Paper ref: TB Public (11/22) 009





REPORT TITLE:	Month 6 2223 Finance Report and forecast						
SPONSORING EXECUTIVE:	Dinah McLannahan, Chief Finance Officer						
REPORT AUTHOR:	Simon Sheppard, Director of Operational Finance						
MEETING:	Public Trust Board	DATE:	2 nd November 2022				

1. Suggested discussion points [two or three issues you consider the Trust Board should focus on in discussion]

At Month 6 the Trust is reporting a £15.4m deficit year to date, an £8.7m adverse variance to the £17.1m internal deficit plan. The deficit in Month 6 was £1.1m, having been an average of £2.8m in Months 1 to 5. The main driver for this was the settlement for the pay award versus costs transacted during Month 6. The forecast position has also improved from Month 5 and the Trust has a plausible route to a £17.1m deficit position for 2223, albeit the route is not as planned and worsens the underlying position of the Trust, and increases risk in future years.

The Trust submitted to NHSEI a break even plan for 2223 with an assumption that additional income would be sought from the Black Country system via the risk share agreement, in the context of a break even plan submission. The Trust has formally submitted this request during September; the request has been formally acknowledged and is subject to availability of funding. The system is currently in deficit against plan and developing a recovery plan, and therefore the likelihood of risk reserve availability is low.

2.	2. Alignment to our Vision [indicate with an 'X' which Strategic Objective[s] this paper supports]										
OUR PATIENTS			OUR PEOPLE		OUR POPULATION						
	o be good or outstanding in	X	To cultivate and sustain happy,		To work seamlessly with our						
	everything that we do		productive and engaged staff		partners to improve lives						

3. Previous consideration [at which meeting[s] has this paper/matter been previously discussed?]

PMC, CLE 25th October FIPC 28th October

4. Recommendation(s)

The Public Trust Board is asked to:

a. NOTE and DISCUSS the contents of the report

5. Impact [indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]											
Board Assurance Framework Risk 01		Deliver safe, high-quality care.									
Board Assurance Framework Risk 02	х	Make best strategic use of its resources									
Board Assurance Framework Risk 03		Deliver the MMUH benefits case									
Board Assurance Framework Risk 04	Recruit, retain, train, and develop an engaged and effective workforce										
Board Assurance Framework Risk 05		Deliver on its ambitions as an integrated care organisation									
Corporate Risk Register [Safeguard Risk Nos]	Х	X 4994, 4572, 4995, 4996, 4997, 4998, 4999, 5000, 5001, 5002, 4998, 5003									
Equality Impact Assessment	ls t	this required?	Υ	Х	N		If 'Y' date completed				
Quality Impact Assessment	ls t	this required?	Υ	Х	N		If 'Y' date completed				

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board on 2nd November 2022

Month 6 2223 Finance Report and Forecast

1. Introduction

1.1 Our reporting focuses on delivery of an internal deficit plan of £17.124m. This report will look at Month 6 performance against this plan. The Trust submitted externally a break even plan as part of a system wide approach to planning. We are being held to account to deliver an internal deficit plan of £17.1m and to working with system partners to access via the risk share, additional funding to reach break even. This report will also look at the current view of forecast outturn for the year, the Trust having seen significant adverse variance to plan so far this year.

2. Month 6

- 2.1 The Trust reported a deficit of £15.422m, £8.696m adverse to plan.
- 2.2 Current drivers of the adverse variance remain in line with last month's report i.e.:
 - Energy cost pressures (limited to £0.6m)
 - The unfunded use of insourcing/outsourcing in Surgical Services (£2.2m). The use of TOUK for Orthopaedics ended in September. The use of BEST in Ophthalmology will continue for the financial year due to the significant risks within that service currently. The Trust continues to seek financial support for this work from the ICB.
 - Additional capacity, in Medicine, in terms of staffing additional beds. A significant number of unfunded beds remained open, 44 in Medicine and 6 in PCCT throughout the month. Medicine also continues to have expenditure on unfunded schemes SDEC, Additional Medical Cover, ED Nursing.
 - Drugs previously treated as pass-through and now part of the block £1.4m adverse
 to budget, offset in part by income via CDF and Specialised Services Commissioning
 arrangements. Assurance around spend is via the requirement for forms submitted
 to commissioners to show compliance with NICE technical guidance.
 - Use of Modality to support Production Plan delivery £0.9m
 - Partially offsetting these pressures are vacancies and other savings across the Trust.
- 2.3 It is assumed that ERF will not be clawed back despite significant underperformance on relevant activity and plans. ERF performance at M6 was £71.01m against a plan of £76.674m, a potential net clawback of £5.56m year to date net of advice and guidance work. H1 will not be clawed back; H2 clawback remains uncertain. The COO is leading the improvement plan. Looking forward, it is likely that some form of PbR will be reintroduced in 23/24. The Trust's under-performance could introduce significant further risk to our financial plan. We are working on understanding where activity delivery has changed over the pandemic and aligning that with wte analysis to drive a renewed focus on productivity, which will be reported through FIPC. It is also recommended that a Board Level metric on productivity be

worked up. A senior role focusing on operational productivity and efficiency is being recruited to. In terms of income, most Groups have adverse variances to their current income plans. Impact on total income is negligible given the block arrangements but highlights that the Trust continues to do less work overall and at higher cost than prepandemic.

- 2.4 System Development Funding (SDF) (£7m): SDF is assumed in the position year to date. The risk around this is the ICB currently do not recognise our assumptions and may well expect additional spend against the income. The Trust plan assumes nothing above the current expenditure plan.
- 2.5 The Trust CIP plan is £25.723m to achieve a break even position, including the income required from the system risk reserve.
 - Year to date target is £12.423m, actual delivery £8.012m, an adverse variance of £4.423m. This is driven by the stretch CIP plan required to move the Trust to breakeven.
 - The forecast currently stands at £24.481m. The significant improvement is due exclusively to the changes highlighted in last month's report with the inclusion of the £7.5m non-recurrent flex in the base plan and the associated £7.5m further balance sheet flexibility stretch agreed as part of the financial recovery plan.
- 2.6 In terms of energy costs, the announcement by the Government around support for businesses is reflected in the update financial recovery plan at Annex 4a

3. Other Issues

The inflationary pressures and volatility in markets faced by the Trust should not be underestimated. Energy is just one example, but pressure in areas such as food products are currently significantly more than the uplift given to budgets. Teams are working hard to manage these risks, the Board is therefore asked to note the risk of volatility in markets, and the risk that presents.

4. Financial Recovery Plan

Work has continued on the forecast and financial recovery plan. Annex 4 and 4a sets out the revised forecast and route to the £17.1m deficit plan. This is assessed as relatively low risk and there are some upside opportunities available should other risks or issues materialise through winter (further impact of recruitment slippage, additional funding for Ambulance conveyancing).

5. Capital and Cash

5.1 The forecast Capital Plan reflects the previously agreed, overcommitted forecast which is c£5m more than available budget. The latest forecast provides an updated position, with the expected over commitment reducing down to £1.1m (see Annex 3), and an assumption that either expenditure will slip further, or additional funding identified. The Trust is also committing to c£2.8m in relation to the Modular SDEC unit, currently without capital budget. Following the Capital Management Group the Trust is assured it will spend the full non MMUH capital in 2022/23, and this will be kept under regular review, by scheme.

- 5.2 System wide capital management processes indicate all forecast expenditure (including the above over-commitment, and Modular SDEC) can be covered by system budget, with a small amount of headroom. If this changes, the Trust would seek CRL from regional slippage, additional funding, or review the potential to delay expenditure in to 2324.
- 5.3 The Capital summary now reflects the new contract sums for MMUH completion, of which £92m is available in 22/23, with a further £12m due in future years. A revised profile of cashflow has now been received by the Trust from WT Partnership and the impact on the MOU will be calculated for internal review before the end of October 2022. The October Programme Executive Board attended by NHP leaders was assured that there is a process underway to prepare a paper to inform required amendments to the MOU to address contingency and Trust delay costs. There are also Programme Oversight meetings monthly with NHP to manage the Balfour Beatty contract and changes to contingency and compensation events.
- 5.4 Cash is holding up well despite the deficit position and is ahead of plan for September at £66.5m with reimbursement for the cash expended on MMUH funded from PDC now received. c£7m of cash balances at the end of the month relate to MMUH and will be expended in November 2022. The Trust will need to manage cash through flexibility in working balances, as dictated by I&E performance whilst maintaining payment performance (BPPC). Work continues to deliver the 2% spend commitment with local suppliers in line with Anchor Institution commitments and is reported through Audit and Risk Management Committee. Our current view of the year end position on cash which assumes full commitment of the capital programme and a £17m deficit is £37.5m.

6. Recommendations

- 6.1 The Public Trust Board is asked to:
 - a. Note the contents of the report

Dinah McLannahan Chief Finance Officer

25th October 2022

Annex 1: Key Headlines

Annex 2: Statement of Financial Position

Annex 3: Capital Programme

Annex 4: Forecast

Annex 4a: Financial Recovery Plan

Annex 1
Key Headlines

YTD

YTD

		Plan	Actual	Variance	Plan	Actual	Variance
		£ms	£ms	£ms	£ms	£ms	£ms
ái –	I&E Performance	(1.19)	(1.14)	0.05	(6.73)	(15.42)	(8.70)
**	NHSI Agency Ceiling	1.21	1.62	(0.42)	7.25	8.54	(1.29)
	Efficiency Programme (CIP)	0.88	0.79	(0.08)	4.90	4.25	(0.65)
A	Capital Expenditure (Excl MMUH)	(0.33)	1.27	(1.61)	10.42	5.36	5.06
6	Capital Expenditure (MMUH)	8.96	0.24	8.72	62.22	48.37	13.85
£.	Cash Balance	28.84	66.50	37.66	28.84	66.50	37.66
• Efficie	ncy programme values exclude the ICS relate	ed stretch					

In Month

In Month

YTD

In Month

• Capital expenditure (Excl. MMUH) plan now reflects the Trust internal plan – annual £19,005k

Sandwell & West Birmingham Hospitals NHS Trust STATEMENT OF FINANCIAL POSITION 2022/23

	Balance as at 31st March 2022	Balance as at 30th September 2022	NH SI Planned Balance as at 30th September 2022	Variance to plan as at 30th September 2022	NH SI Plan as at 31st March 2023	Forecast 31st March 2023
	£000	£000	£000	£000	£000	£000
Non Current Assets						
Property, Plant and Equipment	646.763	688.727	891.538	(202.811)	775.879	775,879
Intangible Assets	183	159	158	1	131	131
Investment Assets	0	0	0	0	0	0
Trade and Other Receivables	100	100	100	0	100	100
Current Assets						
Inventories	3,585	3,585	3,437	148	3,585	3,585
Trade and Other Receivables	44,141	32,074	37,852	(5,778)	32,122	32,122
Cash and Cash Equivalents	55,013	66,497	28,837	37,660	37,517	37,517
Current Liabilities						
Trade and Other Payables	(85,865)	(101,807)	(97,658)	(4,149)	(118,639)	(116,639)
Provisions	(3,580)	(3,522)	(950)	(2,572)	(2,950)	(2,950)
Borrowinas	(2.587)	(17.248)	(2.408)	(14.838)	(17.511)	(17.511)
DH Loan	0	0	0	0	0	0
Non Current Liabilities						
Provisions	(3,391)	(3,391)	(3,529)	138	(3,529)	(3,529)
Borrowings	(39,145)	(23,192)	(23,769)	577	(23,769)	(23,769)
DH Loan	0	0	0	0	0	0
	615,217	641,984	833,608	(191,624)	684,936	684,936
Financed By						
Taxpayers Equity						
Public Dividend Capital	664.941	707.248	664,151	43.095	757.659	757.659
Retained Earnings reserve	(73,442)	(88,868)	151,738	(240,606)	(90,442)	CARCOLLEGE CONTROL OF THE PARTY
Revaluation Reserve	14,660	14,548	8,661	5,887	8,661	8,661
Other Reserves	9,058	9,058	9,058	0	9,058	9,058
	615,217	641,984	833,608	(191,624)	684,936	684,936

Analysis

- Cash is significantly ahead of plan as a consequence of:-
 - Capital programme underspend
 - Carry forward of MMUH Fund that will be spent in November 2022
 - Adverse I&E performance to date that is offsetting the positive impacts above
- Further Analysis of Cash Balances and movements are included on the SOCF slide
- Cash and Cash Equivalents balances on this slide will differ from the SOCF by the value of Cash in Hand, that is not included in the SOCF
- Further analysis on Receivables and Payables balances is available on slide

SANDWELL & WEST BIRMINGHAM HOSPITALS NHS TRUST Summary Capital Expenditure: FY 2022/23 to P06 Annual Year to Date Year End Fore cast Original Plan Plan Actual Variance NH5I Plan Forecast Variance Internal Plan Variance £000s £000s £D00s £000s £000s £0005 £000s £000s £000s Internal - Self Financing MMUH 3,810 2,081 1,384 697 3,810 2,895 915 6,015 3,008 1,543 1,465 6,015 8,518 8,465 Estates -2.503-2,4504,215 1,025 1,082 4,466 4,466 IT 2,107 4,215 -251 -251-2,575 Me di cal equipment 4,965 2,437 270 2,167 4,965 4,250 715 7,540 Charity 90 90 Sub total 19,095 9,633 4,222 5,411 19,095 20,219 -1,12424,371 -5,276External - PDC Funded MMUH - PDC 584 584 585 585 MMUH - PDC Paid in Advance 21/22 5,456 5,456 5,456 5,456 5,456 5,456 MMUH - MOU 92,132 56,179 42,330 13,849 92,132 92,132 92,132 Midland Met Learning Campus (Grant Funded) 62,219 48,370 13,849 98,173 Sub total 98,173 98,173 98,173 TOTAL INTERNAL & PDC FUNDED 117,268 71,852 52,592 19,260 117,268 118,392 -1.124122,544 -5,276Technical-IFRIC12 BTC & MES 786 1.134 -348 1,570 1,570 1,570 1,570 Trust Wide Programme 118.838 72.638 53,726 18,912 118,838 119,962 -1.124124,114 -5,276

Analysis

- The table above shows the Month 6 spend position against the agreed Trust plan.
- The total plan for MMUH—PDC is now finalised and reflects the MOU issued by NHP. A recent reduction in the contract performance will require the cashflow for 22/23 to be recalculated and phased according to the contractors expected performance, this will likely result in a change to the issued MOU issued by NHP.
- The plan for all non MMUH spend reflects an overcommitment against the ICS agreed Capital resource on the basis that there will be slippage within schemes through the year and we will achieve the ICS total. The current forecast now shows a potential £1,124k overspend, down from £5,276k
- The Trust is confident it will deliver within the £19,095k allocation based on the latest forecast

														Sum of		
														Total		
								Sum of	Actual	Sum of	Sum of FOT					
	Sum	of Apr-Su	m of May- S	ium of Jun-S	um of Jul-		Sum of Sep-	Adjusted	Adjusted	Adjusted	Asjusted	Adjusted	Adjusted	£'000s	Total	Variance to
	Ac	ctual	Actual	Actual	Actual	Sum of Aug-	Actual	Oct-FOT	Nov- FOT	Dec-FOT	Jan- FOT	Feb- FOT	Mar- FOT	(Adjusted	Budget	Budget
Row Labels	<u>₹</u> £'(000s	£'000s	£'000s	£'000s	Actual £'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	FOT)	£'000s	£'000s
■913410 - Income from Activities		47,579	47,490	50,896	49,472	48,775	53,588	49,832	49,329	49,369	49,386	49,359	49,359	594,436	597,509	(3,073)
■ 913420 - Other Income		4,191	4,138	3,876	3,248	3,408	3,846	4,423	3,972	3,971	3,866	3,874	3,883	46,694	44,194	2,500
■ 913510 - Pay Expenditure	(3	34,057)	(34,491)	(34,609)	(34,569)	(35,439)	(37,580)	(35,958)	(35,903)	(36,146)	(36,491)	(36,702)	(36,857)	(428,802)	(422,629)	(6,174)
■913710 - Non Pay Expenditure	(1	17,949)	(18,449)	(18,012)	(18,573)	(18,107)	(18,368)	(18,598)	(19,239)	(19,360)	(19,207)	(18,933)	(19,000)	(223,795)	(205,043)	(18,752)
■913720 - Non Operational Costs		(2,565)	(2,552)	(2,545)	(2,833)	(2,609)	(2,621)	(2,644)	(2,644)	(2,644)	(2,644)	(2,644)	(2,644)	(31,587)	(31,156)	(431)
Grand Total		(2,802)	(3,865)	(394)	(3,254)	(3,972)	(1,134)	(2,944)	(4,484)	(4,810)	(5,089)	(5,045)	(5,258)	(43,053)	(17,124)	(25,929)

- The revised gross forecast pre mitigation is £43,053k, which is an improvement of £4,491k from the month 5 version
- The key reasons for this improvement are:
 - Improvement due to the pay award related income settlement.
 - Revised bank and agency accruals following the pay award settlement
 - General improvements in Group Forecasts

Annex 4a Financial Recovery Plan

			FRP Initial	FRP M6			
		Date of	22/23	22/23			
		confirming the	Value	Value	Value		Risk of
Action	Exec Lead	action	£000s	£000s	Confidence	Monitoring	Delivery
1 Confirm ICS resource, or not, for the Insourcing / Outsourcing SWB commitments	CFO	31/08/2022	1,200			Exec Group	
2 Confirmation of the Strategic Development Funding (SDF) plan assumption	CFO	31/08/2022	-	-		Exec Group	
3 Confirmation of additional ERF baseline funding from BSOL	CFO	31/08/2022	7,000	7,000		Exec Group	
4 Agree the bank rate proposal from January 2022 CLE	Exec Team	31/08/2022	1,750	1,628		Exec Group	
Review the additional bed capacity open above plan assumptions to assess whether any can be closed							
5 (review LOS; BSOL transfers; Delayed discharges) - Conveyancing	C00	30/09/2022	1,000	-		Exec Group	
Review the additional bed capacity open above plan assumptions to assess whether any can be closed							
6 (review LOS; BSOL transfers; Delayed discharges) - Beds xxx from 1 October		30/09/2022				Exec Group	
6 a) Medicine	COO		1,934	1,295			
6 b) PCCT	C00		126				
6 c) Surgical Services	COO		tbc				
7 Re-instate staff car parking charges	Exec Team	30/09/2022	-	-		Exec Group	
8 Stop the MMUH related recruitment until 1 April 2023	Exec Team	31/08/2022	1,000	1,000		Exec Group	
9 Reduce sickness absence rate from 6% by targetted individual plans	СРО	30/09/2022	tbc	tbc		Exec Group	
10 Assess any further balance sheet flexibility as a non recurrent solution above £7,500k plan assumption	CFO	31/08/2022	7,500	7,502		Exec Group	
11 Enhanced controls on discretionary spend e.g. well being	CFO	31/08/2022	600	500		Exec Group	
12 Enhanced controls on discretionary spend e.g. training	COO	31/08/2022	500	500		Exec Group	
13 Review of all non clincial agency spend with a view to recruit substantive or remove the agency	СРО	31/08/2022	tbc	tbc		Exec Group	
14 Elective Recovery funding improvement plan	C00	30/09/2022	tbc	tbc		Exec Group	
15 Vacancy management	СРО	31/08/2022	5,000	-		Exec Group	
16 Review of the modality contract - VFM	CFO	30/09/2022	tbc	tbc		Exec Group	
17 Pass through costs for drugs above baseline	CFO	30/09/2022	1,500	-		Exec Group	
18 22/23 year end energy forecast	CDO	30/09/2022	-	5,296		Exec Group	
19 Stop all Covid related workforce expenditure - security	COO	31/08/2022	400	210		Exec Group	
20 Agreement of maternity pathway recharges with BSOL ICB	CFO	30/09/2022	1,000	1,000		Exec Group	
TOTAL			30,510	25,931			