

Integrated Performance Report

M10 2016–17 Executive Summary

Risk ratings

Financial Use of Resources Rating:				
16/17 Plan:	YTD	FY	Performance:	YTD
	1	1	Current	1
			Previous Mth	2

Summary Performance:

- The Trust has recorded a YTD loss of £0.2M, which is £3.8M better than the planned loss of £4.0M
- Use of resources metric: a rating of 1 against a plan of 2
- The Trust plan assumes an increase in CIPs later in the YTD, this is reflected by a phasing adjustment of £2.0M at January
- The cash balance of £152.0M is an increase of £15m from last month due to a drawdown of the ITFF loan of £5.8m and receipts from HEE of c.£20m

Summary Income & Cash Flows vs Plan

£m	2016/17 - M07			Previous Month	
	Plan	Actual	Variance	Actual	Variance
Operating Income for EBITDA	1,152.2	1,146.0	(6.2)	1,030.3	(6.7)
Employee Expenses	(647.0)	(637.8)	9.2	(573.5)	8.8
All other operating expenses	(440.5)	(447.9)	(7.4)	(404.4)	(6.7)
EBITDA	64.6	60.2	(4.4)	52.4	(4.6)
Surplus/(Deficit) pre exceptionals	(4.0)	(0.2)	3.8	(2.0)	2.8
Net Surplus/(Deficit)	18.7	28.0	9.3	19.5	3.9
EBITDA %	100.0%	93.2%	(6.8%)	91.9%	(8.1%)
Capital Expenditure ¹	132.2	85.2	47.0	80.7	39.1
Net Cash Flow ¹	15.8	15.0	(0.8)	(14.0)	(0.9)
Cash & Cash Equivalents ¹	132.5	152.0	19.5	137.0	20.3
CoSRR Liquidity Days	(1.9)	17.3	19.2	14.1	10.4
CIP Performance %	100.0%	87.9%	(12.1%)	89.5%	(10.5%)
Net Current Assets ¹	36.5	83.8	47.4	70.1	37.0
Borrowings ¹	(223.0)	(223.5)	(0.5)	(217.7)	(2.5)

1. Plan is set Quarterly with NHSI - Monthly plan is extrapolated

Key risks

Financial Performance

- Contract Monitoring Draft December reports were reviewed against a plan profiled in straight-twelfths. The cumulative position to the end of January has been assessed as being £0.2M ahead of plan
- Clinical Directorates are £13.1M over spent, driven by unidentified CIPs of £13.9M, partly off-set by under spends across pay and clinical supplies
- Corporate Directorates are £2.0M over spent, driven by unidentified CIPs of £5.4M, and over spends within Essentia and Workforce.
- The back-phased plan assumes that £2.0M of the currently unidentified CIPs will be identified during the remaining months
- Reserves of £20.0M have been allocated to Directorates to mitigate unidentified CIPs
- The cash balance of £152.0M is an increase of £15m from last month due to a drawdown of the ITFF loan of £5.8m and receipts from HEE of c.£20m

Action taken / committed

- The Trust implemented a recovery plan during 2015/16 to ensure we delivered our financial plan. To support this work, a new multi-disciplinary financial recovery team was created led by Hannah Coffey (Director of Improvement) and Chris Bowler
- External consultancy support was obtained to advise on our turnaround approach and to identify key lines of enquiry, primarily based on cost reduction. Additional support has also been provided to support the most financially challenged directorates.
- An Executive Director level post – Director of Improvement - to drive and lead major programmes of improvement work, including Fit for the Future and our continuing financial recovery programme has been created.
- The Trust holds monthly performance review meetings with all clinical directorates to ensure progress toward targets are on track and actions are in place to close any shortfalls.
- The outcomes of the cost base reviews were reviewed across all clinical directorates in September and action plans agreed

Gaps and residual concerns

- The Fit For the Future programme (FFF) is developing further programmes for 2016/17
- All CIPs are mapped to Fit For the Future programmes which will help support their delivery.



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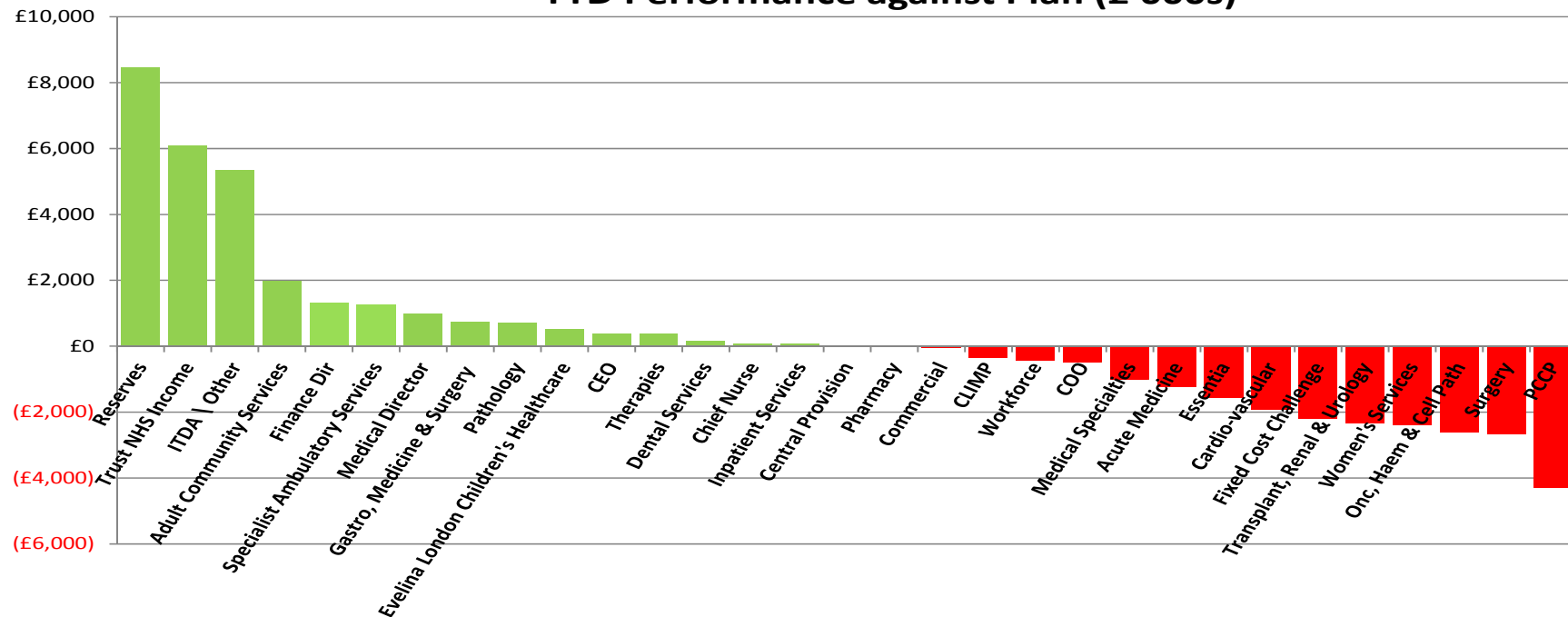
M10 2016-17 Use of Resources Metric

Area of review	Key Highlights	Use of Resources Metric				
		Month 10 Plan	Month 10 YTD	Annual Plan	Projection	
OVERALL Weighted Risk Rating	<ul style="list-style-type: none"> ◆ The overall Weighted Risk Rating is calculated as an average of the five metrics below, each having an equal weighting. However, if an individual metric is rated as four, then the highest rating that can be achieved is a three ◆ YTD the Weighted Risk rating is calculated as 1.4 which is better than the planned rating of 2.0; this would round to an overall rating of a one ◆ The current projection would achieve a rating of 1.2, which would round to a one and is better than the absolute planned rating of a two 	2	1	2	1	
Financial sustainability	Capital service Capacity 20%	<ul style="list-style-type: none"> ◆ The degree to which generated income covers financial obligation ◆ YTD: cover of 2.0 is achieved against a plan of 2.0 and is rated a two ◆ Projection: cover of 1.9 is projected against a plan of 2.0 is would be rated a two 	2	2	2	2
	Liquidity (days) 20%	<ul style="list-style-type: none"> ◆ Days of operating costs held in cash or cash equivalent forms, including available credit ◆ YTD: 17.33 days cover is achieved against a plan of -1.90 days and is rated a one ◆ Projection: 17.37 days cover is achieved against a plan of -0.52 days and would be rated a 	2	1	2	1
Financial efficiency	I&E Margin 20%	<ul style="list-style-type: none"> ◆ I&E surplus or deficit \ total revenue ◆ YTD: a margin of +0.43% has been achieved against a plan of +0.30% and is rated two ◆ Projection: a margin of 1.11% is projected against a plan of +0.48% and would be rated one 	2	2	2	1
Financial controls	Distance from financial plan 20%	<ul style="list-style-type: none"> ◆ I&E surplus or deficit in comparison to the planed surplus \ deficit ◆ YTD: a variance of 0.14% is achieved against a plan of 0.76% and is rated one ◆ Projection: a variance of 0.62% is projected against a plan of 0.76% and would be rated a one 	1	1	1	1
	Agency spend 20%	<ul style="list-style-type: none"> ◆ Distance from providers cap ◆ YTD: the Trust is 2% below the agency ceiling (£562K) ◆ Projection: projecting to be 1% below the required agency ceiling (£462K) 	3	1	3	1

Integrated Performance Report

M10 2016-17 Directorate Performance

YTD Performance against Plan (£'000s)



Year to Date Financial Performance: £3.8M favourable to plan

- The Trust has recorded a YTD loss of £0.2M, which is £3.8M better than the planned loss of £4.0M
- This chart records the performance of each directorate against its agreed target. The performance will comprise the directorates performance against its CIP programme as well as in year variances to plan associated with its service delivery.
- A more detailed analysis of the underlying causes is provided to the Trust Management Executive for their consideration through the monthly finance report
- The performance of clinical directorates is reviewed on a monthly basis with the COO, and senior representatives from Finance, the Chief Nurse, the Medical Director and Workforce. Any required actions are discussed and agreed at those meetings
- The performance of corporate directorates is reviewed on a quarterly basis with the Executive Directors.

Integrated Performance Report

M10 2016–17 Directorate Commentary

	Month 10 Directorate YTD	Prior Month YTD Variance	
Acute Medicine	(£1,226)	(£1,190)	<p>YTD: The un-identified CIP of £1.3m explains the underlying position to date. Compensating variances to note are pay £1.3m under spent, non-pay £500k over spent, mainly pass through drugs, Internal recharges £1.2m over spent, as a result of bed pressures, leading to extra bed cost and associated imaging, pathology and therapeutic charges. NHS Income is £460k ahead of plan, (drug income & outpatient attendances).</p> <p>Actions: The directorate is committed to delivering both its CIP programme and identifying new opportunities to address the current unidentified CIP of £1.5m. There is a sustained programme of recruitment underway to reduce reliance on temporary staffing and actions taken to achieve its procurement CIP.</p>
Adult Community Services	£1,983	£1,092	<p>YTD: The unidentified CIP totals £1.3m. Pay is £2.2m under spent and non-pay & Internal recharges are £577k under spent. NHS Income is £500k ahead of plan</p> <p>Actions: The directorate is identifying further CIPs where possible.</p>
Cardio-vascular	(£1,926)	(£2,057)	<p>YTD: The unidentified CIP contributes £991k to the reported adverse position. NHS Income (excluding pass through currencies) is £2.2m behind plan explained via a combination of low April activity (industrial action) and low Cath lab activity (delayed refurbishment). Non-pay (net off pass through income) is £300k under spent. Pay is £1.4m under spent, due to vacant R&D posts and delays to recruiting to new growth posts.</p> <p>Actions: The Directorate aims to recover activity by increasing non-elective work through improved processes for transfers and by accelerating estates plans to increase day case capacity. Progress on realising current CIPs is being monitored weekly and the directorate will continue to identify further CIPs to reduce the unidentified savings gap of £1.2m.</p>
CLIMP	(£362)	(£188)	<p>YTD: The unidentified CIP totals £575k. Income in aggregate is £1.37m behind plan, comprising of NHS Income (excluding PET pass through Income) £279k ahead of plan, operating income £484k behind plan and internal SLM Income £1.16m behind plan (slippage & under-utilisation of new TOHETI CT/MRI scanner capacity). Direct pay is £1.7m under spent explained in part by vacancies against new posts.</p>
Dental Services	£160	£392	<p>YTD: The unidentified CIP totals £383k and has been addressed in year by several favourable variances. Pay £392k under spent and internal recharges £138k under spent.</p> <p>Actions: The Directorate Management Team is focusing on admin & clerical effectiveness in order to optimise the capacity available for clinical activity for Q4.</p>

Variance: Favourable \ (Adverse)

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M10 2016–17 Directorate Commentary

	Month 10 Directorate YTD	Prior Month YTD Variance	
Evelina London Children's Healthcare	£504	(£180)	<p>YTD: NHS income is £2.2m behind plan attributed to spinal (consultant leave) and neurosciences (unmet growth). Private patient income is £1.1m behind plan (neonatology) and other income £360k ahead of plan (network clinic income, salary recharges and charitable re-imbursements). Pay is £4.6m under spent (nursing vacancies across community, PICU & wards) and recharges £740k under spent (theatres -low surgical activity). The unidentified CIP deteriorates the position by £1.0m.</p> <p>Actions: Activity is being monitored to deliver the 2016/17 plans and the Hospital Directorates continue to work up action plans to ensure lost activity will be recovered. The Hospital Directorates are working on inpatient flows and theatre efficiency schemes which are necessary to deliver the planned growth in 2016/17 and 2017/18. The Community Directorate are in the process of formulating a plan to relating to the long-term, sustainable delivery of the current and future Local Authority disinvestment.</p>
Gastro, Medicine & Surgery	£728	£143	<p>YTD: NHS income (excluding pass through income) is £870k behind plan (GI surgery planned admitted/pelvic floor & Gastro non-elective). Pay, net of vacancy factor, is £1.6m under spent (medical £650k & nursing £750k). Non pay (net of drug pass through income) is £350k under spent & Internal recharges £380k over spent (bed days, theatre & pathology).</p> <p>Actions: review of internal recharges notably pathology; imaging & bed days to support continued CIP delivery and recovery of overspends in these areas.</p>
Inpatient Services	£57	£58	<p>YTD: The unidentified CIP totals £470k and is being addressed in year by favourable positions across pay £370k & operating income £160k.</p> <p>Action: The Directorate Management Team continues to develop strategies for recurrently addressing the unidentified CIP value of £563k.</p>
Medical Specialties	(£1,007)	(£805)	<p>YTD: The unidentified CIP contributes £950k to the adverse position and non-pay and internal recharges are £1.5m over spent (clinical supplies, imaging, theatres and bed days used). Pay is £96k under spent and NHS Income £435k ahead of plan (Ophthalmology and Diabetic Medicine),</p> <p>Action: The Directorate Management Team continue to develop strategies for addressing the unidentified CIP total of £1.1m, in particular, through the development of clinical services within Diabetes and Ophthalmology</p>
Onc, Haem & Cell Path	(£2,597)	(£2,445)	<p>YTD: The unidentified CIP contributes £1.7m to the reported adverse position. NHS income, excluding drug and blood pass through income, is £60k behind plan. Pay (net of vacancy factor) is £1.5m under spent. Non pay (net of pass through income) is £1.5m over spent (clinical supplies & drugs £600k each) and Internal recharges £350k over spent (outlying oncology patients & additional ENT theatre lists).</p> <p>Actions: The Directorate Management Team is meeting weekly to review progress against plan, sanction recruitment requests and consider strategies for addressing the unidentified CIP of (£2.0m). Weekly financial huddles are in place.</p>

Variance: Favourable \ (Adverse)

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M10 2016–17 Directorate Commentary

	Month 10 Directorate YTD	Prior Month YTD Variance	
Pathology	£704	£569	<p>YTD: The position includes prior year benefits of £520k. Internal pathology income recovered from clinical directorates, for testing provided, is £270k behind plan, partly offset by an under spend of £170k for activity related payments made to Viapath. Blood is under spent by £270k. Direct access activity is ahead of plan by £170k, offset by additional payments to Viapath.</p> <p>Actions: Ongoing issues cover resolution of commercial issues with Viapath.</p>
PCCP	(£4,291)	(£3,204)	<p>YTD: The unidentified CIP contributes £1.1m to the adverse position. NHS income is £2.5m behind plan due to ECMO (Critical Care), Lane Fox and Pain Management. Other Income is also behind plan at £1.7m, attributed to non delivery of CIP schemes (pain commercial & Operation Notes each £833k). Theatre income is £368k behind plan (delayed opening of new theatres). Nursing pay is £1.3m under spent (vacancies and non delivery of growth CIPs), non-pay £348k under spent and PP income is £86k ahead of plan.</p> <p>Actions: The directorate are monitoring CIPs closely to ensure the current forecast will not deteriorate further and are actively seeking further opportunities to reduce the directorates planning gap.</p>
Pharmacy and Medicines Mgmt.	(£18)	(£240)	<p>YTD: The unidentified CIP contributes £105k towards the reported adverse position. Direct Pay is £21k under spent.</p> <p>Actions: Progress delivery of Transformation programme and CIPS – both internal and PWC.</p>
Specialist Ambulatory Services	£1,261	£642	<p>YTD: Pay is £1.6m under spent, this after allowing for the Directorate's vacancy factor, and is seen primarily in the Medical and A&C staff groups. NHS Income, excluding drug income, is £400k ahead of plan. Healthcare services procured is £400k over spent (GU Medicine for use of SH:24 online services) and drugs (net of NHS Income) is £400k over spent (Rheumatology and GU Medicine).</p> <p>Actions: The DMT plan to recruit to vacancies in order to meet activity plan. There is also ongoing review the overall establishment held on ESR. The trust is negotiating the pathology position with Viapath</p>
Surgery	(£2,674)	(£2,419)	<p>YTD: The unidentified CIP contributes £1.6m to the reported adverse position. NHS Income is £2.0m behind plan, explained by elective orthopaedics activity. Non-pay costs and internal recharges are in total £1.1m under spent, explained by low levels of Orthopaedics activity.</p> <p>Actions: Progress on realising current CIPs is being monitored weekly and however progress against the unidentified CIP of £2.0m is unlikely.</p>

Variance: Favourable \ (Adverse)

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M10 2016–17 Directorate Commentary

	Month 10 Directorate YTD	Prior Month YTD Variance	
Therapies	£358	£308	<p>YTD: NHS Income is £376k ahead of plan. Pay is £796k under spent & Internal SLM Income £695k behind plan.</p> <p>Actions: Continued focus on optimising clinical capacity in Q4.</p>
Transplant, Renal & Urology	(£2,327)	(£2,089)	<p>YTD: The unidentified CIP contributes £1.1m toward the adverse position. NHS income is £1.4m behind plan (kidney transplants and urology elective). Other variances for noting are non-pay £660k over spent (drug costs, recovered in income) & Internal recharges £458k under spent (pp income £150k, Imaging & bed days £180k & £160k under spent respectively).</p> <p>Actions: Service teams are reviewing activity capture processes where there has been incomplete recording, to make these more robust going forwards. The Directorate continue to consider opportunities to reduce unidentified CIP of (£1.4m).</p>
Women's Services	(£2,396)	(£1,903)	<p>YTD: The unidentified CIP contributes £1.3m to the adverse position. Pay is £170k over spent (junior doctors pack pay & midwifery nursing), non-pay £360k over spent (ACU drugs, IT & ACU satellite clinics) and recharges £210k over spent (pathology, theatres & under recovery of internal fertility income). NHS income is on plan at a directorate level.</p> <p>Actions: The Directorate is working on (i) ensuring all rebates owed for drugs in ACU are confirmed and received, (ii) implementation of changes in Community Midwifery to provide AN and PN care more efficiently.</p>
Chief Executive	£374	(£26)	<p>YTD: The Unidentified CIP totals £340k and accounts for £283k of the reported position. Under spends against the Transformation and Improvement budget along with slippage in the timing of corporate cost pressures have to date helped to mitigate the currently Unidentified CIPs and other cost pressures</p> <p>Actions: a bid for funding has been submitted to the Charity in respect of costs incurred in relation to the CTC; it has been confirmed this would be funded, written notification is awaited</p>
Chief Nurse	£71	£50	<p>YTD: The Unidentified CIP totals £233k and accounts for £195k of the reported position; this continues to be off-set by vacancies across a number of departments and project income being received in advance of the associated costs</p> <p>Actions: on-going review of current vacancies and action to recharge the cost of graduate nursing staff.</p>
Chief Operating Officer	(£481)	(£556)	<p>YTD: The Unidentified CIP totals £380k and accounts for £317k of the reported position, this along with additional coding staff, maternity cover and additional IT costs are the main drivers of current performance</p> <p>Actions: review actions required to address current areas of over spend</p>

Variance: Favourable \ (Adverse)

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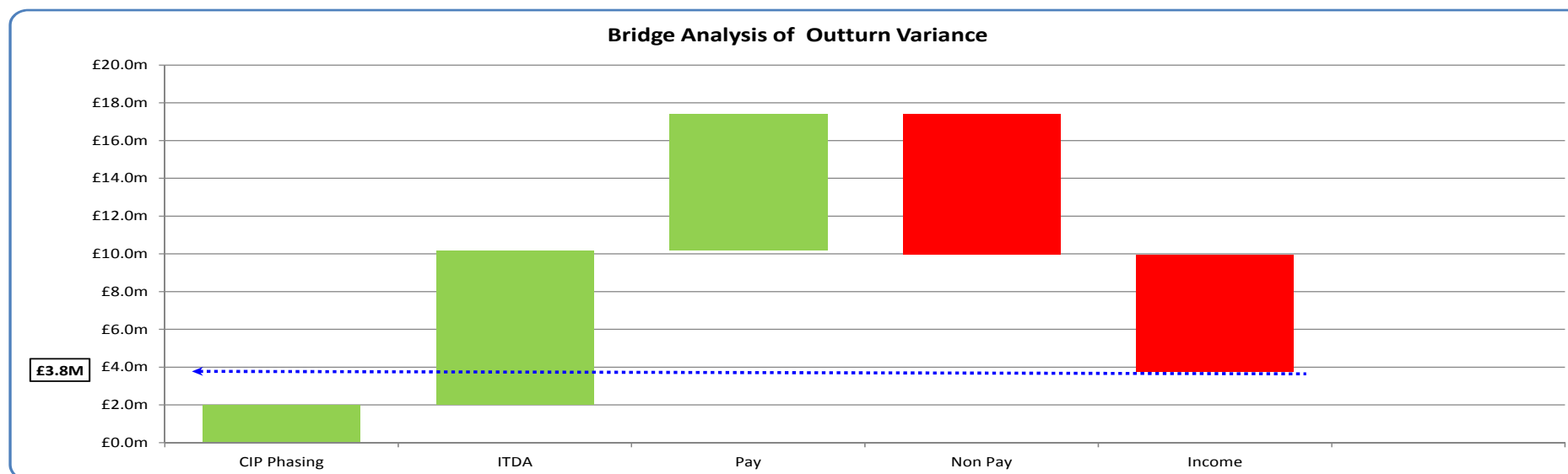
M10 2016–17 Directorate Commentary

	Month 10 Directorate YTD	Prior Month YTD Variance	
Director of Essentia	(£1,675)	(£3,239)	<p>YTD: The unidentified CIP contributes £1.7m to the reported adverse position. Performance against 2016/17 Business Planning CIP schemes is £2.4m behind plan. These adverse positions are partially alleviated through prior year benefits - recovery of bad debt £795k & and the release of 16/17 utilities accruals totalling £630k. In addition, Income over performance of £600k and under spends on pay totalling £500k have also helped to mitigate the adverse CIP performance.</p> <p>Actions: The directorate are actively monitoring the slippage in CIPs as part of the Directorate huddle process. The directorate are committed to finding sustainable resolutions to address the remaining recurrent 2015/16 MTO gap of (£2m).</p>
Fixed Cost Challenge	(£2,183)	(£1,229)	<p>YTD: The unidentified CIP contributes £1.6m towards the reported adverse position. In addition, performance against identified 16/17 CIP schemes adds a further £1.1M to the adverse position though this is off-set by compensatory CIP initiatives totalling £800k (sale of Anne Moss Way, backdated STH rental charges & favourable outcomes pertaining to Minerva House and Long Lane rent reviews).</p> <p>Actions: The directorate are actively monitoring the slippage in CIPs as part of the Directorate huddle process. The directorate are committed to working with the wider Trust in finding sustainable resolutions to address the remaining unidentified CIP value of £1.9m.</p>
Director of Finance	£1,317	£560	<p>YTD: strong performance is due to recovery of prior year VAT where the annual target has been achieved, and is now, in part, projected to be exceeded, the recovery of rebates from suppliers; vacancies across a number of departments and under spends on non pay budgets.</p>
Medical Director	£974	£1,413	<p>YTD: the additional R&D contribution has to date mitigated the Unidentified CIPs, shortfalls on income targets, cost pressures being incurred and medical negligence excess payments</p> <p>Actions: Review the training grade doctors that have been charged centrally against the funding available.</p>
Commercial Director	(£56)	(£8)	<p>YTD: The directorate has a balanced financial plan. Areas of under performance relate to the development of new contracts, site services and private patients, but these have been off-set by other areas of favourable performance</p> <p>Risks: monitoring of the potential impact of the £ \ Euro exchange rate, contract income provisions</p>
Director of Workforce	(£419)	(£802)	<p>YTD: The Unidentified CIPs total £1,070k and accounts for £892K of the current performance; Further over spends are driven by income shortfalls against a range of departments and non-achievement of planned CIPs. A confirmed reduction to the CPD and ILA funding of £0.5M is being managed by the department</p> <p>Actions: Review invoices to be raised in respect of external income and identify opportunities to address the current level of Unidentified CIPs; need to ensure expenditure in relation to CPD and ILA's is kept within the reduced funding available</p>

Variance: Favourable \ (Adverse)

Integrated Performance Report

M10 2016–17 Bridge Analysis



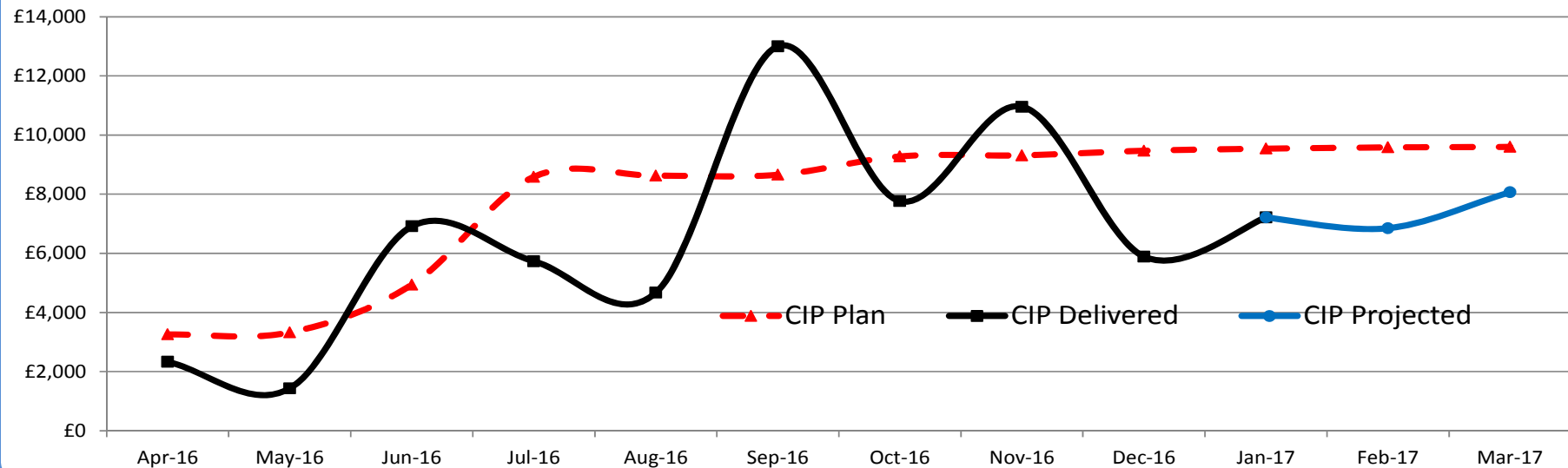
Bridge Analysis

- **Summary:** the Trust has recorded a YTD loss of £240K, which is £3.8M better than the planned loss of £4.0M; this excludes donated capital income of £28.2M and technical adjustments of £16K
- **CIP Phasing £2.0M favourable:** The Trust plan assumes an increase in CIPs later in the YTD, this is reflected by a phasing adjustment of £2.0M at January
- **ITDA £7.2M under spent:** Depreciation charges are £5.4M less than plan due to a review of the asset lives of buildings and slippage on the capital programme; PDC £2.7M less than plan where a £3.0M under spend is currently projected, due to high cash balances
- **Pay £8.2M under spent:** Includes £19.3M of Unidentified CIPs within Directorate budgets and £6.7M of potential benefits realised from prior year income and reduced provisions; meaning £19.8M of other under spends due to vacancies, slippage in recruitment
- **Non Pay £7.4M over spent:** the most significant adverse variances are due technical adjustments such as budget phasing, which is matched by a favourable income variance, internal recharges, provisions for outstanding debts and operating expenses which are funded from charity grants, commercial income and hosted services. Reserves of £6.5M released, where reserves are no longer required and to mitigate income shortfalls and prior year charges, Drugs £3.0M over spent, primarily due to pass through drugs, Premises £3.0M over spent across Essentia, some of which will be matched by additional income and Transport £1.4M over spent due to increased patient transport activity; correction of billing data and slippage on planned CIPs
- **Income £6.2M below plan:**
 - Commissioning income £0.2M above a plan phased in equal twelfths
 - Partially completed spells accrual has reduced by £0.5M
 - A target has been set to recover £4.0M of prior year income; to date £4.3M has been recognised, resulting in an favourable variance YTD of £1.0M
 - S&T Funding £2.8M below plan, performance against operational targets, the appeal outcomes are included in the projection
 - other notable income variances include R&D, non patient care, commercial and other operating income and budget phasing

Integrated Performance Report

M10 2016–17 CIP & Income Growth (IG) Performance

CIP and Income Growth Monthly Performance (£'000s)



CIP Performance

- The Trust CIP plan for the year is £94.2M, with an average monthly run rate of £7.8M
- Directorates YTD are £27.5M behind their planned levels of CIPs; this includes £19.3M of Unidentified CIPs and £8.2M against non delivery of Planned CIPs
- The Trust CIP plan is phased for increased delivery later in the year; a YTD phasing adjustment of £2.0M reflects this
- The £27.5M adverse performance against CIPs reduces to £25.5M once the £2.0M phasing adjustment is accounted for
- The monthly performance review meetings (PRMs) with the clinical directorates reviewed the CIP programme, identified blockages and agreed actions required to recover any slippage.

Integrated Performance Report

M10 2016–17 FFF CIP Delivery

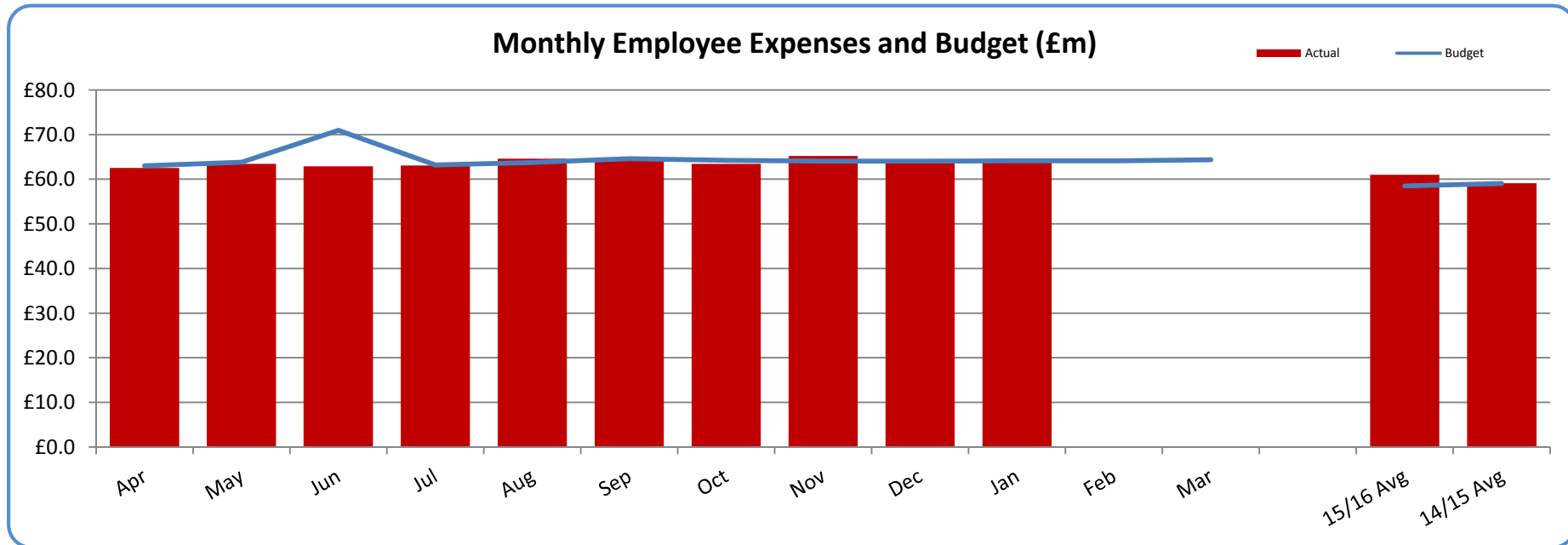
Year to Date

Annual Plan

CIPs Required	CIPs Delivered	CIPs Variance	By Theme:	CIPs Required	Projected Total CIPs	CIPs Projection VAR
			Fit for the Future Theme			
£1,586	£664	(£922)	Surgical Productivity	£1,955	£915	(£1,040)
£1,830	£1,101	(£729)	Safer faster care	£2,262	£1,443	(£819)
£1,635	£1,495	(£140)	Outpatients	£2,075	£1,876	(£199)
£1,078	£948	(£131)	Pharmacy Transformation and Medicines Optimisation	£1,340	£1,260	(£80)
£3,417	£1,852	(£1,565)	Procurement	£4,149	£2,450	(£1,699)
£1,040	£743	(£297)	Pathology	£1,253	£953	(£300)
£241	£211	(£30)	Diversifying income	£295	£283	(£12)
			Patient Admin		£0	£0
£3,096	£2,043	(£1,053)	Clinical coding	£3,746	£2,467	(£1,280)
£228	£170	(£58)	Effective Staff Deployment including Temporary Staffing	£316	£240	(£76)
£549	£1,836	£1,287	Agency Staff reduction	£662	£1,994	£1,332
			Team-Based Service Improvements		£0	£0
£14,700	£11,063	(£3,637)	Total FFF Themes	£18,054	£13,882	(£4,172)
£26,322	£21,777	(£4,545)	Directorate Initiatives Outside of Themes	£32,935	£29,425	(£3,510)
£19,320		(£19,320)	CIPs Unidentified	£23,183	£0	(£23,183)
£16,650	£33,073	£16,422	Reserves / Provisions released	£20,000	£37,520	£17,520
£74,991	£65,912	(£9,079)	Total All Themes	£94,173	£80,827	(£13,345)

Integrated Performance Report

M10 2016–17 Employee Expenses

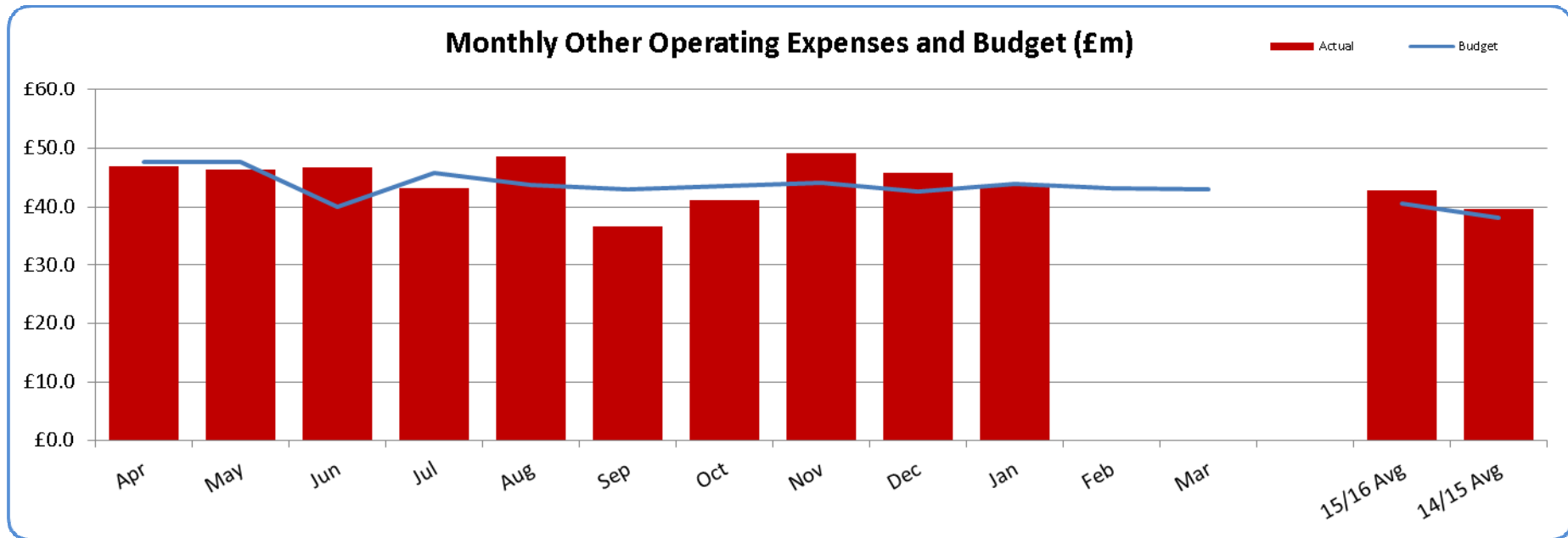


Monthly Employee Expenses

- January pay bill £64.3M, an increase of £0.7M from December which was driven by a reduction in bank and agency usage over the Christmas period
- Unidentified CIPs of £15.1M are recorded under Other Pay, £13.0M is in the YTD position. The back-phased CIP adj' of £2.0MYTD is also shown under Other Pay. The remaining balance of £4.7M is attributable to planned vacancy targets

Integrated Performance Report

M10 2016–17 Other Operating Expenses



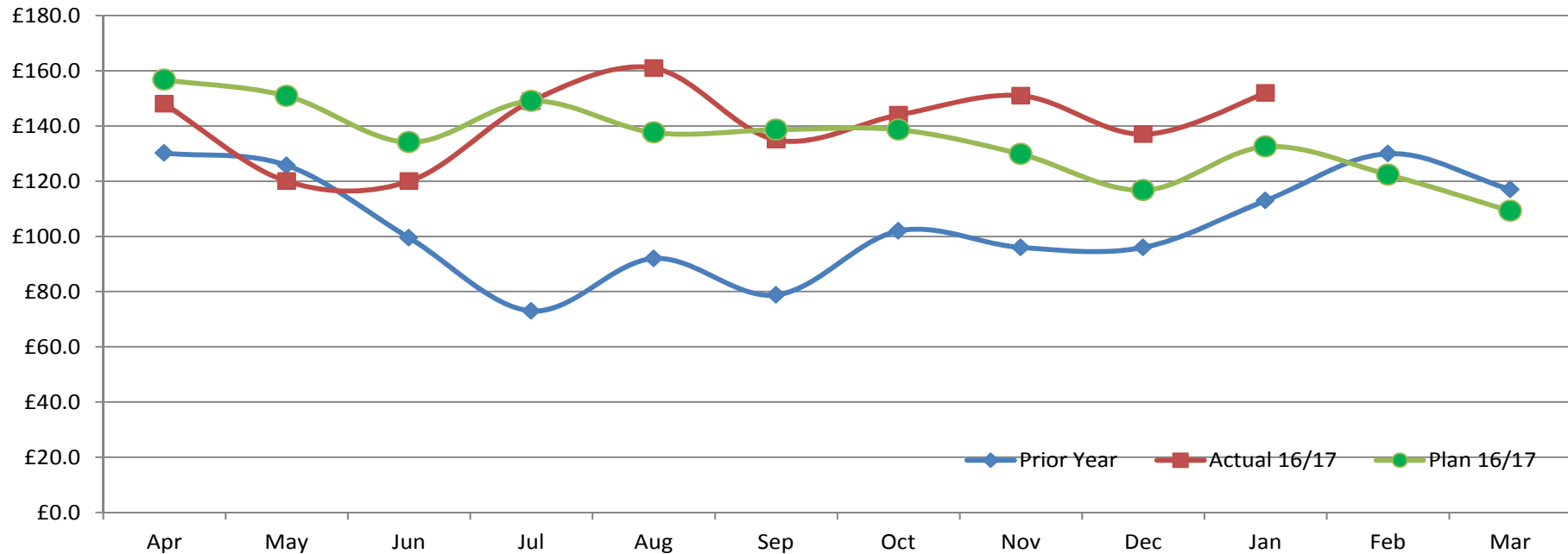
Monthly Other Operating Expenses

- Operating Expenses at January were £447.9M, which is £7.4M above plan
- Provisions - £2.8M(A): a further significant in month increase due to current year CCG \ NHSE debt which has remained unpaid
- Clinical Supplies - £2.3M(F) reflects the impact of reduced costs due to income under performance and non achievement of planned CIPs
- Other Non Pay - £4.0M(A): over spends in the main relate to charity grants, commercial and hosted income services, most of which have compensating additional income

Integrated Performance Report

M10 2016–17 Cash Flow

Cash - Actual Cash vs Plan and Prior Year (£m)



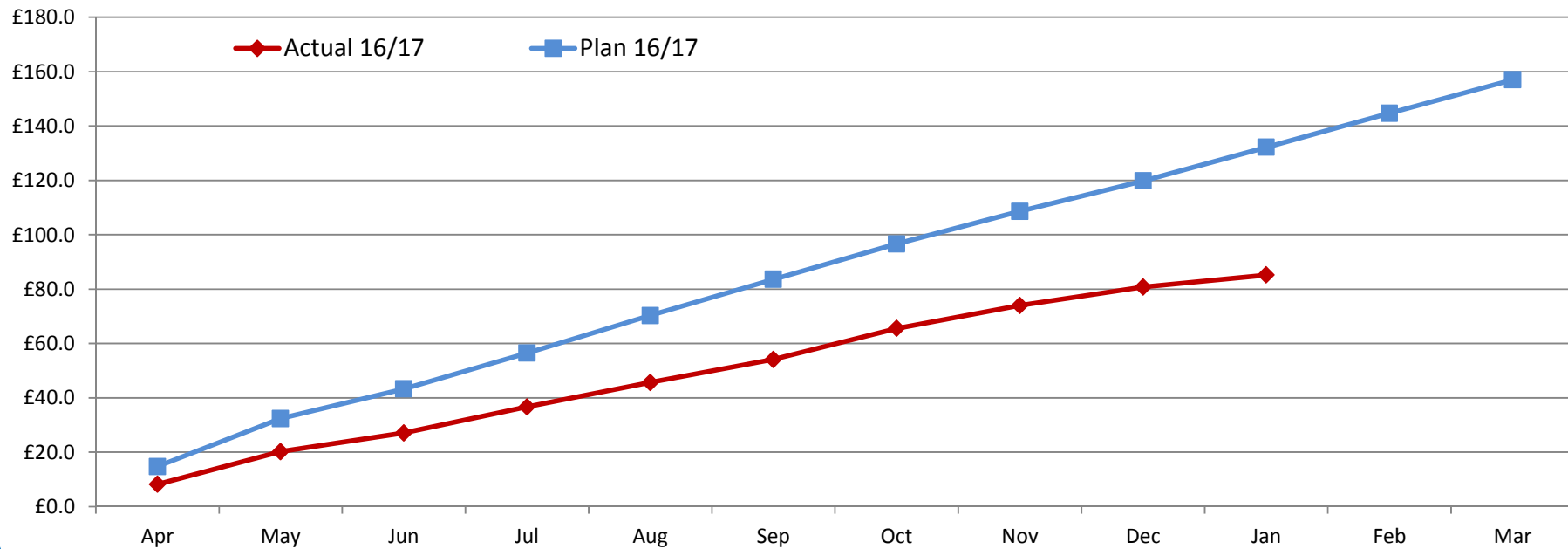
Cash Flow

- The graph above shows the actual cash and cash equivalents held by the trust. The plan is set Quarterly with NHSI.
- The cash balance at the end of January is £152M, which has increased by £15m from last month, and is £19.5M ahead of plan.
- The finance team monitor the cash balances on a daily basis and on a weekly basis the payment of supplies, also liaising with capital projects to identify when large contractual payments are due. The increase in month is due to a drawdown of the ITFF loan of £5.8m and receipts from HEE of c.£20m

Integrated Performance Report

M10 2016–17 Capital Expenditure

Capital - Cumulative Spend Monitor Plan (£m)



Capital Expenditure

- The Trust plan is for £157.0m of funding available for capital projects for the year 2016/17
- The capital spend as at the end of January is £85.2M which is £47.0M behind plan
- The capital schemes in the Trust are monitored monthly by the IPB who also review additional capital schemes.
- A 5 year capital plan has been submitted to NHSI laying out plans and aspirations for the trusts capital expenditure and development of the trusts estate.