 January 2019, building on the foundations of the FYFV and Cancer Taskforce recommendations. The Long Term Plan will further support transformation already underway to improve cancer diagnosis and treatment, so that from 2028, 75% of cancers will be diagnosed early and an additional 55,000 people will survive 5 years or more after diagnosis.

29. The NHS is seeing and treating more patients with cancer than ever before. 2018/19 saw a steep and desirable increase in patients referred and seen within two weeks after referral compared to previous years, partly attributable to demand due to increased awareness because of urology cancer diagnoses of high profile/public figures. Cancer referral activity increased by 13.2% in Quarter 1 2018/19 (63,475 more than Quarter 1 2017/18) and activity increased by 11.6% (4,232 more than Quarter 1 2017/18), which created extra demand for diagnostic and treatment services. October 2018 had the highest 2-week wait referrals in absolute volumes on record, with 204,028 patients being referred for cancer services. 111,355 patients have been treated on the 62-day pathway year-to-date 2018/19. Comparing to the same period 2017/18, this is a 10.5% increase in activity. This increase in patients being referred on the two-week wait cancer pathway is welcome, as diagnosis in the earlier stages of cancer improves health outcomes and survival rates. In response to growing demand, the system has mobilised and increased activity.

30. £10m additional funding was allocated nationally to support this additional activity. Two specific work streams were implemented: an initiative particularly focused on urology to grow capacity and support improvement activity across the country, and senior specialist visits and support planning with especially challenged areas.

Primary Care

31. The Primary Care Programme is supporting the delivery of the General Practice Forward View (GPFV) by increasing investment in primary care services, developing an increased and expanded workforce, and supporting the improvement of access, services and premises.

32. 100% of the country achieved access to evening and weekend appointments ahead of the set deadline of March 2019. On 6 December, NHS England launched a national marketing

campaign to promote evening and weekend appointments, which included radio advertising, advertising in the national press and targeted social media.

33. Latest quarterly statistics from NHS Digital provisionally indicate that as at 30 September 2018, there were 34,205 FTE doctors working in general practice. Whilst data quality improvements mean previous figures are not directly comparable, this represents an increase of 854 FTE on the previous quarter, narrowing the drop-in numbers since September 2015 to -387 FTE doctors.

34. In 2018, 3,473 doctors were accepted into GP specialty training; exceeding Health Education England's target of 3,250 per year and a 10% increase on last year.

35. We also continue to invest in support for GPs who might otherwise leave general practice. We have increased our activity in 2018/19 by:

    a. Setting up local initiatives to support GPs to remain in the workforce through the establishment of a Local GP Retention Fund (£7 million). As at end of September 2018, 144 schemes were either live or in development ranging from a 'floating' salaried GP role working across a locality, portfolio working schemes for newly qualified GPs, and GP coaching and mentoring.
    b. Establishing seven intensive support sites in areas of the country (with £3m investment) that have issues with retention and critically have a strong level of local leadership in place. Detailed plans for all seven sites have been developed and are now being implemented.

36. The target to grow the wider workforce in primary care by at least 5,000 by September 2020 has now been exceeded, two years in advance. It had grown by 5,321 FTE as at the end of September 2018. The largest increase has been seen in staff with direct patient care responsibilities, including clinical pharmacists and paramedics.

37. NHS England continues work to attract GPs from overseas. Active recruitment from Australia began in October 2018 following work with Royal College of General Practitioners (RCGP) and General Medical Council (GMC) to launch a streamlined process to check equivalence of qualifications and experience for Australian-trained GPs who qualified after 2011. This has now been extended to doctors who qualified under the 2007 Australian curriculum. We are exploring whether we can streamline the process for some additional non-EEA countries. Recruitment from EEA countries continues and a new marketing campaign will run for six months from January to promote opportunities in general practice in England. This includes UK-trained doctors returning from overseas, as well as doctors who have not previously worked in the UK. We continue to explore new ways to attract candidates and are starting to see this programme gain momentum with approximately 1,200 applications and over 170 doctors either in screening or in the early stages of recruitment.

38. We continue to promote use of the GP Retention Scheme to support GPs who, for personal reasons, cannot work more than four sessions per week. Statistics indicate 320 GPs were on the scheme as at 30 September 2018 (a 106% increase since September 2015).

39. In October 2018 we launched an improved process for returning doctors, with over 700 doctors currently on the application list and nearly 260 currently receiving support with the process.

40. We have supported improvements to the primary care estate and technology infrastructure, through the delivery of 1,080 projects as at 30 November 2018, with a further 700 schemes in development under the Estates and Technology Transformation Fund. We remain on track to deliver the original planned investment of £800m over the five years of this programme.

Mental Health

41. The Long Term Plan highlighted Mental Health as a priority, making at least an extra £2.3bn a year real terms available by 2021/24 to continue our commitment to increasing the share of NHS spending that goes on mental health services.

42. Delivery of the Five Year Forward View for Mental Health continues to progress. Latest data from the mental health dashboard shows that for the first time, 100% of 195 CCGs – covering every part of England – are on track to meet the Mental Health Investment Standard in 2018/19, an increase from 186 (90%) out of 207 CCGs that achieved it in 2017/18.

43. Additional funding has been made available to expand A&E liaison services, improve crisis resolution, provide more community alternatives to A&E/hospital admission and enable more 'step-down' capacity.

44. The **Improving Access to Psychological Therapy (IAPT)**. The latest data in October 2018 shows the rolling quarter access rate to be 4.43% (means-tested), with ongoing work to ensure sufficient workforce expansion to meet the 25% access rate by 2020/21. The 50% recovery rate has continuously been exceeded, reaching 51.8% in October 2018. 89.3% of people entered treatment having waited less than six weeks (against a standard of 75%) and 99.0% of people entered treatment having waited less than 18 weeks (against a standard of 95%) the same month. The 37 IAPT Long-Term Conditions (IAPT-LTC) pilot areas are showing reduced hospital, GP and A&E use, with the nationally commissioned healthcare utilisation evaluation expected to be published later this quarter. In 2018/19, all areas are required to commission an integrated IAPT-LTC service.

45. A second wave of **community perinatal mental health** funding has been distributed to a further 35 STP-led sites, which will allow expectant and new mothers experiencing mental health difficulties to access specialist perinatal mental health community services in every part of the country by April 2019. There will be an additional 9,000 women receiving specialist perinatal care in 2018/19. 4,450 additional women had accessed services across Quarter 1 and 2.

46. The NHS is ahead schedule on access to **children and young people's mental health services.** NHS Digital published a one-off data collection for access to **children and young people's mental health services** in July 2018. Results indicate that nationally 324,724 children and young people accessed mental health services in 2017/18, which approximately equates to 30.5% of children and young people and exceeds our annual trajectory of 30% for 2017/18.

47. Data for the second quarter of 2018/19 shows the proportion of children and young people accessing treatment for **eating disorders** within four weeks for routine cases was 80.2%. The proportion of children and young people accessing treatment within one week for urgent cases was 81.3%. The programme is on track to achieve 95% for both routine and urgent cases by 2020/21.

48. The national standard for 50% of people to start treatment for **Early Intervention in**

Psychosis (EIP) within two weeks was exceeded in November 2018, with a performance of 76.2%. Ongoing improvement work is underway to enhance patients' access to the full range of NICE recommended treatment and support once they have been allocated a care coordinator within an EIP team.

49. At the end of December 2018, the diagnosis rate for **dementia**, which is calculated for people aged 65 and over, was 68.0%, exceeding the ambition that at least two-thirds (66.7%) of people living with dementia receive a formal diagnosis. The standard has been consistently achieved since July 2016. A project to examine potential strategies to reduce unnecessary admissions and length of stay in acute hospitals for people with dementia has been established, and three STPs have been invited to participate in the development and testing of these new approaches.

Integrating Care Locally

50. The NHS long-term plan signals our intention to spread integrated care systems (ICSs) across the country by 2021, growing out of the current network of sustainability and transformation partnerships (STPs). Because systems start from different places, and are maturing at different speeds, each will need to develop its own development plan and timetable. Our combined NHS England and Improvement regions will oversee this process.

51. A system that is ready to develop into an ICS will have four important markers:

    a. First, these systems will be implementing primary care networks. These networks will greater scale and capacity: but they will also implement more proactive care for the patients that need them most, underpinned by team-based workforce models that both make this possible and relieve working pressures on primary care clinicians.
    b. Second, every ICS will have streamlined commissioning arrangements to enable a single set of decisions to be made at the system level. Typically, this will be achieved by having a single CCG for each ICS area. These more streamlined commissioners will focus on improving population health outcomes, leading strategic service change to do so, and become the 'engine' for system-working
    c. Third, ICSs will bring together commissioners, providers, local government and other partners in a partnership board that will take shared decisions about how best to improve the local populations health and care within the available share of resources. This board will have clinical leadership including primary care. It will also have non-executive arrangements including a chair.
    d. Fourth, providers and local government will collaborate to implement integrated models of care with the aim of preventing avoidable hospitalisation and tackling the wider determinants of mental and physical health. Initially these will focus on people with the greatest needs. Each ICS will be asked to set out care redesign plans, including implementation of integrated care models, as they refresh their five-year strategies later this summer.

52. Over the coming months, NHS England and NHS Improvement will enhance the support it provides to systems to help them develop into ICSs. In line with our new operating model, this capability building will be led out of our combined regions, drawing on national teams and good practice derived from the existing 14 leading systems.

Summary of month 8 financial position

53. The figures in this report are derived from the consolidated financial reports of clinical commissioning groups (CCGs) and direct commissioning units, which have been reviewed and assured by local offices and the regional teams, and from the monthly financial reports on central budgets. The information is presented on a non-ringfenced RDEL basis.

54. Table 1 summarises the year-to-date and full-year forecast expenditure position for NHS England as at month 8.

Table 1

Net Expenditure	Year-to-Date				Forecast Outturn			
	Plan	Actual	Under/(over) spend		Plan	FOT	Under/(over) spend	
	£m	£m	£m	%	£m	£m	£m	%
CCGs	55,577.1	55,720.9	(143.8)	(0.3%)	83,721.5	83,766.8	(45.3)	(0.1%)
Direct Commissioning	16,111.0	16,081.8	29.2	0.2%	24,760.6	24,745.5	15.1	0.1%
NHSE Running & central programme costs (excl. depreciation)	1,205.6	1,067.4	138.2	11.5%	5,115.0	4,842.5	272.5	5.3%
Other including technical and ringfenced adjustments	(36.3)	(22.1)	(14.2)		(39.1)	15.4	(54.5)	
Total non-ringfenced RDEL under/(over) spend	**72,857.4**	**72,848.0**	**9.4**	**0.0%**	**113,558.0**	**113,370.2**	**187.8**	**0.2%**
Total non-ringfenced RDEL allocation					**113,823.0**	**113,823.0**		
Total non-ringfenced RDEL underspend					**265.0**	**452.8**		

55. Overall at month 8, NHS England is reporting a year-to-date underspend of £9.4m (0.0%). The full year forecast at month 8 is for an underspend of £453m, although this forecast will be kept under close review (including through a series of 'deep dives' with regional and national teams) to ensure that the commissioner sector can continue to make an appropriate contribution to delivering financial balance across the NHS as a whole.

56. There are 48 CCGs with year-to-date overspends which are offset by underspends on direct commissioning and NHS England central budgets. There are 15 CCGs forecasting that they will end the financial year with overspends, the most significant being in Staffordshire (£34.2m), East Kent (£16.9m) and London (£39.3m). The regional teams continue to work to ensure that any CCG deterioration is contained as far as possible. The forecast CCG overspend is partially offset by the release of £60m of the centrally held Quality Premium budget which we do not expect to be earned.

57. NHS England budgets are showing a year-to-date and forecast managed underspend, including income from GP rates rebates and counter fraud receipts not included in the operating plan.

58. Alongside the forecast, NHS England monitors financial risks and available mitigations. At month 8 all remaining commissioning risk is expected to be offset by further central mitigations resulting in an improving risk-adjusted forecast.

59. At month 8, commissioners' aggregate forecasts show delivery of 89% against their stretching savings plans, a total of £3.1bn.

60. Further detail on the overall financial position can be found in the appendices.

APPENDIX A

Summary of Year-to-date and Forecast Expenditure by Area of Commissioning

	Year-to-Date Net Expenditure				Forecast Net Expenditure			
	Plan £m	Actual £m	Var £m	Var %	Plan £m	Forecast £m	Var £m	Var %
Local Net Expenditure								
North	16,672.2	16,685.1	(12.9)	(0.1%)	25,084.7	25,099.6	(14.9)	(0.1%)
Midlands & East	16,303.2	16,356.2	(53.0)	(0.3%)	24,544.3	24,578.5	(34.2)	(0.1%)
London	8,925.0	8,965.9	(40.9)	(0.5%)	13,438.5	13,477.8	(39.3)	(0.3%)
South West	5,265.2	5,265.2	0.0	0.0 %	7,895.1	7,895.1	0.0	0.0 %
South East	8,411.5	8,448.5	(37.0)	(0.4%)	12,668.9	12,685.8	(16.9)	(0.1%)
Quality Premium[1]	0.0	0.0	0.0	0.0 %	90.0	30.0	60.0	66.7 %
Total Local Net Expenditure	**55,577.1**	**55,720.9**	**(143.8)**	(0.3%)	**83,721.5**	**83,766.8**	**(45.3)**	(0.1%)
Direct Commissioning								
Specialised Commissioning	11,305.0	11,305.0	0.0	0.0 %	17,304.9	17,304.9	0.0	0.0 %
Armed Forces	39.7	39.7	0.0	0.0 %	62.9	62.9	0.0	0.0 %
Health & Justice	382.5	382.2	0.3	0.1 %	591.5	591.5	0.0	0.0 %
Primary Care & Secondary Dental	3,719.2	3,693.3	25.9	0.7 %	5,715.3	5,700.1	15.2	0.3 %
Public Health	664.6	661.6	3.0	0.5 %	1,086.0	1,086.1	(0.1)	(0.0%)
Total Direct Commissioning Expenditure	**16,111.0**	**16,081.8**	**29.2**	0.2 %	**24,760.6**	**24,745.5**	**15.1**	0.1 %
NHS England Other (excluding depreciation & technical)								
NHS England Running Costs (excl. depreciation)	300.3	273.3	27.0	9.0 %	471.0	458.6	12.4	2.6 %
NHS England Central Programme Costs (excl. depreciation)	495.2	393.8	101.4	20.5 %	903.4	762.3	141.1	15.6 %
CSUs net margin	4.8	(5.0)	9.8	204.2 %	6.2	6.2	0.0	0.0 %
Other Central Budgets (including provider STF)[2]	405.3	405.3	0.0	0.0 %	3,734.4	3,615.4	119.0	3.2 %
Total NHS England Other (excluding depreciation & technical)	**1,205.6**	**1,067.4**	**138.2**	11.5 %	**5,115.0**	**4,842.5**	**272.5**	5.3 %
NHS England depreciation charges	89.4	71.5	17.9		136.0	107.9	28.1	
Remove ringfenced under/(over) spend (depreciation and impairments)	(109.4)	(86.6)	(22.8)		(166.0)	(126.3)	(39.7)	
Remove AME/Technical items	(16.3)	(7.0)	(9.3)		(9.1)	33.8	(42.9)	
Total non-ringfenced RDEL	**72,857.4**	**72,848.0**	**9.4**	**0.0%**	**113,558.0**	**113,370.2**	**187.8**	**0.2%**

Note 1 - Quality Premium is added to the planned expenditure (and income) of CCGs in the lines above when earned. This line shows the element of annual quality premium budget which has not yet been earned.

Note 2 - Expenditure relating to awards under the provider element of the Sustainability Fund (PSF) is assumed to be in line with the full allocation of £2.45bn. The related income for trusts is fully accounted for in the provider position reported by NHS Improvement - either within individual organisations' results and forecasts or as a separate line to the extent that it is either not yet allocated or not earned under the relevant award criteria.

APPENDIX B

Summary of Year-to-date and Forecast NHS England Running Costs Expenditure

	Year-to-Date Net Expenditure				Forecast Net Expenditure			
	Plan £m	Actual £m	Var £m	Var %	Plan £m	Forecast £m	Var £m	Var %
Medical	4.3	3.7	0.6	14.0%	6.4	6.0	0.4	6.3%
Nursing	5.2	4.9	0.3	5.8%	7.9	7.6	0.3	3.8%
Operations and Information	145.9	138.8	7.1	4.9%	223.5	218.5	5.0	2.2%
Specialised Commissioning	12.0	10.6	1.4	11.7%	18.1	16.6	1.5	8.3%
Finance	26.7	24.5	2.2	8.2%	40.6	38.3	2.3	5.7%
Strategy & Innovation	7.4	6.1	1.3	17.6%	11.1	9.7	1.4	12.6%
Transformation & Corp Operations	54.5	45.5	9.0	16.5%	81.7	77.1	4.6	5.6%
PCS	43.2	43.3	(0.1)	(0.2%)	64.9	65.0	(0.1)	(0.2%)
Chair & Chief Executive Group	1.1	0.9	0.2	18.2%	1.6	1.4	0.2	12.5%
Contingency	0.0	(5.0)	5.0	100.0%	15.2	18.4	(3.2)	(21.1%)
TOTAL excl Depreciation	**300.3**	**273.3**	**27.0**	**9.0%**	**471.0**	**458.6**	**12.4**	**2.6%**

APPENDIX C

Summary of Year-to-date and Forecast NHS England Programme Costs Expenditure

	Year-to-Date Net Expenditure				Forecast Net Expenditure			
	Plan £m	Actual £m	Var £m	Var %	Plan £m	Forecast £m	Var £m	Var %
Medical	13.3	12.4	0.9	**6.8%**	32.6	32.2	0.4	**1.2%**
Nursing	15.8	12.0	3.8	**24.1%**	31.4	27.6	3.8	**12.1%**
Operations and Information	174.9	152.8	22.1	**12.6%**	332.7	323.6	9.1	**2.7%**
Specialised Commissioning	20.7	16.6	4.1	**19.8%**	31.4	30.6	0.8	**2.5%**
Finance	12.2	10.3	1.9	**15.6%**	21.6	18.4	3.2	**14.8%**
Strategy & Innovation	71.3	64.1	7.2	**10.1%**	112.8	97.5	15.3	**13.6%**
Transformation & Corp Operations	19.6	18.8	0.8	**4.1%**	24.5	24.3	0.2	**0.8%**
Clinical Excellence Awards	63.0	63.0	0.0	**0.0%**	135.4	129.3	6.1	**4.5%**
Provider Support	91.7	87.0	4.7	**5.1%**	125.3	118.3	7.0	**5.6%**
Other Programmes	22.0	22.9	(0.9)	**(3.9%)**	31.9	31.6	0.3	**0.9%**
Rates and fraud recovery income	(9.3)	(28.1)	18.8	**201.1%**	(15.0)	(47.6)	32.6	**217.3%**
Contingency	0.0	(38.0)	38.0	**100.0%**	38.8	(23.5)	62.3	**160.6%**
TOTAL excl Depreciation	**495.2**	**393.8**	**101.4**	**20.5%**	**903.4**	**762.3**	**141.1**	**15.6%**

APPENDIX D

Summary of Year-to-date and Forecast Commissioner Efficiency Performance by Area of Commissioning

	Year-to-Date Commissioner Efficiency				Forecast Commissioner Efficiency						2017/18		Percentage Increase	
	Plan £m	Actual £m	Var £m	Achieved %	Plan £m	As % of Allocation	Forecast £m	As % of Allocation	Var £m	Achieved %	Outturn £m	As % of Allocation	Planned %	Forecast %
Local														
North	403.1	366.8	(36.3)	91.0 %	675.6	2.7%	612.6	2.4%	(63.0)	90.7 %	630.1	2.6%	7.2%	(2.8%)
Midlands and East	550.5	506.6	(43.9)	92.0 %	903.7	3.7%	818.0	3.3%	(85.7)	90.5 %	855.6	3.6%	5.6%	(4.4%)
London	303.9	256.4	(47.5)	84.4 %	522.4	3.9%	436.2	3.2%	(86.2)	83.5 %	410.8	3.2%	27.2%	6.2%
South West	155.1	150.6	(4.5)	97.1 %	253.7	3.2%	239.1	3.0%	(14.6)	94.2 %	589.1	3.0%	8.3%	(2.8%)
South East	229.1	202.3	(26.8)	88.3 %	384.2	3.1%	333.7	2.7%	(50.5)	86.9 %				
Total Local	1,641.7	1,482.7	(159.0)	90.3 %	2,739.6	3.3%	2,439.6	2.9%	(300.0)	89.0 %	2,485.6	3.1%	10.2%	(1.9%)
Direct Commissioning														
Specialised	328.5	309.8	(18.7)	94.3 %	523.9	3.0%	504.5	2.9%	(19.4)	96.3 %	413.9	2.5%	26.6%	21.9%
Armed Forces	0.0	0.0	0.0	100.0 %	0.0	0.0%	0.0	0.0%	0.0	100.0 %	0.0	0.0%	0.0%	0.0%
Health & Justice	2.4	2.4	0.0	100.0 %	3.7	0.6%	3.7	0.6%	0.0	100.0 %	3.5	0.6%	0.0%	0.0%
Primary Care and Secondary Dental	42.9	39.8	(3.1)	92.8 %	77.1	1.2%	71.2	1.1%	(5.9)	92.3 %	110.9	1.7%	(30.5%)	(35.8%)
Public Health	2.4	2.4	0.0	100.0 %	3.6	0.3%	3.6	0.3%	0.0	100.0 %	7.5	0.8%	(51.7%)	(51.7%)
Total Direct Commissioning	376.2	354.4	(21.8)	94.2 %	608.3	2.4%	583.0	2.3%	(25.3)	95.8 %	535.8	2.2%	13.5%	8.8%
Total Commissioner Efficiency	2,017.9	1,837.1	(180.8)	91.0 %	3,347.9	3.1%	3,022.6	2.8%	(325.3)	90.3 %	3,021.4	2.9%	10.8%	0.0%
Of which transformational	923.2	746.8	(176.4)	80.9 %	1,531.2	1.4%	1,283.2	1.2%	(248.0)	83.8 %	1,208.0	1.2%	26.8%	6.2%