 <b>manx care</b> Kiarail Vannin	<b>SUMMARY REPORT</b>		Meeting Date:	1 <sup>st</sup> November 2022
			Agenda Item:	
			Enclosure Number:	

<b>Meeting:</b>	<b>Manx Care Board</b>		
<b>Report Title:</b>	<b>BAF Risk 6: Financial Sustainability Deep Dive</b>		
<b>Authors:</b>	Jackie Lawless		
<b>Accountable Director:</b>	Jackie Lawless		
<b>Other meetings presented to or previously agreed at:</b>	<b>Committee</b>	<b>Date Reviewed</b>	<b>Key Points/Recommendation from that Committee</b>

### Summary of key points in report

The purpose of this paper is to provide an update on Risk 6 of the Board Assurance Framework – Failure to Achieve Financial Stability. (Appendix 1)

This risk relates to the ability of Manx Care to deliver within its allocated budget for both the current and future financial years. For most of this year, the risk rating has been at its highest possible level of 25 due to the serious financial challenges facing Manx Care. However, with the development of the Back to Balance Plan for the current financial year and other measures to mitigate that risk, the rating has now dropped to 12. This is still below the target risk rating of 9. Whilst confidence in the ability of Manx Care to deliver within budget for the current financial year is good, there remains significant risk around future funding, which is why it remains higher than the target risk level.

#### Current Financial Year

The current projected overspend position (as per the Sept Management Accounts) is £6.4m, which is a £3m improvement on the August position. This is due to the additional Treasury funding allocated to cover pay awards. The current overspend is largely driven by high agency costs incurred to cover a high vacancy rate of approx. 20%. Tertiary spend is also higher than budgeted for – activity is expected to be similar to 21/22 levels.

A Back to Balance plan has been developed which will address this position through a combination of utilising the DHSC Reserve Fund, Healthcare Transformation Fund and generating additional CIP Savings.

	<b>£000's</b>
Current Forecast Overspend (September 2022)	<b>- 6,360</b>
DHSC Reserve	3,352
Fund Claims Including HCTF	819
<b>Additional CIP Required</b>	<b>- 2,188</b>

There is currently £4.5m included in our forecast that we intend to recover from fund claims or DHSC Reserve Fund. Papers have been presented to DHSC for approval and once this is forthcoming, the forecast will be adjusted accordingly. Should approval from DHSC and Treasury be forthcoming, the remaining funding gap will be £2.1m which will be addressed with an expanded CIP programme.

## DHSC Reserve

DHSC hold a Reserve Fund of £6.5m that is not shown as part of Manx Care's financials. Manx Care intend to seek funding for cost pressures of £3.4m that cover the loss of PPU income (due to the ward being used for restoration work), high cost patients & nursing placements, additional requirements for TT/Grand Prix including off-island activity and the Information Commissioners fine. DHSC are aware of this and applications to the fund are currently being finalised. However, until formally approved, all cost pressures (actual and forecast) will be held in Manx Care's figures.

Potential funding pressures, such as winter pressures, CQC compliance costs and further spend on social care and mental health placements above budget have been identified. They are not included in the current forecast as they have not all materialised yet. Once they do, DHSC Reserve Funding will be sought to address these. Therefore, it is assumed that the remaining amount will not be available to offset the current overspend. If those cost pressures do not materialise, then any remaining funding will be available to offset against the Manx Care position.

## Fund Claims

Fund claims totalling £800k relating to Primary Care, ED Staffing, Anaesthetists and Safeguarding will be submitted and business cases have been prepared for all of these which will need to be approved by DHSC & Treasury. If this funding is not approved, this will create a further cost pressure.

## CIP Savings

In order to bridge the remaining gap, the CIP Programme has been expanded to target a further £5m of savings. This in excess of the £2m required but is designed to provide some protection against delays to delivery, rejection of any of the fund claims to DHSC and Treasury or any other unexpected cost pressures which emerge in the second part of the year.

To date £2.6m savings have been delivered which means the program is broadly on track to deliver the core target of £4.3m. A further £500k in efficiencies have also been delivered. Additional funding has been approved by Treasury to support accelerated delivery of the CIP plan to generate the additional savings needed to balance. The first priorities are now to:

- Assign values to all projects that have not yet been evaluated
- Incorporate the additional measures agreed into the CIP Plan and assess and validate the proposed savings
- Validate the expected savings associated with current workstreams based on performance to date

This will give us a fully validated and achievable savings figure to work towards, taking into account current progress and risks to delivery.

The original CIP plan identified £7.3m of potential cash out savings. However, there are a number of risks associated with these projects that may impact delivery, so the total has been adjusted to £4.7m based on those risks. It is expected that the additional support will allow some of those risks to be mitigated and so accelerate the delivery of these core CIP projects.

A further 46 individual CIP opportunities totaling £5m have been identified bringing the total number of CIP projects to 109. The majority of these are cash releasing or spend avoidance with 11 projects seeking to deliver efficiency savings of £2.6m. There are 26 CIP projects where the savings calculations are still being worked through and these will add further value to the 22-23 CIP Plan.

The 22-23 CIP Plan is much broader in its scope than the 21-22 Plan and now includes all areas across Manx Care. However, there are some workstreams that cut across various operational areas to address some of the key cost pressures driving the continued overspends in the Health & Social Care system over many years:

- Workforce
- Drugs Spend
- Clinical Consumables Spend

- Contracting & Tertiary Spend
- Demand and Capacity Reviews
- Service Delivery Models

Recruitment is a particular focus with specific targets agreed for individual Care Groups. This will reduce reliance on expensive Bank & Agency spend. Job Planning, Demand & Capacity reviews and reviews of Service Delivery Models will also help to identify potential savings and efficiencies and ensure resources are allocated appropriately across the service. These will be carried out on a service by service basis so whilst immediate savings will be delivered in-year, the greatest benefit will likely be in 22/23 and beyond.

Tertiary spend is another big driver of overspend so the focus on this will clearly identify any cost savings and efficiencies available. Budget levels have not kept pace with activity in this area in recent years so it may be necessary to utilize growth funding in the next financial year to allocate appropriate budget (similar to what was done for Drug spend in the current year).

All identified CIPs are intended to deliver permanent ongoing savings rather than temporary pauses of spend so that the reduced spend levels can be maintained in future years.

Improved reporting and governance around the expanded CIP programme is being developed to ensure that delivery is carefully monitored and any risks identified and addressed as quickly as possible. The CIP Programme Board meets monthly to review progress and address any risks or impediments to delivery to make sure that the necessary actions and resource are put in place to secure the savings required in-year. Some of the key risks to delivery are as follows:

Staff capacity due to competing priorities such as CQC preparation and transformation delivery support continue to impact on ability to support CIP activities. A number of workstreams have not been able to provide updates for the last CIP Programme Board which means that actual and projected savings have not been fully reviewed.

Significant risks remain around staff capacity in Secondary Care Medicines, which have a target of £800k this year and a support plan is being developed to mitigate this. Staffing challenges and data sharing issues in Primary Care prescribing are now easing and delivery is coming back on track.

Key decisions are awaited from DHSC on a number of areas:

- Procedures of Limited Clinical Value
- Low Clinical Value Prescribing
- Non Emergency Patient Transfers
- Prescription Charges

Based on current indications from the Department that this may not be forthcoming for some time, delivery of savings in year of a number of these initiatives may not be possible. The current CIP target includes £165k that could be affected, but the full impact is likely to be much higher as a number of the initiatives, did not have savings values associated with them so cannot add further value to the CIP.

There is a risk that some of the CIP savings identified have already been incorporated into the forecast as part of our 'run rate' so will not contribute to the enhanced delivery. Detailed analysis is underway to assess the potential risk and is expected to be reflected in the October accounts

Some of the newer initiatives will only deliver part savings in-year. This has been allowed for in the assessment of what is achievable. However, they will deliver significant savings in 23/24 instead which will contribute significantly to the CIP target for next year.

Delivery of the core CIP Target of £4.3m is likely and additional savings are also achievable. Savings of £2m are currently required but £5m is being targeted to mitigate the risks to delivery as much as possible and ensure Manx Care spend is within budget this year. The current CIP is also building a pipeline of projects that will secure further savings in 22/23 and beyond, further stabilising Manx Care's financial position.

## Financial Governance & Controls

A large part of delivering financial balance and stability is having robust and appropriate financial governance and controls. Governance has improved since the formation of Manx Care with greater levels of transparency, reporting and understanding around Manx Care's financial position. Improved review and support from the finance team to budget holders has facilitated better control and grip for budget holders. Forecasting, understanding of the baseline position and visibility of risk has also improved. The regular Performance & Accountability reviews has provided better detailed oversight of financial performance at Care Group level.

However, some of the financial controls remain unchanged and untested. Therefore, a full review of these by Internal Audit has commenced in order to provide assurance and identify any weaknesses so they can be quickly rectified.

The lack of meaningful activity data that links to financial performance is also a significant gap in the financial governance of Manx Care. This is discussed in more detail later.

## Future Financial Sustainability

### 2022/23 Funding

The funding envelope for Manx Care for 23/24 is likely to be significantly less than that identified as necessary as part of the Financial Plan submitted to DHSC in July of this year. Funding pressures were prioritised as follows:

- Priority 1 - UNAVOIDABLE COST PRESSURES
- Priority 2 - STATUTORY/COMPLIANCE
- Priority 3 - MANDATE REQUIREMENTS
- Priority 4 - CORE SERVICE DELIVERY
- Priority 5 - ENHANCED SERVICE DELIVERY
- Priority 6 - ADDITIONAL SERVICE DELIVERY

Based on current assumptions, the funding amount for 23/24 may only be sufficient to cover the Priority 1 – Unavoidable Cost Pressures identified.

Significant work is underway to review those cost pressures and identify how the funding will be prioritised. This will undoubtedly have a significant impact on the aspirations and ambitions of both Manx Care & DHSC of what is deliverable in 22/23.

Transformation have produced a high level piece of work outlining potential additional income opportunities which will be developed further and reviewed by the DHSC. They will require policy / legislative input in order to operationalise but could represent approx. £5m additional income opportunities in 23/24.

Furthermore, the CIP Project will most likely need to deliver more than the 1.5% target included in the budget. This analysis is already underway to understand the opportunities available.

It is anticipated that the service level budget allocation will be completed by the end of December to allow sufficient time for review and approval ahead of the beginning of the new financial year in April 2023.

### Growth Funding

Manx Care's funding formula allows for 3.03% plus inflation each year, less CIP Savings. This is a significant step forward in ensuring the long term sustainability of the system by providing a level of certainty to support some future planning. It also ensures that funding matches the natural cost growth, whilst still driving efficiencies.

It's important to note that the growth figure of 3.03% was designed to cover the unavoidable growth in costs inherent in the system, regardless of its efficiency. It's designed to address increases in demand due to population increases or demographic changes, increases in cost due to new treatments and drugs and health inflation which generally is in excess of standard inflation. The Growth Business Case submitted in 2021 outlined the detailed modelling and assumptions that generated the figure of 3.03%. It is the 'do nothing' funding requirement inherent in the system.

This funding was never intended to support additional investment requirements in order to improve or develop services. The Sir Jonathan Michael Report always anticipated that additional investment would be required and so further funding would need to be invested in Transformation delivery.

In reviewing service provision, significant investment requirements have been identified that outstrip what growth funding alone can support.

For example, funding of NICE TAs would be a core use of Growth funding according to the modelling assumptions. However, based on current assumptions, NICE TAs alone would consume almost all of the growth funding available.

### Transformation Funding

The potential impact of implementing Transformation projects is currently approx. £10m of ongoing revenue funding. Whilst many of these would be funded in the first instance from HCTF, so the impact in 23/24 is likely to be minimal, they represent a significant risk in future years. HCTF funding is for a maximum of 3 years and many initiatives may take longer than that to realise sufficient savings to self sustain. Growth funding alone is likely to be insufficient to support all of the requirements so some detailed analysis is required to understand how the essential Transformation work can be delivered without creating an unsustainable financial burden on Manx Care.

### Linking Activity to Spend

Due to the lack of consistent and reliable activity data, it is almost impossible to link operational performance to financial performance, which is a key risk to the ability of Manx Care to appropriately control costs and ensure resources are correctly allocated to support delivery.

Manx Care have invested in a Head of Performance which should help this process and many of the tools used in the Restoration & Recovery work can be applied more widely across the system to provide better insight. Continued development of the data sets for the Integrated Performance Report will provide more information. Much of the CIP work around demand and capacity planning and service delivery models will also provide greater insight into how activity is linked to spend. The development of a clinical coding function is also essential in order to generate meaningful patient level activity data.

Transformation are due to produce a report shortly to support moving to an Activity Based Costing model. This should allow us to understand the underlying drivers of cost, clinical variation and operational inefficiency.

Funding allocations have not historically been based on activity so Manx Care have inherited a funding baseline that may not be appropriate for the activity delivered. Activity Based Costing will help provide an answer to the question of what the service 'should cost' in a more granular way than that in the Sir Jonathan Michael report.

This is likely to take some time to implement (2-3 years) but will further support the financial sustainability of the system.

### Multi-Year Funding

Sir Jonathan Michael recommended moving to a 3 year funding model which would allow for better medium term financial planning. This has not yet been possible, although Transformation are supporting the development of the mechanisms to support this. It will also be crucial to supporting a multi-year Mandate which the DHSC wish to do.

## Summary

Financial Stability is a key priority for Manx Care but also a significant challenge given the historic overspends in the system. Manx Care's baselining activity in Year 1 identified a significantly worse compliance and service delivery standard position than was anticipated. This has required significant investment from the revenue budget. Marketplace pressures around drugs costs, inflation and competition for staff globally which are largely outside of Manx Care's control create further financial pressures.

However, improved financial reporting and visibility, a robust CIP Programme and Back to Balance Plan means financial balance in 23/24 is achievable, albeit with some risks still remaining. Some further work remains to ensure fully robust financial controls are in place but this should be completed imminently.

The financial position is likely to remain challenging in 23/24 and beyond. The work done in this year to identify and prioritise funding pressures will allow for greater clarity in decision making about how to allocate resources to best support delivery. The development of activity data will also support better decision making and allocation of resource. The governance and culture established around CIP will also continue to drive efficiency and innovation.

The establishment of the funding formula for Manx Care is a significant step forward in terms of forward planning and securing sufficient funding to support the ongoing requirements of the system whilst still driving efficiency.

The question of funding Transformation remains a significant challenge and a solution to this has yet to be identified. However, work continues to try to resolve this issue.

The initiatives needed to secure the medium to long term financial sustainability such as Activity Based Costing and Multi Year Funding will take longer to implement but some progress has been made this year towards that end.

On that basis, the risk to delivery against this key priority has been reduced from the highest level of 25, which reflected a lack of assurance and certainty around financial performance, to the lower level of 12. This reflects the improvements made and the confidence in the ability to achieve financial balance in this year, but also the challenges that remain to secure the longer term financial stability needed.

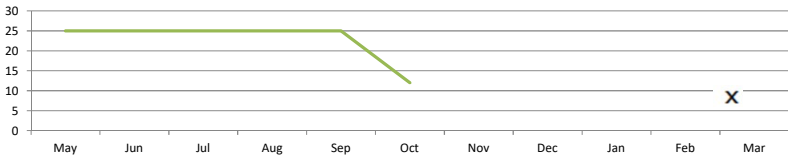
### Recommendation for the Board to consider:

Consider for Action		Approval		Assurance	X	Information	X
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# MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK

6 Failure to achieve financial sustainability.			Overall risk owner: Jackie Lawless	Residual Score	Amendment date: Oct-22	Committee scrutiny: FPC Comm
1 Covid-19 re x 2 Service user feedback x 3 Transformi x 4 Corporate, x 5 Transform x 6 Financial b x			Which of the 2022-23 objectives may be impacted: 7 Reducing waiting times. x 8 Continuous improvement. x 9 Workforce engagement and development. x 10 Primary Care at scale. x 11 Early interventions. x 12 Environmental sustainability contribution. x		TARGET: L x I	9
					May '22: L x I	25
					June '22: L x I	25
					Aug '22: L x I	25
					Oct '22: L x I	12
					Dec '22: L x I	
					Feb '23: L x I	
Related operational risks:	Main Controls 1-6	Lead	Assurance re: effective control	Gaps in control	Gaps in assurance	Assurance RAG
#1 Significant cost and operational pressures risk overspend against budget - particularly Agency spend to cover high vacancy rate and Tertiary spend  #2 Pay awards remain under negotiation / arbitration.  #3 Significant investment required to reduce waiting list backlogs  #4 Transformation projects generating significant future funding pressures  #5 Future funding not yet agreed - growth has been agreed but no funding for investment / service development  #6 Inherited widespread non-compliance with Financial Regulations with regard to contracting and procurement	1. Tools to establish financially sustainable staffing are poorly designed and available data is of low quality or is not available to managers, planners and leaders to support effective decision making.	Anne Corkill & Jackie Lawless	Work is scoped and planned for 22-23 to improve the provision of management information to budget holders and recruiting managers which adequately connects budgets to HR system PIP numbers; to identified workers, including those who are on limited term appointments; permanent contracts, flexible working contracts and agency staff.  Resources are being committed from the CIP programme to progress control design improvements. One additional FTE has been recruited in the Finance reporting / analysis function to focus.  Financial scrutiny occurs at quarterly Performance and Accountability Reviews of the Care Groups.  Improvements to activity are included within the scope of the CIP Programme Board.  Plans to acquire internal audit review of improved systems and processes in 23-24.	High vacancy rates do not always produce underspends - they produce overspends as temporary / flexible workers are retained at premium rates (20%-70% premiums) which reflect the fluid markets in which the workers are contracted. These circumstances support a forecast overspend on staffing of circa £3.5M in 22-23 compared to the budgeted establishment for these overspent departments / services.  There are likely to be instances where managers have recruited above their budgeted establishment which is not always clearly visible  There are opportunities to improve forecasting techniques and reporting	Connecting budget holders with budgets, aligned to accurate HR system PIP numbers; to those who are on limited term appointments; permanent contracts, flexible working contracts and agency staff is at an immature level of sophistication.	A
	2. Improvements in the control systems which link health and care activity delivery with cost of doing so are being made.	Jackie Lawless	The Restoration & Recovery workstream at Manx Care has shown that effective tools can be developed to provide insight into performance and planning.  Investment has been made in performance management function which will enable the development of better performance data  Transformation are preparing a plan to develop an Activity Based Costing model to	In most service areas, there is little or no data linking activity delivered with the cost of doing so - making it impossible to assess value for money or inform 'make or buy' decision making.	The Transformation team have undertaken a review of surgical services to more accurately assess activity and cost. The detail of the review is awaited, however any change is likely to take significant time to complete so will not have an immediate impact	A
	3. Improvements to control design re contracting and procurement	Jackie Lawless	Manx Care has invested in some additional resource in house in the Contracting & Commissioning teams to provide additional expertise and resource to address the inherited non-compliance position. This work is reviewed by the FP&C Committee This often requires Financial Waivers in the first instance to bring existing arrangements into compliance while the need and scope is fully reviewed and examined.  A robust system for requesting Financial Waivers exists but further improvements to the process have been proposed to Treasury in order to speed it up  Manx Care has joined a number of NHS Frameworks to allow access directly to 'pre-approved' providers which avoids the need for full procurement exercises each time a service is required.	Contracting and procurement decision making can be inflexible and lacking in agility - this can result in lost opportunities to take advantage of advantageous pricing; shortened delivery times; or unexpectedly availability of preferred supplier resource.	The Attorney General's (AG) office leads on tendering but has predicted that should a high volume of tender activity be likely in 22-23 as is anticipated), the AG's office may not be resourced sufficiently to meet the demand. Operational areas may also not be sufficiently resourced to carry out the full service / contract reviews necessary	A
	4. Improvements to the design of the scheme of delegation	Jackie Lawless	A process of review of financial delegation is planned in 22-23  Dir of Finance sits on a Government wide management group scoping the provision of an electronic 'purchase to pay' system for all of Government  Regular and granular scrutiny of spend by each budget holder to ensure appropriate purchasing decisions and authorisations are being made	Across Manx Care, purchasing is currently undertaken with the use of paper pads in quadruplicate - building in a lack of financial grip without the use of an electronic system. This system potentially provides any colleague with the ostensible authority to make purchases from a supplier whilst in possession of a purchase requisition pad without the necessary authority	The scheme of financial delegation has design weaknesses which do not accurately align delegated powers with appropriate officers. It is not possible for the Finance Shared Service team to ensure full compliance with Delegations before making payments due to the process being paper based.	A
	5. Closing the gap between Transformation and Manx Care	Jackie Lawless	Transformation Oversight Group with representatives from Manx Care and the Transformation team has been formed to monitor and drive progress of the Transformation programme.	There are delays in completing and implementing transformation projects - with delayed benefits realisation and can result in cost pressures as near obsolete or obsolete systems maintained at high cost.  New initiatives are also generating ongoing cost pressures for Manx Care, funding for which has not been agreed by Treasury.  Transformation may seek commitment from Manx Care to pump prime or fund an initiative or activity for a greater period than the financial settlement that DHSC has provided Manx Care with.  Without longer term financial planning, Manx Care cannot adequately plan to grow services.	Understanding Manx Care's baseline cost for delivering planned service levels remains uncertain - undermining any discussion about establishment funding.  Without longer term financial planning, Manx Care cannot adequately plan to grow services or plan other investment decisions.	R

# MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK

6	Failure to achieve financial sustainability.	Overall risk owner: Jackie Lawless	Residual Score				Amendment date: Oct-22	
							Committee scrutiny: FPC Comm	
Which of the 2022-23 objectives may be impacted:								
1	Covid-19 re	x	7	Reducing waiting times.	x			
2	Service user feedback		8	Continuous improvement.	x			
3	Transformi	x	9	Workforce engagement and development.	x			
4	Corporate,	x	10	Primary Care at scale.	x			
5	Transform	x	11	Early interventions.	x			
6	Financial b	x	12	Environmental sustainability contribution.	x			
Related operational risks:			Main Controls 1-6	Lead	Assurance re: effective control	Gaps in control	Gaps in assurance	Assurance RAG
			6. Addressing future funding requirements	Jackie Lawless	<p>The principle of growth funding has been agreed with Treasury and is included in the projected increase in budget over the next 3 years.</p> <p>Transformation New Funding Arrangements project investigating options for government to fund health and social care in future e.g. taxation changes.</p> <p>Transformation have also produced a paper detailing potential mechanisms for agreeing the funding allocation to Manx Care proposing a blended approach to cover 'baseline' and additional 'activity components'. This will require a zero based budgeting exercise to establish the correct funding baseline for Manx Care's core activities</p>	<p>Whilst future funding has been indicated in the Pink Book it is not guaranteed and does not allow for significant service investment, rather underlying growth. The view of Treasury has been that this funding should cover all future requirements of the system and this position needs to be tested</p> <p>The budget setting and mandate setting cycles are misaligned with budgets for future years being set before mandate has been agreed</p>	<p>Understanding Manx Care's baseline cost for delivering planned service levels remains uncertain - undermining any discussion about establishment funding.</p> <p>Without longer term financial planning, Manx Care cannot adequately plan to grow services or plan other investment decisions.</p> <p>The implementation of the recommendations of Transformation are likely to take some time - a number of years - to generate efficiencies to cover required investment</p>	A
			7. Improving internal financial governance mechanisms	Jackie Lawless	<p>Regular meetings between Finance Business Partners and Budget Holders to review financials and address any anomalies / overspends and to improve financial forecasting</p> <p>Training provided to budget holders regarding their responsibilities and access to reporting has been trialled and will be rolled out across Manx Care</p> <p>Investment has been made in additional resource in Finance Team to aid with financial reporting and analysis</p> <p>Weekly Financial Assurance Group meetings between Manx Care &amp; DHSC to address finances / financial planning.</p> <p>Monthly Management Accounts produced that show current and predicted performance and highlighting areas of risk / pressure</p> <p>Monthly FP&amp;C Committee meeting to review and address financial, performance and commissioning issues.</p> <p>Monthly CIP Programme Board meeting to oversee delivery against target of the CIP programme and address any blockages / significant risks</p> <p>Business Case Review Group established to provide effective review and challenge of business cases before approving for funding</p> <p>Monthly Performance and Accountability Reviews with Care Groups that include scrutiny of financial performance / pressures</p> <p>Quarterly reporting to COMIN to discuss forecast position, financial pressures, risks and mitigations</p> <p>Full Internal Audit review of Financial Controls underway with findings expected in Dec</p>	<p>CIP programme requires additional operational resource to drive performance - this is currently provided by external resource but work is underway to recruit a CIP Programme Manager. More recently, additional resource has been funded by Transformation to accelerate the delivery of the CIP Programme to deliver a total of £10m savings in 22/23 rather than the target savings of £4.3m</p> <p>Further improvements to financial reporting can be made to provide more meaningful and timely information to a range of stakeholders</p> <p>Improved formal review and scrutiny planned of spend in operational areas that sit outside of Care Groups e.g. Tertiary, Corporate, Operations</p>	<p>Service level reviews continue to highlight deficiencies in service provision which often require additional investment, which is unforeseen.</p> <p>The outcome of CQC inspections is likely to generate significant funding pressures not already identified</p> <p>Further education and deepening relationships with finance are required to ensure adequate visibility of risks</p>	A