

2015/16 Financial Performance (Month 6)

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Trust Board paper O

Executive Summary

Context

The Trust is planning for a deficit of £34.1m in 2015/16, including delivery of £43m of CIP.

The financial plan was re-submitted to the NTDA on 11th September 2015.

This paper updates on the progress against this re-submitted plan.

Questions

1. What is the financial position compared to plan as at the end of September and what are the drivers?
2. How does this compare to forecast?
3. What is capital spend compared to plan and the cash balance?

Conclusion

1. As at the end of September, the net I&E position was a deficit of £26.5m, compared to a plan of £26.0m, an adverse position of £0.5m. The drivers of this are an over-performance in income of £0.5m offset by a pay overspend of £0.5m and non-pay (including finance charges) overspend of £0.5m
2. The position in the month of September has improved due to the controls within pay spend
3. Capital spend is £16.4m compared to a plan of £30.0m and our cash balance at the end of September was £5.2m, £2.2m above the planned level of £3.0m

Input Sought

We would like Trust Board to **note** the financial position as at the end of Month 6, **agree** the actions within the paper and **note** the risks to the financial position.

For Reference

Edit as appropriate:

1. The following objectives were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes / No / Not applicable]
Effective, integrated emergency care	[Yes / No / Not applicable]
Consistently meeting national access standards	[Yes / No / Not applicable]
Integrated care in partnership with others	[Yes / No / Not applicable]
Enhanced delivery in research, innovation & ed'	[Yes / No / Not applicable]
A caring, professional, engaged workforce	[Yes / No / Not applicable]
Clinically sustainable services with excellent facilities	[Yes / No / Not applicable]
Financially sustainable NHS organisation	[Yes / No / Not applicable]
Enabled by excellent IM&T	[Yes / No / Not applicable]

2. This matter relates to the following governance initiatives:

Organisational Risk Register	[Yes / No / Not applicable]
Board Assurance Framework	[Yes / No / Not applicable]

3. Related Patient and Public Involvement actions taken, or to be taken: Not applicable

4. Results of any Equality Impact Assessment, relating to this matter: Not applicable

5. Scheduled date for the next paper on this topic: 03/12/2015

6. Executive Summaries should not exceed 1 page. [My paper does ~~/does not~~ comply]

7. Papers should not exceed 7 pages. [My paper ~~does~~ / does not comply]

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 5TH NOVEMBER 2015

REPORT FROM: PAUL TRAYNOR – CHIEF FINANCIAL OFFICER

SUBJECT: 2015/16 FINANCIAL PERFORMANCE – SEPTEMBER 2015 (MONTH 6)

1. INTRODUCTION AND CONTEXT

1.1. This paper provides the Trust Board with an update on performance against the Trust's key financial duties, namely:

- Delivery against the planned deficit
- Achieving the External Financing Limit (EFL)
- Achieving the Capital Resource Limit (CRL)

1.2. The paper provides further commentary on financial performance by the CMGs and Corporate Directorates, risks and assumptions and makes recommendations on actions.

1.3. The financial plan was re-submitted to the NTDA on 11th September 2015. All figures are reported compared to this revised plan.

2. KEY FINANCIAL DUTIES

2.1. The following table summarises the year to date (YTD) position as at the end of September and full year forecast against the financial duties of the Trust:

Financial Duty	Year to date Plan £m	Year to date Actual £m	RAG	Full Year Plan £m	Full Year Actual £m	RAG
Delivering the Planned Deficit	(26.0)	(26.5)	A	(34.1)	(34.1)	A
Achieving the EFL	35.6	31.0	A	86.5	86.5	A
Achieving the Capital Resource Limit	30.0	16.4	A	81.5	81.5	A

2.2. We are permitted to underspend against the EFL. We are underspent against the EFL plan due to a net increase in payables on the balance sheet which has reduced the requirement for external financing. We expect to achieve the full year EFL.

2.3. As well as the key financial duties, a subsidiary duty is to ensure suppliers invoices are paid within 30 days – the Better Payment Practice Code (BPPC). The year to date performance is shown in the table below:

Better Payment Practice Code	April to September 2015	
	Volume Number	Value £000s
Total bills paid in the year	70,076	335,026
Total bills paid within target	52,410	283,201
Percentage of bills paid within target	75%	85%

2.4 Key Issues

- Year to date (YTD) adverse variance to plan of £0.5m
- EBITDA is £1.1m adverse to plan YTD
- CIP delivery of £19.4m YTD, £1.4m adverse to plan
- Capital spend YTD is £16.5m against a plan of £22.9m

3. FINANCIAL POSITION AS AT END OF SEPTEMBER 2015 COMPARED TO PLAN

- 3.1 During September, a revised plan was submitted to the NTDA which detailed the planned profile delivery of a £34.1m deficit. This plan was based on the actuals to Month 4 and the forecast for the remainder of the year. This meant a cumulative correction to the YTD position at Month 6. Individual CMG and Directorate plans have not changed, with planning adjustments being made to central budgets. This is to maintain the integrity of the initial planning process as well as looking forward to 2016/17 planning. Monitoring to year end will now be against this revised plan.
- 3.2 YTD, the Trust is reporting an I&E deficit of £26.5m compared to a plan of £26.0m, so is £0.5m adverse to the plan.
- 3.3 Detail of the income and expenditure position can be seen in Appendix 1 along with the YTD position by CMG and Directorate in Appendix 2.

Table 1: Income & Expenditure Position

	April - September 2015		
	Plan £m	Actual £m	Var (Adv) / Fav £m
Income			
Patient income	361.3	361.6	0.3
Teaching, R&D	38.6	39.1	0.5
Other operating Income	18.9	18.6	(0.2)
Total Income	418.8	419.3	0.5
Operating expenditure			
Pay	(256.6)	(257.1)	(0.5)
Non-pay	(165.6)	(166.7)	(1.1)
Total Operating Expenditure	(422.1)	(423.8)	(1.6)
EBITDA	(3.3)	(4.5)	(1.1)
Net interest	(0.7)	(0.5)	0.2
Depreciation	(16.5)	(15.9)	0.6
Impairment	-	-	-
Profit / (loss) of disposal of fixed asset	(0.0)	(0.0)	0.0
PDC dividend payable	(5.8)	(5.8)	(0.0)
Net deficit	(26.4)	(26.7)	(0.3)
EBITDA %		-1.1%	
Adjustments for donated assets	0.3	0.2	(0.2)
RETAINED SURPLUS / (DEFICIT)	(26.0)	(26.5)	(0.5)

- 3.4 The **key points** to highlight YTD are:

- **Income, £0.5m favourable** to plan YTD
- **Pay costs, £0.5m adverse** to plan YTD
- **Non pay costs, £1.1m adverse** to plan YTD
- **Financing costs and donated assets adjustment, £0.6m favourable** to plan YTD

3.5 The YTD position may be analysed as follows:

Income

3.6 Patient care income is £0.3m favourable to plan YTD. This is a marked improvement in run rate with income £1.3m higher than August, adjusted for number of working days. Key movements can be summarised as follows with further detail in Table 2:

- Emergency activity including ED is £0.7m below plan in month including adjustment for MRET and marginal rate in the CCG contract. This is within non-elective activity in W&C (£0.4m) and RRCV (£0.3m)
- Daycase activity is £0.2m worse than plan, most significantly in W&C - £0.15m, and the Alliance - £0.1m
- Elective activity is £0.2m better than plan, most significantly in CHUGGS - £0.2m
- Outpatient activity is £0.3m better than plan, in ITAPS - £0.2m and RRCV - £0.1m
- Other areas of variance include:
 - BMT - £0.2m worse than plan
 - Critical Care - £0.5m better than plan
 - ECMO - £0.3m better than plan
 - Excluded drugs and devices - £0.2m worse than plan
 - Renal dialysis and transplant - £0.1m worse than plan
 - Unbundled activity - £0.3m worse than plan
- All specialised activity included in the above is included at 100% of income value. Because specialised activity is below plan, the marginal rate deduction is lower than planned, which gives a £0.5m positive variance.

Table 2 – Activity and Income by Point of Delivery

Case mix	Plan to Date (Activity)	Total YTD (Activity)	Variance YTD (Activity)	Variance YTD (Activity %)	Plan to Date (£000)	Total YTD (£000)	Variance YTD (£000)	Variance YTD (Activity %)
Day Case	48,996	48,731	(265)	(0.54)	27,904	27,710	(194)	(0.69)
Elective Inpatient	11,117	11,116	(1)	(0.01)	35,830	36,065	235	0.66
Emergency / Non-elective Inpatient	53,717	53,817	100	0.19	93,922	93,238	(684)	(0.73)
Marginal Rate Emergency Threshold (MRET)	0	0	0	0.00	(3,080)	(3,146)	(66)	2.15
Outpatient	445,015	442,522	(2,493)	(0.56)	54,810	55,146	336	0.61
Emergency Department	78,111	78,167	56	0.07	9,593	9,618	25	0.26
Penalties	0	0	0		0	0	0	
Other	4,335,048	4,230,669	(104,379)	(2.41)	142,322	142,967	645	0.45
Grand Total	4,131,022	4,023,787	(107,235)	(2.60)	361,301	361,599	298	0.08

3.7 Table 3 below shows the current over-performance of patient care income by commissioner. This shows local CCG activity as significantly over plan offset with under-performance on the NHSE specialised contract.

Table 3: Income Position by Commissioner

	Plan to Date M6	Actual to Date M6	Variance to Date
LLR CCGs Acute Contract	£214.7m	£216.8m	£2.1m
NHSE Acute Contract	£110.2m	£107.7m	(£2.5m)
Other	£36.4m	£37.1m	£0.7m
Grand Total	£361.3m	£361.6m	£0.3m

- 3.8 Teaching and R&D income is £0.5m better than plan. R&D income is £0.3m higher than plan offset with expenditure in pay. Teaching income is £0.2m higher than planned following additional monies for non-medical student placements.
- 3.9 Other operating income is £0.2m worse than plan due to lost car parking spaces whilst the multi-storey is being built.

4. EXPENDITURE

4.1 Operating expenditure is £1.6m adverse YTD.

4.2 Cost Improvement Programme

Table 4 below details the performance of the CIP programme compared to plan. The NTDA do not recognise the full year effect of prior year schemes within their CIP reporting so these are separated here.

Overall, the Trust has delivered £19.4m of its planned £20.8m CIP.

Table 4 – CIP Performance Compared to Plan

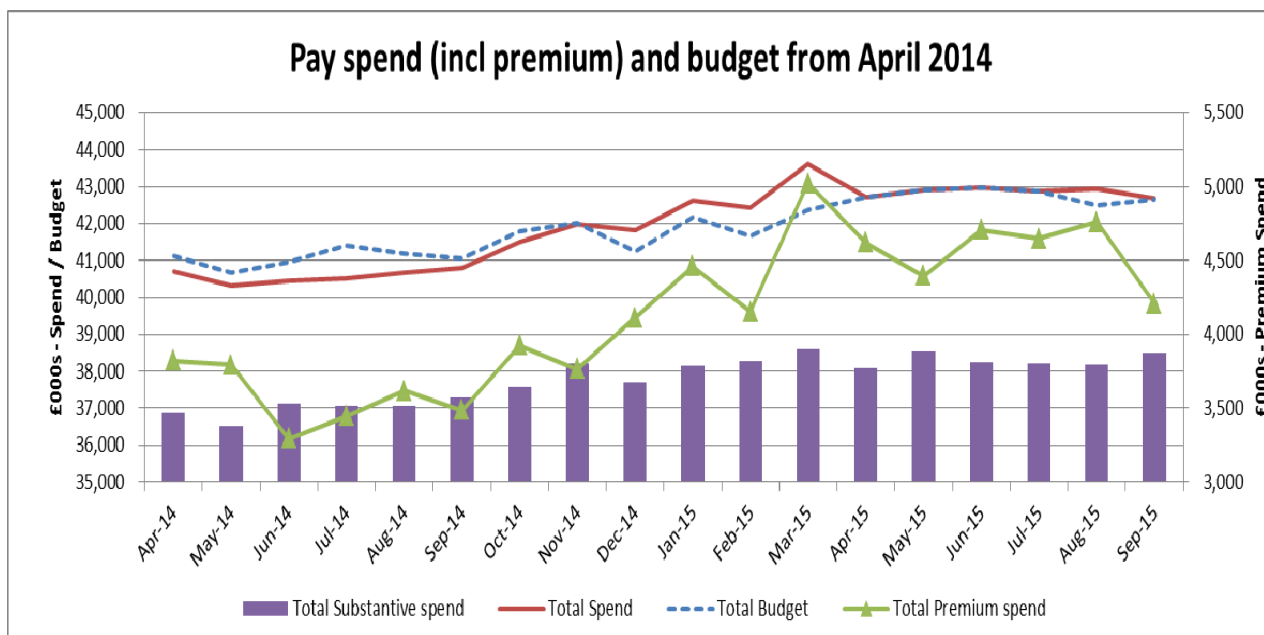
£000s	YTD month 6		
	FYE of 1415 schemes	New 1516 schemes	Total
Plan	1,563	19,267	20,830
Actual	1,765	17,610	19,375
Variance	202	(1,657)	(1,455)

4.3 The 2015/16 CIP paper provides further detail on CIP performance and RAG ratings.

Pay

- 4.4 Pay costs are £0.5m adverse to plan year to date. It should be noted that in September, actual pay was £0.3m lower than August, and this was a reduction to agency spend. Appendix 2 details this by CMG and Directorate with pay trends in Appendix 3.
- 4.5 The total pay bill compared to budget since April 2014 can be seen in Chart 1 below. This shows that pay spend has reduced in month by £0.3m, with premium spend decreasing by £0.6m, offset by an increase of £0.3m in substantive spend. Premium pay spend is now at its lowest point this financial year
- 4.6 In addition to the above, there are 450 more worked WTE in September 2015 compared to September 2014, including 117 WTE nurses, 199 WTE non-clinical staff, 51 WTE medics and 89 WTE other clinical staff.

Chart 1 – Paybill Budget and Actuals



4.7 The variance to plan by staff group can be seen in Table 5 below, including all premium costs. In September, the number of WTEs worked was 401 below the plan. YTD, the number of WTEs worked less than plan amounts to a saving of £9.2m. However, premium pay costs of covering vacancies are a pressure of £8.7m. It is premium pay costs remaining higher than the revised plan that is resulting in a pay variance of £0.5m.

Table 5: Pay Spend by Type

Pay Type	YTD £000s			WTE			Price variance £000s	Volume Variance £000s	Annualised Planned average cost £000s	Annualised actual average cost £000s
	Plan	Actual	Better / (worse)	Plan	Actual	Better / (worse)				
Non Clinical	36,763	36,889	(126)	2,584	2,595	(11)	25	(151)	28.5	28.4
Other Clinical	31,060	31,259	(199)	1,757	1,659	98	(1,932)	1,732	35.4	37.7
Medical & Dental	88,500	88,676	(176)	1,778	1,728	50	(2,677)	2,502	99.6	102.7
Nursing & Midwifery	100,268	100,262	6	5,648	5,385	263	(4,662)	4,669	35.5	37.2
Total	256,592	257,086	(494)	11,767	11,366	401	(9,230)	8,736	43.6	45.2

4.8 Reasons for variances are as follows:

Medical

Medical pay overspends are within R&D of £0.1m and for additional posts via rotations and for specific HEEM funded projects of £0.3m. These are offset within income. These overspends are offset in part with underspends within CMGs of £0.2m (although see other clinical below).

Nursing

Nursing spend was in line with plan following a reduction in spend of £234k in month, £150k of which was agency.

Other Clinical

These overspends are offset with underspends on medical staffing, where assumptions were made about recovery taking place within other clinical that have materialised within medical.

Non-Clinical

Non-clinical overspends are within R&D and are offset with income.

Non Pay

- 4.9 Operating non pay spend is £1.1m adverse to YTD. This is offset in part by £0.9m of depreciation and interest payment benefits.
- 4.10 Operating non pay overspends relate to CIP slippage of £1.4m, offset with VAT reclaims and capitalisation of items previously counted in revenue, £0.3m.
- 4.11 Depreciation was lower than planned due to capital spend being lower than planned. Interest payable was lower than planned as the average cash balance has been higher than planned resulting in less temporary borrowing.
- 4.12 Further detail on non pay trends can be seen in Appendix 4.

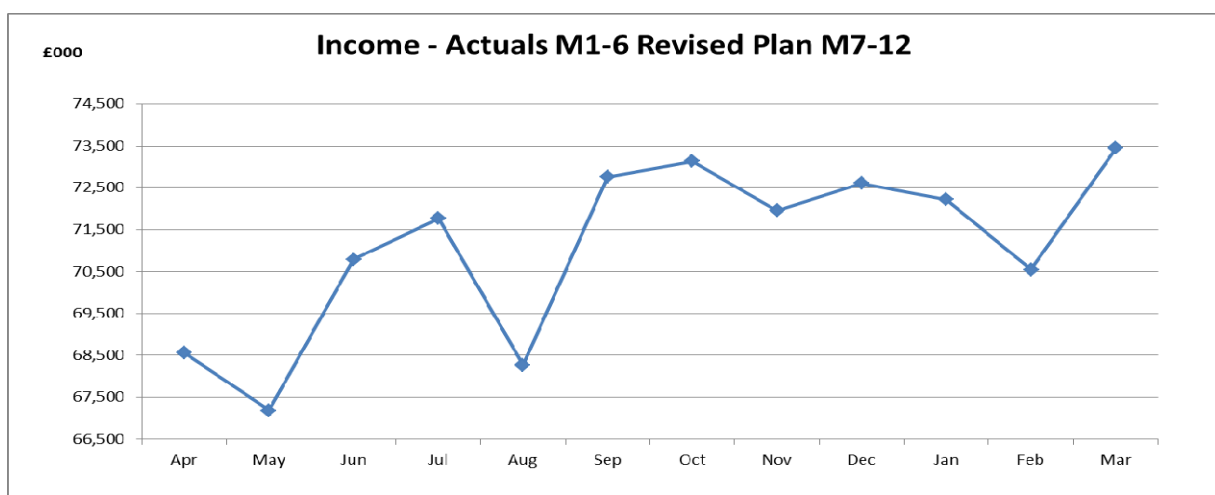
5. DELIVERY OF THE 2015/16 PLAN

5.1 The plan submitted to the NTDA on 11th September 2015 detailed how the Trust would deliver a £34.1m target. To the end of September, we are £0.5m worse than plan. The charts below detail the actuals for Months 1-6 with Months 7-12 as per the revised plan. In addition to this, the £0.5m YTD variance must be recovered.

5.2 Income

Chart 2 shows income for the second 6 months of the year being £2.4m per month higher than the first 6 months. Key highlights include £0.8m per month of this is expected as part of winter increases to emergency activity. Increased daycase and elective inpatient activity is planned to be £0.4m higher based on delivery of RTT and in particular endoscopy. Critical care is £0.3m increase and increase to transplant activity following recruitment of £0.2m. In addition, £1.0m was assumed as part of the required improvement to deliver £34.1m. This has been assumed from December to March.

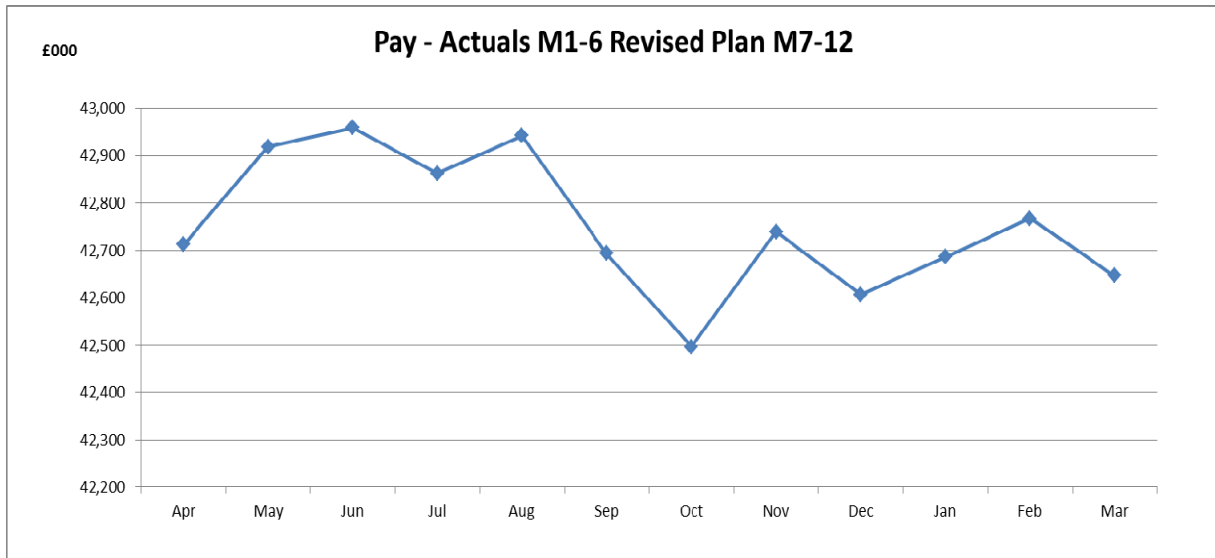
Chart 2: Income Actuals and Plan



5.3 Pay

Chart 3 shows that pay spend for the second 6 months of the year needs to be £0.2m per month lower than the first 6 months of the year. This has been achieved in September via a reduction to agency spend, most significantly in nursing. This needs to continue to decrease further to deliver the nurse agency ceiling. Any increase in recruitment would need to be offset with a reduction to spend elsewhere (e.g. replacement of agency spend with substantive). The focus placed on premium pay needs to continue with specific support for reduction in medical spend, including reduction of agency and locums and management of WLIs.

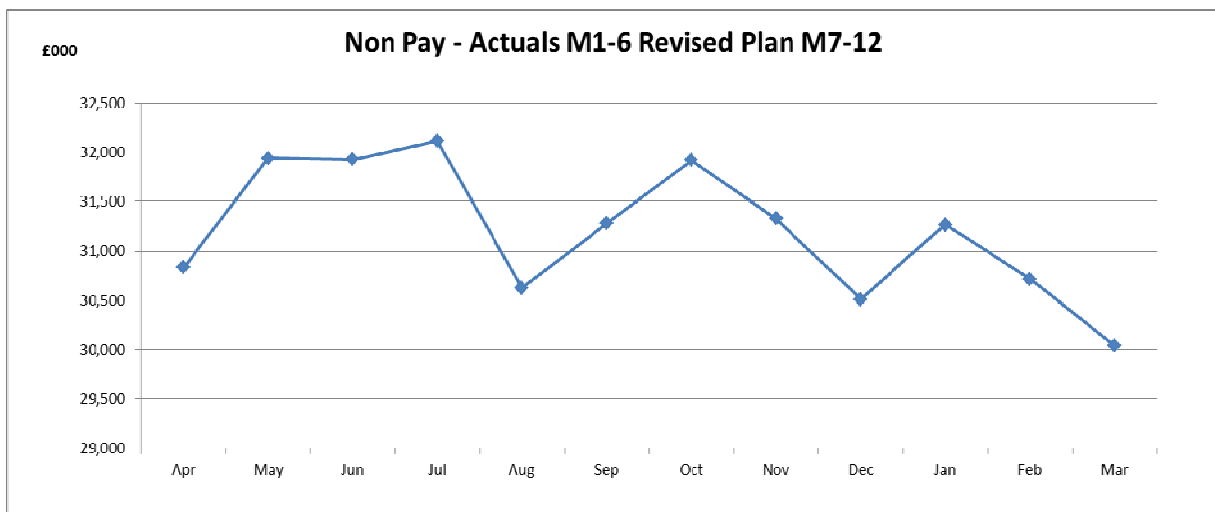
Chart 3: Pay Actuals and Plan



5.4 Non Pay

Chart 4 shows that non pay in the second half of the year needs to be £0.5m per month lower than the first half of the year. This is based on delivery of CIP, CMG level recovery plans and the further improvement required to deliver the £34.1m deficit plan. It should be noted that this assumes full delivery of the CIP target.

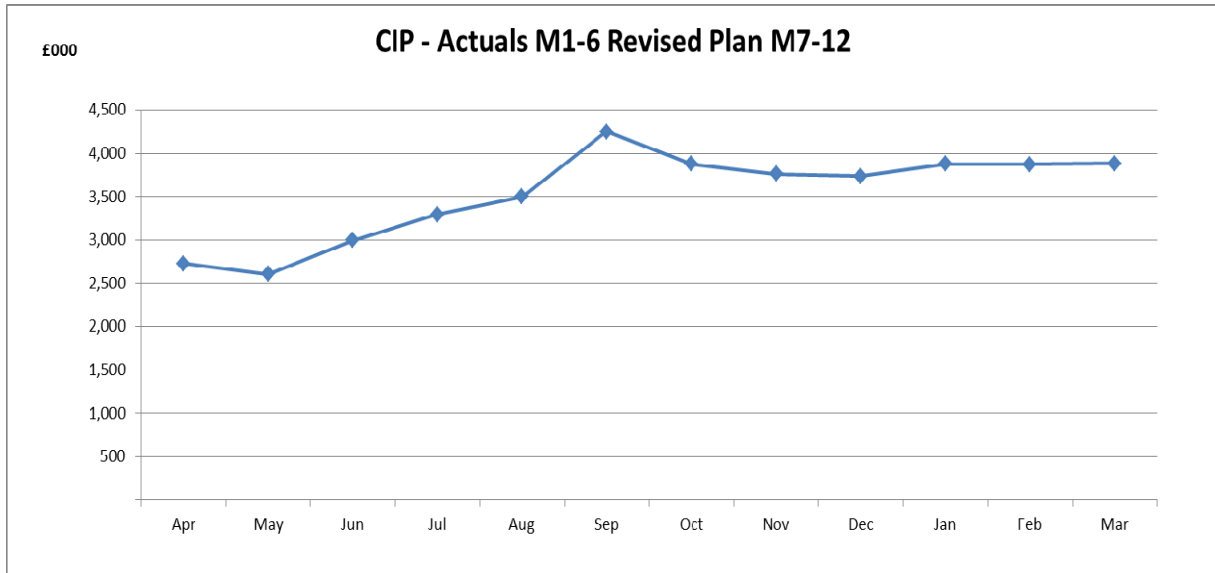
Chart 4: Non Pay Actuals and Plan



5.5 CIP

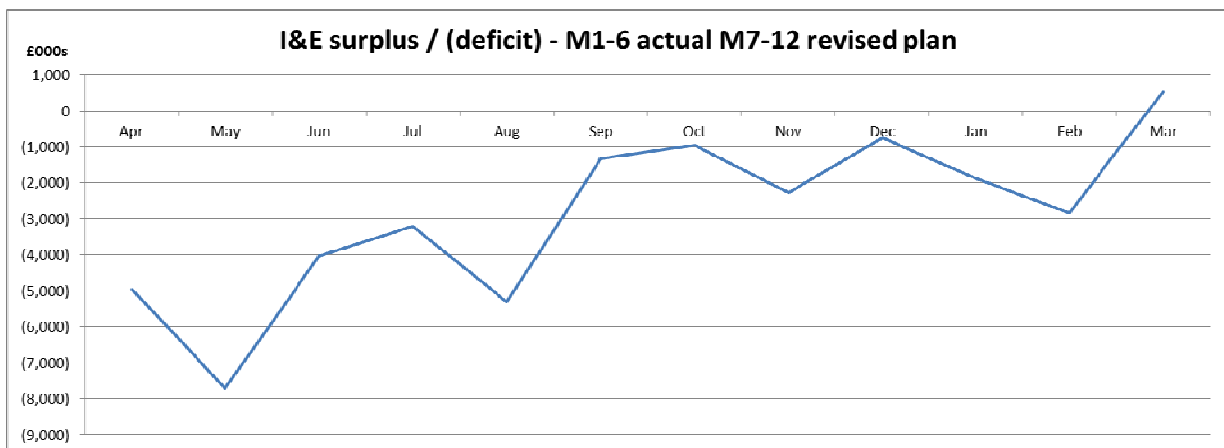
Chart 5 shows delivery of CIP in the second half of the year at an average of £0.6m per month higher than the first half of the year. CIP delivery has been steadily increasing and is monitored closely through the CIP performance meetings (see paper elsewhere on this agenda). The CIP forecast is currently £42.4m against a target of £43m. The target needs to be delivered in full to support delivery of £34.1m.

Chart 5: Non Pay Actuals and Forecast



5.6 Chart 6 details the overall I&E position for each month to year end. This profiling excludes the need to recover the £0.5m adverse variance to plan at the end of September.

Chart 6: I&E Surplus/(Deficit)



5.7 The Trust is £0.5m worse than plan YTD and so this needs to be recovered before year end, whilst maintaining the improved trajectory. Table 6 below details how this can be delivered. This is based on the following:

- The forecast at Month 6 for each CMG and Corporate Directorate forecasts an I&E deficit of £43.8m
- It assumes full delivery of the CIP programme
- It assumes that commissioners pay in full for the levels of activity forecast
- It assumes all reserves are released to support the financial position
- There are a number of improvements that have been identified and forecast as part of delivery of the plan. These include further negotiation on income with commissioners,

expected receipt of further SIFT monies from HEEM and income for specific projects and the retaining of the UHL share of the Alliance surplus. These total £2.2m

- This leaves a requirement for a further improvement of £6.8m to be allocated to CMGs and Directorates via control totals.

Table 6: Delivery of 2015/16 Plan

	£000s
Month 6 forecast I&E deficit	(43,072)
<i>Identified improvements</i>	
Income settlement	1,000
Receipt of teaching monies and NHSLA monies	1,127
Retain Alliance surplus	80
Total improvement options	2,207
Subtotal before control total stretch	(40,865)
CMG and directorate control totals	6,765
Control total	(34,100)

5.8 Draft control totals for each CMG and Directorate are included in Appendix 5. This first draft was derived through a review of forecasts and initial discussion within CMGs and Directorates. Following a review on 26 October further testing and review needs to be completed for the following four CMGS: CHUGGS, ITAPS, ESM and MSS, with the remaining three CMGs accepting the control total.

5.9 These are challenging control totals with the final four being finalised in week commencing 26 October. As described within the September paper, a number of financial recovery actions and control processes were in the process of being developed and put in place. The table below gives an update on progress against these actions that will assist the CMGs in delivering their recovery plans as well as supporting the delivery of the required improvement.

ACTION	EXEC LEAD	NEXT ACTIONS	BY WHEN	PROGRESS	RAG
EXPENDITURE					
Recruitment control process	LT	Finalise criteria for process Finalise control mechanism Paper to go to ESB for approval under urgent items Implement process	4/9/15 4/9/15 8/9/15 9/9/15	Complete. A weekly Recruitment Control Board in place to agree or reject CMG sponsored recruitment requests. KPIs and performance metrics to be defined and published.	4
Control of temporary nurse staffing costs, esp. agency and intro of back incentives	JS	Assess impact of new national guidance Document new criteria, control process and new back processes Report to go to ESB under urgent items	4/9/15 4/9/15 8/9/15	Controls and monitoring in place, supported by an action plan which focuses on recruitment, retention and effective rostering. This is included, in detail, within the monthly Nursing and Midwifery safe staffing report.	4
Assess scope for short term reduction in	PT	Report to go to EWB	15/9/15	The review has focused on the rates of payment (high earners) and ensuring that all locums are	2

medical locum and agency spend (within Workforce CIP workstream)				engaged through the 'Staff-flow' mechanism where appropriate. The reduction in usage of locum/agency hours in the short-term is more problematic due to the inability to recruit to all medical staffing gaps.	
Review all agency/interim non-clinical posts	LT	Identify posts and undertake review with Exec leads Report outcome to EPB	22/9/15	This is in progress with the HR Business Partners co-ordinating across CMG and Corporate teams.	2
Review pay forecasts esp. corporate areas with a view to minimising	PT	Undertake review Include update in M5 finance report and EPB action plan report	18/9/15 22/9/15	As part of the reforecast plan and the normal month end forecasting process all corporate areas have been reviewed with all corporate areas due to deliver their planned financial positions. All new vacancies will be covered by the new vacancy control process as described above.	5
Identify feasible reductions in spend on emergency care pathway	RM	Review and agree with relevant CMGs Report to EWB under urgent items	15/9/15	A process has been undertaken reviewing all the investments within the emergency care pathway. Over the past two years this in the value of c£10m. The review has been completed with all relevant CMGs and has identified c£1m (full year effect) of cost being identified that equates to £250k of CIP within the year. Further work is to be completed with the ED team with meeting scheduled for late November to review levels and mix of ED staffing investments that total c£3m. All changes to date have been agreed with Heads of Operations.	3
Implement MARS/redundancy scheme	LT	Seek approval from Remuneration Committee Seek approval from NTDA Launch scheme	3/9/15 30/9/15 1/10/15	Remuneration committee has approved however NTDA has rejected, insisting that vacant positions must be filled after VSS release. Further review with NTDA to explore and consider other options.	2
Identify opportunities to reduce spend on CQUIN/QS action plan	JS/AF	Undertake review Report outcome to EPB	18/9/15 22/9/15	Review completed and savings identified.	5
Negotiate	PT	Undertake scoping	18/9/15	This action is being driven	2

reductions in cost of external contracts		exercise Include update in EPB action plan	22/9/15	through the non-pay cross-cutting workstream, with all opportunities being progressed with successful outcomes being recorded as in-year CIP.	
INCOME					
Increase the amount of work that takes place during pre-existing sessions including OPD	RM	Implement system Include update in EPB action plan report	18/9/15 22/9/15	Outpatient productivity focused on improving DNA rates and booking slot utilisation with c10% improvements seen within some sub-specialties. Theatre project board continues to monitor utilisation and effectiveness of the theatre trading model. c70% reduction in short term notice cancellations that are being decommissioned with notice. Specific walkthroughs have resulted in bespoke action plans to address improvements within productivity driven by focus on start times, notes availability and locking down of lists.	2
Improve depth of coding where appropriate	RM	Review options with CMGs Implement identified changes	30/9/15 1/10/15	Coding group established with representation from all CMGs. 11 key actions are being implemented with specific focus on 2 themes of complex elective patients and emergency admissions. Each CMG has identified a specific ward to trial improvements within the 'ward to notes' process that will start in November.	3
Review emergency activity performance mechanism with CCGs	PT	Negotiate with CCGs	31/12/15	Initial discussions at CFO level have taken place across the local health economy. Work continues with the most recent year end forecasts from commissioners and providers being compared for consistency and affordability. NHS England (Specialist Commissioning) has requested a year end settlement with work continuing to model this proposal and the local positions within the year end income forecast.	3
Review use of CCG reserves and contingency	PT	Negotiate with CCGs	31/12/15	As above.	3

Seek reinvestment of UHL share of Alliance surplus	PT	Negotiate with Alliance	31/10/15	Proposal of reinvestment of UHL share of Alliance to be taken to next Alliance leadership board meeting.	3
Undertake payroll overpayment analysis	LT	Undertake review Include update in EPB action plan	20/10/15 27/10/15	Internal report completed for delivery at 5 November Audit Committee. External company still to be engaged with to complete data analytics review for third party confirmation.	2
Undertake invoice overpayment analysis	PT	Undertake review Include update in EPB action plan	20/10/15 27/10/15	Internal analysis of the aged creditor and aged goods receipt not yet invoiced positions have been completed. In addition, an external agency has been engaged to complete reconciliation audits on key areas of expenditure although external company to complete full statement reconciliation programme to be confirmed.	2

5.10 There are a number of risks within this forecast, these include the following:

5.10.1 Run Rate

The baseline forecast of £43.8m already includes a large improvement to run rate. CMGs are currently £9.6m overspent compared to plan and the base forecast is an overspend of £10.0m. This means that CMGs are largely forecasting to breakeven to their plan for the second half of the year. In addition to this, there is further improvement required to support delivery of the £34.1m plan.

There have been reductions to spend on pay in month which show promising improvements to run rate. Close monitoring against the revised plan will continue to identify areas of divergence.

5.10.2 Commissioning Settlements

The forecast assumes that commissioning settlements are as per the forecast. There is a risk of successful commissioner challenges to activity levels or price which may mean a reduction to income. There is also a risk that levels of activity are unaffordable to commissioners.

Discussions are beginning with commissioners with regards to year end outturn to enable early sight to areas of pressures.

5.10.3 Delivery of Winter Pressures

There is a risk that increased levels of emergency activity over winter lead to either additional costs or cancelled elective activity.

Changes to ED regarding Lakeside as well as the transfer of the Urgent Care Centre will help manage winter pressures and flow. In addition, the left shift of beds and

other community initiatives will aid this. A critical analysis of the emergency pathway and the investment in place is being undertaken by the Deputy Chief Executive. In addition, the Bed Programme Board is reviewing bed capacity and winter plans.

5.10.4 Additional Costs

There is no reserves funding remaining to offset any additional costs. These would need to be managed within the overall position.

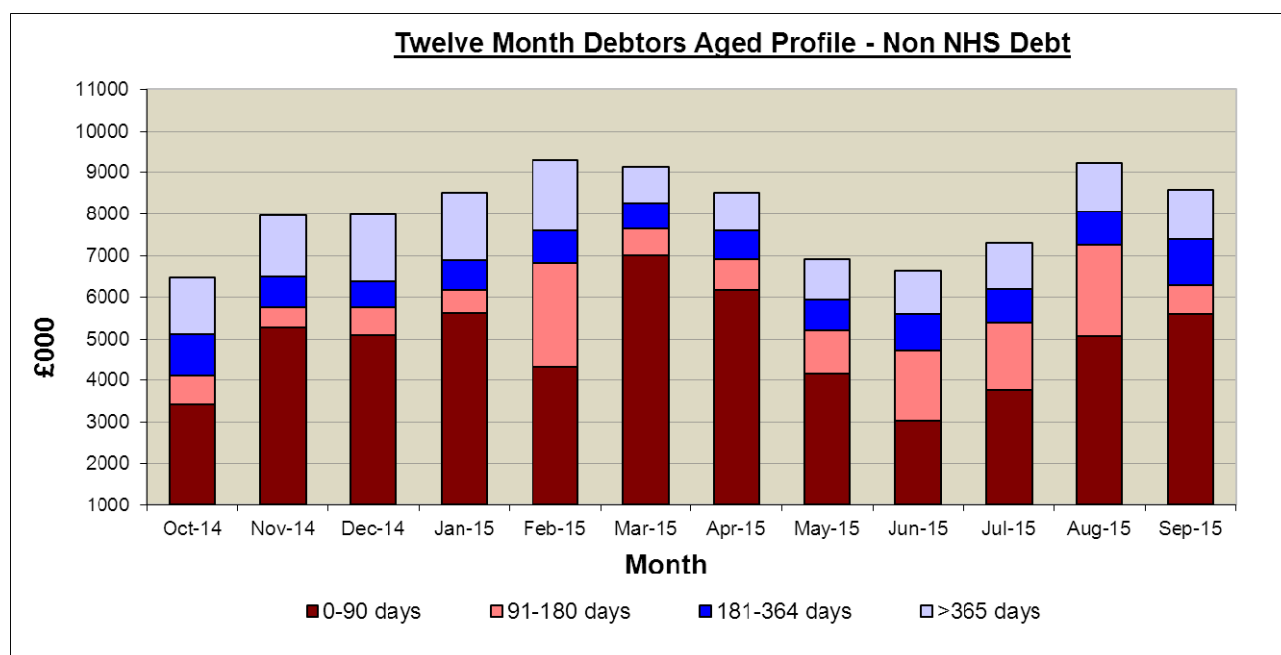
5.10.5 CIP Delivery

The forecast is predicated on the full delivery of the £43m CIP programme. Currently, there is a forecast shortfall of £0.6m, which must be recovered.

6. BALANCE SHEET AND CASHFLOW

- 6.1 The effect of the Trust's financial position on its balance sheet is provided in Appendix 6. The retained earnings reserve has reduced by our deficit for the year to date. The level of non-NHS debt has fluctuated across the last year as shown Chart 7.

Chart 7: Debtors Aged Profile



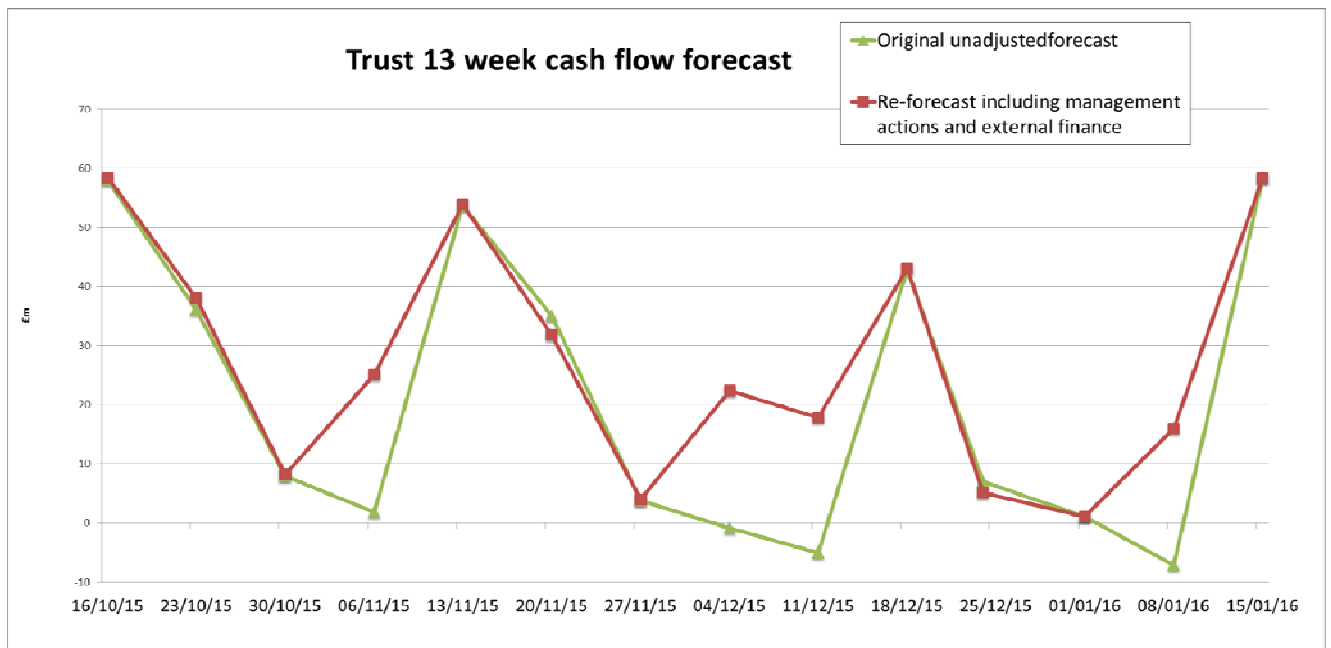
- 6.2 The overall level of non-NHS debt at the end of September reduced to £8.6m from £9.2m in August. Total debt over 90 days is £3.0m which is a decrease of £1.2m from August. The proportion of total debt over 90 days has decreased from 45% to 35%.

- 6.3 The Better Payments Practice Code (BPPC) performance for September, shown in the table below, shows an improvement from August in terms of invoices paid within 30 days by volume.

	By Volume Number	By Value £000s
Current Month YTD		
Total bills paid in the year	70,076	335,026
Total bills paid within target	52,410	283,201
Percentage of bills paid within target	75%	85%
Prior month YTD		
Total bills paid in the year	58,384	270,190
Total bills paid within target	43,371	230,865
Percentage of bills paid within target	74%	85%

- 6.4 Our cashflow forecast is consistent with the income and expenditure position and our cash balance at the end of September was £5.2m which is £2.2m above plan of £3.0m. This difference is due to timing differences on our income.
- 6.5 Our cash forecast for the next 13 weeks is shown in Chart 8. This indicates that, with external financing, we will maintain our £3m minimum permissible cash balance.

Chart 8: 13 Week Forecast



- 6.6 At the end of September, we had drawn down £27.9m of external financing in the form of our Revolving Working Capital facility and expect to draw down £39.1m by the year end.

7. CAPITAL

- 7.1 The total capital expenditure at the end of September 2015 was £16.5m. This is an underspend of £16.4m against the year to date plan of £22.9m and we have achieved 72% of planned spend. The capital plan and expenditure can be seen in Appendix 7.
- 7.2 Outstanding orders totalled £27.3m at the end of September. The combined position is that we have spent or committed £43.8m or 53.9% of the annual plan.

8. CONCLUSION AND RECOMMENDATIONS

8.1 The Trust has reported to the NTDA a position that is £0.5m adverse to plan YTD at the end of September.

Recommendations:

- **Note** the financial performance at Month 6
- **Note** the mechanism for the delivery of the forecast
- **Note** and **agree** control totals for CMGs and Directorates
- **Note** the risks to the delivery of the forecast

Paul Traynor
Chief Financial Officer

5th November 2015

APPENDIX 1 – FINANCIAL POSITION YEAR TO DATE

	April - September 2015		
	Plan	Actual	Variance (Adv) / Fav
	£ 000	£ 000	£ 000
Elective	35,830	36,065	235
Day Case	27,904	27,710	(194)
Emergency (incl MRET)	90,841	90,092	(750)
Outpatient	54,810	55,146	336
Non NHS Patient Care	3,540	3,574	34
Other	148,375	149,011	636
Patient Care Income	361,301	361,599	298
Teaching, R&D income	38,630	39,081	451
Other operating Income	18,877	18,642	(235)
Total Income	418,808	419,322	514
Pay Expenditure	(256,592)	(257,086)	(494)
Non Pay Expenditure	(165,544)	(166,715)	(1,171)
Total Operating Expenditure	(422,136)	(423,801)	(1,665)
EBITDA	(3,328)	(4,479)	(1,151)
Interest Receivable	43	50	7
Interest Payable	(766)	(511)	255
Depreciation & Amortisation	(16,538)	(15,926)	612
Surplus / (Deficit) Before Dividend and Disposal of Fixed Assets	(20,589)	(20,866)	(277)
Profit / (Loss) on Disposal of Fixed Assets	(18)	(10)	8
Dividend Payable on PDC	(5,754)	(5,757)	(3)
Net Surplus / (Deficit)	(26,361)	(26,633)	(272)
Adjustments in respect of donated assets	332	157	(175)
RETAINED SURPLUS / (DEFICIT)	(26,029)	(26,476)	(447)

APPENDIX 2 – YTD FINANCIAL PERFORMANCE BY CMG AND DIRECTORATE COMPARED TO PLAN

Division	CMG's	Income			Pay			Non Pay			TOTAL		
		Plan £000s	Actual £000s	Better / (worse) than plan £000s	Plan £000s	Actual £000s	Better / (worse) than plan £000s	Plan £000s	Actual £000s	Better / (worse) than plan £000s	Plan £000s	Actual £000s	Better / (worse) than plan £000s
Clinical Cmg'S	C.H.U.G.S	70,136	70,510	373	(24,826)	(25,630)	(804)	(22,922)	(24,138)	(1,216)	22,389	20,742	(1,646)
	Clinical Support & Imaging	21,741	21,646	(95)	(36,769)	(37,071)	(303)	(2,398)	(2,517)	(118)	(17,426)	(17,942)	(516)
	Emergency & Specialist Med	72,316	72,037	(278)	(37,513)	(39,813)	(2,301)	(22,344)	(21,923)	422	12,459	10,301	(2,158)
	I.T.A.P.S	18,539	18,160	(379)	(28,943)	(29,421)	(478)	(10,578)	(10,564)	15	(20,982)	(21,825)	(843)
	Musculo & Specialist Surgery	50,885	50,989	104	(23,141)	(24,272)	(1,131)	(9,630)	(11,362)	(1,732)	18,114	15,355	(2,759)
	Renal, Respiratory & Cardiac	76,028	75,465	(563)	(33,382)	(33,079)	303	(24,873)	(25,451)	(579)	17,774	16,935	(839)
	Womens & Childrens	71,968	71,652	(315)	(38,276)	(38,556)	(280)	(12,968)	(13,207)	(238)	20,723	19,890	(833)
Clinical Cmg'S Total		381,613	380,460	(1,153)	(222,848)	(227,842)	(4,994)	(105,714)	(109,161)	(3,447)	53,051	43,457	(9,594)
Corporate	Communications & Ext Relations	25	15	(10)	(318)	(314)	4	(39)	(39)	0	(333)	(338)	(5)
	Corporate & Legal	0	(0)	(0)	(1,162)	(1,142)	20	(591)	(596)	(5)	(1,753)	(1,739)	14
	Corporate Medical	1,638	1,621	(17)	(2,833)	(2,725)	108	(6,114)	(6,072)	42	(7,309)	(7,177)	132
	Facilities	6,898	6,745	(153)	(733)	(741)	(8)	(25,725)	(25,338)	387	(19,560)	(19,334)	226
	Finance & Procurement	25	128	103	(2,436)	(2,398)	38	(1,129)	(1,257)	(128)	(3,540)	(3,527)	13
	Human Resources	747	733	(14)	(2,731)	(2,736)	(5)	(635)	(637)	(2)	(2,619)	(2,640)	(21)
	Im&T	61	124	63	(504)	(380)	124	(5,169)	(5,303)	(133)	(5,612)	(5,559)	54
	Nursing	996	996	1	(3,167)	(3,041)	126	(427)	(388)	39	(2,598)	(2,433)	165
	Operations	1	42	41	(3,235)	(3,391)	(156)	(2,082)	(2,416)	(334)	(5,316)	(5,766)	(449)
	Strategic Devt	0	3	3	(458)	(265)	193	(96)	(222)	(126)	(553)	(483)	70
Corporate Total		10,390	10,406	16	(17,577)	(17,134)	443	(42,008)	(42,268)	(260)	(49,195)	(48,996)	199
Alliance Total		11,406	11,215	(191)	(5,127)	(5,034)	93	(6,259)	(6,081)	179	20	100	80
Research & Development Total		17,938	18,084	146	(6,552)	(6,730)	(178)	(11,257)	(11,193)	64	129	160	31
Central Division Total		(2,539)	(841)	1,698	(4,488)	(346)	4,142	(23,007)	(20,010)	2,997	(30,034)	(21,197)	8,837
Grand Total		418,808	419,323	515	(256,592)	(257,086)	(494)	(188,245)	(188,713)	(468)	(26,029)	(26,476)	(447)

APPENDIX 3 – PAY TRENDS

Division	CMG's	Actuals Oct	Actuals Nov	Actuals Dec	Actuals Jan	Actuals Feb	Actuals Mar	Actuals Apr	Actuals May	Actuals Jun	Actuals Jul	Actuals Aug	Actuals Sept	YTD 2014/15	YTD 2015/16	Decrease / (increase)
		2014 £'000's	2014 £'000's	2014 £'000's	2015 £'000's	2015 £'000's	2015 £'000's	2015 £'000's	2015 £'000's	2015 £'000's	2015 £'000's	2015 £'000's	2015 £'000's			
Clinical Cmg'S	C.H.U.G.S	4,092	4,106	4,071	4,030	4,107	3,985	4,197	4,187	4,345	4,284	4,315	4,322	24,348	25,650	(1,302)
	Clinical Support & Imaging	6,133	6,188	6,063	6,137	6,138	6,418	6,129	6,216	6,174	6,416	6,092	6,044	36,150	37,071	(921)
	Emergency & Specialist Med	6,260	6,293	6,270	6,636	6,511	6,449	6,594	6,763	6,678	6,555	6,703	6,521	37,059	39,813	(2,754)
	I.T.A.P.S	4,805	4,760	4,946	4,939	4,911	4,994	5,023	5,041	4,575	4,782	4,916	5,084	27,886	29,421	(1,535)
	Musculo & Specialist Surgery	4,126	4,127	4,172	4,284	4,158	4,175	4,082	3,949	4,211	4,111	4,010	3,909	23,897	24,272	(375)
	Renal, Respiratory & Cardiac	4,981	5,063	5,283	5,369	5,366	5,202	5,612	5,605	5,556	5,449	5,482	5,415	30,036	33,119	(3,083)
	Womens & Childrens	6,229	6,147	6,338	6,377	6,532	6,915	6,386	6,382	6,561	6,485	6,408	6,334	36,894	38,556	(1,662)
Clinical Cmg'S Total		36,626	36,683	37,144	37,771	37,723	38,137	38,023	38,142	38,100	38,082	37,926	37,629	216,270	227,902	(11,632)
Corporate	Communications & Ext Relations	48	47	53	51	53	52	53	53	52	52	49	54	279	314	(35)
	Corporate & Legal	186	195	185	190	186	185	184	187	191	189	191	201	1,175	1,142	33
	Corporate Medical	307	287	378	355	350	369	457	448	461	491	446	448	1,967	2,752	(784)
	Facilities	94	94	106	107	101	119	100	130	105	128	155	123	592	741	(149)
	Finance & Procurement	374	382	375	349	386	422	390	395	405	399	400	410	2,181	2,398	(217)
	Human Resources	451	450	452	440	446	450	454	462	453	450	459	457	2,623	2,736	(113)
	Im&T	59	58	57	60	64	102	52	63	47	63	59	69	399	354	45
	Nursing	640	646	635	669	671	650	506	489	508	502	501	535	3,692	3,041	651
	Operations	351	370	339	519	514	637	526	563	593	598	586	524	2,233	3,391	(1,158)
	Strategic Devt	161	157	168	45	63	38	45	75	38	67	77	(36)	864	265	599
Corporate Total		2,670	2,686	2,750	2,785	2,833	3,024	2,766	2,866	2,854	2,939	2,924	2,785	16,006	17,134	(1,128)
Alliance Total		821	829	819	826	813	809	824	849	843	878	796	844	4,758	5,035	(277)
Research & Development Total		1,084	1,091	1,088	1,243	983	1,038	1,089	1,063	1,167	1,068	1,104	1,238	6,433	6,730	(297)
Central Division Total		292	697	12	(2)	67	603	9	(1)	(6)	(105)	191	197	(48)	286	(333)
Grand Total		41,492	41,987	41,812	42,622	42,420	43,611	42,711	42,919	42,958	42,862	42,942	42,694	243,418	257,087	(13,668)

APPENDIX 4 – NON PAY TRENDS

Division	CMG's	Actuals Oct	Actuals Nov	Actuals Dec	Actuals Jan	Actuals Feb	Actuals Mar	Actuals Apr	Actuals	Actuals Jun	Actuals Jul	Actuals Aug	Actuals	YTD	YTD	Decrease /
		2014	2014	2014	2015	2015	2015	2015	May 2015	2015	2015	2015	2015			
		£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's			
Clinical Cmg'S	C.H.U.G.S	3,650.1	3,808.5	3,666.3	3,854.4	3,888.4	3,990.9	3,750.2	3,686.6	4,173.4	4,069.0	4,191.4	4,246.8	20,929.4	24,117.4	(3,188.0)
	Clinical Support & Imaging	452.2	269.9	241.2	288.2	566.6	477.6	430.4	452.1	514.1	211.2	335.4	573.6	2,743.6	2,516.8	226.7
	Emergency & Specialist Med	3,370.3	3,713.2	3,323.4	3,211.2	3,309.7	3,455.2	3,557.0	3,317.4	3,672.2	3,992.3	3,842.9	3,540.9	18,513.3	21,922.8	(3,409.5)
	I.T.A.P.S	2,013.8	1,983.7	2,055.4	1,935.8	1,811.9	1,533.3	1,882.6	1,845.4	1,442.3	1,899.1	1,699.7	1,794.4	10,847.4	10,563.5	283.9
	Musculo & Specialist Surgery	1,970.1	1,708.0	1,775.3	1,771.8	1,763.8	2,443.1	1,575.5	1,789.8	2,137.2	2,054.0	1,920.1	1,898.9	10,995.7	11,375.4	(379.7)
	Renal, Respiratory & Cardiac	4,498.2	4,135.3	4,148.3	3,977.8	4,254.5	4,541.2	4,393.5	4,140.4	4,352.2	4,163.6	4,340.4	4,281.1	23,890.1	25,671.1	(1,781.0)
	Womens & Childrens	2,263.0	2,139.6	2,234.2	1,904.7	2,232.1	2,331.0	2,134.6	1,919.6	2,292.2	2,447.3	2,190.4	2,222.8	12,030.3	13,206.9	(1,176.6)
Clinical Cmg'S Total		18,217.6	17,758.3	17,444.1	16,944.0	17,827.0	18,772.2	17,723.7	17,151.2	18,583.6	18,836.5	18,520.4	18,558.6	99,949.7	109,374.0	(9,424.2)
Corporate	Communications & Ext Relations	5.5	11.9	14.2	8.8	2.5	4.2	4.4	6.7	6.1	9.4	9.4	2.8	70.2	38.9	31.3
	Corporate & Legal	88.5	94.6	108.3	84.7	102.0	216.1	99.7	97.9	96.2	98.2	104.7	99.8	587.1	596.5	(9.3)
	Corporate Medical	44.0	97.7	60.7	33.8	75.9	72.6	987.7	1,041.8	1,013.1	1,019.5	1,012.7	998.7	400.6	6,073.6	(5,673.0)
	Facilities	4,289.7	4,213.7	4,322.6	4,579.8	5,034.8	4,990.8	4,265.3	4,792.9	3,891.7	4,082.1	4,213.5	4,092.4	24,714.3	25,337.9	(623.5)
	Finance & Procurement	183.2	112.2	253.8	227.6	235.4	286.9	203.4	173.2	271.2	199.1	341.9	146.9	1,132.1	1,335.6	(203.5)
	Human Resources	215.1	408.3	103.9	146.4	143.9	284.5	111.5	74.6	156.2	97.3	93.4	103.8	996.9	636.8	360.0
	Im&T	838.9	856.1	629.5	686.4	717.9	868.7	932.3	995.1	850.7	876.5	1,026.4	740.9	4,533.8	5,422.0	(888.2)
	Nursing	1,128.2	1,158.5	1,124.5	1,117.6	1,141.4	1,452.1	30.4	72.2	62.1	75.9	62.2	85.5	6,763.6	388.3	6,375.3
	Operations	339.4	104.4	128.3	935.4	840.0	1,438.2	384.0	347.0	374.3	523.1	393.3	394.8	2,005.0	2,416.4	(411.4)
	Strategic Devt	45.7	33.6	61.0	61.2	10.2	246.0	47.8	35.9	115.2	62.9	143.4	6.4	169.0	411.6	(242.6)
Corporate Total		7,178.1	6,866.6	6,806.9	7,881.6	8,304.1	9,860.0	7,066.4	7,637.4	6,836.8	7,044.0	7,400.9	6,672.1	41,380.8	42,657.6	(1,276.8)
Alliance Total		928.3	978.2	1,035.4	911.5	1,000.7	896.8	1,090.6	973.4	1,142.1	1,056.6	753.6	1,064.5	5,576.0	6,080.8	(504.8)
Research & Development Total		2,068.5	1,969.5	1,825.9	1,921.5	2,067.1	2,109.4	1,891.4	1,830.0	1,672.0	1,958.0	1,828.0	2,000.3	12,633.3	11,179.7	1,453.6
Central Division Total		3,830.5	3,140.2	3,787.5	3,794.4	3,726.4	7,590.1	3,058.8	4,346.0	3,692.6	3,218.9	2,120.0	2,984.6	23,080.8	19,420.8	3,660.1
Grand Total		32,223.0	30,712.8	30,899.9	31,453.1	32,925.3	39,228.6	30,830.8	31,938.0	31,927.0	32,114.0	30,623.0	31,280.0	182,620.7	188,712.8	(6,092.1)

APPENDIX 5 – DRAFT CONTROL TOTALS FOR CMGS AND DIRECTORATES

Area	CMG's	FOT variance from plan at M6	Adjust theatre trading	Income settlement	Additional income for teaching and projects	Retain Alliance surplus	Improvement	CONTROL TOTAL (Variance from plan)
Clinical CMGs	C.H.U.G.G.S	(1,534)	(750)				695	(1,589)
	Clinical Support & Imaging	(9)					259	250
	Emergency & Specialist Med	(3,682)					1,530	(2,152)
	I.T.A.P.S	(1,119)	(497)				628	(988)
	Musculo & Specialist Surgery	(3,736)					1,736	(2,000)
	Renal, Respiratory & Cardiac	3	46				247	296
	Womens & Childrens	167	348				83	598
Clinical CMGs		(9,910)	(853)	0	0	0	5,178	(5,585)
Corporate	Communications & Ext Relations	(5)						(5)
	Corporate & Legal	0						0
	Corporate Medical	65			777			842
	Facilities	499						499
	Finance & Procurement	53						53
	Human Resources	60						60
	Im&T	(445)					445	(0)
	Nursing	5						5
	Operations	(395)					395	(0)
	Strategic Devt	44						44
Corporate Total		(119)	0	0	777	0	840	1,498
Research & Development Total		7					150	157
Alliance Total		597					597	1,194
Central Division Total		453	853	1,000	350	80	0	2,736
Grand Total		(8,972)	0	1,000	1,127	80	6,765	(0)

APPENDIX 6 – BALANCE SHEET

	Mar-15 £000's Actual	Apr-15 £000's Actual	May-15 £000's Actual	Jun-15 £000's Actual	Jul-15 £000's Actual	Aug-15 £000's Actual	Sep-15 £000's Actual	Mar-16 £000's Forecast
Non Current Assets								
Property, plant and equipment	414,193	413,269	412,059	409,918	411,144	412,991	414,684	472,556
Intangible assets	10,134	9,854	9,573	10,761	9,389	9,102	9,946	10,134
Trade and other receivables	2,702	2,754	2,829	2,853	2,852	2,875	2,896	2,150
TOTAL NON CURRENT ASSETS	427,029	425,877	424,461	423,532	423,385	424,968	427,526	484,840
Current Assets								
Inventories	14,141	14,462	14,413	13,811	14,169	13,711	14,262	13,180
Trade and other receivables	35,292	25,650	34,813	31,009	36,491	26,326	27,929	30,638
Cash and cash equivalents	8,498	19,762	22,565	16,303	5,966	18,963	5,161	3,000
TOTAL CURRENT ASSETS	57,931	59,874	71,791	61,123	56,626	59,000	47,352	46,818
Current Liabilities								
Trade and other payables	(103,194)	(96,854)	(105,833)	(99,569)	(92,327)	(96,211)	(93,588)	(88,132)
Dividend payable	0	(959)	(1,918)	(2,877)	(3,836)	(4,795)	0	0
Borrowings / Finance Leases	(4,919)	(4,919)	(4,919)	(4,919)	(4,190)	(4,190)	(3,280)	(4,919)
Loan	(545)	(545)	(545)	(545)	(545)	(545)	(545)	(545)
Provisions for liabilities and charges	(820)	(820)	(820)	(820)	(820)	(820)	(820)	(820)
TOTAL CURRENT LIABILITIES	(108,933)	(104,097)	(114,035)	(108,730)	(101,718)	(106,561)	(98,233)	(94,416)
NET CURRENT ASSETS (LIABILITIES)	(51,002)	(44,223)	(42,244)	(47,607)	(45,092)	(47,561)	(50,881)	(47,598)
TOTAL ASSETS LESS CURRENT LIABILITIES	376,027	381,654	382,217	375,925	378,293	377,407	376,645	437,242
Non Current Liabilities								
Borrowings / Finance Leases	(6,869)	(6,945)	(6,887)	(6,958)	(7,635)	(7,644)	(7,917)	(6,869)
Other Liabilities / Loan	(11,455)	(22,540)	(28,571)	(28,625)	(33,578)	(39,355)	(39,083)	(69,273)
Provisions for liabilities and charges	(1,982)	(2,015)	(1,936)	(1,902)	(1,878)	(2,220)	(2,313)	(924)
TOTAL NON CURRENT LIABILITIES	(20,306)	(31,500)	(37,394)	(37,485)	(43,091)	(49,219)	(49,313)	(77,066)
TOTAL ASSETS EMPLOYED	355,721	350,154	344,823	338,440	335,202	328,188	327,332	360,176
Public dividend capital	329,837	329,787	329,837	329,837	329,837	329,837	329,837	368,937
Revaluation reserve	107,356	107,355	107,356	107,354	107,355	107,356	107,355	107,356
Retained earnings	(82,017)	(86,988)	(92,370)	(98,751)	(101,990)	(109,005)	(109,860)	(116,117)
TOTAL TAXPAYERS EQUITY	355,176	350,154	344,823	338,440	335,202	328,188	327,332	360,176

APPENDIX 7 – CAPITAL PLAN AND EXPENDITURE YEAR TO DATE

Scheme Name	CMG	UHL Approval	Funding Status	YTD Spend: YTD			Annual	Annual	
				YTD Budget	Sept	Variance	Budget	Forecast	Variance
				£'000	£'000	£'000	£'000	£'000	£'000
INTERNALLY FUNDED CAPITAL									
Estates & Facilities									
Facilities Sub-Group	UHL	N/A	Internal	1,205	1,185	20	4,855	4,855	0
MES Installation Costs	UHL	N/A	Internal	416	4	412	1,500	1,500	0
Aseptic Suite	CSI	Approved	Internal	0	4	(4)	440	440	0
Lloyds Pharmacy Extension	CSI	Approved	Internal	106	17	89	126	126	0
Theatre Recovery LRI	ITAPS	Approved	Internal	800	817	(17)	2,750	2,750	0
YDU Refurbishment	ESM	Approved	Internal	0	17	(17)	500	500	0
Paediatric Dentistry	UHL	Approved	Internal	0	14	(14)	790	790	0
Life Studies Centre	W&C	Approved	Internal	830	453	377	850	850	0
Sub-total: Estates & Facilities				3,357	2,511	846	11,811	11,811	0
IM&T Schemes									
IM&T Sub-Group	UHL	N/A	Internal	2,516	1,571	945	4,000	4,000	0
LRI Managed Print	UHL	Approved	Internal	1,323	2,064	(741)	1,323	1,776	(453)
EDRM	UHL	Under review	Internal	643	(70)	713	3,000	2,547	453
Safecare Software System	UHL	Approved	Internal	0	0	0	58	58	0
Electronic Blood Tracking System	CSI	Approved	Internal	332	25	307	996	996	0
Learning Mgt System	UHL	Approved	Internal	0	0	0	150	150	0
Sub-total: IM&T Schemes				4,814	3,590	1,224	9,527	9,527	0
Medical Equipment Schemes									
Medical Equipment Executive Budget	UHL	N/A	Internal	1,749	2,004	(255)	5,500	5,500	0
Linear Accelerators		Not Approved	Internal	0	1	(1)	300	300	0
Sub-total: Medical Equipment				1,749	2,005	(256)	5,800	5,800	0
Reconfiguration Schemes									
Treatment Centre		Not Approved	Internal	0	29	(29)	884	884	0
Women's Service		Not Approved	Internal	0	19	(19)	563	563	0
Children's Hospital		Not Approved	Internal	0	10	(10)	773	773	0
ICU Business Case		Not Approved	Internal	0	0	0	1,253	1,253	0
EMCH Interim Solution		Not Approved	Internal	0	25	(25)	400	400	0
Sub-total: Reconfiguration Schemes				0	83	(83)	3,873	3,873	0
Corporate / Other Schemes									
Donations	UHL	N/A	Internal	0	160	(160)	300	300	0
LiA Schemes	UHL	Approved	Internal	0	39	(39)	250	250	0
ED Associated Works	ESM	Approved	Internal	0	0	0	15	15	0
Contingency / Other	UHL	Not Approved	Internal	0	192	(192)	2,203	2,203	0
Sub-total: Corporate / Other Schemes				0	391	(391)	2,768	2,768	0
Sub total: Internally funded capital expenditure				9,920	8,581	1,340	33,779	33,779	0
EXTERNALLY FUNDED CAPITAL									
Emergency Floor	ESM	Approved	Approved	4,500	1,881	2,619	17,698	17,698	0
Vascular Hybrid Theatre	RRC	Approved	Not Approved	175	2	173	2,983	2,983	0
Vascular Ward	RRC	Approved	Not Approved	482	490	(8)	3,803	3,803	0
Vascular Angio & VSU	RRC	Approved	Not Approved	903	24	879	3,679	3,679	0
ICU Interim Solution - ICU Beds	ITAPS	Approved	Not Approved	0	0	0	717	717	0
ICU Interim Solution - GH ICU Beds	ITAPS	Not Approved	Not Approved	0	118	(118)	1,780	1,780	0
ICU Interim Solution - LRI Ward Beds	ITAPS	Not Approved	Not Approved	0	7	(7)	2,283	2,283	0
EPR Programme	UHL	Approved	Not Approved	2,248	1,745	503	4,825	4,825	0
Multi-storey Car Park Development	UHL	Approved	Not Approved	2,150	1,163	987	4,229	4,229	0
Linear Accelerators		Not Approved	Not Approved	0	0	0	350	350	0
Sub total: Externally funded capital expenditure				10,458	5,429	5,029	42,347	42,347	0
FINANCE LEASE ADDITIONS									
MES Finance Lease Additions		N/A		2,516	2,516	0	5,031	5,031	0
GRAND TOTAL CAPITAL EXPENDITURE				22,894	16,526	6,368	81,157	81,157	0