

Board of Directors - Public

SUMMARY REPORT

Meeting Date: 22 November 2023
Agenda Item: 17

Report Title:	Financial Performance Report as at 30th September 2023 (month 6)	
Author(s):	Jill Savoury, Head of Finance	
Accountable Director:	Phillip Easthope, Executive Director of Finance, IMST and Performance	
Other meetings this paper has been presented to or previously agreed at:	Committee/Tier 2 Group/Tier 3 Group	Finance and Performance Committee Executive Management Team
	Date:	9 November 2023 2 November 2023
Key points/recommendations from those meetings	<p>Finance and Performance Committee were not assured about the impact of the controls and mitigations in place. The year to date performance had deteriorated in recent months and the committee was informed this had continued into October. The second half of the year is more challenging than the first half to deliver the plan which is now compounded by slippage on key CIP schemes and overspending primarily within the Acute and Community Directorate.</p> <p>The committee was reassured that further recovery plans were being developed to mitigate the forecast overspend based on the current run rate. These are expected to be discussed at Board of Directors on 22 November.</p> <p>The Executive Management Team (EMT) discussed an update to the financial position including a downside scenario with regards to ongoing run rate and non delivery of CIP.</p> <p>EMT agreed further mitigating items:</p> <ul style="list-style-type: none"> • Updates on Out of Area CIP recovery scheme including PICU observations. • Recovery plans finalised across directorates (both by 14 November 2023). • Establish a non-clinical (non-front line clinical role) vacancy control panel. • Forecast underspends would be confirmed (a few queries) and removed for M7. • Working group to be established to look at Medical staffing to ensure ownership, clear decision making at accountability. 	

Summary of key points in report

At month 6, we are reporting off plan with a YTD deficit of £2.692m.

There is a risk that the deficit will be significantly higher than the reported forecast deficit of £3.262m. NHS England & ICB rules require us to report breakeven.

Out of Area (OOA) cost will exceed plan based on current spend levels.

Delivery of recurrent efficiency savings is off plan by £0.7m. Non-recurrent interest receipts enable us to report breakeven. The OOA workstream is forecast to under-deliver by £1.5m. Mitigations must be found to prevent the deficit exceeding £3.262m.

Cash balances remain healthy but lower than planned due to increased capital spend and the deficit. There are no concerns regarding cash flow or material bad debt risks to highlight at present.

The revised capital plan is underspent by £1.82m YTD due to timing of works. The total plan of £12.791m is forecast to be spent in full. This assumes a £4m receipt from the sale of Fulwood. This funding uncertainty is a planned and managed risk, but it has significant operational implications hence the amber rating. The situation is monitored very closely and will be reported promptly if the risk increases or materialises.

The risk on the corporate risk register has been elevated to 16 post discussion at FPC.

Appendices attached:

Financial Performance Report M6

Recommendation for the Board/Committee to consider:

Consider for Action		Approval		Assurance	X	Information	
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Board of Directors to note and discuss the financial position as at 30th September 2023.

Please identify which strategic priorities will be impacted by this report:

Recover services and improve efficiency	Yes	X	No	
Continuous quality improvement	Yes	X	No	
Transformation – Changing things that will make a difference	Yes	X	No	
Partnerships – working together to make a bigger impact	Yes	X	No	

Is this report relevant to compliance with any key standards? State specific standard

Care Quality Commission Fundamental Standards	Yes	X	No		Regulation 17: Good Governance Regulation 13: Financial Position
Data Security and Protection Toolkit	Yes		No	X	
Any other specific standard?				X	

Have these areas been considered ? YES/NO

If Yes, what are the implications or the impact?
If no, please explain why

Service User and Carer Safety, Engagement and Experience	Yes	X	No		No adverse impact
Financial (revenue & capital)	Yes	X	No		Identification of financial sustainability risks
Organisational Development /Workforce	Yes	X	No		No adverse impact
Equality, Diversity & Inclusion	Yes	X	No		No adverse impact
Legal	Yes	X	No		No adverse impact
Environmental sustainability	Yes	X	No		No adverse impact

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FINANCIAL PERFORMANCE REPORT

SEPTEMBER 2023



Executive Summary – Month 6

Key Performance Indicator	YTD Plan £'000	YTD Actual £'000	Variance £'000	Annual Plan £'000	23/24 Forecast £'000	Variance £'000
Surplus/(Deficit)	(1,816)	(2,692)	(876)	(3,262)	(3,262)	0
Out of Area spend *	(4,590)	(4,866)	(276)	(8,496)	(9,995)	(1,499)
Agency spend	(3,380)	(3,379)	1	(6,479)	(6,470)	9
Cash	45,280	44,254	(1,026)	47,405	45,951	(1,454)
Efficiency Savings	1,972	1,972	0	5,734	5,734	0
Capital ~	(6,548)	(4,728)	1,820	(12,791)	(12,791)	0
KPI			Target	Number	Value	
Invoices paid within 30 days (Better Payments Practice Code)			NHS	95%	100%	100%
			Non-NHS	95%	99.4%	99.0%
YTD: Year To Date * Includes Purchase of Healthcare only, excludes travel costs. ~ The capital plan was rephased in M3 to reflect the updated expenditure profile. Total for the year is unchanged.						

At month 6, we are reporting off plan with a YTD deficit of £2.692m.

There is a risk that the deficit will be significantly higher than the reported forecast deficit of £3.262m. NHS England & ICB rules require us to report breakeven.

Out of Area (OOA) cost will exceed plan based on current spend levels.

Delivery of recurrent efficiency savings is off plan by £0.7m. Non-recurrent interest receipts enable us to report breakeven. The OOA workstream is forecast to under-deliver by £1.5m. Mitigations must be found to prevent the deficit exceeding £3.262m.

Cash balances remain healthy but lower than planned due to increased

capital spend and the deficit. There are no concerns regarding cash flow or material bad debt risks to highlight at present.

The revised capital plan is underspent by £1.82m YTD due to timing of works. The total plan of £12.791m is forecast to be spent in full. This assumes a £4m receipt from the sale of Fulwood. This funding uncertainty is a planned and managed risk, but it has significant operational implications hence the amber rating. The situation is monitored very closely and will be reported promptly if the risk increases or materialises.

Section 1: Financial Overview

Year To Date Position

At month 6, the YTD position is a deficit of £2.692m, which is £0.876m worse than plan. The table below sets out the income and expenditure summary and the variances compared to plan:

	Year to Date			
	Plan £000	Actual £000	Variance £000	%
Clinical Income	63,222	65,264	2,042	3.2%
Other Income	10,452	10,867	415	4.0%
Total Income	73,674	76,132	2,458	3.3%
Pay	(59,609)	(62,864)	(3,255)	5.5%
Non Pay	(15,469)	(15,964)	(496)	3.2%
Total Expenditure	(75,078)	(78,828)	(3,750)	5.0%
Interest receipts	642	1,275	633	98.7%
Finance expense	(30)	(33)	(3)	11.3%
PDC dividends payable	(1,134)	(1,323)	(189)	16.7%
Net Finance Costs	(522)	(81)	441	(84.5%)
Net Surplus / (Deficit)	(1,926)	(2,778)	(852)	44.2%
Technical Adjustments	110	86	(24)	(21.8%)
Adjusted Net Surplus / (Deficit)	(1,816)	(2,692)	(876)	48.2%
<u>KPI's</u>				
Acute OOA purchase of healthcare	(3,028)	(2,909)	119	(3.9%)
PICU OOA purchase of healthcare	(864)	(1,462)	(598)	69.2%
Rehab OOA purchase of healthcare	(699)	(495)	203	(29.1%)
Agency	(3,380)	(3,379)	1	(0.0%)

Key variances are described below:

Clinical income - £2.042m favourable:

- £1.4m increased Integrated Care Board (ICB) & NHS England (NHSE) contract funding increase of 2.3% for the pay settlements.
- £0.9m favourable variance as all expected income for Substance Misuse and Buckwood View has been received in the YTD but was phased across the year in the plan.
- £0.2m other adverse income adjustments.

Other income - £0.415m favourable:

- £0.4m favourable variance for the reimbursement of seconded staff costs.

Pay - £3.255m adverse:

- £0.9m net adverse variances due to some services not working to roster and/ or are over

Section 1: Financial Overview

established clinically or medically, which is leading to significant overspends as set out in section 3 of this report. These overspends are currently somewhat offset by slippage in recruitment in other services, but this is becoming an increasing problem as the vacant posts are filled in the underspending services.

- £1.8m adverse increase in substantive and bank pay costs due to pay settlements in excess of the planned 2.1%. The AfC pay settlement was 5.2% and the medic pay settlement is an average of 6%.
- £0.6m adverse variance due to all Substance Misuse and Buckwood View costs being incurred in the YTD but phased across the year in the plan.

Non-pay - £0.496m adverse:

- £0.2m adverse increase in capital charges due to year-end asset valuation changes.
- £0.2m adverse variance due to all Substance Misuse and Buckwood View costs being incurred in the YTD but phased across the year in the plan.
- 0.3m adverse net increase in out of area costs predominantly due to the high level of observations for a small number of patients. The average monthly cost is £0.071m compared to a plan of £0.15m. In addition, 42 more bed nights have been purchased than planned and the average bed night cost ranges from £883 to £950 per night compared to the expected £861.
- £0.1m favourable net variance across a range of non-pay lines.

Net finance costs - £0.441m favourable:

- £0.6m increase in interest receipts following rate rises, doubling the expected income compared to planning assumptions. This is a fortuitous benefit that is helping to non-recurrently offset the pay award funding gap.
- £0.2m adverse PDC dividends payments due to differing assumptions on the levels of forecast net assets and cash balances at year-end, which are used to calculate dividends payable.

The YTD and forecast position by directorate is shown on the following page.

Section 1: Financial Overview

Directorate	YTD budget £'000	YTD actual £'000	YTD variance £'000	Annual budget £'000	Forecast £'000	Forecast variance £'000
Acute & community	(27,304)	(30,521)	(3,217)	(53,923)	(61,654)	(7,731)
Rehab & specialist	(14,427)	(14,123)	304	(29,240)	(28,367)	874
Directorate management/ central	(1,334)	(1,396)	(62)	(2,643)	(2,785)	(142)
Medical	(3,141)	(2,925)	216	(6,281)	(6,137)	144
Chair/Chief Exec Office	(755)	(724)	31	(1,570)	(1,551)	19
Corporate Governance	(817)	(820)	(3)	(1,634)	(1,610)	25
Director of Finance	(3,835)	(3,825)	11	(7,671)	(7,483)	188
Exec Dir of Operations & Trans	(36)	(37)	(1)	(72)	(75)	(3)
Nursing & Professions	(2,387)	(1,752)	635	(4,774)	(3,609)	1,165
People Directorate	(1,956)	(2,066)	(109)	(3,913)	(3,986)	(73)
Special Projects & Facilities	(3,800)	(3,758)	42	(7,601)	(7,455)	146
Reserves	396	729	334	(181)	36	216
Central budgets	58,321	58,439	117	116,041	121,242	5,201
Net surplus/ (deficit)	(1,076)	(2,778)	(1,702)	(3,462)	(3,434)	28
Technical adjustments	110	86	(24)	200	172	(28)
ADJUSTED SURPLUS/ (DEFICIT)	(966)	(2,692)	(1,726)	(3,262)	(3,262)	(0)

The drivers of the YTD variance are as described in the section above and this table shows how this breaks down over the directorates. The largest overspending area is Acute & Community mainly caused by out of area pressures, non-compliance with rotas and over establishment. A schedule of the YTD highest overspending cost centres and the drivers of the spend is set out in section 3 of this report. The overspending cost centres are required to put a plan in place to recover the position. The forecast does not include any recovery plans at service level at present; instead, an assumption has been built into the central budgets line thus allowing the achievement of plan.

Section 1: Financial Overview

The significant underspend on the Nursing & Professions service line is partly due to budget anomalies of £0.7m that we will look to rectify in M7.

The £5.2m underspend on central budgets is due to increases in income, including pay award settlements, and assumed recovery plans not disclosed in service lines.

Forecast Outturn

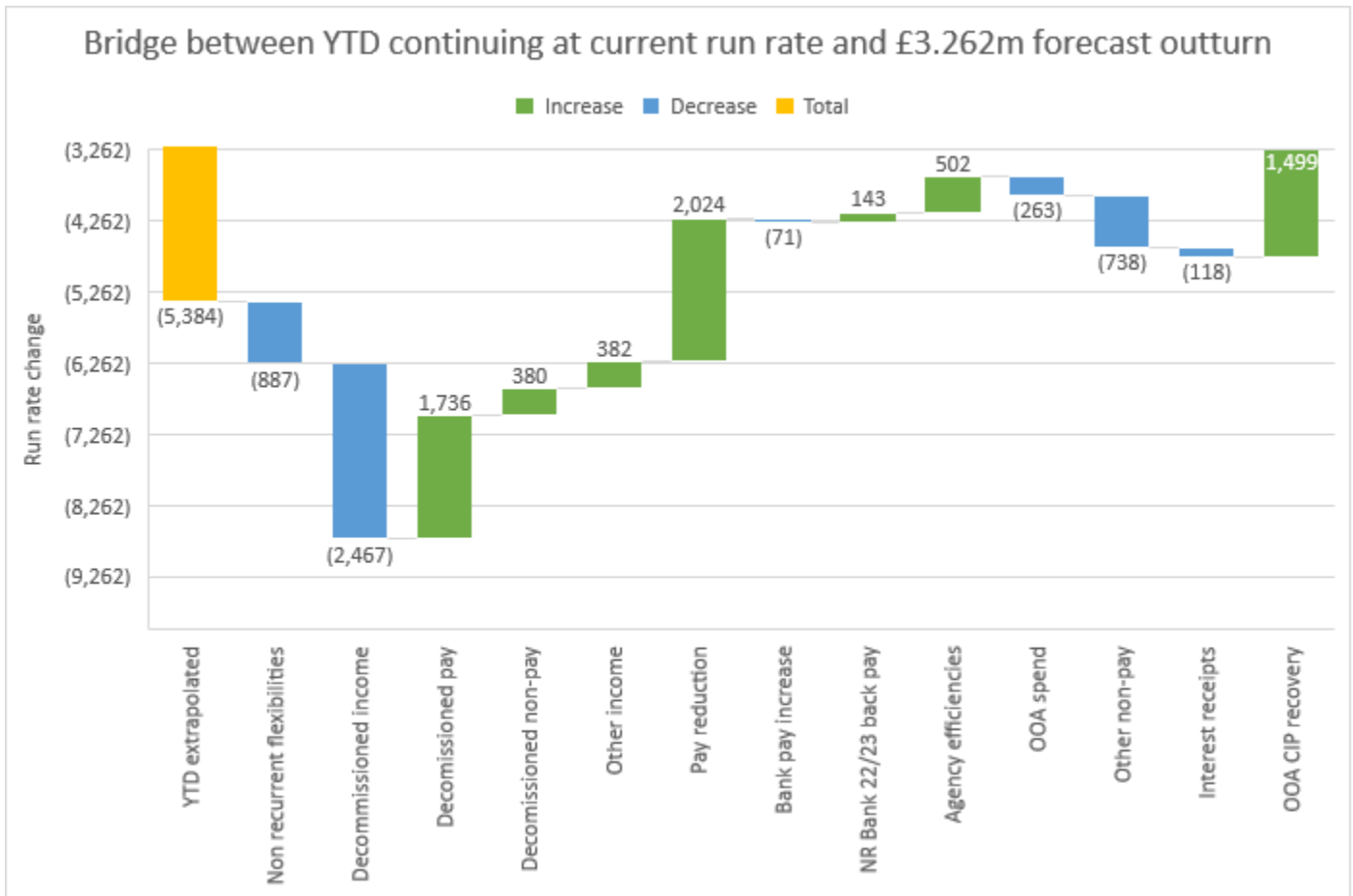
The forecast matches the planned deficit of £3.262m. We are required by NHSE to report achievement of plan until notified otherwise, despite concerns that cost pressures are increasing. It is important to note that if income and expenditure was to continue for the rest of the year at the same rate as the year to date then we would have a deficit of £5.384m (M5: £3.842m). This has increased significantly since M5 for several reasons including:

- The medic pay award was underestimated in M5 resulting in an additional cost pressure in M6 of £0.321m,
- The backdated pay award payment to bank staff of £0.143m was recognised for the first time in M6,
- PICU observations costs increased by £0.1m more than expected in M5 due to a small number of high cost patients with costs backdated to July,
- PDC payments increased by £0.1m between M5 and M6,

The above factors account for £1.3m of the £1.5m increase to the run rate deficit.

A number of assumptions have been made to bridge the gap between the forecast deficit of £3.262m and the deficit of £5.384m if income and expenditure continues at the same as seen to date. These assumptions are shown in the waterfall chart below.

Section 1: Financial Overview



Key points to note from the bridge are:

- Non recurrent flexibilities have occurred in the YTD that are not expected to be replicated. These are one-off prior year benefits, such as unutilised prior year accruals.
- The decommissioning of Substance Misuse and Buckwood View services has led to income and pay and non-pay expenditure being received/ incurred in the early part of the year that won't be repeated in the remaining 6 months of the year.
- Efficiencies are forecast to be achieved at a significantly higher rate than delivered in the YTD.
- Interest rate receipts will not continue at the same rate because the cash at bank balance is reducing.
- Depreciation/capital charge funding totalling £0.2m has been assumed in the forecast. This income is not guaranteed and therefore has been recognised as a risk in section 8 of this report.

The monthly income and expenditure profile is set out on the next page.

Section 2: Monthly Income & Expenditure Profile

The table below shows the income and expenditure profile by month for the Statement of Comprehensive Income. The forecast is reported on plan as required by NHSE despite concerns that increasing cost pressures as described above cannot be offset by additional interest receipts, funding increases and efficiency savings.

	Prior Year £'000	Actual						Forecast						M12 Plan £'000	Forecast £'000	Variance £'000
		Apr-23 £'000	May-23 £'000	Jun-23 £'000	Jul-23 £'000	Aug-23 £'000	Sep-23 £'000	Oct-23 £'000	Nov-23 £'000	Dec-23 £'000	Jan-24 £'000	Feb-24 £'000	Mar-24 £'000			
Income																
Income from Patient Care Activities	137,970	10,875	10,875	11,453	10,561	11,027	10,472	10,633	10,581	10,581	10,581	10,581	10,555	126,438	128,775	(2,337)
Other Operating Income	22,571	1,866	1,866	1,696	1,729	1,884	1,827	1,686	1,699	1,700	1,700	1,700	1,700	20,897	21,054	(157)
Total Income	160,541	12,741	12,741	13,150	12,291	12,911	12,299	12,319	12,280	12,281	12,281	12,281	12,255	147,335	149,829	(2,494)
Expenditure																
Substantive	110,235	(8,739)	(8,739)	(11,216)	(9,389)	(8,715)	(10,022)	(8,758)	(8,751)	(8,870)	(8,940)	(8,893)	(8,897)	(111,800)	(109,928)	(1,872)
Bank	4,409	(286)	(286)	(606)	(231)	(428)	(568)	(392)	(386)	(381)	(371)	(371)	(374)	(195)	(4,681)	4,486
Agency	8,963	(1,334)	(1,334)	1,098	(544)	(710)	(555)	(567)	(544)	(553)	(485)	(471)	(471)	(6,479)	(6,470)	(9)
NHSE pension costs	4,835															
Other (Apprenticeship Levy)	470	(37)	(37)	(38)	(67)	(37)	(41)	(40)	(40)	(40)	(40)	(40)	(40)	(441)	(495)	54
Total Pay	128,913	(10,397)	(10,397)	(10,762)	(10,232)	(9,890)	(11,186)	(9,755)	(9,720)	(9,844)	(9,836)	(9,774)	(9,781)	(118,915)	(121,574)	2,659
Out of Area healthcare	9,549	(760)	(760)	(763)	(754)	(910)	(920)	(879)	(856)	(858)	(854)	(845)	(837)	(8,496)	(9,995)	1,499
Drugs	1,262	(73)	(73)	131	(453)	(98)	(90)	(86)	(87)	(87)	(87)	(87)	(86)	(871)	(1,176)	305
Other non pay	18,034	(1,625)	(1,625)	(1,432)	(1,152)	(1,901)	(780)	(1,312)	(1,312)	(1,312)	(1,312)	(1,312)	(1,312)	(18,036)	(16,386)	(1,650)
Total Non Pay	28,845	(2,457)	(2,457)	(2,064)	(2,359)	(2,909)	(1,790)	(2,277)	(2,255)	(2,257)	(2,254)	(2,245)	(2,235)	(27,402)	(27,557)	155
Total Expenditure	157,758	(12,854)	(12,854)	(12,826)	(12,591)	(12,799)	(12,975)	(12,032)	(11,975)	(12,100)	(12,090)	(12,019)	(12,016)	(146,317)	(149,131)	2,814
EBITDA	2,783	(113)	(113)	323	(300)	112	(676)	287	305	181	191	262	240	1,018	698	320
Depreciation & Amortisation	3,142	(260)	(260)	(445)	(321)	(322)	(321)	(321)	(321)	(321)	(319)	(319)	(320)	(3,425)	(3,850)	425
Net Operating Surplus / (Deficit)	(360)	(373)	(373)	(121)	(621)	(210)	(997)	(33)	(16)	(140)	(128)	(57)	(80)	(2,407)	(3,153)	745
Interest receipts	1,278	200	200	222	439	9	206	194	194	188	184	195	202	1,279	2,433	(1,153)
Finance expense	(97)	0	0	(15)	(8)	(6)	(5)	(6)	(6)	(6)	(6)	(6)	(6)	(62)	(67)	5
PDC dividends payable	(2,226)	(161)	(161)	(188)	(279)	(226)	(308)	(220)	(220)	(220)	(220)	(220)	(220)	(2,272)	(2,646)	374
Net Finance Costs	(1,045)	39	39	19	153	(223)	(108)	(32)	(32)	(38)	(42)	(31)	(24)	(1,055)	(280)	(775)
Technical Adjustments	(1,092)	15	15	14	14	15	14	14	14	14	14	14	14	200	172	28
Adjusted Net Surplus / (Deficit)	(2,497)	(320)	(320)	(88)	(454)	(419)	(1,091)	(51)	(34)	(164)	(156)	(74)	(90)	(3,262)	(3,262)	(0)

Section 3: Spotlight on Overspends

In recent years the organisation's focus has understandably been on operational management and quality of care rather than the financial position. This was to be expected especially during the pandemic as funding pressures eased significantly. The 2023/24 forecast deficits of the Trust and of the wider Integrated Care System (ICS) means that it is imperative we re-introduce the financial management controls that were in place prior to covid. One of these controls is the Performance Framework, which requires that any service or team (corporate, medical and clinical) overspending by a certain amount for the year to date or forecast must produce a recovery plan setting out how the overspend will be reduced and brought back in line with budget.

The services showing significant overspends at M6 are detailed in the table below:

Directorate	Service Line	M6 overspend £	Over/ (under) established WTE	Substantive over/ (under) £	Agency overspend £	Bank overspend £	Drivers / comments
Acute & community	Woodland View	436,538	21.76	(57,095)	232,566	175,986	Rota compliance
	Birch Avenue	423,173	16.25	(173,662)	128,754	217,804	Rota compliance
	G1 Ward	137,886	8.94	(169,019)	76,248	220,561	Not working to CER and rota
	OA CMHT	292,730	3.45	140,335	109,622	39,109	Over established throughout the year. £52k medical agency costs in prior months, not reflected in M6 over established WTE.
	Dovedale 1	305,929	17.58	(33,706)	156,352	173,817	Not working to CER and rota
	Burbage Ward	183,660	16.94	(178,377)	202,552	176,636	Not working to CER and rota
	Dovedale 2	183,937	22.39	(394,156)	324,796	246,085	Not working to CER and rota
	Maple Ward	403,922	20.28	(122,079)	301,613	215,251	Not working to CER and rota

Section 3: Spotlight on Overspends

Directorate	Service Line	M6 overspend £	Over/ (under) established WTE	Substantive over/ (under) £	Agency overspend £	Bank overspend £	Drivers / comments
	Endcliffe Ward	337,567	10.07	(115,449)	237,943	187,361	Not working to CER and rota
	Acute & Comm Central	129,657	1.00	25,603	-	-	Unfunded lead social worker post
	Out of Town PICU	599,204	0.00	-	-	-	£350k due to high number of observations for a small cohort of patients; 42 bed nights more than planned and the average bed night cost ranging from £883 to £950 compared to planned £861.
Central	Capital Charges *	402,710	0.00	-	-	-	Revaluation of assets at year-end, & increased PDC payments.
Director of finance	New EPR *	226,868	2.15	75,274	321,069	-	Programme slippage
Directorate management/ central	Clinical Management Team	123,020	2.94	130,092	5,976	16,107	£76k consultant on-call, £24k additional PAs and £46k trainee doctors
People	Training	35,874	0.64	31,678	-	-	Over established due to maternity backfill & temporary post agreed to 31/3/24.
	International Recruitment	30,509	0.00	-	-	-	Recruitment fees and accommodation costs more than national funding.

Section 3: Spotlight on Overspends

Directorate	Service Line	M6 overspend £	Over/ (under) established WTE	Substantive over/ (under) £	Agency overspend £	Bank overspend £	Drivers / comments
	Apprenticeship Levy Costs *	36,889	0.00	36,889	-	-	Costs increase as substantive staff increases. Not a controllable cost for the directorate. Pressure expected to reduce following TUPE transfers.
Rehab & specialist	Forest Close 1	140,600	2.82	54,107	68,315	18,061	Not working to CER and rota
	Forest Lodge	230,793	(0.35)	(25,946)	188,166	31,057	Not working to CER and rota
Special projects & facilities	Maintenance Support	180,655	0.00	112,015	30,609	4,140	WTE worked in M6 was 16.11 compared to a budget of 14. Not over established but overtime incurred. Agency in prior months.
	Small Scheme Improvements	73,923	0.00	-	-	-	A range of maintenance overspends –requires further review,
Total		4,916,043	146.86	(663,495)	2,384,583	1,721,975	

Recovery plans were requested following the M5 reporting for all the above services except those marked with an asterisk (*). The services not requiring a recovery plan are caused by issues not within the control of the budget holder or are recognised overspends in exceptional circumstances.

An update will be given in the M7 reporting of the in-year impact of the recovery plans received.

Section 4: Cost Improvement Programme at 30th September 2023 (Month 6)

The YTD CIP programme target is £1.966m and this has been achieved. The forecast position has been revised in M6 to show spend and efficiencies being achieved on the same trajectory as the last 3 months for the out of area and agency reduction delivery groups. Previous reporting has been based on the plan for the remainder of the year but this was no longer considered to be realistic. This has resulted in the forecast reducing to £4.796m against the plan of £5.734m as shown in the table below.

Cost Improvement Programme as at September 2023

£000s

CIP lead	Scheme	Scheme Status													YTD £	Total £
		Apr Actual £	May Actual £	Jun Actual £	Jul Actual £	Aug Actual £	Sep Actual £	Oct Forecast £	Nov Forecast £	Dec Forecast £	Jan Forecast £	Feb Forecast £	Mar Forecast £			
Out Of Area Delivery Group																
Mike Hunter	Expected spend pre CIPs	826	835	826	835	959	840	850	840	850	850	840	850	5,120	10,197	
	Spend 23/24	801	718	763	754	910	921	827	818	827	850	830	977	4,866	9,995	
	Variance	25	117	63	81	49	(81)	22	22	22	(1)	10	(127)	253	202	
	CIP plans	17	88	103	124	29	168	177	185	194	211	194	211	529	1,701	
	Gap to CIP plan	8	29	(40)	(43)	20	(249)	(154)	(164)	(172)	(212)	(184)	(338)	(276)	(1,499)	
Agency Reduction Delivery Group																
Caroline Parry	Average spend 22/23	747	747	747	747	747	747	747	747	747	747	747	748	4,481	8,964	
	Spend 23/24	507	507	557	580	674	555	567	544	553	485	471	471	3,379	6,470	
	Variance	240	240	190	167	73	192	180	203	194	262	276	277	1,102	2,494	
	CIP plans	190	160	183	183	181	205	257	223	219	227	224	232	1,102	2,484	
	Gap to CIP plan	49	80	7	(16)	(107)	(13)	(77)	(20)	(25)	35	51	45	0	9	
Efficiency Delivery Group																
Neil Robertson	CIP plans	49	49	49	49	69	69	110	114	114	114	119	642	335	1,549	
	Achieved	31	31	31	32	156	331	200	198	193	189	115	595	611	2,101	
	Gap to CIP plan	(18)	(18)	(18)	(17)	86	262	90	84	78	74	(4)	(47)	276	553	
Totals	CIP plans	257	297	335	356	279	442	544	523	527	552	537	1,085	1,966	5,734	
	Achieved/ forecast	295	388	283	280	278	442	403	423	409	450	401	745	1,966	4,796	
	Gap to CIP plan	38	91	(52)	(75)	(1)	0	(142)	(99)	(118)	(102)	(137)	(340)	0	(938)	

The forecast for out of area efficiencies shows under delivery of £1.5m, which has been partially offset by recognising fortuitous interest receipts as non-recurrent efficiencies. However, recovery plans are being developed by the out of area delivery group and these are expected to deliver the required savings to bring the programme back on plan by year-end. Consequently, we have reported breakeven against plan in our reporting to NHSE but raised this as a risk in our reporting to the ICB and in section 8 of this report. A further breakdown of the programme is provided in the appendices.

Section 5: Statement of Financial Position

The table below shows the Statement of Financial Position (SoFP) as at 30th September 2023:

	Closing 2022/23	YTD Actual	YTD Movement	Annual Plan	Forecast for end of year	Forecast v Plan
	£'000	£'000	£'000	£'000	£'000	£'000
<u>Non-Current Assets</u>						
Property, Plant & Equipment (PPE)	71,868	73,301	1,433	66,650	78,405	11,755
Intangible Assets	4,478	5,844	1,366	4,658	6,583	1,925
Other Non-Current Assets	414	340	(74)	4,270	340	(3,930)
Non-Current Assets Total	76,760	79,485	2,725	75,578	85,328	9,750
<u>Current Assets</u>						
Receivables	12,357	10,064	(2,293)	9,268	13,259	3,991
Cash and Cash Equivalents	53,715	44,254	(9,461)	47,405	45,951	(1,454)
Assets held for sale (Fulwood HQ)	12,000	12,000	0	8,000	8,000	0
Other Current Assets	54	41	(13)	2,089	68	(2,021)
Total Current Assets	78,126	66,359	(11,767)	66,762	67,278	516
<u>Current Liabilities</u>						
Provisions	(662)	(599)	63	(759)	(599)	160
Payables	(19,452)	(13,513)	5,939	(15,992)	(18,183)	(2,191)
Other Current Liabilities	(1,385)	(1,342)	43	0	(2,049)	(2,049)
Total Current Liabilities	(21,499)	(15,454)	6,045	(16,751)	(20,831)	(4,080)
Net Current Assets/ (Liabilities)	56,627	50,905	(5,722)	50,011	46,447	(3,564)
Total Non-Current Liabilities	(6,452)	(6,146)	306	(9,418)	(5,851)	3,567
Total Net Assets	126,935	124,244	(2,691)	116,171	125,924	9,753
Total Taxpayers Equity	126,935	124,244	(2,691)	116,171	125,924	9,753

Section 5: Statement of Financial position

The cash balance at the end of month 6 is £9.5m less than the previous year closing balance. This reflects the in-year deficit, purchase of non-current assets and movement in working capital balances.

Within the working capital balance, the current payables and receivables total at the end of month 6 is a net payable amount of £3.4m compared with £7.1m at the end of 2022/23. This reduction of £3.6m has resulted in using more cash.

The movements on non-current assets are due to expenditure on the capital programme of £4.7m partially offset by amortisation and depreciation, which decrease the asset values, by £1.9m. The year to date spend on non-current assets is behind plan but this is a timing issue.

There are no working capital concerns. Liabilities remain under control and receivable balances are reviewed below. The Better Payment Practice Code (BPPC) target has been met for the 6 months of this financial year.

Aged Debt Analysis

As at 30th September 2023 there were unpaid receivable invoices totalling £4.474m (M5: £4.416m). £1.017m of the unpaid invoices relate to invoices raised during September 2023 and were not overdue at the reporting date. £3.457m (M5: £2.048m) was overdue at the reporting date and £2.445m has subsequently been paid in September, leaving £2.029m (M5: £1.806m) overdue.

The majority of the older debt is with NHS bodies, predominantly Sheffield Teaching Hospitals. SHSC are working with Teaching Hospitals to resolve queries around the unpaid invoices.

There is a continuing effort to improve collections especially for debts for overpayments to employees leaving SHSC and debt recovery services are used where appropriate.

20 outstanding debts totalling £0.022m have been referred to the Trust's debt collection agency. These are predominantly the older salary overpayments where we have been unable to make progress with the former employees for them to make the payments. A further 17 salary overpayment debts totalling £0.026m are being paid back in instalments via agreed repayment plans.

The following table shows the breakdown by type of debt and number of days overdue:

Customer Type	Total Balance 30/09/2023 £'000	Not yet overdue £'000	1-30 Days £'000	31-60 days £'000	61-90 Days £'000	91-120 days £'000	Over 120 days £'000	Still outstanding 15/10/2023
NHS Trusts, FT's and ICB	3,108	599	1,817	322	3	9	358	786
NHSE and DOH	347	-26	0	123	4	0	247	233
Staff Overpayments	65	5	5	0	0	0	54	56
Other	797	284	111	208	200	0	-7	797
Local Authority	157	154	0	22	0	0	-19	157
Grand Total	4,474	1,017	1,933	675	207	10	632	2,029

Section 6: 12 Month Cash Flow Forecast

Cash flow as at 31st August 2023	Prior Year Mar-23 £000s	Actual	Actual	Actual	Actual	Actual	Actual	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
		2023/24 Apr-23 £000s	2023/24 May-23 £000s	2023/24 Jun-23 £000s	2023/24 Jul-23 £000s	2023/24 Aug-23 £000s	2023/24 Sep-23 £000s	2023/24 Oct-23 £000s	2023/24 Nov-23 £000s	2023/24 Dec-23 £000s	2023/24 Jan-24 £000s	2023/24 Feb-24 £000s	2023/24 Mar-24 £000s
Operating Surplus/(deficit)	1,800	(373)	(374)	(121)	(621)	(210)	(997)	(76)	(76)	(76)	(76)	(76)	(76)
Net cash generated from / (used in) operations	(808)	355	523	735	(13)	(484)	1,418	70	70	70	70	70	70
Net cash inflow/(outflow) from investing activities, Total	(3,563)	95	94	(624)	(2,045)	(1,564)	(3,718)	229	229	229	229	229	229
Net cash inflow/(outflow) before financing	(2,571)	77	243	(10)	(2,679)	(2,258)	(3,297)	222	222	222	222	222	222
Net Cash inflow/(outflow) from financing activities, Total	4,912	(244)	(243)	(244)	(278)	(331)	(197)	61	61	61	61	61	62
Increase/(decrease) in cash and cash equivalents	2,340	(167)		(254)	(2,957)	(2,589)	(3,494)	283	283	283	283	283	284
Cash and cash equivalents at start of period	51,375	53,715	53,548	53,548	53,294	50,337	47,748	44,254	44,537	44,820	45,102	45,385	45,668
Increase/(decrease) in cash and cash equivalents	2,340	(167)		(254)	(2,957)	(2,589)	(3,494)	283	283	283	283	283	284
Cash and cash equivalents at end of period	53,715	53,548	53,548	53,294	50,337	47,748	44,254	44,537	44,820	45,102	45,385	45,668	45,951
Cashflow balance as per 2023/24 plan		51,859	50,517	49,356	48,125	47,057	45,280	43,846	43,366	44,059	43,549	46,962	47,405
Variance between actual and forecast cash balance to plan		1,689	3,031	3,938	2,212	691	(1,026)	691	1,454	1,043	1,836	(1,294)	(1,454)

The cash balance at the end of September 2023 was £44.3m (M5: £47.7m). This is a reduction on previous months and is £1m lower than plan. Cash balances are expected to reduce due to the deficit position and capital spend. Spend on the capital programme in months 1 to 6 has been lower than plan as capital works were brought forward into March 2023. Capital expenditure was low in quarter 1 but quarter 2 has shown an acceleration in expenditure which moves the capital position back towards the plan.

The Trust has a capital programme of £12.791m for the financial year and this has been built into the forecast. £4m is dependent on a capital receipt for the sale of Fulwood. Without this the CDEL could be as low as £6.981m. SHSC is planning to spend the full capital programme but is managing the position to avoid over-committing until the increased CDEL is confirmed.

The historic cash balance trends and rolling 12-month forecast is shown in Appendix 5.

Section 7: Capital Programme

The original capital programme for the 2023/24 financial year submitted to the ICS in March 2023 was £12.791m. This assumes a £4m receipt from the sale of Fulwood. Uncertainty remains on the timing of the sale as the capital receipt is linked to the buyer receiving planning approval. At present, we assume the £4m will be received in the 2023/24 financial year. However, the capital plan is structured in a way that capital projects that have not yet commenced can be paused if this is not received.

As well as the possibility of not receiving the receipt in year, there is also a possibility of receiving a receipt late in the financial year where the Trust does not have the time to complete projects and spend the receipted funds before the end of the financial year. Under NHS capital planning guidance there is the opportunity to carry capital funds forward to a future financial year. The capital timing risk has been raised for the previous 3 submissions on the monthly financial commentary to NHSE. From month 7, the capital receipt will be shown as carried forward on the monthly Provider Finance Returns (PFRs). This formalises the intention with NHSE and keeps this option available if needed.

As shown in the table below, at the end of month 6 the actual capital spend was £4.728m against an original plan of £7.965m and a revised plan of £5.802m. The main reason for the underspend variance is due to timing. The capital programme was accelerated in March to ensure relevant costs were recorded in 2022/23 to avoid losing CDEL funding. As such, materials on site and certificated works were recognised in 2022/23 with limited additional costs being confirmed in the in the first quarter. Since then, the rate of expenditure has increased but the delayed implementation of Rio and delays to Woodland View roof work means the timing of expenditure has not been incurred as planned.

Capital Position to Date:		Original Plan	Revised Plan	Actual	Variance	Indicator	
		£'000	£'000	£'000	£'000		
In-month spend		1,865	1,165	1,248	83	Green	
Cumulative spend		7,965	5,802	4,728	(1,074)	Green	
Capital expenditure is <85% or >115% of plan for year to date						Green	
Capital Forecast Outturn:	CDEL: Limit	Revised Plan	Forecast Exp	Variance against CDEL Limit	Variance against plan	Indicator against CDEL	Indicator against revised plan
	£'000	£'000	£'000		£'000		
Full Year cumulative spend	12,791	12,791	12,791	0	0	Green	Green

At month 6 the delayed EPR programme was forecasting a cost pressure in the region of £0.8m. However, the Trust is seeking national funding to help support the EPR overspend and fund other digital projects to reduce the burden on the capital programme.

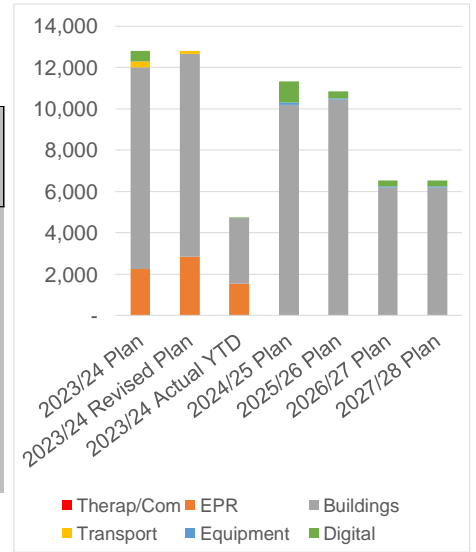
The business case for work on Maple Ward is also likely to be significantly higher than the original £3.6m and £5.8m revised budget allocation we have currently in the plan over the next 2 years. This puts the already stretched capital programme under increased pressure. The programme has been reprioritised to ensure that commitments do not exceed the confirmed available funding and overall, the capital forecast remains in line with the plan.

Section 7: Capital Programme

The breakeven forecast and the expected spend in future financial years is shown in the table below:

CAPITAL FORECAST 2023/24 TO 2027/28								
Category	2023/24			2024/25	2025/26	2026/27	2027/28	Total Programme Forecast
	Original 23/24 Plan	Revised 23/24 Plan (Sept 2023)	YTD actual	Plan	Plan	Plan	Plan	
	£000	£000	£000	£000	£000	£000	£000	£000
Therap/Com	-	-	-	-	-	-	-	-
EPR	2,250	2,850	1,541	-	-	-	-	2,850
Buildings	9,759	9,798	3,184	10,197	10,449	6,209	6,209	42,862
Transport	297	143	-	-	-	-	-	143
Equipment	-	-	-	100	50	50	50	250
Digital	485	-	3	1,044	342	282	282	1,950
Total	12,791	12,791	4,728	11,341	10,841	6,541	6,541	48,055

The plan for 2023/24 + next 4 years was finalised in March 2023



Section 8: Financial Risks

The 2023/24 financial plan incorporated all known cost pressures and mitigations at the time it was developed. Risks have since come to light that may impact on the financial position.

Issue	£m	Risk description	Mitigation	RAG rating
NHS 111 MH option requirement	0.2	The trust is required by the Long-Term Plan (LTP) to offer universal access to urgent mental health helplines by April 2024. Additional funding is unlikely to be available as the national viewpoint is that LTP funding has already been distributed to systems.	Lobbying the ICB to provide additional funding. Maybe an appropriate use of MHIS slippage with commissioner agreement rather than returning unspent money back to commissioners.	
Additional depreciation funding	0.2	The plan include £0.6m funding from the ICB for increased capital charges. £0.4m has now been confirmed leaving £0.2m at risk. The forecast assumes the £0.2m will be received.	The ICB is working to secure the additional funding from NHSE.	
Efficiency savings	2.1	The challenge to deliver the efficiencies is increasing as £3.8m, 66% of the savings are planned to occur in the last 6 months of the year. In addition, the out of area workstream is currently projecting under delivery of £1.5m based on current run rates due to high cost PICU observations. Furthermore, delivery is being hindered by delayed social care support for those clinically ready for discharge.	Delivery Groups are working to ensure that the efficiencies are achieved. Progress is monitored very closely by the Cost Improvement Programme Board. Primary risk re OOA delivery.	
TOTAL	2.5			

Each of the risks will be monitored closely over the coming months and will be factored into the financial position if it becomes probable that they will materialise.

Risks that have materialised or been mitigated since M5 are:

Section 8: Financial Risks

Issue	£m	Risk description	Mitigation	RAG rating
Non-NHS income uplift	0.6	The plan assumed an uplift of 1.8% on all non-NHS income to match the uplift on NHS contracts. There is a risk that we will be unable to secure the planned additional funding and the gap will increase because of pay award settlements.	ICB funding received to subsidise non-NHS contract. The income is included in the position and no longer at risk.	Risk closed
Additional EPR funding	0.3	The forecast assumes additional national funding to support the EPR revenue costs following a bid to NHSE. There is a risk this will not be received.	The funding bid was unsuccessful and so the income is no longer included in the financial position.	Risk closed

Appendix 1: Income & Expenditure Trends

Finance and Performance Committee (FPC) has requested high level information on expenditure trends to be included in this report. This is to give context to discussions regarding drivers of the deficit and efficiency saving opportunities. The table below shows the changes in income and expenditure at summary level from 2018/19 to 2023/24:

	18/19	19/20	20/21	21/22	22/23	23/24 FOT
	£000	£000	£000	£000	£000	£000
Income from patient care activities	98,720	105,734	118,174	130,481	137,970	128,775
Other Income	29,216	25,741	35,537	21,368	22,571	21,053
Total Income	127,936	131,475	153,711	151,849	160,541	149,828
Pay	(94,015)	(104,443)	(116,244)	(117,422)	(128,913)	(121,574)
Non Pay	(20,798)	(22,547)	(33,589)	(32,246)	(31,988)	(31,407)
Total Expenditure	(114,813)	(126,990)	(149,833)	(149,668)	(160,901)	(152,981)
Interest receipts	224	322	1	29	1,278	2,433
Finance expense	(21)	(38)	(22)	(25)	(97)	(67)
PDC dividends payable	(1,635)	(1,432)	(1,374)	(1,765)	(2,226)	(2,646)
Net Finance Costs	(1,432)	(1,148)	(1,395)	(1,761)	(1,045)	(280)
Net Surplus / (Deficit)	11,691	3,337	2,483	420	(1,405)	(3,434)
Technical Adjustments	172	145	182	1,391	(1,092)	172
Adjusted Net Surplus / (Deficit)	11,863	3,482	2,665	1,811	(2,497)	(3,262)
KPI's						
Acute OOA purchase of healthcare	(270)	(625)	(2,079)	(5,283)	(6,460)	(5,981)
PICU OOA purchase of healthcare	(1,088)	(881)	(1,403)	(1,696)	(1,764)	(3,007)
Rehab OOA purchase of healthcare	(628)	(1,691)	(1,789)	(1,525)	(1,324)	(1,007)
Total Out of Area healthcare	(1,986)	(3,197)	(5,271)	(8,504)	(9,549)	(9,995)
Year on year % increase		61%	65%	61%	12%	5%
Total Agency Revenue Spend	(3,516)	(3,819)	(4,638)	(5,873)	(8,963)	(6,470)
Year on year % increase		9%	21%	27%	53%	(28%)

Pay was significantly higher in 2022/23 as a result of agency spend but also because a non-recurrent payment of £4.8m was included in the position for the non-consolidated backdated pay award. Income from NHS England was recognised to offset the cost. Further analysis of pay is given on the next page.

Agency and out of area expenditure is shown separately as these are the key drivers of the deficit position and focus points for efficiency savings.

Out of area spend is broken down into 3 components of acute, PICU and rehab. Historically, acute is the key area of concern as expenditure has gone up significantly year on year. However,

Appendix 1: Income & Expenditure Trends

pressures are being seen in PICU spend in 2023/24 due to escalating costs for high level observations for a small number of patients.

The table below shows the pay expenditure split by substantive, bank and agency pay over 3 years so the movement between categories can be seen.

	21/22	22/23	%	23/24	%	
	£000	£000	change	FOT £000	change	
Trust wide costs	Substantive staff *	(104,664)	(110,189)	5.3%	(109,928)	(0.2%)
	Bank staff	(6,474)	(4,409)	(31.9%)	(4,681)	6.2%
	Agency / contract	(5,873)	(8,963)	52.6%	(6,470)	(27.8%)
	Other	(411)	(470)	14.4%	(495)	5.2%
	Total pay expenditure	(117,422)	(124,031)	5.6%	(121,574)	(2.0%)

* The 2022/23 substantive staff spend has been reduced by £4.8m to remove the non-consolidated backdated pay award to make the year-on-year figures comparable.

Pay was significantly higher in 2022/23 as a result of agency spend. The 2023/24 forecast assumes that actions taken to control agency spend will result in costs returning closer to 2021/22 levels. The Trust's deficit will increase if this assumption is incorrect.

Substantive staff costs in 2023/24 are forecast to only increase by 0.2% despite pay settlements of 5%+ for all staff. This is because of the TUPE transfer of social care and substance misuse staff back to Sheffield City Council and to the new Substance Misuse provider.

The table below shows the movement on the wards over the same 3-year period. Reporting will be refined for to give further analysis of the highest spending clinical and corporate services and this will be linked to the Performance Framework recovery plans discussed in section 3 of the report.

Appendix 1: Income & Expenditure Trends

Cost centre			21/22	22/23	%	23/24	%
			£000	£000	change	FOT £000	change
011129	G1 Ward	Substantive staff	(1,418)	(944)	(33%)	(2,150)	128%
		Bank staff	(456)	(438)	(4%)	(440)	1%
		Agency / contract	(577)	(1,496)	159%	(107)	(93%)
		G1 Ward	(2,451)	(2,878)	17%	(2,697)	(6%)
011153	Dovedale 1	Substantive staff	(1,773)	(1,788)	1%	(2,278)	27%
		Bank staff	(453)	(445)	(2%)	(338)	(24%)
		Agency / contract	(328)	(695)	112%	(349)	(50%)
		Dovedale 1	(2,554)	(2,928)	15%	(2,965)	1%
011320	Burbage Ward	Substantive staff	(1,512)	(677)	(55%)	(2,162)	220%
		Bank staff	(354)	(521)	47%	(416)	(20%)
		Agency / contract	(455)	(1,319)	190%	(366)	(72%)
		Burbage Ward	(2,321)	(2,517)	8%	(2,945)	17%
0111321	Dovedale 2	Substantive staff	(1,784)	(1,287)	(28%)	(1,691)	31%
		Bank staff	(87)	(652)	652%	(557)	(15%)
		Agency / contract	(416)	(465)	12%	(771)	66%
		Dovedale 2	(2,287)	(2,403)	5%	(3,018)	26%
011370	Maple Ward	Substantive staff	(1,769)	(1,889)	7%	(2,558)	35%
		Bank staff	(673)	(597)	(11%)	(416)	(30%)
		Agency / contract	(306)	(500)	63%	(553)	11%
		Maple Ward	(2,749)	(2,986)	9%	(3,528)	18%
011380	Endcliffe Ward	Substantive staff	(1,776)	(1,823)	3%	(2,289)	26%
		Bank staff	(680)	(332)	(51%)	(365)	10%
		Agency / contract	(335)	(723)	116%	(482)	(33%)
		Endcliffe Ward	(2,791)	(2,878)	3%	(3,136)	9%

Although progress has been made in reducing agency costs on some wards, this isn't the case for all. The table highlights the significant increase in costs above pay award settlements or inflation for Burbage, Dovedale 2, Maple and Endcliffe wards. Recovery plans have been requested for each of these wards to bring the expenditure under control and back into line with plan for the remainder of the year.

Appendix 2: Cost Improvement Programme – Out of Area (OOA) Efficiencies

Out of Area as at September 23	Current Financial position														
Adult	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Total	
Spot Beds people	12	10	9	8	10	8	8	9	8	8	9	8			
Spot Purchased Bed Nights - Actual	353	310	268	252	297	235	261	261	261	261	261	261	1,715	3,283	
Variance in Bed nights	67	0	2	(4)	(80)	(55)	(81)	(111)	(111)	(141)	(141)	(141)	(70)	(798)	
Total Variance in Bed nights	67	0	2	(4)	106	(55)	(81)	(111)	(111)	(141)	(141)	(327)	116	(798)	
Adult Planned Spend	546	484	460	449	667	423	424	406	407	390	397	390	3,028	5,442	
Adult Actual Spend	508	487	457	473	514	471	484	475	484	507	487	634	2,909	5,981	
Variance Spend	38	(3)	4	(24)	152	(48)	(60)	(69)	(77)	(117)	(90)	(244)	119	(539)	
PICU	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	0	Total	
Purchased Bed nights Planned	180	186	180	186	186	150	155	150	155	155	140	155	1,068	1,978	
Purchased Bed nights Actual	158	171	180	175	221	205	200	200	200	200	200	200	1,110	2,312	
Variance in Bed nights	22	15	0	11	(35)	(55)	(45)	(50)	(45)	(45)	(60)	(45)	(42)	(334)	
PICU Planned Spend	146	146	146	146	146	132	132	132	132	132	132	132	864	1,657	
PICU Spend	204	204	168	222	315	348	258	258	258	258	258	258	1,462	3,007	
Variance Spend	(58)	(58)	(22)	(75)	(169)	(216)	(125)	(125)	(125)	(125)	(125)	(125)	(598)	(1,350)	
IFR	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	0	Total	
Purchased Bed nights Planned	182	188	182	188	188	182	189	182	188	188	176	189	1,110	2,222	
Purchased Bed nights Actual	147	155	150	155	155	154	155	155	155	155	155	155	916	1,844	
Variance in Bed nights	35	33	32	33	33	28	34	27	33	33	21	34	194	378	
Rehab Planned Spend	116	116	116	116	116	116	116	116	116	116	116	116	699	1,397	
Rehab Spend	89	27	138	59	80	102	85	85	85	85	85	85	495	1,007	
Variance Spend	28	90	(22)	57	36	14	31	31	31	31	31	31	203	390	
Total	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	0	Total	
Total planned Bed Nights	1,232	1,149	1,082	1,087	1,242	962	989	932	958	928	871	929	6,754	12,361	
Total actual Bed Nights	1,108	1,101	1,048	1,047	1,138	1,044	1,081	1,066	1,081	1,081	1,051	1,267	6,486	13,115	
Total Variance to Plan	124	48	34	40	104	(82)	(92)	(134)	(123)	(153)	(180)	(338)	268	(754)	
Total planned spend	808	747	723	711	929	671	673	654	656	639	646	639	4,590	8,496	
Total actual spend	801	718	763	754	910	921	827	818	827	850	830	977	4,866	9,995	
Total Variance to Plan	8	29	(40)	(43)	20	(249)	(154)	(164)	(172)	(212)	(184)	(338)	(276)	(1,499)	

Appendix 3: Cost Improvement Programme – Agency Efficiencies

£000s

Overview SHSC Trust-wide Agency - 2023/24 - Month 06, September 2023

Agency Directorate Summary £000s

	22/23 Outturn	FYE		Forecast Out turn	Var (F) / A	Change since last Month	YTD Target	YTD Actual	Var (F) / A	Change since last Month	YTD Pay Variance	Year to Date break down of pay bill						
		Target	Note 1									Note 2	Note 1	Note 3	Note 3	Note 3	Substantive	Bank
Acute & Community	7,101	4,774	4,770	(3)	Green	↑ (643)	2,562	2,448	(114)	Green	↑ (53)	2,420	22,511	83.6%	1,953	7.3%	9.1%	26,912
Rehab & Specialist	724	634	656	22	Red	↓ 106	316	413	98	Red	↓ 6	(484)	16,764	96.4%	214	1.2%	2.4%	17,392
Clinical Central	150	115	9	(105)	Green	↓ 8	54	8	(46)	Green	↑ (10)	16	3,572	99.2%	21	0.6%	0.2%	3,601
Clinical Total	7,975	5,522	5,436	(87)	Green	↑ (551)	2,932	2,869	(62)	Green	↑ (57)	1,953	42,847	89.4%	2,189	4.6%	6.0%	47,905
Medical	182	150	231	81	Red	↑ (37)	75	113	40	Red	↑ (10)	508	5,437	97.8%	10	0.2%	2.0%	5,561
Chair/Chief Exec Office	0	0	(0)	(0)	Green	→ (0)	0	0	0	Green	→ 0	(0)	656	100.0%				656
Nursing & Professions	75	64	25	(39)	Green	↑ (1)	31	25	(6)	Green	↓ 1	(429)	1,771	97.2%	26	1.4%	1.4%	1,822
People Directorate	155	108	0	(108)	Green	→ 0	49	0	(49)	Green	↑ (6)	73	1,392	96.8%	46	3.2%		1,438
Finance	415	288	98	(190)	Green	↑ (29)	132	57	(75)	Green	↑ (6)	(60)	1,065	93.8%	13	1.1%	5.0%	1,135
IMST	267	186	630	444	Red	↓ 85	85	416	331	Red	↓ 91	405	736	62.5%	25	2.1%	35.4%	1,178
Special Projects & Facilities	198	141	152	12	Red	↑ (38)	65	98	33	Red	↓ 4	31	1,654	93.4%	19	1.1%	5.6%	1,771
Corporate Governance	8	5	11	6	Red	↑ (13)	2	11	9	Red	↓ 2	(19)	251	89.6%	18	6.3%	4.1%	280
Exec Dir of Operations & Trans	16	16	0	(16)	Green	→ 0	8	0	(8)	Green	↑ (1)	10	32	100.0%				32
Central / reserves	(328)		(114)	(114)	Green	↓ 1,192	0	(213)	(213)	Green	↑ (6)	1,020	424	219.6%	(18)	-9.4%	-110.2%	193
Corporate Total	988	957	1,035	77	Red	↓ 1,217	448	509	63	Red	↓ 69	1,538	13,417	95.4%	139	1.0%	3.6%	14,065
Total	8,963	6,479	6,470	(9)	Green	↓ 665	3,380	3,379	0	Red	↓ 13	3,490	56,264	90.8%	2,327	3.8%	5.5%	61,970

Agency Profession Summary £000s

	22/23 Outturn	Target	Forecast Out turn	Var (F) / A		YTD Target	YTD Actual	Var (F) / A	
		Note 1	Note 2			Note 1			
Health Care Assistant	2,718	1,722	1,568	(155)	Green	967	904	(64)	Green
Consultants	1,451	1,187	1,061	(126)	Green	597	573	(24)	Green
Other Medical	1,316	1,052	1,047	(4)	Green	529	483	(46)	Green
Nursing Registered	1,646	1,036	1,499	464	Red	583	626	43	Red
Admin & Clerical	1,281	932	892	(40)	Green	429	626	197	Red
Ancillary	311	311	217	(94)	Green	156	99	(56)	Green
Scientific Therapeutic & Tech	207	207	132	(75)	Green	104	52	(52)	Green
Allied Health Professions	32	32	54	22	Red	16	18	2	Red
Total	8,963	6,479	6,470	(9)	Green	3,380	3,380	0	Red

Admin & Clerical has been impacted by the EPR delays including this month a number of alterations that became necessary resulted in a significant amount of time to retest, along with the requirement of specialist staff in Facilities and IMST.

The new ICB sign of form for non clinical agency started on the 1st October 23. We have not had any application since, although we have had 1 new starter where the process started before this date.

The target for agency is 3.7% of which we are 5.5% we are currently 1.8% over.

Appendix 5: Cash Balance Trends and Rolling Cash Flow Forecast

Cost Improvement Programme as at September 2023

£000s

Non recurrent efficiencies are shown as blue text

CIP lead	Service Area	Scheme	CIP Efficiency Target	(Under) / Over Achievement to date	Risk Rating	SID	QEIA	Scheme Status										Total		
								Apr Actual £	May Actual £	Jun Actual £	Jul Actual £	Aug Actual £	Sep Actual £	Oct Forecast £	Nov Forecast £	Dec Forecast £	Jan Forecast £		Feb Forecast £	Mar Forecast £
Efficiency Delivery Group																				
Samantha Crosby	Special Projects & Facilities	Waste contract renewal	24			✓	n/a	4	4	4	4	4	4					24		
Sarah Bawden	People	Occupational Health contract	10			✓	tbc	2	2	2	2	2						10		
Neil Robertson	Central Management	Secure Patient Transport	50	(25)																
Samantha Crosby	Special Projects & Facilities	Electric Vehicle (Phase 2)	10													5	5	10		
Phill Easthope	Trust Wide	Corporate OH reduction	250									42	42	42	42	42	42	250		
Derek Bolton	Special Projects & Facilities	Fulwood Site (Phase 2)	171	(86)								14	14	14	14	14	14	86		
Abiola Allinson	Medical	Pharmacy Formulary	30			✓			1	4	(5)									
Pete Kendal	Trust Wide	Telecoms Contract	80	(20)			Oct-23					27	13	13	13	13	13	93		
Derek Bolton	Trust Wide	Improved HQ space utilisation	60										12	12	12	12	12	60		
James Sabin	Central Budgets	Cash investments / interest	363	407		✓	n/a	25	25	25	25	146	331	117	117	111	107	29	1059	
Philip Easthope	Trust Wide	Technical Adj - System wide approach (N/R)	500															500	500	
Ben Sewell	IMST	System one																9	9	
Total Efficiency Delivery Group			1549	276				31	32	31	32	156	331	200	198	193	189	115	594	2101

The overall position is £0.276m ahead of plan year to date with an anticipated over achievement of £0.553m for the workstream. As previously agreed, additional interest receipts are included in efficiencies where needed to contribute to the overall delivery of the CIP programme. This is necessary due to the reduced forecast on the out of area efficiency workstream as discussed in section 4 of this report.

There have been several other changes since the M5 reporting:

- Patient Transport - forecast reduced to zero, as it is unlikely to achieve any savings this year due to ongoing out of area pressures. However, a Trust wide working group is to be set up to review all the elements of both secure and non-secure transport.
- Pharmacy Formulary - Trust wide drugs has an overall overspend £0.363m, which unlikely to breakeven by year end. Further analysis is to be undertaken to understand if this is driven by activity, price or combination of the two.
- The telecoms contract Scheme Initiation Document has been produced and the expected savings are higher (£0.013m) than target.
- System one is under review as the indication now is there will be no savings, this would reduce the forecast by £0.009m.

Cash balance, trends and rolling forecast
£'000

