

Report to:	Public Board of Directors	Agenda item:	13
Date of Meeting:	26 September 2018		

Title of Report:	Finance Board Report
Status:	For action/discussion
Board Sponsor:	Libby Walters, Director of Finance
Author:	Elizabeth Poskitt, Head of Financial Management
Appendices	None

1. | Executive Summary of the Report

The purpose of this report is to set out the Trust's financial performance for the period to 31 August 2018.

2. Recommendations (Note, Approve, Discuss)

The Board should note the financial position as at month 5 of the 2018/19 financial year **Action: All**

3. Legal / Regulatory Implications

Not achieving financial duties will impact on the ability for the Trust to secure the economy, efficiency and effectiveness in its use of resources.

4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)

In line with the Risk Assessment Framework:

The Trust fails to deliver its financial plan which leads to the Trust having a Continuity of services risk rating of two or less, representing a material level of financial risk. This results in a lack of confidence from the Trust's commissioners and the regulator. This increases their level of scrutiny which places additional resource pressures on the Trust and degrades the Trust's reputation.

5. Resources Implications (Financial / staffing)

Not Applicable

6. | Equality and Diversity

Not Applicable

7. References to previous reports

Standing Item

8. Freedom of Information

Public

Author: Elizabeth Poskitt, Head of Financial Management Document Approved by: Libby Walters, Director of Finance	Date: 13 September 2018 Version:
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Key performance Indicators

Area of review	Key Highlights	Current month Rating	Forecast Year end Rating
Income & Expenditure position	 The control total plan for Month 5 was a surplus of £0.5m. The Trust was £1.9m adverse variance to this plan in month and is £2.4m adverse to plan for the year. As a result of this the Provider Sustainability Fund (PSF) allocation for Month 5 has not been assumed in the position. 		
	 There has been an increased financial pressure in the month due to reduction in activity and income; pay overspends related to clinical vacancies and use of high cost agency staff together with non-delivery of QIPP schemes. 		
QIPP programme	• £3.5m achieved against plan of £4.8m, 73% delivery for the year to date.		
	 The forecast QIPP position for 2018/19 is now £1.5m below plan. 		
Liquidity	 Cash balance at the end of August was £26.9m, which is £3.1m above plan. Capital expenditure has increased in August compared to the previous month and is £7.5m less than plan for the year to date due to slippage on a number of schemes. 		
	 The liquidity metric is scored as 1, which is the highest rating possible. 		

Income and Expenditure Summary

Statement of Comprehensive Income Period to August 2018	•		ofile Variance £'000
T Criod to August 2010	2 000	2 000	2 000
Income from Commissioners	(123 163)	(121,595)	1,568
Provider Sustainability Fund	, , ,	(1,151)	·
Other Income	, ,	(15,872)	(972)
Income Total	(4.44.4.67)	(400.040)	0.540
Income Total	(141,167)	(138,618)	2,549
Pay	85,511	87,791	2,280
Non Pay	45,518	45,260	(258)
Expenditure Total	131,029	133,050	2,022
EBITDA	(10,138)	(5,567)	4,571
Finance Charges	6,555	6,267	(287)
(Surplus)/Deficit before Impairments	(3,583)	700	4,283
Impairments	0	0	0
(Surplus)/Deficit	(3,583)	700	4,283
Margin	7%	4%	

I&E position used to calculate position against PSF control total				
	Plan	Actual £'000	Variance £'000	
(Surplus)/Deficit	(3,583)	700	4,283	
Less anticipated PSF funding	3,105	1,151	(1,954)	
Less impairments	0	0	0	
Less Donated income	340	396	56	
Less Donated depreciation	(325)	(305)	20	
Position against control total	(464)	1,941	2,405	

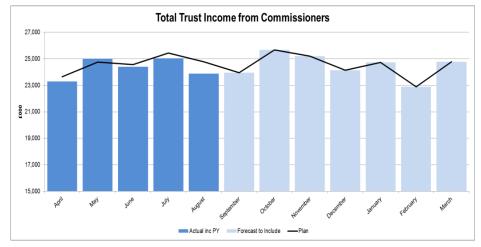
The Month 5 position was an overspend of £1.9m; this was due to a combination of underachievement of commissioner income and overspends in both pay and non-pay.

The largest pay risks are within the Medicine Division. The position has been driven by increased spend in month on agency and bank nursing and junior doctors as well as non-delivery of QIPP. The Month 5 position includes the pay arears for the new Agenda for Change pay award for April to June, however budgets have been included to account for this impact.

Non-pay overspends relate to a number of areas discussed in the divisional slides, including Provider to Provider contracts and consumables.

The commissioning income variance from plan increased in month due mainly to lower than planned levels of Non-Elective activity, Outpatient activity and activity within Radiology.

Income



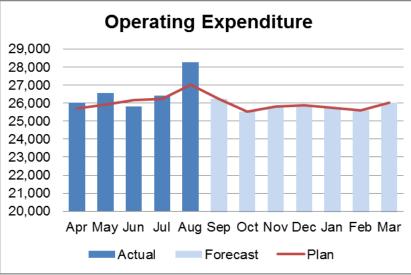
- The income position as at the end of August is £1.6m below plan. High Cost Drugs are £0.1m under plan and is offset by reduced expenditure, with the underlying Trust position £1.5m below plan.
- Day case income and activity continue to over perform against plan within the General Surgery, Trauma and Orthopaedics and Gastroenterology specialties. Lower than planned activity levels in Cardiology and Oral Surgery partly offset this over performance.
- Lower than planned levels of activity within Urology, Pain Management and Cardiology have continued to drive the Elective income position.
- The Trauma and Orthopaedics and Stroke Medicine specialties continue to perform under plan for Non Elective, offset by higher than planned activity levels in a number of Medicine specialties, Critical Care and Paediatrics. The impact of the Marginal Rate Emergency Threshold (MRET) is £3.0m year to date, continuing at £0.5m above plan.
- The Trust has agreed a block with BANES for Non-Elective and Accident and Emergency. Lower than planned levels of activity for BANES has led to an additional £0.3m income adjustment into the position for the block.
- Outpatient activity continues to underperform against plan in August, driven by activity in Rheumatology, Oncology and Genito-Urinary Medicine.

Income Performance 31 August 2018	Annual Plan £000	YTD Plan £000	YTD Actual £000	YTD Variance £000
A&E Attendance	(11,597)	(4,861)	(4,867)	(6)
Daycase	(22,297)	(9,365)	(9,635)	(269)
Elective Inpatient	(18,671)	(8,080)	(7,615)	464
High Cost Drugs	(35,966)	(14,791)	(14,661)	130
Non Elective Inpatient	(113,425)	(47,442)	(47,208)	234
Outpatient	(75,483)	(31,599)	(30,805)	794
Other	(17,057)	(7,025)	(6,805)	221
	(294,495)	(123,163)	(121,595)	1,568

	Annual	YTD	YTD	YTD
SLA Performance - Commissioner	Plan	Plan	Actual	Variance
31 August 2018	£000	£000	£000	£000
Banes CCG	(88,203)	(36,899)	(37,314)	(415)
Wiltshire CCG	(97,350)	(40,789)	(40,719)	70
Somerset CCG	(32,579)	(13,638)	(13,319)	319
SW Specialised Commissioning	(47,386)	(19,693)	(19,310)	383
Other South West CCGs	(1,656)	(690)	(668)	22
South West Area Teams & LA s	(5,355)	(2,314)	(843)	1,471
Wessex Area Team (Cancer Drugs)	(1,938)	(798)	(746)	52
Non Contract Activity	(20,030)	(8,341)	(8,676)	(335)
	(294,495)	(123,163)	(121,595)	1,568

Activity Performance 31 August 2018	Annual Plan Activity	YTD Plan Activity	YTD Actual Activity	YTD Variance Activity
A&E Attendance	74,806	31,357	31,392	35
Daycase	29,175	12,246	12,958	712
Elective Inpatient	5,639	2,433	2,310	(123)
Non Elective Inpatient	48,283	19,985	20,608	623
Outpatient	511,468	213,326	214,064	738
	669,371	279,347	281,332	1,986

Expenditure

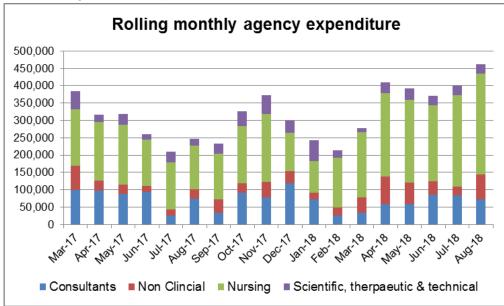


	Prior year		
	average	M4	M5
Divisional Pay run rate	£'000	£'000	£'000
Surgical	5,055	4,891	5,259
Medical	6,518	6,900	7,585
Women's & Children	2,308	2,538	2,686
Facilities	911	1,020	1,253
Corporate	1,559	1,681	1,875
TOTAL	16,351	17,031	18,658
Included above Agency	278	400	462
Non Pay			
Surgical	2,019	2,117	2,387
Medical	4,014	4,165	4,442
Women's & Children	523	544	490
Facilities	898	831	942
Corporate	1,340	1,254	1,322
TOTAL	8,793	8,911	9,584

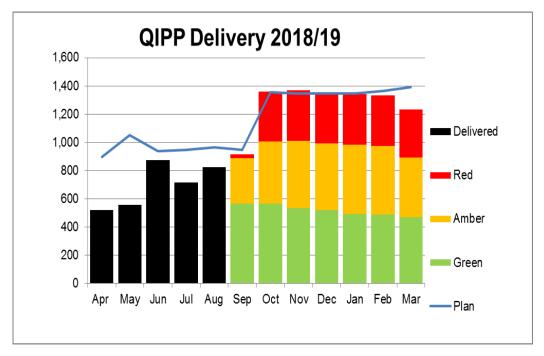
Issues:

The Month 5 position saw an increase in spend from the previous month. Key drivers for the Month 5 position included:

- The inclusion of the pay award arears for April to June, however budgets reflect this change.
- Pay spend, including Agency and Bank, was higher than plan, particularly in Medicine. Agency spend was the highest it has been in the past 18 months.
- The level of spend on Medical and Surgical Consumables was above plan despite activity being below plan.
- High levels of spend on utilities.



QIPP



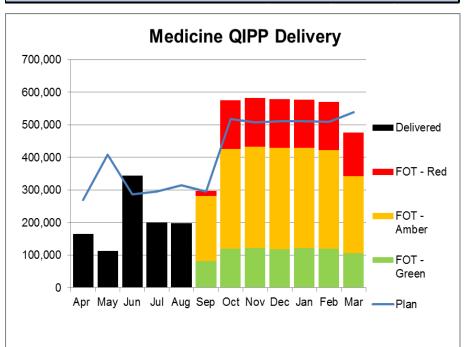
	Year to date		
	Plan	Actual	Variance
	£'000	£'000	£'000
Medical	1,573	1,018	(555)
Surgical	1,682	1,530	(151)
W & C	684	421	(263)
Facilities	459	235	(224)
Corporate	403	284	(119)
Trustwide	0	0	0
TOTAL	4,800	3,489	(1,311)

Full year			
Target	Forecast	Variance	
£'000	£'000	£'000	
5,000	4,673	(327)	
4,075	3,954	(121)	
1,642	1,336	(306)	
1,101	549	(552)	
1,119	784	(335)	
956	1,096	140	
13,894	12,393	(1,500)	

- For the Trust to delivery its Control Total in 2018/19 it needs to achieve at least £13.9m of savings.
- The profile of the QIPP plan sees a step change in the rate of delivery in the last six months of the year.
- The QIPP delivery in August was a slight increase however this is due to non-recurrent vacancies included in the position.
- 73% of the year to date plan has been achieved and of this 26% is non-recurrent.
- There is a significant gaps across all areas where schemes have not been identified to the planned level, as well as where schemes remain rated as red.
- The individual Divisional positions are described in the following pages.
- The forecast delivery includes schemes which are rated as red for £2.5m and unidentified of £1.5m. The total for red and unidentified savings is £3.7m or 26% of the total required.
- The balance of recurrent / non-recurrent delivery needs to be addressed as the future financial position is dependant on recurrent savings.

Medicine Division

Medicine Division	Year	Year to date profile			
Period to August 2018	Budget £'000	Actual £'000	Variance £'000		
Income	67,239	65,152	(2,087)		
Pay	(32,073)	(32,073) (34,732)			
Non Pay	(20,355)	(20,178)	176		
Net Divisional Total	14,812	10,242	(4,570)		



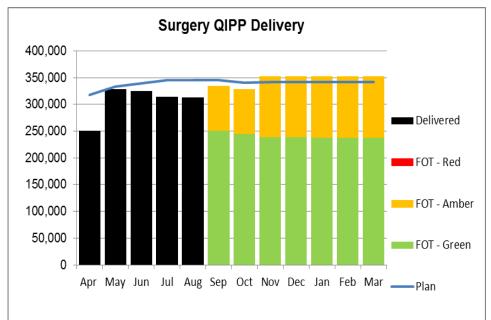
Issues:

The Medicine Division position for Month 5 is £4.6m adverse to plan.

- Commissioner activity has seen a drop in month and was £1.0m under plan in month. This relates to outpatient, non-elective and Radiology activity.
- The pay position continues to worsen, with a further deterioration of £0.7m, this relates to non-delivery of savings and the continuing pressure from overspends in Health Care Assistants and agency spend. Both of these areas are compensating for vacancies within nursing budgets. Junior Doctor spend also increase in month due to rotas being filled, however there continues to be spend on locums in this area.
- The non-pay position also deteriorated. This was due to nondelivery of QIPP and spend on areas including Mobile MRIs and air conditioning units.
- The QIPP position has remained static with significant underdelivery. Whilst this is forecast to improve a significant proportion of schemes remain red and amber schemes are not moving through to green.
- The Division have a gap of £0.3m of savings to identity. There is further risk in the position with the red rated bed model scheme identified to start in October.
- The key risks to the Medicine position are the continuing high level of pay spend and the non-delivery of savings.

Surgery Division

Surgery Division Year to date profile			
Period to August 2018	Budget £'000	Actual £'000	Variance £'000
Income	37,103	36,751	(352)
Pay	(24,643)	(24,832)	(189)
Non Pay	(9,782)	(10,276)	(494)
Net Divisional Total	2,678	1,644	(1,035)



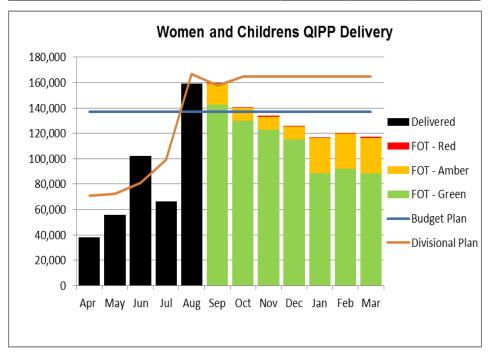
Issues:

The Surgery Division position at Month 5 is £1.0m below plan.

- Income from Commissioners broadly in line with plan in month, exceeding plan in General Surgery and ENT day cases. However, the Division had planned to undertake work in addition to plan in month and this has not occurred.
- There continue to be underspends against nursing and Pathology budgets, whilst the overspend in pay was as a result of nondelivery of savings.
- Non pay expenditure saw a significant increase in month. There
 were a number of items driving this including; inclusion of PHE
 2018/19 contract position; Provider to Provider increases related
 to community clinic rental; consumables send, including hearing
 aids.
- Surgery were below their QIPP target for Month 5. In month Best Practice Tariff and Pathology continue to delivery, along with Procurement schemes.
- The Division has a gap on QIPP for year end of £0.1m.
- The key risk to the Surgery position is within delivery of Commissioner income. A review of elective plans to ensure delivery within existing capacity is needed. Non-pay increases need to be tackled.

Women & Children's Division

Women & Children's Division	Year to date profile			
Period to August 2018	Budget £'000	Actual £'000	Variance £'000	
Income	22,270	22,034	(236)	
Pay	(12,486)	(12,674)	(188)	
Non Pay	(2,728)	(2,608)	120	
Net Divisional Total	7,056	6,752	(304)	



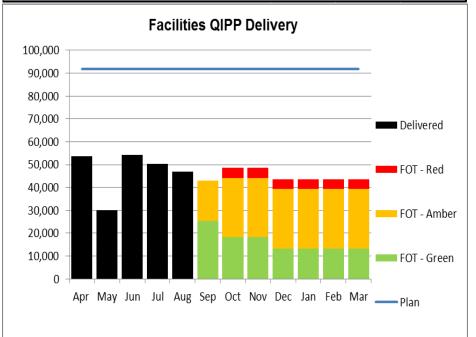
Issues:

The Women and Children's Division position was £0.3m adverse to plan in Month 5.

- The main driver is around Commissioner income relating to Breast Surgery where elective, day case and outpatient activity was under plan. Additionally NICU activity was lower than plan.
- There was a slight increase in the pay variance mainly around QIPP non-delivery, offset by vacancies in Nursing.
- Non-pay was under plan in month driven by high cost drugs, offset by income under achievement.
- The QIPP delivery has increased in month due to non-recurrent vacancies. 35% of the QIPP delivery is from non-recurrent sources.
- The Division has a gap of £0.2m between forecast outturn on QIPP and the plan. A step change in the delivery is required and the division are forecasting to be below this, however a number of schemes are forecast as green.
- The key risks to the position are ensuring that QIPP delivery takes the step change required in later months and the elective plan within Breast Surgery is reviewed.

Facilities Division

Facilities Division	Year	Year to date profile			
Period to August 2018	Budget £'000	Actual £'000	Variance £'000		
Income	2,156	2,036	(120)		
Pay	(4,989)	(5,208)	(219)		
Non Pay	(4,284)	(4,511)	(228)		
Net Divisional Total	(7,117)	(7,684)	(567)		



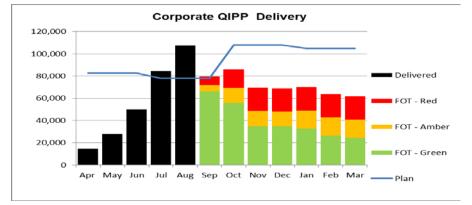
Issues:

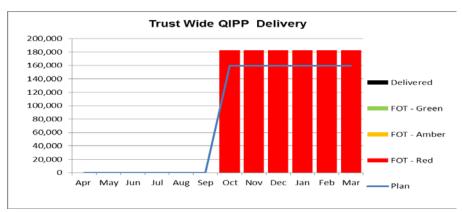
The Facilities Division position was £0.6m over plan at Month 5.

- Income from accommodation was significantly lower than planned in month.
- The pay position in month was driven by high levels of spend on cleaning, particularly around bank staff.
- Non-pay overspent across a number of areas within the division.
 Significant overspends were within utilities, as well as smaller overspends in areas such as postage and cleaning materials.
- The Division have delivered just over 50% of their planned QIPP year to date. The majority of the achievement has been achieved through non-recurrent savings; including pay savings relating to vacancies.
- The forecast for full year achievement is currently only 50%. The
 Division have undertaken a full division-wide review of QIPP in
 order to create plans to address the issues. The key areas are
 reviewing all income, portering, and cleaning.
- The division have seen a combined impact of deteriorations income, pay and non-pay in month. There continues to be risk around pay and the delivery of savings, as well as control around non-pay spend.

Corporate Division

Corporate Division	Year to date profile			
Period to August 2018	Budget £'000	Actual £'000	Variance £'000	
Income	6,399	6,608	209	
Pay	(8,625)	(8,520)	105	
Non Pay	(6,416)	(6,654)	(238)	
Net Divisional Total	(8,642)	(8,567)	76	





Issues:

The Corporate Division position in Month 5 was £0.1m positive variance to plan in month.

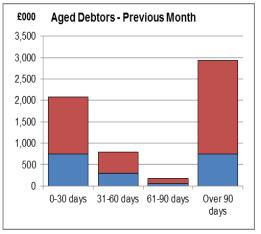
Key drivers included:

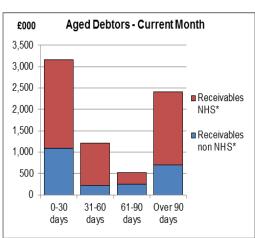
- The key driver for the position was Health Education England funding catch up and Provider to Provider income.
- The graph left shows the level of delivery of QIPP for Corporate areas at 71% of plan. The Month 5 position shows the capture of savings relating to vacancies. The majority of savings are from non-recurrent underspends in budgets.
- Below left is the profile for Trust wide schemes. Whilst there have been schemes identified of above the requirement, these are all rated as red currently.

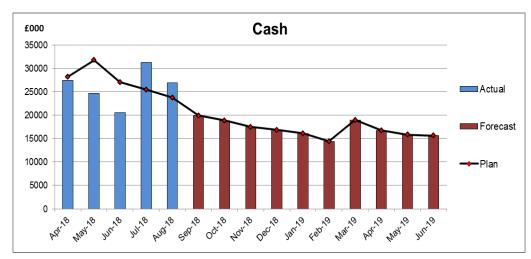
Cerner Contract:

In November 2014 the Trust signed an agreement with Cerner for the provision of service for a period of 5 years plus an option to extend for two periods of 12 months. A proposal was recently approved by the Trust Clinical Informatics Board to extend the contract by a period of 12 months (until 2020) during which time the Trust will refresh its EPR strategy (that will inform the contract specification) and review its procurement options.

Statement of Financial Position







Better Practice Payment Code

The Trust has achieved an accumulated performance of 95.8% of invoices paid by volume within 30 days, this is above the national target.

Aged Debt

Invoiced debt has increased by £1.3m from July to £7.3m of which £2.0m is not yet overdue. Of the remaining £5.3m, £2.4m is over 90 days which is a reduction of £0.5m from July. The organisations of significance debt are as follows:

- Virgin debt over 30 days currently totals £0.7m. This is being actively reviewed in the Income team.
- There are outstanding debts relating to maternity pathway P2P totalling £1.1m. The income team are currently in the process of setting up a meeting with Great Western Hospitals NHS F/T and North Bristol NHS Trust to resolve outstanding issues.
- NHS Northern, Eastern and Western Devon CCG £0.2m. The income team are currently reviewing this and some credits are due to be raised which will reduce the debt.
- Welsh Local Health Boards £0.2m disputes relate to lack of prior approval sought for treatments. Discussions progressing with Local Health Boards to reach a resolution.

£1.8m of the total aged debt relates to Non Contract Activity (NCA) which is a notable improvement from £2.2m in March. £0.9m of this is over 180 days and the income team continue to proactively chase this debt.

Cash

The cash balance at the end of August is £26.9m which is £3.2m greater than plan. Capital expenditure increased by £0.5m in August compared to Month 4.

The forecast reduction in cash over the rest of the financial year is largely due to the anticipated spend on the RNHRD and Therapies Centre and associated enabling projects.

Statement of Financial Position

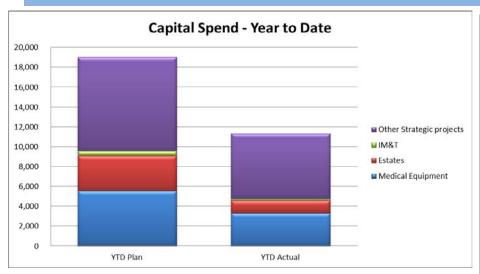
Statement of Financial Position	31-Jul-18	31-Aug-18	Movement	
	£000	£000	£000	
Non-current assets				
Intangible assets	9,338	9,255	(83	
Property, plant and equipment	181,244	184,084	2,840	
Trade and other receivables	1,106	1,107	1	
Total non-current assets	191,688	194,446	2,758	
Current assets				
Inventories	2,645	3,240	595	
Trade and other receivables	20,573	19,596	(977)	
Cash and cash equivalents	31,286	26,915	(4,371)	
Total current assets	54,504	49,751	(4,753)	
Current liabilities				
Trade and other payables	(26,850)	(25,990)	860	
Other liabilities	(3,701)	(4,197)	(496)	
Provisions	(1,371)	(1,297)	74	
Borrowings	(3,236)	(3,236)		
Total current liabilities	(35,158)	(34,720)	438	
Total assets less current liabilities	211,034	209,477	(1,557)	
Non-current liabilities				
Provisions	(784)	(784)		
Borrowings	(15,221)	(15,198)	23	
Total non-current liabilities	(16,005)	(15,982)	23	
Total Assets Employed	195,029	193,495	(1,534)	
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Financed by			(1,534	
Income and expenditure reserve	(4,354)			
Public dividend capital		157,146 157,146		
Revaluation reserve	42,237	42,237		
Total Equity	195,029	193,495	(1,534)	

The movement in the Statement of Financial Position is illustrated in the table opposite showing the position for the prior and current months.

Key changes in Month 5:

- Non-current assets have increased in value by £2.7m.
 This largely relates to the Therapies Build, OMFS refurbishment and Radiology Upgrade.
- Inventories have increased by £0.6m. Pharmacy are now up to date with previous delays in booking in of stock identified in from July.
- Trade receivables has seen an reduction of £1.0m in August. This is mostly as a result of decreased non NHS debtors.
- Trade payables have decreased by £0.9m as payments have been increased to both revenue and capital creditors.
- Other liabilities have decreased by £0.5m. This movement is due to the deferral of income for future research projects.
- The cash position currently stands at £26.9m which is a decrease of £4.3m compared to July 2018. Capital expenditure and increased in inventories has contributed to this position.

Capital Expenditure



Capital Expenditure & Performance

Capital expenditure to the end of August totals £11.5m, with in month spend of £3.6m, resulting in an underspend of £7.5m year to date.

- Medical Equipment is underspent by £2.2m. £0.6m relates to the delay in upgrade of one of the MRIs, and £0.9m is due to the delayed start of the Cardiology Monoplane project. The Mammography business case has been approved.
- Strategic Capital is £2.9m behind plan. This relates to delays in the OMFS relocation project, R&D and Bath Chronic Pain Service (BCPS) relocations from the RNHRD. These projects along with Radiology Upgrade project have known or potential cost pressures.
- Estates is £2.1m behind plan, this relates to the Sterile Services Upgrade
 and Centralisation project start delayed until January, the Therapies and
 Radiology power upgrade work completion is also delayed to along with
 slippage in the backlog maintenance programme.
- IT is £0.3m behind plan, in part this relates to e-observations and bed management with the business cases in development. The Cardiology system upgrade will potential defer to mitigate for cost pressures.

Capital Summary as at 31st August	Annual	YTD	Actual		
2018	Plan	Plan	Expend	Variance	Actual
20.0	£000s	£000s	£000s	£000s	%
Medical Equipment (donated)	564	152	83	(68)	55%
Strategic Capital (Therapies)	2,000	0	0	0	
Strategic Capital (RUH Redevelopment)	802	167	304	137	182%
Donated Funded Total	3,366	318	387	69	122%
Estates					
Theatre, Ward & SSD Upgrades	4,423	2,296	318	(1,977)	14%
Other Estates Projects	2,670	1,265	1,095	(169)	87%
Estates Total	7,093	3,560	1,414	(2,147)	40%
IM&T					
Clinical Systems	845	255	0	(255)	0%
Other IM&T	923	250	185	(65)	74%
IM&T Total	1,767	505	185	(320)	37%
Medical Equipment	5,813	4,195	1,905	(2,290)	45%
Strategic Capital schemes					
RNHRD & Therapies Build	12,181	5,040	4,380	(660)	87%
RUH Redevelopment	6,413	2,810	433	(2,377)	15%
Radiology Upgrade	1,384	1,384	1,434	50	104%
Strategic Total	19,978	9,234	6,247	(2,987)	68%
Contingency	283	0	0	0	
Trust Funded Total	34,935	17,494	9,751	(7,744)	56%
Medical Equipment (Radiology Upgrade)	2,450	1,200	1,326	126	111%
Lease Purchase Total	2,450	1,200	1,326	126	111%
TOTAL	40,751	19,013	11,464	(7,549)	60%