2017/18 Financial Performance

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Date: Thursday 1st February 2018

Executive Summary

Paper M1

Context

The Trust is planning for an income and expenditure deficit of £26.7m in 2017/18 with a capital plan of £54.4m. Delivery of the financial plan in 2017/18 is essential in order to maintain our position as an organisation with good financial control; effectively a pre-requisite to access the extremely limited national capital resource for reconfiguration.

Questions

1. What is our financial performance for the period ending 31st December 2017?

Winter Funding

On 15th December 2017, the Trust received notification from NHS Improvement of Winter funding being made available to support Emergency pressures. The funding is in two tranches:

- Tranche 1 £2,243k: This money is to be used to fund existing costs and represents a required improvement to the Trust's deficit from £26.7m to £24.5m
- Tranche 2 £1,096k: This is to fund specific initiatives to help improve Emergency performance and is contingent upon ED achieving 90% performance over Q4

M9 Financial Performance

Excluding Tranche 1, the Trust has achieved a year to date deficit of £26.3m which is in line with our plan to this point. However, we have experienced higher than expected elective cancellations which will have a more significant impact on January (M10).

Excluding Winter pressures, there is significant risk in the remaining months associated with the delivery of CIP and plan plus additional Finance and Technical

actions to deliver Plan. The CIP and FIT profiles are illustrated on pages 13 and 14 of the report and the corresponding impact of the savings on pay and non-pay run rates is on page 15.

2. What is our performance against the agency ceiling?

Agency expenditure is below the required level (as per the NHSI agency cap for UHL). The cap essentially mandates a 30% reduction on 2015/16 agency spend. This is very positive news especially given our startpoint as a relatively low use of agency compared to our acute peer group.

3. What is our forecast I&E position for 2017/18?

As outlined on page 17 of the report and in line with previous months, the Month 9 unmitigated forecast indicates a risk of £18.7m to the Planned I&E deficit of £24.m including the Winter Funding Tranche 1.

In addition, Winter operational pressures and elective cancellations are driving lower elective activity in December and January through increased cancellations and lower bookings. This is compounded through additional costs over and above Winter funding to support the Emergency pathway with downstream risk on achieving ED performance and the potential claw back of Tranche 2 Winter funding. Current estimates show a net pressure of £6m-£10m over and above the underlying risk described above. The Trust is liaising closely with NHS Improvement in the process of validating the financial impact. This will be reported to both Finance & Investment Committee and Trust Board as part of the period 10 reporting.

4. What is the performance against the Trust's Cost Improvement Programme?

The Trust's Cost Improvement Programme target has increased from £33m to £44.2m with the inclusion of £3.5m for supplementary CIP and £7.6m from financial improvement and technical schemes being re-aligned as CIP. To date, £24.7m of the total £44.2m has been delivered. This is £2.6m adverse to plan due to the crystallisation of un-identified CIP. Of the £44.2m this year, £5.2m is still unidentified representing a risk to the programme and the overall delivery of the I&E plan. Escalation meetings will continue with the CMGs concerned.

5. How are we managing unfunded cost pressures this year?

In setting budgets appropriately and in accordance with 2016/17 spend levels, the Trust has little additional (reserve) funding to allocate to CMGs to fund any further cost pressures this year. To ensure that this does not impact negatively on the quality of our services, the Chief Executive is chairing a specific Executive Board meeting (Star Chamber) as necessary to consider any such pressures which potentially cannot be avoided. This will ensure that we have senior oversight and transparency regarding such decisions in 2017/18.

As at the end of Q1, the Star Chamber has identified unavoidable cost pressures totalling a further £10m which creates a £3.5m in-year funding gap for the Trust. To help close the overall budget gap, the Trust has targeted an additional £3.5m reduction in the pay bill through a structured supplementary CIP programme which is in addition to the existing CIP target of £33m referenced in answer 4 above.

6. What risk mitigation strategies are in place for 2017/18?

Page 23 of the report provides information on the key risks and their mitigations, some of which have already been mentioned in this summary.

Input Sought

Note the financial performance at Month 9.

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 initiati	ves:
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: Considered but not
	applicable
4. Results of any Equality Impact Assessment, relating to	this matter: Considered but not
4. Results of any Equality impact Assessment, relating to	
	applicable
5.Scheduled date for the next paper on this topic:	1 st March 2018
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]
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Executive Summary

Financial performance

Statutory duties

- Delivering the planned deficit: on track with risk from Winter operational pressures
- Achieving the External Funding Limit: Achieved
- Achieving the Capital Resource Limit: Achieved

Financial Performance

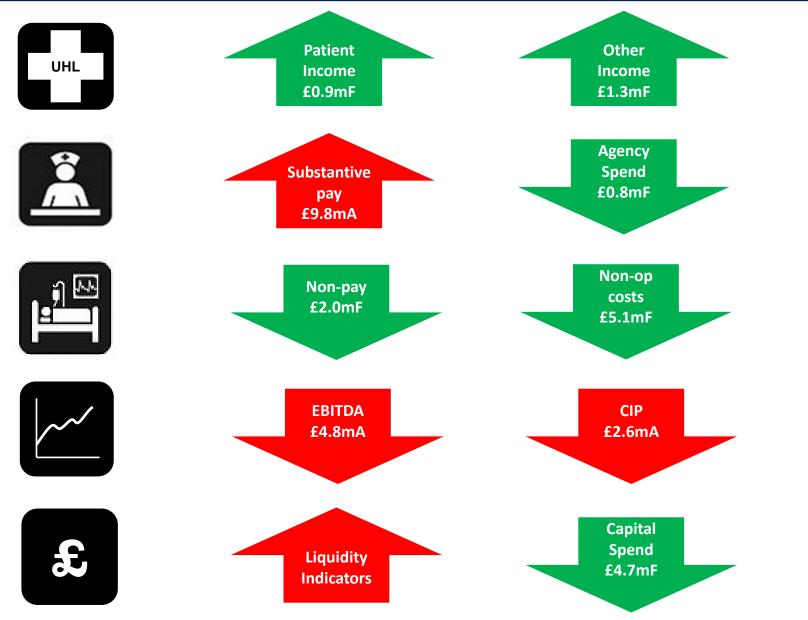
- Excluding Winter Funding Tranche 1, Deficit of £26.3m, in line with Plan: Reporting in line with Plan representing over-performance on Non-Elective/Emergency, Audiology and National Screening offset by additional cost to deliver activity. Underlying over-spend in Medical workforce and cost pressures are mitigated by release of Central reserves and acceleration of technical actions. In month performance been impacted by a reduction in activity due to Emergency pressures and elective cancellations.
- Including Winter Funding Tranche 1, Deficit of £25.7m, £0.6m favourable representing the flow through of the Winter monies.
- Patient Care Income, £0.9mF to Plan: Over-performance driven by Emergency/Non-elective, National Screening and Audiology offset by under delivery across other points of delivery, predominantly ED, Day Case and Elective Inpatients.
- **Operating Costs, £7mA to Plan:** with pay £9mA to Plan including £2m release of reserves with underlying overspend in all staff groups. Non-pay underspend of £2m with £9.8mF from release of reserves and accelerated FIT actions with underlying overspend to deliver additional activity, support the Emergency pathway and non-delivery of CIP.
- CIP, £2.6mA to Plan representing crystallisation of unidentified CIP.
- Finance Improvement and Technical: in line with Plan.
- Forecast Outturn: in line with Plan adjusted for Winter Funding Tranche 1 being a revised deficit of £24.5m. Forecast Winter operational pressures drive an additional £6m-£10m risk with the spectrum of risk outlined on page 23.

- Closing cash balance at December of £3.9m, which is higher than Plan due to normal monthly timing differences.
- Trust Med Pharmacy cash balance was £1.2m.
- Funded YTD net deficit by drawing down £26.7m of our Interim Revolving Working Capital Facility (IRWC) and revenue support Ioan.
- Forecast: a further £9m working capital support has been received in January.

Capital

- **December:** Total capital expenditure of £18.2m, £4.7mF to Plan
 - Year to date spend driven by:
 - Re-configuration projects
 - Emergency Floor
 - Managed Equipment Service Finance Leases
 - Estates, backlog maintenance
 - Underspend predominantly related to reconfiguration schemes due to delays in spend together with under-spend within Estates.

December 2017: Key Facts



Key

EBITDA refers to Earnings Before Interest, Taxes, Depreciation and Amortisation

Colour indicates status of variance on planned position (Green is Favourable/In Line and Red is Adverse)

Financial Performance: YTD Deficit of £26.3m, in line with Plan

			Dec-17			ΥT	D	
		Plan	Actual	Vs Plan	Plan	Actual	F/(A)
								%
	Day Case	8,245	7,767	(478)	80,487	78,607	(1,880)	(2%)
	Elective Inpatient	1,692	1,660	(32)	16,520	16,315	(205)	(1%)
	Emergency / Non-elective Inpatient	10,128	9,949	(179)	86,480	88,540	2,060	2%
êrs	Emergency Department	20,776	20,301	(475)	185,337	180,424	(4,913)	(3%)
Value Drivers	Outpatient Procedures	73,700	67,785	(5,915)	722,943	708,185	(14,757)	(2%)
lue	Critical Care Services	4,879	4,600	(280)	42,233	43,005	772	2%
٨a	Renal Dialysis and Transplant	14,870	15,389	519	130,931	132,300	1,369	1%
	Other Activity	682,304	607,051	(75,253)	6,743,439	6,075,591	(667,848)	(10%)
	WTE Total	13,902	13,788	115	13,902	13,788	115	1%
	WTE Agency	290	206	84	217	206	11	5%
			Dec-17			ΥT	D	
		Plan	Actual	Vs Plan	Plan	Actual	F/(A	
_	۱ ۱	£'000	£'000	£'000	£'000	£'000	£'000	%
	Patient Care Income	65,365	63,712	(1,653)	605,206	606,119	913	0%
	Non Patient Care Income	533	562	29	4,793	5,426	633	13%
	Other Operating Income	10,578	10,271	(307)	95,206	95,840	634	1%
	Total Income	76,476	74,544	(1,932)	705,205	707,385	2,180	0%
	Pay Costs	(45,668)	(48,590)	(2,922)	(421,905)	(431,712)	(9,807)	(2%)
	Pay Costs: Agency	(1,609)	(1,141)	468	(16,032)	(15,202)	830	5%
•	Non Pay	(27,694)	(26,587)	1,107	(261,771)	(259,763)	2,008	1%
I&E £'000	Total Operating Costs	(74,971)	(76,318)	(1,347)	(699,708)	(706,677)	(6,969)	(1%)
I&E	EBITDA	1,505	(1,774)	(3,279)	5,497	708	(4,789)	(87%)
	Non Operating Costs	(3,548)	(283)	3,265	(31,847)	(26,715)	5,132	16%
	Retained deficit	(2,043)	(2,057)	(14)	(26,350)	(26,007)	343	1%
	Adjustments for Donated Assets	5	19	14	45	(262)	(307)	(683%)
	Net Deficit Excluding Winter Funding	(2,038)	(2,038)	0	(26,305)	(26,269)	36	0%
	Winter Funding - Tranche 1	0	561	561		561	561	0%
	Net Deficit Including Winter Funding	(2,038)	(1,477)	561	(26,305)	(25,709)	596	2%
s	Agency: Total Pay	3.52%	2.35%		3.80%	3.52%		
Ratios	EBITDA: Income	1.97%	(2.38%)		0.78%	0.10%		
~	Net Deficit: Income	(2.66%)	(1.98%)		(3.73%)	(3.63%)		

• NHS Patient Care Income: £606.1m, £0.9mF including £0.3mF in relation to drugs and devices excluded from tariff with the offset in non-pay and £1.5mA in relation to the central income provisions . Underlying over-performance of £2.2m predominantly within Emergency/Non-elective, National Screening Programme and ECMO offset by underperformance in Elective and ED.

December activity has been impacted by elective cancellations through lower Inpatient, Day Case and Outpatient procedures which has seen a reduction in run rate. This is partially offset by Emergency/Non-elective but not fully mitigated due to increased length of stay.

- Non Patient Care Income & Other Income: £101.3m, £1.3mF driven by £0.8mF in relation to dividends together with acceleration of deferred income release and additional income from donated assets.
- Pay Costs: £431.7m, £9.8mA which includes £2.0mF utilisation of central reserves. Underlying overspend of £11.8m across all staff groups with Medical being the biggest area of overspend at £5mA across all CMGS with the exception of CSI. Pay remains an area of concern to ensure appropriate control and optimum use of financial resources to support Winter operational pressures impacting the Emergency flow.
- Agency: £15.2m, £0.8mF to Plan driven by Nursing in ESM.
- Non-Pay: £259.8m, £2mF including £9.8mF relating to Central Provisions together with £0.3mA in relation to drugs and devices excluded from tariff. Underlying overspend of £7.4m is predominantly driven by additional cost to deliver activity together with costs in relation to patient transport, Non Weight Bearing pathway and unidentified CIP.

Non-pay remains a critical area of spend to ensure tight cost control underpinned by activity performance.

- EBITDA: surplus of £0.7m, £4.8mA.
- Non-Operating Costs: £26.7m, £5.1mF to Plan including £4.1mF acceleration of additional Financial Improvement Technical actions and £1.8mF depreciation benefit from 4 extending useful lives offset by higher interest costs.

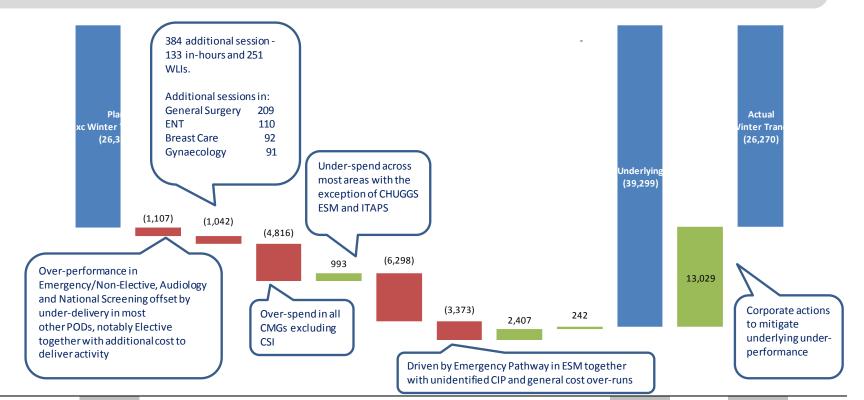
EBITDA refers to Earnings Before Interest, Taxes, Depreciation and Amortisation

F refers to a Favourable variance to plan

A refers to an Adverse variance to plan

I&E Bridge: in line with Plan with Emergency pressures

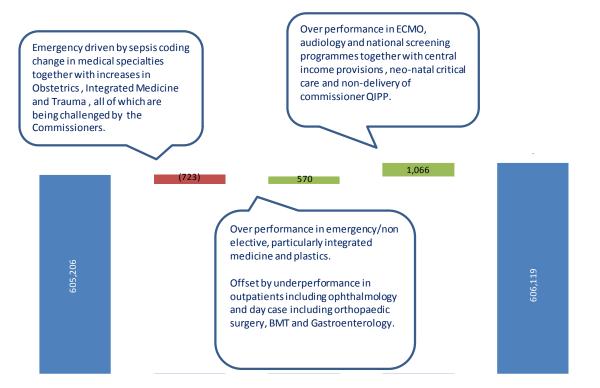
Over-performance on Non-Elective/Emergency, Audiology and National Screening offset by the additional cost to deliver the additional activity. Under-lying over-spend in Medical workforce and cost pressures are currently being mitigated by release of Central reserves and acceleration of mitigating actions. In month financial performance been impacted by a reduction on activity due to Emergency pressures and elective cancellations.



£(000)	Plan exc Winter Tranche 1	Activity	Theatres	Medical Pay	Nursing Pay	Other Pay	Cost Pressures	Reserves	Other	Underlying	Non- recurrent Items	Actual exc Winter Tranche 1	Var F/(A)
NHS PCI	605,206	1,691							(362)	606,535	(416)	606,119	913
Other Income	99,628								119	99,747	891	100,638	1,010
Рау	(421,905)		(886)	(4,611)	324	(6,663)		1,589		(432,153)	441	(431,712)	(9,807)
Pay: Agency	(16,032)			(205)	669	365				(15,202)		(15,202)	830
Non Pay	(261,771)	(2,798)	(155)				(3,373)	817	336	(266,944)	7,181	(259,763)	2,008
Non-Operating Costs	(31,431)								149	(31,281)	4,932	(26,350)	5,081
Net Deficit	(26,305)	(1,107)	(1,042)	(4,816)	993	(6,298)	(3,373)	2,407	242	(39,299)	13,029	(26,270)	35

NHS Patient Income: December £606.1m, £0.9mF to Plan

Over-performance predominantly driven by Emergency/Non-elective, National Screening Programmes and Audiology offset by under delivery across other points of delivery, predominantly ED, Day Case and Elective Inpatients.



£(m)	Plan exc Winter T1	Rate	Volume	Other	Actual exc Winter T1	Var F / (A)
Day Case	46,420	(583)	(1,071)	0	44,766	(1,654)
Elective Inpatient	61,428	(1,260)	(745)	0	59,423	(2,005)
Emergency / Non-elective Inpatient	158,686	1,656	3,819	0	164,162	5,475
Marginal Rate Emergency Threshold	(4,864)	0	0	271	(4,593)	271
Emergency Department	23,431	(286)	(614)	0	22,531	(900)
Outpatient	84,616	1,361	(1,755)	0	84,222	(394)
Drugs and Devices excluded from Tariff	74,573	0	0	347	74,920	347
Critical Care Services	40,654	(1,107)	723	0	40,270	(384)
Renal Dialysis and Transplant	20,819	(504)	212	0	20,527	(292)
CQUIN	12,194	0	0	(1,178)	11,016	(1,178)
Other Activity	78,785	0	0	41	78,826	41
Other Financial Values	8,464	0	0	1,585	10,049	1.585
Total	605,206	(723)	570	1,066	606,119	913

Activity & Income: Performance versus Contract

	Case Mix	City	East	West	Specialised	Other	Alliance	Total	%
	Day Case	(195)	(1,130)	(453)	1,316	(381)	(1,036)	(1,880)	(2%)
	Elective Inpatient	74	15	(13)	44	(325)		(205)	(1%)
	Emergency / Non-elective Inpatient	97	568	799	962	(367)		2,060	2%
	Marginal Rate Emergency Threshold (MRET)	0	0	0	0	0		0	0%
MLY	Emergency Department	103	2,977	2,057		(10,050)		(4,913)	(3%)
ארוואווי	Outpatient	6,743	7,967	5,588	16,858	(48,271)	(3,643)	(14,757)	(2%)
	Excluded Drugs and Devices							0	0%
	Critical Care Services	(44)	(65)	(490)	1,022	350		772	2%
	Renal Dialysis and Transplant	0	0	0	(90)	1,458		1,369	1%
	CQUIN	0	0	0	0	0	0	0	0%
	Other Activity	(231,491)	(271,664)	(152,006)	7,506	(13,833)	(6,359)	(667,848)	(10%)
	Other Financial Values	772	764	1,313	44	(3,284)	(757)	(1,148)	0%

Case Mix	City (£000)	East (£000)	West (£000)	Specialised (£000)	Other (£000)	Alliance (£000)	Total (£000)	%
Day Case	361	(201)	229	439	(1,773)	(708)	(1,654)	(4%)
Elective Inpatient	(177)	(426)	(15)	(133)	(1,255)	0	(2,005)	(3%)
Emergency / Non-elective Inpatient	1,274	1,711	2,079	3,137	(2,728)	0	5,474	3%
Marginal Rate Emergency Threshold (MRET)	209	243	143	25	(348)	0	271	6%
Emergency Department	46	20	18	0	(984)	0	(900)	(4%)
Outpatient	862	1,014	799	2,011	(4,729)	(351)	(394)	(0%)
Excluded Drugs and Devices	(361)	(151)	(126)	2,574	(1,600)	11	347	0%
Critical Care Services	(233)	(31)	(405)	(218)	504	0	(384)	(1%)
Renal Dialysis and Transplant	0	0	0	(328)	37	0	(292)	(1%)
CQUIN	22	29	41	154	(1,397)	(28)	(1,178)	(10%)
Other Activity	22	251	141	652	(611)	(414)	41	0%
Other Financial Values	1,592	1,172	1,288	573	(2,633)	28	2,021	19%
Grand Total	3,619	3,633	4,190	8,885	(17,518)	(1,462)	1,348	0%

Financial

Contracts:

Day Case & Elective Inpatient: Underperformance in Orthopaedic Surgery, Gynaecology, BMT, Cardiac Surgery, Paediatric Cardiac Surgery and Neurology.

• Emergency / Non Elective:

Over performance across a wide range of specialties including Integrated Medicine, Trauma, Hepatobilliary & Cardiac Surgery, Obstetrics and Urology . Offset by underperformance in Stroke Medicine and Paediatric Cardiothoracic Surgery.

• Outpatients:

Underperformance is within Trauma, Diabetology and Ophthalmology partially offset by over performance within Outpatient procedures and the specialities Trauma, Dermatology and Ophthalmology.

• Excluded Drugs and Devices:

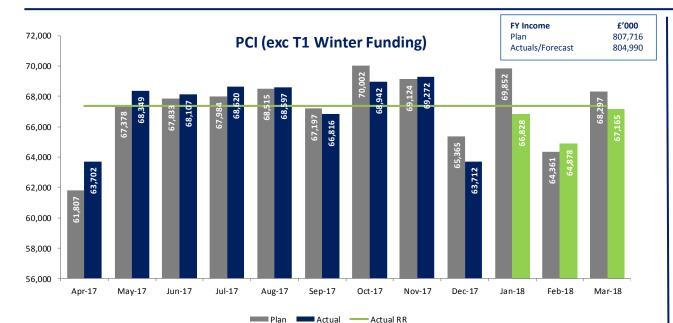
Over performance in Clinical Oncology drugs, TAVI and Neurology, offset by Cancer Drugs Fund, Ophthalmology drugs and Implantable Defibrillators.

• Other Financial Values:

Relates to the implementation of new Best Practice Tariff for COPD, Home Oxygen Service and molecular testing in oncology. Underperformance against unallocated commissioner QIPP schemes is also contributing significantly to this variance.

 The Alliance is also underperforming in all of the Point of Deliveries' and the majority of the specialties including Diagnostic Imaging, Orthopaedic Surgery, ENT, Integrated Medicine and General Surgery.

Patient Income Run Rates



PCI excluding EDD 62,000 61,121 0,530 60,000 0,420 ,416 58,950 \$8,973 58.000 56,000 56,431 55,555 54,000 52,000 50.000 May-17 Jun-17 Jul-17 Aug-17 Sep-17 Nov-17 Dec-17 Jan-18 Feb-18 Mar-18 Apr-17 Oct-17 Plan Actual RR Actual

Year to Date

- Year to date over-performance of £0.9m which includes £0.3mF in relation to drugs and devices excluded from tariff together with £1.5mA in relation to Central income provisions.
- Underlying over-performance of £2.2m predominantly within Emergency/ Non-elective National Screening Programme and Audiology offset by under delivery predominantly in ED, Day Case and Elective Inpatients.
- December activity has been impacted by elective cancellations due to Emergency pressures partially offset by Emergency/Non-elective, Critical Care and ECMO.

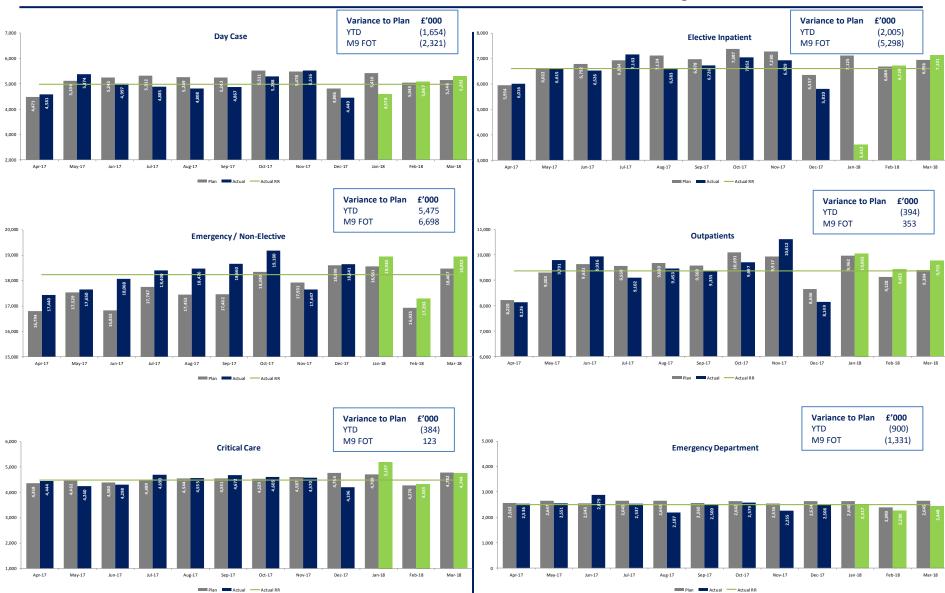
Forecast

 January activity is further impacted by elective cancellations driving lower bookings and higher cancellations.

Alignment with LLR CCG forecast

- At Month 9, UHL and LLR CCGs reconciled own forecasts in order to understand the level of risk within the system.
- This showed that UHL are forecasting £5.3m more income than LLR CCGs, with the differences driven by:
 - baseline forecast assumptions: £0.7m
 - activity over current trend levels: £4m; and
 - expected outcome of CCG contract challenges: £2m.
- The Trust is continuing to review the proposed additional QIPP schemes and any impact they will have on our financial position.

Patient Income Run Rates: Point of Delivery



Pay: YTD £446.9m, £9.0mA to Plan

				Dec	-17					YTI	D		
			£'000			WTE			£'000			WTE	
		Plan	Actual	F/(A)	Plan	Actual	F/(A)	Plan	Actual	F/(A)	Plan	Actual	F/(A)
	Medical	607	459	147	20	59	(40)	6,674	6,759	(85)	20	59	(40)
٢	Nursing & Midwifery	694	390	304	0	89	(88)	6,586	5,917	669	0	89	(88)
Agency	Other Clinical	212	217	(5)	67	24	43	1,913	2,071	(158)	67	24	43
A	Non Clinical	95	74	22	35	34	1	859	455	404	35	34	1
	Total:Agency	1,609	1,141	468	121	206	(85)	16,032	15,202	830	121	206	(85)
	Medical	0	1,302	(1,302)	0	4	(4)	0	12,230	(12,230)	0	4	(4)
Other Non- contracted	Nursing & Midwifery	0	1,660	(1,660)	0	492	(492)	0	14,378	(14,378)	0	492	(492)
er N trac	Other Clinical	0	296	(296)	0	62	(62)	0	2,871	(2,871)	0	62	(62)
Oth con	Non Clinical	0	545	(545)	0	286	(286)	0	5,050	(5,050)	0	286	(286)
	Total: Other Non-contracted	0	3,803	(3,803)	0	844	(844)	0	34,529	(34,529)	0	844	(844)
	Medical	607	1,762	(1,155)	20	63	(43)	6,674	18,989	(12,315)	20	63	(43)
ed -	Nursing & Midwifery	694	2,051	(1,356)	0	581	(581)	6,586	20,295	(13,709)	0	581	(581)
l No ract	Other Clinical	212	513	(301)	67	86	(20)	1,913	4,942	(3,029)	67	86	(20)
Total Non- contracted	Non Clinical	95	618	(523)	35	320	(285)	859	5,505	(4,646)	35	320	(285)
F 0	Total: Non-contracted	1,609	4,944	(3,335)	121	1,050	(928)	16,032	49,731		121	1,050	(928)
							(=0)						(=0)
e e	Medical	15,264	15,041	222	1,836	1,909	(73)	135,796	128,687	7,109	1,836	1,909	(73)
inti	Nursing & Midwifery	17,220	15,945	1,275	5,758	5,040	718	153,365	139,050	14,315	5,758	5,040	718
Substantive	Other Clinical	6,402	6,556	(154)	2,168	2,118	49	57,886	57,276	609	2,168	2,118	49
Sul	Non Clinical	6,782	7,245	(463)	4,020	3,877	143	74,858	72,170	2,689	4,020	3,877	143
	Total: Substantive	45,668	44,787	881	13,781	12,944	838	421,905	397,183	24,722	13,781	12,944	838
	Medical	15,871	16,803	(932)	1,855	1,972	(116)	142,470	147,676	(5,205)	1,855	1,972	(116)
Ē	Nursing & Midwifery	17,915	17,996	(81)	5,758	5,621	137	159,951	159,345	606	5,758	5,621	137
Total	Other Clinical	6,614	7,069	(455)	2,234	2,205	30	59,799	62,219	(2,420)	2,234	2,205	30
	Non Clinical	6,878	7,863	(986)	4,054	4,196	(142)	75,717	77,675	(1,958)	4,054	4,196	(142)
	TOTAL: Pay	47,277	49,731	(2,454)	13,902	13,993	(91)	437,937	446,914	(8,977)	13,902	13,993	(91)

Agency Pay

 Year to date cost of £15.2m, £0.8mF to Plan. Medical overspend of £0.9m in CHUGGS and ESM offset by nursing underspend of £1.1m within ESM and nonclinical within the Corporate Directorates.

Other Non-contracted Pay

- Other non-contracted pay consists of overtime, bank, WLIs and internal locums.
- Year to date expenditure of £34.5m with Medical and Nursing driving 77% of spend.
 Whilst premium pay shows an overspend this needs to be taken into account with Substantive Pay as budgets are held at Established levels.

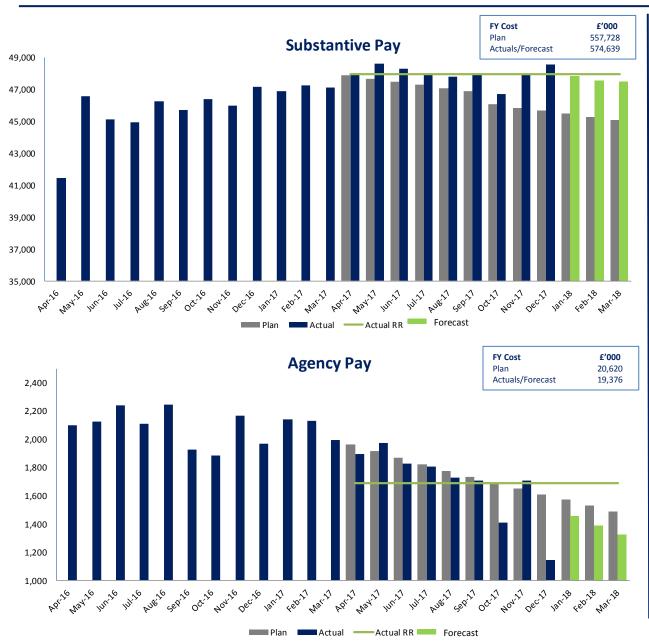
Substantive Pay

- Combined with other non-contracted, expenditure of £431.7m, £9.8mA to Plan.
- Pay position includes £2.0mF release of contingency to fund investments.
 Excluding this, the CMGs have an overspend of £11.8m driven by:
 - Medical: £5.1mA across most CMGs;
 - Other £4.7m driven by CSI to clear the backlog and W&C in relation to non-delivery of CIP.
- Lack of control of pay costs is a key risk to the delivery of the 2017/18 Financial Plan with specific concerns around on-going Medical spend, Nursing enhancements, and premium spend in E&F.

<u>Note</u>

Other non-contracted medical pay is not represented by a WTE value as it represents an aggregate of payments like Waiting List Initiatives (WLI), on call, acting down payments across different grades of medical workforce where individuals often already represent 1 WTE in a substantive, contracted, role.

Pay Run Rates



Total Pay excluding Agency Pay

- Plan reflects a downward trajectory which requires full CIP delivery and tight discipline throughout the organisation to ensure this is delivered.
- Year to date run rate £48m needs to reduce by £0.4m to £47.6m in order to achieve Forecast. This includes the financial impact from the supplementary CIP from Month 7 onwards.
- This remains a key risk to the Financial Plan especially in relation to ED Floor, Nursing enhancements, Medical spend and premium spend within E&F which is compounded by operational Winter pressures.

Agency Pay

- The planned trajectory is supported by specific actions identified and tracked through the Premium Pay group.
- Year to date costs are favourable to Plan. This needs continued focus and control to ensure the planned reduction is achieved especially over the Winter period.

Non-Pay: YTD £259.8m, £2.0mF to Plan

					Dec	:-17			ΥT	D	
				Plan	Actual	F /		Plan	Actual	F / (/	-
				£'000	£'000	£'000	%	£'000	£'000	£'000	%
	Blood Prod	lucts		101	59	42	42%	973	1,124	(151)	(16%)
	Drugs			7,801	8,575	(773)	(10%)	76,001	78,319	(2,318)	(3%)
Direct	Clinical Su	pplies & S	ervices	8,379	8,896	(518)	(6%)	78,224	82,732	(4,508)	(6%)
Dir	Transport			252	280	(28)	(11%)	2,314	2,643	(329)	(14%)
	Recharges			353	234	119	34%	1,834	2,581	(746)	(41%)
	Misc & Ge	neral Supp	olies	2,498	163	2,335	93%	27,405	18,653	8,752	32%
rnal ders	Healthcare	9		794	736	57	7%	8,065	7,761	305	4%
External Providers	Non Health	hcare		1,196	1,262	(67)	(6%)	10,797	10,966	(170)	(2%)
ads	Establishm	nent, Prem	ises & Plant	- 3,989	۔ 3 <i>,</i> 975	14	0%	- 35,169	33,696	1,473	4%
Overheads	Consultanc	су		49	123	(74)	(151%)	440	738	(298)	(68%)
0V6	Clinical Ne	gligence		2,283	2,283	0	0%	20,549	20,549	(0)	(0%)
otal: No	n Pay			27,694	26,587	1,107	4%	261,771	259,763	2,008	1%
					Non	-Pay		FY C Plan Actu	ost als/Forecast	£'0 346, 335,	998
				_							
								_		_	
2	30 G 4	3 2	2 3	2				1 - 1			
	300-4 4	Carlor			275	200 EU 2	2812	27 26 5	2 8 5 1 1	27	286
					2	2	0	26 kg 7	1	1 2 3 2	24 80
										2	8
0 Apr-17	May-17	Jun-17	Jul-17	Aug-17 S	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
7 (p) ±7											

Plan Actual Actual RR Forecast

• Direct Costs: £186.1m, £0.7mA to Plan including £9.8mF release of central provisions and acceleration of mitigating actions and £0.3mA relating to drugs and devices excluded from tariff.

Underlying overspend of £10.5m predominantly relates to incremental cost to deliver additional activity together with CIP under-delivery and cost pressures connected to the emergency pathway.

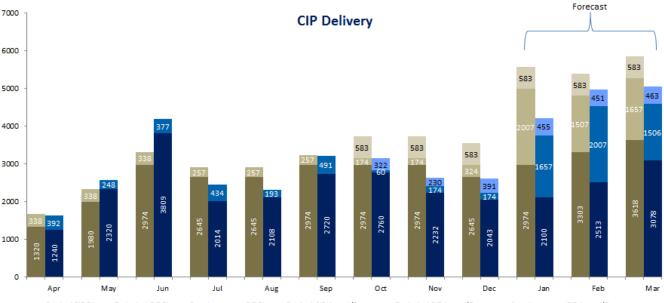
- External Providers: YTD cost of £18.7m which is £0.1mF to Plan.
- **Overheads:** YTD expenditure of £55m, £1.2mF to Plan predominantly within Estates.

Run Rates

- Year to date run rate of £28.9m needs to reduce by £3.7m to deliver forecast.
- Non-pay control is essential to the delivery of the financial plan and to ensure essential spend is underpinned by performance relating to patient care activity.

CIP: YTD £24.7m, £2.6mA to Plan

		Dec-2	17			YTD			
	Plan	Actual	F / (A	N)	Plan	Actual	F / (A))	FY Plan
	£'000	£'000	£'000	%	£'000	£'000	£'000	%	£'000
CHUGGS	356	316	(41)	(11%)	2,699	2,806	108	4%	3,763
CSI	353	401	48	14%	2,461	2,850	389	16%	3,923
ESM	572	194	(378)	(66%)	3,758	3,490	(268)	(7%)	5,477
ITAPS	425	190	(235)	(55%)	2,856	1,675	(1,181)	(41%)	4,124
MSS	361	302	(59)	(16%)	2,431	2,465	33	1%	3,635
RRCV	475	499	24	5%	3,635	3,624	(11)	(0%)	5,061
Womens & Childrens	707	218	(488)	(69%)	3,044	1,722	(1,322)	(43%)	5,165
Total: CMG	3,249	2,120	(1,129)	(35%)	20,883	18,631	(2,252)	(11%)	31,149
Facilities	203	498	295	145%	1,614	1,414	(200)	(12%)	3,380
Corporate Total	100	(9)	(109)	(109%)	4,841	4,687	(154)	(3%)	9,624
Total CIP	3,552	2,608	(943)	(27%)	27,338	24,732	(2,606)	(10%)	44,153

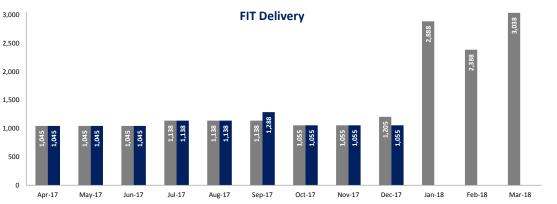


- The CIP forecast outturn is £39m representing an unidentified gap of £5.2m including £1.2m non-delivery of Supplementary CIP.
- In order to fund the additional costs in relation to Demand and Capacity and approved investments, there was an additional requirement of £3.5m supplementary CIP in relation to in-year pay bill and workforce reductions. At present this is forecast to deliver £2.3m savings driving a £1.2m shortfall.
- The under-performing areas of ITAPS, W&C and E&F have been in escalation meetings throughout the year in order to identify schemes to mitigate the gap. However, at present the gap is unlikely to be fully mitigated through recurrent schemes.
- Consideration should be given to badge the additional technical actions required to deliver the planned deficit as CIP to show full delivery through non-recurrent means.
- The full year plan of £44.2m incorporates the supplementary CIP together with £7.6m rebadging of technical items to CIP.

Original CIP Plan Technical CIP Plan Sunnlementary CIP Plan Original CIP Actual/Forecast Technical CIP Actual/Forecast

Finance Improvement and Technical (FIT)

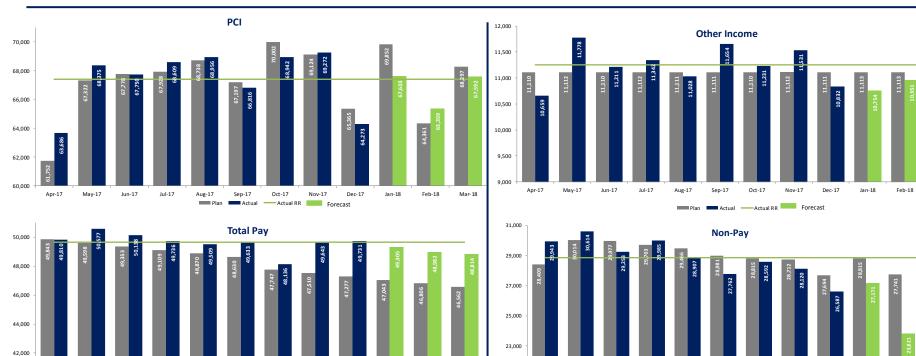
		Plan FY £'000	Plan £'000	YTD Actual £'000	Variance £'000
	HEEM: NR Funding	500	0	0	0
Strategic	Strategic review of subsidiary company: Depreciation & Dividend savings - CIP	4,000	0	0	0
	Total Value: Strategic	4,500	0	0	0
	Accruals: apply policy of £10k de-minimus - CIP	500	0	0	0
Statement of	Deferred Income (inc Research): release - CIP	150	0	150	150
Financial	Revenue to Capital transfer	1,000	750	750	(0)
Position	Duplicate invoices / VAT review - CIP	150	150	0	(150)
Management	Depreciation: extending lives and pausing charges for assets not in use - CIP	2,086	1,565	1,565	0
	Total Value: Statement of Financial Position	3,886	2,465	2,465	(0)
	Investment Slippage - CIP	741	741	741	0
Contingency	Release of contigency to fund approved investments	5,972	4,479	4,479	0
and Reserves	Junior Doctors: manage to best case of £2m	300	225	225	0
	Total Value: Contingency and Reserves	7,013	5,445	5,445	0
	Defer NHSE settlement over 2 years	1,217	912	912	0
Technical	QIPP EDD - 100% pass through	784	523	523	0
rechnicar	CIP PCI Schemes alignment	780	520	520	0
	Total Value: Technical Actions	2,781	1,955	1,955	0
	CIP Related Actions	7,627	2,456	2,456	0
All Actions	Technical Actions	10,553	7,409	7,409	(0)
	Total Value: All Actions	18,180	9,865	9,865	(0)
3.000	EIT Delivery			_	



- 2017/18 Plan identified £18.2m of Finance Improvement and Technical actions in order to help meet the planned deficit.
- Month 9 is £150k adverse to plan with the benefit of duplicated invoices and VAT review expected to be realised in January as compared to December.
- The FIT programme needs on-going monitoring to ensure the actions are executed and delivered in line with planning assumptions with additional actions required to help mitigate underperformance.
- A specific Finance Improvement and Technical work-stream has been set up to track deliverables, risk and mitigations.
- Key focus remains within non operating costs and the potential opportunities available including asset sales.
- £7.6m has now been re-aligned as CIP and £10.6m as Technical improvements.

Mar-18

I&E Run Rates



21,000

Apr-17

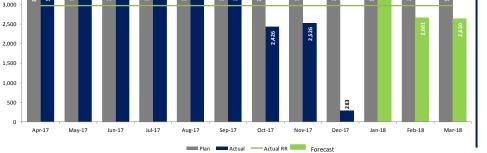
May-17

Jun-17

Jul-17

Aug-17







Sep-17

Oct-17

Plan Actual Actual RR Forecast

Nov-17

Dec-17

Jan-18

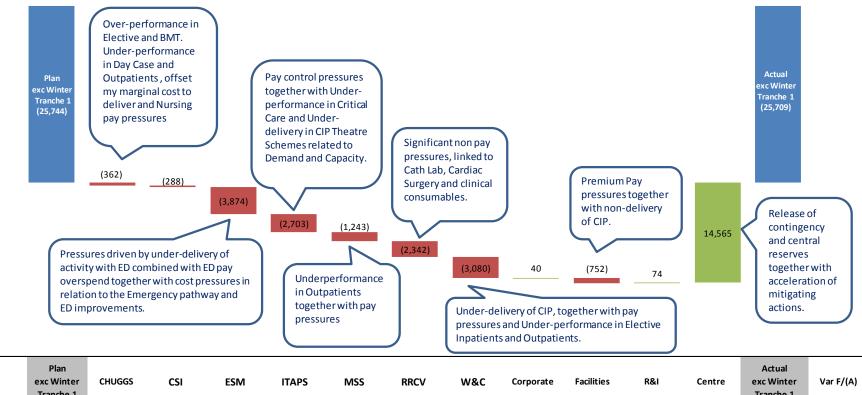
Feb-18

Mar-18

Plan Actual Actual RR Forecast

December performance by CMG and Directorates

Underperformance with all CMGs driven by cost pressures and under-delivery of CIP partially offset by over-performance in patient activity and corporate actions to mitigate performance risk. Revised Control Totals have been set with all areas performing in line with the updated targets. However, underlying performance issues need to be addressed.



£(000)	exc winter	CHOGGS	CSI	ESIVI	TIAPS	10122	RRCV	Wal	corporate	raciities	nou	Centre	exc winter	
	Tranche 1												Tranche 1	
NHS PCI	605,767	2,821	694	1,284	(732)	(846)	1,342	(997)	30	0	0	(2,684)	606,680	913
Other Income	99,628	(325)	195	32	(65)	(53)	(230)	228	366	(222)	74	1,011	100,638	1,011
Рау	(421,905)	(2 <i>,</i> 086)	(2,717)	(2,099)	(1,867)	(350)	(472)	(1,975)	(113)	(633)	302	2,203	(431,712)	(9,807)
Pay: Agency	(16,032)	(585)	78	712	(79)	42	229	150	224	43	7	9	(15,202)	830
Non Pay	(261,771)	(186)	1,463	(3,803)	31	(37)	(3,211)	(486)	(412)	60	(309)	8,898	(259,763)	2,008
Non-Operating Costs	(31,431)				9		(0)		(56)			5,128	(26,350)	5,081
Net Deficit	(25,744)	(362)	(288)	(3,874)	(2,703)	(1,243)	(2,342)	(3,080)	40	(752)	74	14,565	(25,709)	35

£(000)

Forecast: Emergency operational pressures drives financial risk

		Outturn			
		Plan	Outturn	F / (A)	
	Day Case	107,471	105,188	(2,283)	(2%)
	Elective Inpatient	22,096	20,985	(1,111)	(5%)
ร	Emergency / Non-elective Inpatient	115,913	118,464	2,551	2%
Drive	Emergency Department	245,952	242,738	(3,213)	(1%)
Value Drivers	Outpatient Procedures	966,229	956,397	(9,832)	(1%)
Va	Critical Care Services	56,507	57,718	1,212	2%
	Renal Dialysis & Transplant	174,056	175,552	1,496	1%
	Other	9,004,614	8,169,098	(835,516)	(9%)

	Outturn			
	Plan	Outturn	F / (A)	
	£'000	£'000	£'000	%
Patient Care Income	807,716	804,990	(2,726)	(0%)
Non Patient Care Income	133,331	133,735	404	0%
Total Income	941,047	938,725	(2,322)	0%
Pay Costs	(557,728)	(574,639)	(16,911)	(3%)
Pay Costs: Agency	(20,620)	(19,376)	1,244	6%
Total Pay Costs	(578,348)	(594,015)	(15,667)	(3%)
Total Operating Costs	(925,346)	(929,159)	(3,814)	0%
EBITDA	15,701	9,566	(6,136)	(39%)
Non-Operating Costs	(42,455)	(35,915)	6,540	15%
Retained Deficit	(26,754)	(26,349)	405	0
Adjustments for Donated Assets	54	(351)	(405)	752%
Net Deficit Excluding Winter Funding	(26,700)	(26,700)	(0)	(0)
Winter Funding - Tranche 1	0	2,243	2,243	-
Net Deficit Including Winter Funding	(26,700)	(24,457)	2,243	0
Agency: Total Pay	3.57%	3.26%	(0.30%)	
EBITDA: Income	1.67%	1.02%	(0.65%)	
Net Deficit: Income	(2.84%)	(2.84%)	(0.03%)	
	(2.07/0)	(2.04/0)	(0.01/0)	

- EBITDA refers to Earnings Before Interest, Taxes, Depreciation and Amortisation
- F refers to a Favourable variance to plan

I&E E'000

• A refers to an Adverse variance to plan

- Winter Funding: The Trust will receive Winter Funding in two tranches:
 - Tranche 1 £2,243k: to fund existing costs and therefore represents a straight improvement to the Trust net deficit.
 - **Tranche 2 £1,096k:** to fund additional Emergency costs contingent on achieving 90% ED target in Q4.

• Overall:

- **Excluding Tranche 1 Winter Funding:** Net deficit of £26.7m in line with Plan with Winter Emergency pressures offset through a Central adjustment whilst being validated.
- Including Tranche 1 Winter Funding: Net deficit of £24.5m representing a £2.2m improvement to Plan due to the flow through of central funding.
- Underlying Forecast: Unmitigated forecast indicates a full year risk of £18.7m driven by delivery risk surrounding:
 - Additional income provisions and contract challenges
 - Unidentified CIP and Supplementary pay CIP
 - Cost pressures driven by Medical Pay, Emergency Pathway and activity related non-pay costs
- Winter Pressures: Emergency operational pressures are driving lower elective activity in December and January through increased cancellations and lower bookings. This is compounded through additional costs over and above Winter funding to support the Emergency pathway with downstream risk on achieving ED performance and the potential claw back of Tranche 2 Winter funding. Current estimates show a net pressure of £6-£10m over and above the underlying risk described above.
- Mitigation of the above is dependent upon:
 - Delivery in line with revised Control Totals issued across CMGs/Corporate Directorates incorporating CIP performance
 - Identification and execution of additional FIT actions
 - Mitigation of Winter pressures

See Page 23 for more detail on risks together with mitigation.

December 2017: Statement of Financial Position

		Mar-17 £000's Actual	Dec-17 £000's Actual	Movement £000's Actual
	Non Current Assets			
	Property, plant and equipment	398,261	399,337	1,076
	Intangible assets	11,467	11,646	179
	Trade and other receivables	2,669	2,985	316
	TOTAL NON CURRENT ASSETS	412,397	413,968	1,571
	Current Assets			
	Inventories	19,975	23,489	3,514
	Trade and other receivables	55,953	62,054	6,101
	Other Financial assets	0	0	0
	Cash and cash equivalents	1,238	3,916	2,678
	TOTAL CURRENT ASSETS	77,166	89,459	12,293
	Current Liabilities			
	Trade and other payables	(110,675)	(116,974)	(6,299)
5	Dividend payable	0	(1,839)	(1,839)
	Borrowings / Finance Leases	(4,474)	(4,540)	(66)
	Other Liabilities / Loan	(1,838)	(2,162)	(324)
	Provisions for liabilities and charges	(475)	(362)	113
-	TOTAL CURRENT LIABILITIES	(117,462)	(125,877)	(8,415)
	NET CURRENT ASSETS (LIABILITIES)	(40,296)	(36,418)	3,878
	TOTAL ASSETS LESS CURRENT LIABILITIES	372,101	377,550	5,449
	Non Current Liabilities			
	Trade and other payables			
	Borrowings / Finance Leases	(7,531)	(5,520)	2,011
	Other Liabilities / Loan	(132,235)	(165,266)	(33,031)
	Provisions for liabilities and charges	(1,562)	(1,437)	125
	TOTAL NON CURRENT LIABILITIES	(141,328)	(172,223)	(30,895)
	TOTAL ASSETS EMPLOYED	230,773	205,327	(25,446)
	Public dividend capital	331,956	331,956	0
	Revaluation reserve	77,427	77,427	0
	Retained earnings	(178,610)	(204,056)	(25,446)
	TOTAL TAXPAYERS EQUITY	230,773	205,327	(25,446)
	Liquidity Ratio Days (Working Capital Balance /	(6-1)	(6-1)	
	Annual Operating Expenses)	(24)	(21)	
	Liquidity Ratio Metric	4	4	

- **Total Assets Employed:** Movement of £25.4m representing year to date Trust deficit (before donated asset adjustment).
- Non-Current Assets : Increased by £1.6m reflecting spend on capital offset by depreciation charges.

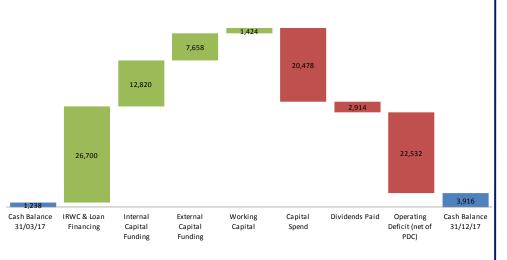
• Working capital:

- Stock growth in TMP stock holding and non pharmacy stock holding locations
- Trade Receivables have increased by £6.1m
- Trade Payables have increased by £6.3m
- **Cash:** December balance of £3.9m is above the £1m cash balance to support working capital due to late receipt of cash .
- **Dividend payable:** £2.9m cash payment made in September, PDC accrued £1.8m representing the accrual for Q3.
- Non-current liabilities:
 - £25.3m increase in revolving working capital facility and revenue support loan.
 - £7.7m emergency floor capital loan, less £1.0m repayment of capital loan.
- Liquidity Ratio: We continue to be high risk in terms of our continuity of service risk rating relating to liquidity days and have achieved a score of 4 (high risk), which is in line with our plan.

Statement of Financial Position

Cash

Year to Date Cash Bridge £'000



Cash Bridge:

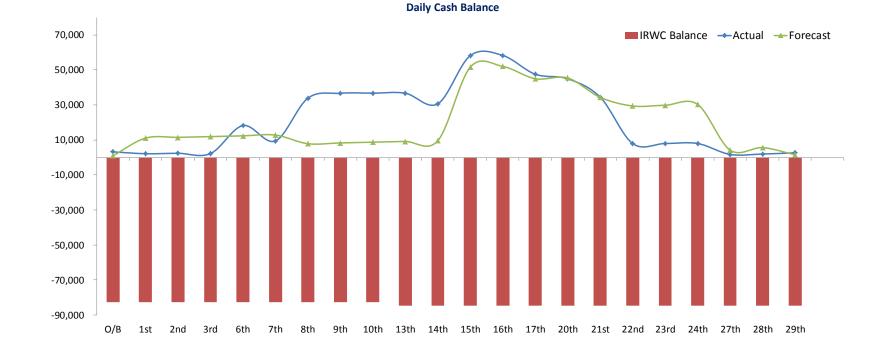
- Opening cash balance of £1.2m, in line with our plan.
- Funded YTD operating deficit of £22.5m by drawing down £26.7m of our Interim Working Capital Facility (IRWC).
- Improvement in working capital and internal capital funding enabled interest payment and capital expenditure of £20.5m

Full Year Forecast

• Forecast of £1m cash holding at the year end.

Daily Cash Balance

• In line with forecast the mid-month peak is driven by receipt of SLA income and reduction on 27th December of the monthly payroll run.



Liquidity

			Liquidity		Ageing				Total
		Opening	YTD	Movement	0 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Over 90 Days
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	%
	NHS receivables - revenue	37,100	29,575	7,525	16,487	7,044	618	5,426	18%
ble	Non-NHS receivables - revenue	12,498	14,000	(1,502)	7,501	1,070	810	4,619	33%
Accounts Receivable	Provision for the impairment of receivables	(1,024)		(1,024)	0				
Rece	Non-NHS prepayments and accrued income	4,797	15,507	(10,710)	15,507				
nts F	PDC dividend prepaid to DH	764	0	764	0				
our	VAT	1,195	2,043	(848)	2,043				
Acc	Other receivables	623	929	(306)	929				
	TOTAL	55,953	62,054	(6,101)	42,467	8,114	1,428	10,045	
	NHS payables - revenue	(9,327)	(36,094)	26,767	(6,152)	(5,012)	(3,897)	(21,033)	58%
	NHS accruals and deferred income	(5,584)	0	(5,584)	0				
ble	Non-NHS payables - revenue	(49,480)	(44,679)	(4,801)	(27,013)	(7,753)	(4,133)	(5,780)	13%
Accounts Payable	Non-NHS payables - capital	(4,808)	(1,444)	(3,364)	957	(154)	(1,393)	(854)	59%
its P	Non-NHS accruals and deferred income	(21,449)	(6,949)	(14,500)	6,708	(5 <i>,</i> 587)	(2,362)	(5,708)	82%
uno	Social security costs	(6,439)	(6,543)	104	(6,543)				
Acc	Тах	(5,584)	(5,549)	(35)	(5,549)				
	Other	(7,881)	(10,012)	2,131	(10,012)				
	TOTAL	(110,552)	(111,270)	718	(47,604)	(18,506)	(11,785)	(33,375)	
Total Lie	quidity	(54,599)	(49,216)	(5,383)					

Liquidity: movement of £5.4m from opening position due to:

- Accounts receivable: increase of £6.1m driven by an increase in Non-NHS prepayments and accrued income, and non-NHS receivables, and decrease in NHS receivables.
- Accounts payable: increase of £0.7m with material movement in NHS payables.

Ageing: NHSI target of 5% or less within over 90 days, key areas of under-performance:

- NHS receivables: 18% representing £5.4m being over 90 days.
- Non-NHS receivables: 33% representing £4.6m being over 90 days with the largest component being Overseas Visitors at £2.0m. This balance consists of various items which in isolation are not material.
- NHS payables-revenue: £21.0m, representing 58% in excess of 90 days.
- Further analysis of receivables is provided in the separate cash report.

Better Payments Practice Code: Non-compliant

Better Payment Practice Code -	Dec Y	TD	Prior month YTD		
Measure of Compliance	Number £000s		Number	£000s	
All					
Total Invoices Paid in the Year	119,682	511,345	102,003	445,572	
Total Invoices Paid Within Target	31,869	321,320	28,649	283,282	
Percentage Invoices Paid Within Target (target 95%)	27%	63%	28%	64%	
Non-NHS Payables					
Total Non-NHS Invoices Paid in the Year	115,269	409,017	97,937	352,483	
Total Non-NHS Invoices Paid Within Target	31,163	263,910	28,003	232,429	
Percentage of Non-NHS Invoices Paid Within Target	27%	65%	29%	66%	
Local SME payables					
Total SME Invoices Paid in the Year	638	6,802	607	6,325	
Total SME Invoices Paid Within Target	176	942	167	906	
Percentage of Local SME Invoices Paid Within Target	28%	14%	28%	14%	
NHS Payables					
Total NHS Invoices Paid in the Year	3,775	95,526	3,459	86,764	
Total NHS Invoices Paid Within Target	530	56,468	479	49,947	
Percentage of NHS Invoices Paid Within Target	14%	59%	14%	58%	

• **BPPC performance**: As a result of cash constraints the Trust is unable to achieve the BPPC performance target of 95%.

The low volume compliance has been driven by the requirement to settle high value invoices, impacting our ability to pay the larger volume of small invoices within 30 days.

• Impact of additional financing: We have undertaken analysis of the impact of expected additional financing on the BPPC performance.

This analysis is limited to non - NHS BPPC performance as we will not receive any additional financing for NHS creditors.

The likely performance for the year with additional financing is 34% by volume (currently 27%) and 71% by value (currently 63%).

Capital: December £18.1m spend, £4.7mF to Plan

	October-17			Annual		
Scheme Name	Plan £'000	Actual £'000	F / (A) £'000	Budget £'000	Commitmen £'000	
Emergency Floor	9,099	8,231	868	7,033	1,3	
ICU Beds	0	0	0	4,200		
LRI Beds	0	0	0	3,330		
GH Beds	0	0	0	6,485		
Imaging: GH & LRI	0	0	0	4,291		
Treatment Centre	48	57	(9)	600		
ITU LRI	69	491	(422)	100	4	
Women's Service	46	42	4	849		
Children's Hospital	75	70	5	1,000		
Theatres LRI	54	35	19	381		
Beds Workstream & DCP	93	121	(28)	0		
Additional Beds - GH	93	1	92	0		
Additional Beds - LRI	135	12	123	0		
Diagnostics & Clinical Support Services	35	26	9	0		
LRI Wards (EMCHC)	200	(14)	214	0		
Supporting Infrastructure	90	0	90	1,000		
Vascular	204	155	49	0		
ED Project IT Issues	232	181	51	0		
ED Access & Transport	131	41	90	0		
Other Reconfiguration	0	(4)	4	0		
Sub-total: Reconfiguration	10,604	9,446	1,158	29,269	1,8	
Estates & Facilities	3,048	2,499	549	8,520	1,1	
MES Installation Costs	498	103	395	1,500	2	
LGH Renal Water Treament	500	54	446	0	4	
Other Estates & Facilities	40	(38)	78	480		
Sub-total: Estates & Facilities	4,086	2,618	1,468	10,500	1,8	
IM&T Infrastructure	970	1,376	(406)	3,526	1	
EDRM	200	55	145	0		
Nervecentre	300	370	(70)	474		
Heartsuite System	163	28	135	100		
Electronic Blood Tracking System	210	(2)	212	0		
Learning Mgt System	21	0	21	18		
Other IM&T	0	109	(109)	0		
Sub-total: IM&T Schemes	1,864	1,936	(72)	4,118	2	
Medical Equipment Executive	1,050	930	120	4,371	5	
Radiotherapy CT Scanner	0	0	0	629		
CCU Monitoring	456	290	166	0		
Linear Accelerator	271	274	(3)	39		
Other Medical Equipment	0	0	0	0		
Sub-total: Medical Equipment	1,777	1,494	283	5,039	5	
	650	628	22	300		
Donations	3,854	1,436	2,418	5,138		
MES Finance Lease Additions	3,854			5,138		
Optimed	0	180	(180) (392)	0		
Other Expenditure	4,504	392 2,636	1,868	5,438		
Sub-total: Finance Leases						

IM&T

Medical Equipment

Year to date:

- Total Capital expenditure of £18.1m driven by Emergency Floor, Estates and MES.
- Underspend predominantly related to reconfiguration schemes due to delays in spend together with under-spend within Estates.
- **Capital Plan:** Total expected capital expenditure of £54.4m funded by:
 - £31.5m depreciation;
 - £7.0m external borrowing for the Emergency Floor development;
 - £5.1m finance lease additions funded through revenue;
 - £0.3m donations.

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Risks & Mitigation: Emergency pathway pressures

Year to date under-performance within CMGs combined with unidentified CIP together with delivery of the supplementary CIP indicates an unmitigated I&E risk £18.7m. Emergency operational pressures during the Winer period driving elective cancellations and increased costs to support the Emergency pathway indicates a net pressure of £6m-10m

Risk	Unmitigated £'000	Mitigated £'000	Action to mitigate
Emergency pressures: cancellations of elective activity and Outpatients clinics to support Winter Pressures	(6,000) - (10,000)	(6,000) - (10,000)	Currently validating M9 and M10 impact and potential mitigating actions with capacity being the key dependency.
Clawback of T2 Winter Funding: failure to achieve ED performance target in Q4	(1,096)	0	
CIP: Non-delivery of unidentified CIP	(4,002)	(4,002)	Impacted CMGs are in the escalation process in line with governance arrangements. At this stage it is unlikely that this will be mitigated through recurrent schemes
Supplementary CIP: Delivery of supplementary pay CIP required to fund demand and capacity investment	(1,187)	(1,187)	Supplementary CIP has a specific programme and timelines for execution and monitoring
CMG/Corporate Directorates Financial Performance: continued under-performance related to pay and non- pay cost pressures	(13,499)	(12,572)	Based on M7 forecast with CHUGGS, MSS and Corporate Directorates required to improve performane to deliver break-even to full year plan predominantly based on anticipated income seasonality
FIT actions: delivery of planned actions and identification of additional schemes		5,000	Workstream in place to identify additional technical actions
Profit on Sale of Assets: sale of the Paddock land to HCA		5,700	
Estates Strategy for the delivery of estates and facilities services		7,061	
Agency: Whilst currently in line with Plan, reduction in agency expenditure of 17% is required to deliver the planned Agency ceiling	tbc	-	The workforce and premium pay sub-work streams are concentrating on delivery of savings through the monitoring and compliance of recruitment initiatives, workforce planning and the application of internal controls.
Commissioner affordability: increased contract challenges and mislignment with LLR forecast assumptions			The Trust must ensure that a more disciplined approach and responsiveness to contract challenges and contract queries is adopted. The governance structure around Contract Management Performance with CCGs will continue to be in place.

Total I&E risk

(23,869) - (28,869) (6,000) - (10,000)

I&E

Cash: planned deficit includes FIT actions which are noncash and means there is insufficient cash to support expenditure

Capital:requires further borrowing that is yet to be approved.

The Trust has access to an Interim Revolving Working Capital Support (temporary borrowing) to meet immediate cash requirements

The Trust is in the process of following Nationally defined process to access funding.