Royal United Hospitals Bath

Report to:	Public Board of Directors	Agenda item:	13
Date of Meeting:	24 May 2017		

Title of Report:	Finance Board Report
Status:	Approval
Board Sponsor:	Sarah Truelove, Director of Finance & Deputy Chief Executive
Author:	Simon Wade, Assistant Director of Finance
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 30th April 2017.

2. Recommendations (Note, Approve, Discuss)

The Board should note the financial position for April 2017 and understand the key risks and the actions being taken to mitigate them. **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

Author : Simon Wade, Assistant Director of Finance	Date: 22 May 2017	
Document Approved by: Sarah Truelove, Deputy Chief Executive and Director of Finance	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 was to achieve a deficit of £1.7m at Month 1. The Trust was in line with the control total plan and is therefore anticipating receiving the STF allocation related to April. Due to bank holidays there was a lower number of working days during April which was the key driver for planning the deficit in month. 		
QIPP programme	 £0.4m achieved against plan of £0.6m, 62% delivery for the month Over 90% of the QIPP plan for 2017/18 has been identified 		
Liquidity	 Cash balance at month end is £15.6m, £0.5m above plan. The liquidity metric is scored as 1, which is the highest rating possible 		
Use of Resources	Use of Resources metric is scored as 2 indicating that the Trust is managing it's finances well and as expected at month 1		

Statement of Comprehensive Income	Year to date profile Budget Actual Varianc		
Period to April 2017	£'000	£'000	£'000
Income from Commissioners Sustainability & Transformation funding	(21,150) (390)	(20,779) (390)	371
Other Income	(2,717)	(2,384)	333
Income Total	(24,257)	(23,553)	704
Pay Non Pay	16,799 7,979	16,264 7,840	(535) (139)
Expenditure Total	24,778	24,103	(675)
EBITDA	521	550	29
Finance Charges	1,181	1,169	(12)
(Surplus)/Deficit before Impairments	1,702	1,719	18
Impairments	1		(1)
(Surplus)/Deficit	1,703	1,719	17
Margin	-2%	-2%	

	Plan	Actual £'000	Variance £'000
(Surplus)/Deficit	1,703	1,719	17
Less anticipated STF funding	390	390	
Less impairments	(1)		1
Less Donated income	61	20	(41)
Less Donated depreciation	(65)	(65)	0
Position against control total	2,088	2,064	(23)

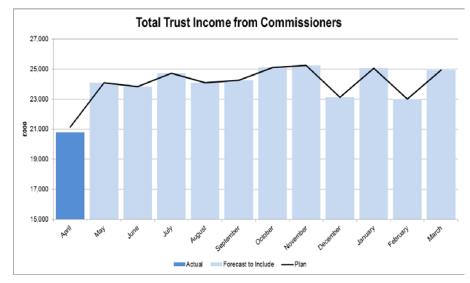
The Month 1 position was a small surplus against plan of £23k on a control total basis. The financial plan was set to take into account the lower number of working days in the month, hence the deficit plan. In April there were only 18 working days compared with 23 days in March.

Within the position there was an underspend against both the pay and non pay plans in month, this was offset by a corresponding under recovery of planned income.

In month expenditure on non pay items, such as drugs and clinical supplies, was down due to the lower levels of activity resulting from the short month in terms of working days.

QIPP delivery was not at the required levels in month as plans were finalised and beginning to have the desired impact.

Income



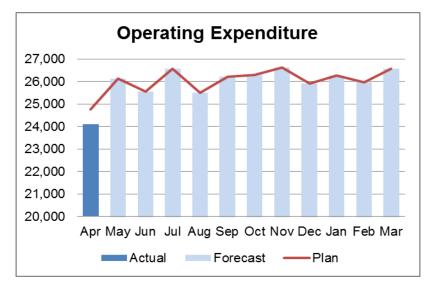
- The income position as at April is £0.4m under plan. High cost drugs are £0.6m over plan mainly within Oncology and Rheumatology which is offset within the expenditure position. The normalised Trust position is £1m underperformance.
- Non elective activity is greater than planned levels giving an over performance in Month 1. The main specialities which have over performed are;
 - Geriatric Medicine
 - Paediatrics
 - Trauma and Orthopaedics
 - Stroke Medicine.
- From a commissioner perspective there were significant over performances against BANES and Wiltshire in month, due to the high number of non elective patients. It is anticipated commissioner QIPP schemes will lead to a reduction in activity numbers as the financial year continues.

Income Performance 30 April 2017	Annual Plan £000	YTD Plan £000	YTD Actual £000	YTD Variance £000
50 April 2017	2000	2000	2000	2000
A&E Attendance	(11,126)	(914)	(931)	(17)
Daycase	(21,016)	(1,508)	(1,513)	(6)
Elective Inpatient	(20,600)	(1,477)	(1,407)	71
High Cost Drugs	(40,074)	(2,064)	(2,632)	(568)
Non Elective Inpatient	(104,820)	(8,519)	(8,847)	(328)
Outpatient	(75,183)	(5,459)	(5,512)	(53)
Other	(15,749)	(1,207)	62	1,270
	(288,568)	(21,150)	(20,779)	370

SLA Performance - Commissioner 30 April 2017	Annual Plan £000	YTD Plan £000	YTD Actual £000	YTD Variance £000
Banes CCG	(79,114)	(5,983)	(7,278)	(1,295)
Wiltshire CCG	(91,211)	(6,846)	(7,288)	(442)
Somerset CCG	(30,079)	(2,239)	(1,782)	457
SW Specialised Commissioning	(619)	(46)	(57)	(11)
Other South West CCGs	(11,729)	(835)	(1,106)	(272)
South West Area Teams & LA s	(5,587)	(404)	(410)	(6)
Wessex Area Team (Cancer Drugs)	(4,460)	(228)	(182)	46
Non Contract Activity	(65,769)	(4,569)	(2,676)	1,894
	(288,568)	(21,150)	(20,779)	370

Activity Performance 30 April 2017	Annual Plan Activity	YTD Plan Activity	YTD Actual Activity	YTD Variance Activity
A&E Attendance	74,869	6,154	6,106	(48)
Daycase	29,219	2,096	2,128	32
Elective Inpatient	6,606	474	452	(22)
Non Elective Inpatient	43,288	3,512	3,600	88
Outpatient	506,304	36,339	36,537	198
	660,287	48,574	48,823	249

Expenditure

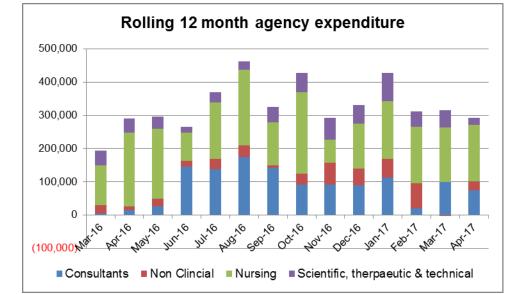


	Prior year		
	average	M12	M1
Divisional Pay run rate	£'000	£'000	£'000
Surgical	4,912	4,938	4,973
Medical	6,180	6,355	6,307
Women's & Children	2,171	2,251	2,273
Facilities	906	884	898
Corporate	1,405	1,639	1,678
TOTAL	15,574	16,068	16,130
Included above Agency	341	339	293
Non Pay			
Surgical	2,053	2,058	1,868
Medical	4,208	4,969	3,581
Women's & Children	402	488	456
Facilities	925	1,040	780
Corporate	933	1,182	1,115
TOTAL	7,997	9,738	7,801

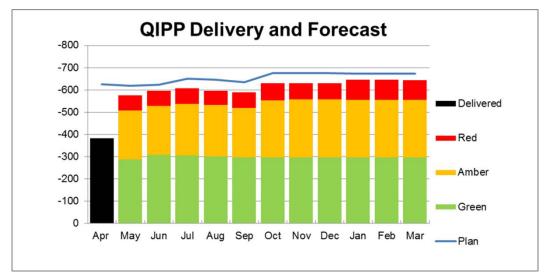
Issues:

Month 1 expenditure reduced from the M12 position due to reduced activity arising from the lower number of working days and subsequent costs. Key issues included:

- Taking into account the pay award, pay expenditure was slightly down on the previous month. There was also a reduction in overall agency costs.
- Surgical division non pay reduced due to the lower elective activity and subsequent expenditure on Prosthesis and clinical supplies
- Drugs costs were significantly lower than the prior month, particularly within the Medicine division but also within Surgery.



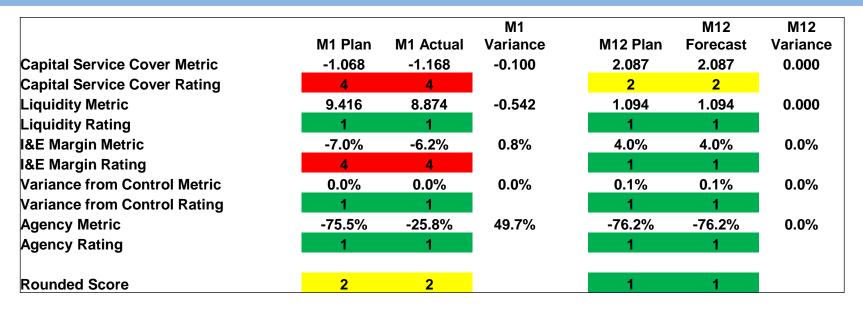
• Most other non pay areas underspent in month



Division	Plan	Delivery	Variance	%age delivery
	£'000	£'000	£'000	
Medicine	231	81	150	35%
Surgery	203	172	31	85%
Women's & Children's	52	69	(17)	133%
Facilities	57	25	32	44%
Corporate	81	37	44	46%
TOTAL	624	384	240	62%

- The QIPP plan for the current year is significantly lower than previous years at £7.8m. The plan has been set at a lower level to allow Divisions the opportunity to focus on the development of transformational schemes and reduce the reliance on incremental transactional savings schemes
- Of the full plan for the year, schemes totalling £7.2m have been identified to date, leaving a gap of £0.6m for the year.
- Further work is required on the relevant risk rating of the individual schemes to ensure delivery is on time and maximised during the financial year.
- The current risk assessment of schemes shows a significant proportion are rated as green or delivered £3.7m (47%), £2.7m rated Amber (34%) with the remaining £0.8m (19%) rated Red or unidentified. Based on month one delivery, further ratification is required to ensure this reflects an accurate position and to identify where mitigating action plans can be developed quickly.
- The biggest area of under delivery in month 1 is the Medicine Division, delivering 35% of the £0.2m plan in month.

NHS Single Oversight Framework - Use of Resources



NHS Improvement measures provider performance and risk using the NHS Single Oversight Framework. There are five themes, of which "Finance and Use of Resources" is one. The Finance theme has five equally weighted metrics as follows:

- 1. Capital servicing capacity degree to which generated income covers financial obligations
- 2. Liquidity days of operating costs held as cash or cash equivalents
- 3. I&E margin degree of surplus/(deficit)
- 4. Distance from financial plan variance between the planned and actual I&E position
- 5. Agency spend distance from cap

The Trust's M1 score is 2. The reason behind the low scores on capital service cover and I&E margin is because the Trust expectation is primarily due to activity and STF achievement being weighted more heavily to the end of year.

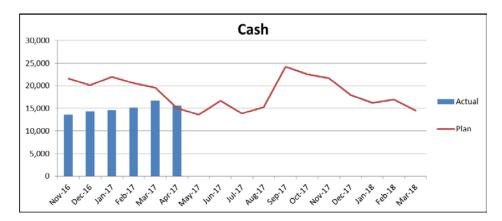
Non-current assets Intangible assets Property, plant and equipment Trade and other receivables Total non-current assets Inventories Trade and other receivables Trade and other receivables Assets held for sale and assets in disposal groups Cash and cash equivalents Total current assets Inventories Total current assets Indexes Current liabilities Indexes	£000 3,646 165,197 1,200 170,043 3,666 22,336 3,575 16,625	£000 3,623 165,191 1,140 169,954 3,365 20,028 3,575	£000 (23) (6) (60) (89) (301)
Intangible assets Property, plant and equipment Trade and other receivables Total non-current assets Current assets Inventories Trade and other receivables Assets held for sale and assets in disposal groups Cash and cash equivalents Total current assets	165,197 1,200 170,043 3,666 22,336 3,575 16,625	165,191 1,140 169,954 3,365 20,028	(6) (60) (89) (301)
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Assets held for sale and assets in disposal groups Cash and cash equivalents Total current assets	3,575 16,625	,	
Cash and cash equivalents Total current assets	16,625	3.575	(2,308)
Total current assets		0,0.0	0
		15,598	(1,027)
Current liabilities	46,202	42,566	(3,636)
Trade and other payables	(21,959)	(20,199)	1,760
Other liabilities	(4,343)	(4,131)	212
Provisions	(869)	(846)	23
Borrowings	(2,968)	(2,958)	10
Total current liabilities	(30,139)	(28,134)	2,005
Total assets less current liabilities	186,106	184,386	(1,720)
Non-current liabilities			
Provisions	(813)	(812)	1
Borrowings	(18,281)	(18,281)	0
Total non-current liabilities	(19,094)	(19,093)	1
Total Assets Employed	167,012	165,293	(1,719)
Financed by			
Income and expenditure reserve	(26,170)	(27,890)	(1,720)
Public dividend capital	152,084	(27,090) 152,084	(1,720)
Revaluation reserve	,	41,098	0
Total Equity	41,098	41,090	. 0

The Statement of Financial Position for Apr-17 is included alongside a comparison of the closing position for 2016/17.

The key changes to note between the two months include:

- A reduction of £2.31m in receivables primarily due to the payment of outstanding NHS contract invoices from the prior financial year. Although receivables have reduced, aged debt has increased (see next slide). This is due to invoices raised at the end of M12 classed as receivables in M12, but not aged debt as they were not due at the end of March.
- There is also a reduction of £1.76m in payables. About £1m of this relates to capital invoices which were accrued at year end and have now been paid
- Cash has reduced by £1m, although the cash balance is £0.5m higher than planned mainly due to reduced capital expenditure.
- The £1.72m decrease in the I&E reserve reflects the M1 I&E deficit.

Key balance sheet indicators			
			Movement
	2016/17	2017/18	from prior
	Month 12	Month 1	month
Better Practice Payment Code	97.51%	93.33%	-4.2%
Aged Debt Analysis			
- <30 days	3,532,013	3,334,243	(197,771)
- 31-60 days	1,934,766	1,884,357	(50,408)
- 61-90 days	390,733	1,650,466	1,259,733
- 91-180 days	677,206	746,789	69,583
- >180 days	1,076,220	1,199,113	122,893
Month end Cash position	16,625,085	15,598,101	(1,026,984)



Better Practice Payment Code

The Trust has achieved an accumulated performance of 93% in Apr-17 of debt paid within 30 days. This is slightly below the 95% target, a large proportion of which relates to pharmacy invoices. Finance are working closely with Pharmacy to expedite these payments.

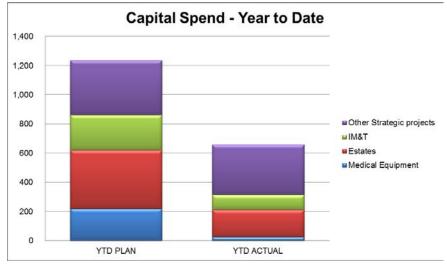
Aged Debt :

- Total level of debt has increased by £1.2m from the previous month, and now stands at £8.8m. Much of this relates to recently raised invoices to Health Education England (£0.8m relating to M1); BANES CCG (£0.4m relating to prior year); NHS England South (£0.4m relating to M1).
- With regards to prior year debt, the Trust is owed £1.2m from NHS England relating to Hep C – this is being actively followed up.
- Total NCA debt stands at £3m, of which £2m is over 60 days old. This debt is being actively chased.

The **Cash** balance at year end is £15.6m which is £0.5m above the year to date plan. This is primarily due to lower than expected capital expenditure.

Cash generation from operating activities is expected to be more heavily weighted towards the end of the year, both due to activity profile and STF award. The sharp increase in the plan in Sept-17 is the expected cash sale of the RNHRD, which will be used to fund the building of the RNHRD and Therapies Centre, hence the subsequent cash reduction.

Capital Expenditure



Capital Expenditure & Performance

Capital expenditure to the end of April totals ± 1.3 m, resulting in an underspend of ± 0.6 m.

- Estates expenditure is £0.2m behind plan, the underspend relates to replacement washers for SSD which have been approved but not yet ordered.
- IM&T expenditure is £0.1m underspent, this relates mainly to the rolling replacement programme for PCs and Mobile Devices. A pilot scheme is currently being evaluated for these devices.
- Medical Equipment is underspent by £0.2m, orders have been placed totalling £0.6m and MEC will be working to ensure equipment is purchased as required and within the plan allocated.
- Strategic Capital is on plan, though costs on the RNHRD project build are ahead of schedule but offset by slippage in the other site redevelopment projects.

	Annual	YTD	YTD	YTD	
Capital Report to Date	Plan	Plan	Actual	Variance	
	£000s	£000s	£000s	£000s	
Medical Equipment (donated)	749	36	11	(25	
Strategic Capital (RUH Redevelopment)	298	25	9	(23	
	290	25	9	(10)	
Donated Funded Total	1,047	61	20	(41	
Estates Estates - Theatre, Ward & SSD Upgrades	1,981	285	151	(134	
Other Estates Projects	2,995	205 116	34	(134	
Estates Total	2,995 4,976	400	185		
Estates Total	4,970	400	100	(215	
IM&T					
Electronic Patient Records & Enablers	3,065	82	40	(42	
Clinical Systems	1,771	37	40	3	
Other IM&T	1,639	122	24	(98	
IM&T Total	6,474	241	103	(137	
Medical Equipment	6,294	221	27	(194	
Strategic Capital schemes					
RNHRD & Therapies Build	6,241	118	258	140	
RUH Redevelopment	1,529	216	79	(136	
Radiology Upgrade	2,392	17	(1)	(18	
Strategic Total	10,162	350	336	(14	
Contingency	500	0	0	C	
Trust Funded Total	28,407	1,212	651	(561	
Medical Equipment (Radiology Upgrade)	3,462	0	0	C	
Lease Purchase Total	3,462	0	0	0	
TOTAL	22.040	1.273	671	(604	
	32,916	1,213	0/1	(601	