

Whittington Health Trust Board

Update – 1st October 2014

Title:	Trust Board Report October 2014 (August data)		
Agenda item:	14/145	Paper	5
Action requested:	For discussion and information		
Executive Summary:	<p>The Trust Board Report has been redesigned and this is the first iteration of the new format report.</p> <p>The report has now been split into three sections:</p> <ol style="list-style-type: none"> 1. Performance and Quality 2. Activity 3. Finance (including CIP and CQUINS) <p>Performance and Quality</p> <p>The aim of this section is to assure the Board that performance is on track within the organisation and, where performance is under agreed levels, what the services/division/organisation is undertaking to rectify.</p> <p>Activity</p> <p>The activity section provides an update on the month 1-5 acute activity and income performance against the operational plan, broken down into divisional, PoD and speciality levels, and a breakdown of community level data.</p> <p>Finance</p> <p>The finance section analyses the financial performance of the Trust covering overall, clinical division and corporate performance, cash, capital and an update to the “Back to Balance” plan.</p>		
Summary of recommendations:	That the board notes the performance plan, activity, workforce and financial positions and provides feedback		
Fit with WH strategy:	All five strategic aims		
Reference to related / other documents:			

Reference to areas of risk and corporate risks on the Board Assurance Framework:							
Date paper completed:		23 September 2014					
Author name and title:				Director name and title:		Lee Martin, Chief Operating Officer	
Date paper seen by EC		Equality Impact Assessment complete?		Quality Impact Assessment complete?		Financial Impact Assessment complete?	



 Meeting threshold
 Measure may deteriorate as we treat more patients in the additional capacity provided in Aug, Sep and Oct
 Failing to meet threshold

Efficiency and Productivity

Efficiency and productivity - acute	Threshold	Jun-14	Jul-14	Aug-14
First:Follow-up ratio - acute	2.31	1.67	1.67	1.53
Theatre Utilisation	95%	79.0%	80.0%	80.0%
Hospital Cancellations - acute - First Appointments	<2%	5.0%	5.6%	7.5%
Hospital Cancellations - acute - Follow-up Appointments	<2%	8.9%	8.0%	11.7%
DNA rates - acute - First appointments	8%	13.6%	12.8%	15.4%
DNA rates - acute - Follow-up appointments	8%	14.2%	14.7%	16.1%
Hospital Cancelled Operations	0.80%	0.1%	0.3%	0.1%
Cancelled ops rebooked < 28 days	0	0	0	0
Urgent procedures cancelled a second time	0	0	0	0

Efficiency and productivity - Community	Threshold	Jun-14	Jul-14	Aug-14
Service Cancellations - Community	2%	4.5%	4.3%	5.1%
DNA Rates - Community	10%	7.8%	9.2%	8.0%
Community Face to Face Contacts	-	61,908	62,908	49,901
Community Appointment with no outcome	0.5%	4.1%	1.4%	3.5%

Access Standards

Referral to Treatment	Threshold	May-14	Jun-14	Jul-14
Referral to Treatment 18 weeks - Admitted	90%	87.4%	87.5%	87.9%
Referral to Treatment 18 weeks - Non-admitted	95%	95.1%	95.1%	94.9%
Referral to Treatment 18 weeks - Incomplete	92%	90.2%	90.2%	87.2%
Referral to Treatment 18 weeks - 52 Week Waits	0	0	0	0
Diagnostic Waits	99%	97.8%	97.4%	98.5%

Cancer Access Standards	Threshold	Jun-14	Jul-14	Aug-14
Cancer - 14 days to first seen	93%	86.4%	88.2%	arrears
Cancer - 14 days to first seen - breast symptomatic	93%	83.3%	94%	arrears
Cancer - 31 days to first treatment	96%	100%	100%	arrears
Cancer - 31 days to subsequent treatment - surgery	94%	100%	100%	arrears
Cancer - 31 days to subsequent treatment - drugs	98%	100%	100%	arrears
Cancer - 62 days from referral to treatment	85%	87.5%	81.6%	arrears

Maternity	Threshold	Jun-14	Jul-14	Aug-14
Women seen by HCP or midwife within 12 weeks and 6 days	90%	83.7%	86.4%	83.7%
New Birth Visits - Haringey	95%	89.9%	89.3%	arrears
New Birth Visits - Islington	95%	92.0%	91.7%	arrears
Elective Caesarean Section rate	14.80%	7.4%	14.7%	8.4%
Breastfeeding initiated	90%	95.1%	86.3%	90.9%
Smoking at Delivery	<6%	3.9%	6.4%	5.1%

Community Access Standards	Threshold	Jun-14	Jul-14	Aug-14
Community Dental - Patient Involvement	90%	93.0%	94.0%	93.0%
Community Dental - Patient Experience	90%	99.0%	100%	97.0%
District Nursing Waiting Times (<6 weeks)	-	96.6%	98.1%	96.0%
MSK Waiting Times - % waiting less than 6 weeks	-	91.1%	93.2%	92.8%
MSK Waiting Times - Consultant led (<18 weeks)	95%	99.3%	98.7%	arrears
IAPT - patients moving to recovery	50%	46.0%	51.0%	arrears

Access Standards (continued)

Emergency and Urgent Care	Threshold	Jun-14	Jul-14	Aug-14
Emergency Department waits (4 hrs wait)	95%	93.7%	96.4%	96.4%
ED Indicator - median wait for treatment (minutes)	60	90	90	70
12 hour trolley waits in A&E	0	0	0	0
Ambulance Handover (within 30 minutes)	0	6	3	arrears
Ambulance Handover (within 60 minutes)	0	0	0	arrears

Patient Safety

Harm Free Care	Threshold	Jun-14	Jul-14	Aug-14
Harm Free Care	95%	93.5%	93.4%	93.6%
VTE Risk assessment	95%	96.1%	95.9%	arrears
Medication Errors actually causing Serious/Severe Harm	-	0	0	0
Never Events	0	0	0	0
CAS Alerts (Central Alerting System)	-	5	7	3
Proportion of reported patient safety incidents that are harmful	-	46.6%	52.8%	50.4%
Serious Incident reports	-	11	9	9

Quality	Threshold	Jun-14	Jul-14	Aug-14
SHMI	0.88	0.63	0.62	0.62
Hospital Standardised Mortality Ratio (HSMR)	<100	TBC	TBC	TBC
Number of Inpatient Deaths	-	20	30	31
Hospital Standardised Mortality Ratio (HSMR) - weekend	-	TBC	TBC	TBC
Hospital Standardised Mortality Ratio (HSMR) - weekday	95%	TBC	TBC	TBC
NHS number completion in SUS (OP & IP)	99%	98.3%	98.5%	TBC
NHS number completion in A&E data set	95%	87.8%	84.1%	TBC

Patient Experience

Patient Satisfaction - Inpatient FFT Score	Threshold	Jun-14	Jul-14	Aug-14
Patient Satisfaction - Inpatient FFT Score	-	64	63.8	59.6
Patient Satisfaction - ED FFT Score	-	50.6	50.2	60.1
Patient Satisfaction - Maternity FFT Score	-	70.4	59.7	57.3
Mixed Sex Accommodation breaches	0	10	6	0
Complaints	-	28	31	31
Complaints responded to within 25 working day	80%	25%	47%	arrears
Patient admission to adult facilities for under 16 years of age	-	-	-	-

Infection Prevention

Hospital acquired MRSA infection	Threshold	Jun-14	Jul-14	Aug-14
Hospital acquired MRSA infection	0	0	0	0
Hospital acquired <i>C difficile</i> Infections	19 YTD	2	0	2
Hospital acquired <i>E. coli</i> Infections	-	0	2	1
Hospital acquired MSSA Infections	-	0	1	0
Flu vaccination (reporting starts in Oct)	75%	-	-	-
Ward Cleanliness	-	97.6%	97.9%	97.7%

	Aug-14				
	Threshold	Trust Actual	ICAM	SCD	WCF
First:Follow-up ratio - acute	2.31	1.53	1.87	1.56	1.04
Theatre Utilisation	95%	80.0%	57.5%	80.5%	82.9%
Hospital Cancellations - acute - First Appointments	<2%	7.5%	8.4%	9.6%	4.1%
Hospital Cancellations - acute - Follow-up Appointments	<2%	11.7%	13.8%	14.2%	11.7%
DNA rates - acute - First appointments	8%	15.4%	17.9%	17.4%	10.6%
DNA rates - acute - Follow-up appointments	8%	16.1%	16.5%	18.4%	12.9%
Hospital Cancelled Operations	0.80%	0.10%	0.00%	0.30%	0.00%

This indicator will deteriorate as we treat more patient in the additional capacity provided in August, September and October

First:Follow-up ratio - acute

The new to follow up rate is continuing to have a steady improvement over time and is well under the national benchmark of 2.31. The Value Improvement Program for OPD will continue to monitor and improve new to follow up ratios by unit.

Theatre Utilisation

Theatre utilisation is steadily increasing, each surgical unit now has a summary report on activity, waiting list and theatre utilisation. the new theatre scheduling and reporting is showing benefit in improvements in theatres.

The presentation of the measure is being reviewed by SCD:

Issue - concerns that the theatre utilisation measurement methodology does not provide the correct status, although utilisation rates are improving slowly. Start times are not sustainably improving with theatres are starting 20 mins late.

Action - A more representative value of theatre utilisation has been agreed with the Surgical board. This calculates the percentage theatre time used, against the total funded time i.e. 08:30 - 15:30. This will be reported using this new measure for September performance. The current performance measure only includes elective activity with a 80% utilisation, while non-elective and trauma needs to be added so the current measure under reports performance, which is estimated at over 90%.

The main delays to start times, are patients being consented in DTC, radiographers not arriving on time and delays on ward due to consent taking meaning delays to patients being prepped for surgery.

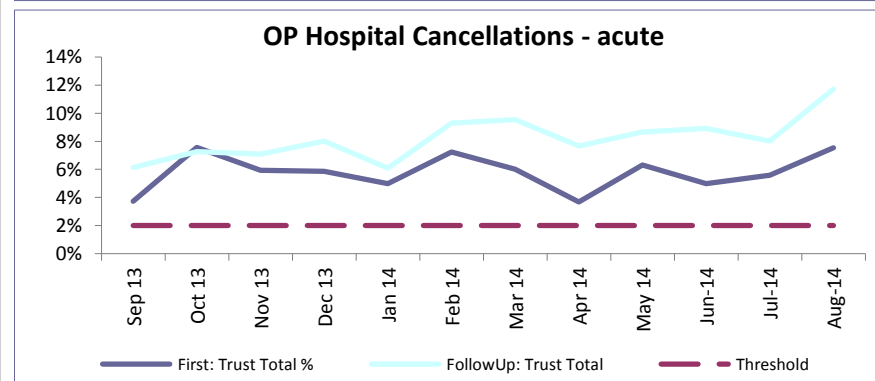
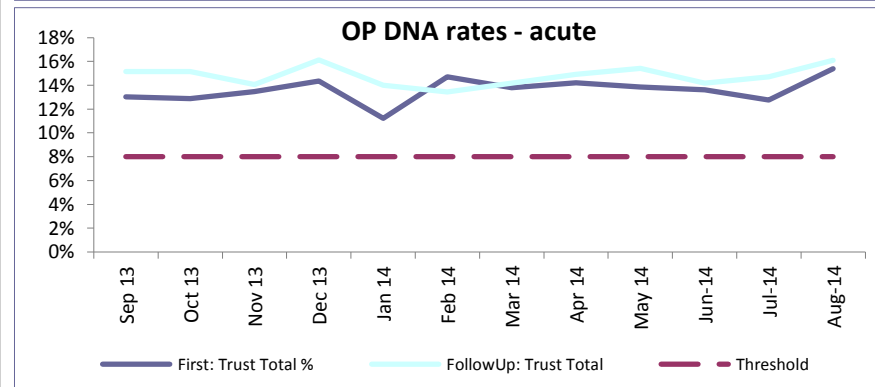
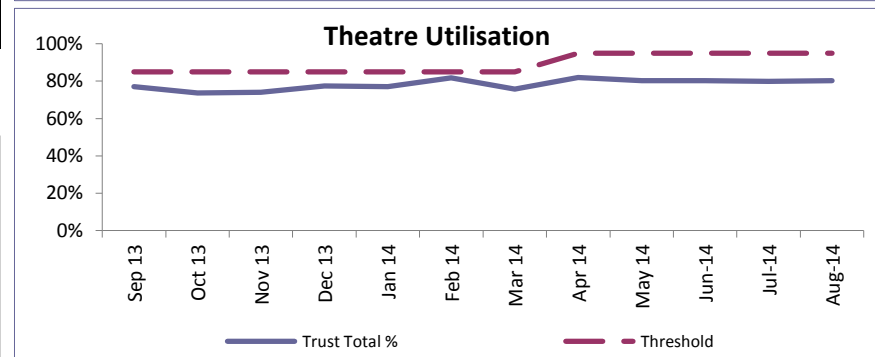
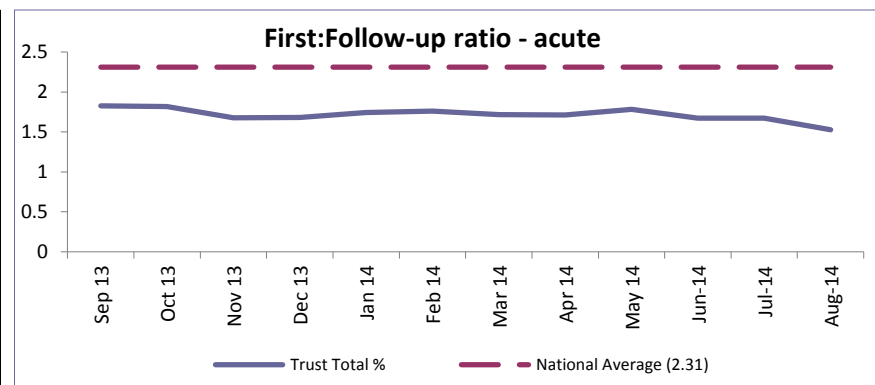
Timescales - Theatre utilisation change in monitoring will report next month for September figures.

Hospital Cancellations - acute

A high number of hospital cancellations will be seen as we move patients into earlier appointments.

Did not attend

Did not attend rates (DNAs) are still high, improvement have been put in place and a slight improvement is starting to be seen. DNA rates by specialty are being monitored. Women, children and families (WC&F) are are trying out ways of working with families to encourage children to attend their appointments.



	Aug-14				
	Threshold	Trust Actual	ICAM	SCD	WCF
Service Cancellations - Community	2%	5.1%	5.6%	6.0%	3.2%
DNA Rates - Community	10%	8.0%	7.4%	15.6%	10.9%
Community Face to Face Contacts	-	49,901	40,298	-	9,603
Community Appointment with no outcome	0.5%	3.5%	3.9%	-	1.6%

Service Cancellations - Community

Performance increase from 4.3% to 5.1% which is 3.1% above the local threshold of 2%. Community activity is recorded on RIO and if an appointment is brought forward, it will be included in this cancellation rate. There is no current way to extract these cancellations.

The improvement plan for waiting list management in the community includes review of all templates and increase in filling unfilled late cancellations by patients.

Community data relating to SCD covers Community Dental.

DNA Rates - Community

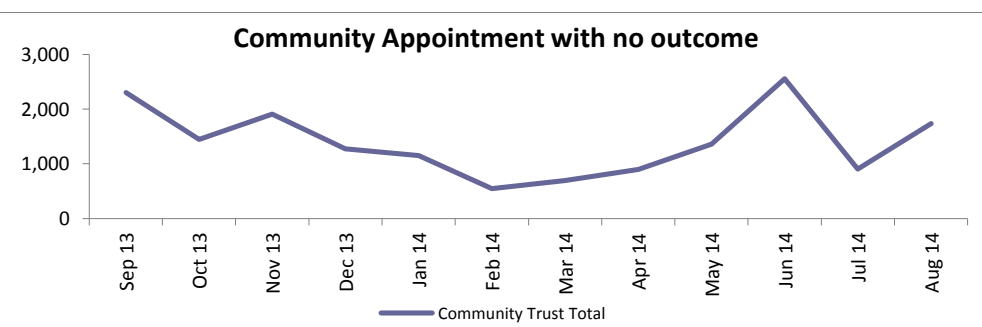
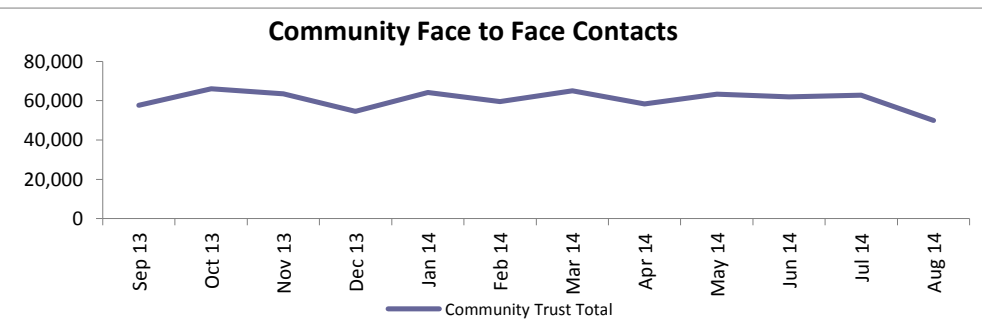
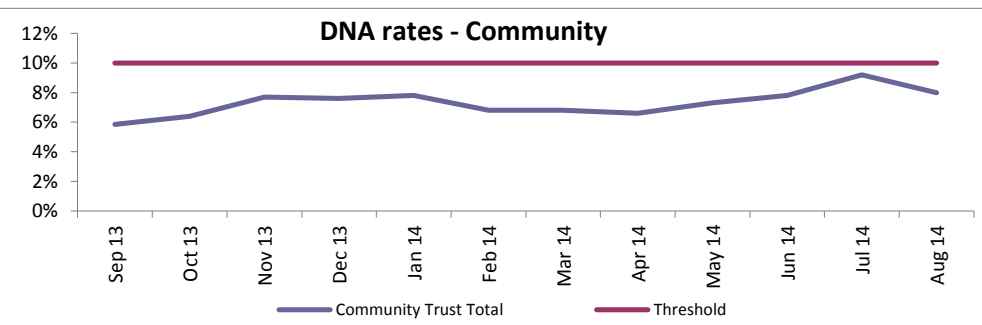
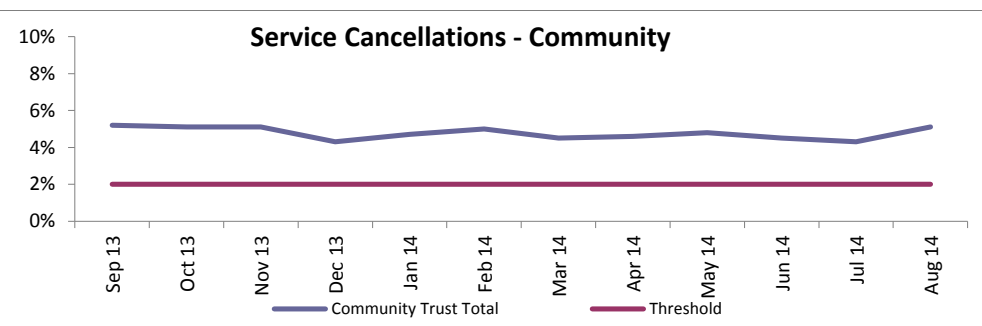
Community DNA rates remain well below the local threshold and the performance within Acute, this is also showing an improvement on last month.

Community Face to Face Contacts

In August, Community contacts decreased by over 20% compared to June and July. This decrease is in-line with the same period in 2013.

Community Appointment with no outcome

There has been a steep increase in community appointments with no outcome in August compared to July.



	Threshold	Trust Actual		
		Jun-14	Jul-14	Aug-14
Community Dental - Patient Involvement	90%	93.0%	94.0%	93.0%
Community Dental - Patient Experience	90%	99.0%	100%	97.0%
Community Dental - Quality & safety (Bi-annual)	90%			
District Nursing Waiting Times (<6 weeks)	-	96.6%	98.1%	96.0%
District Nursing Waiting Times - 2hrs assessment	-	Met	Met	Met
District Nursing Waiting Times - 48 hrs for visit	-	TBC	TBC	TBC
MSK Waiting Times - Routine MSK (<6 weeks)	-	91.1%	93.2%	92.8%
MSK Waiting Times - Consultant led (<18 weeks)	95%	99.3%	98.7%	arrears
IAPT - patients moving to recovery (KPI4)	-	0.46	0.51	arrears

District Nursing

The two response times for District Nursing being two hours for assessment and 48 hours are being met and are retrospectively audited on a quarterly basis. The improvement plan is well underway and is delivering staff, process and patient experience improvements.

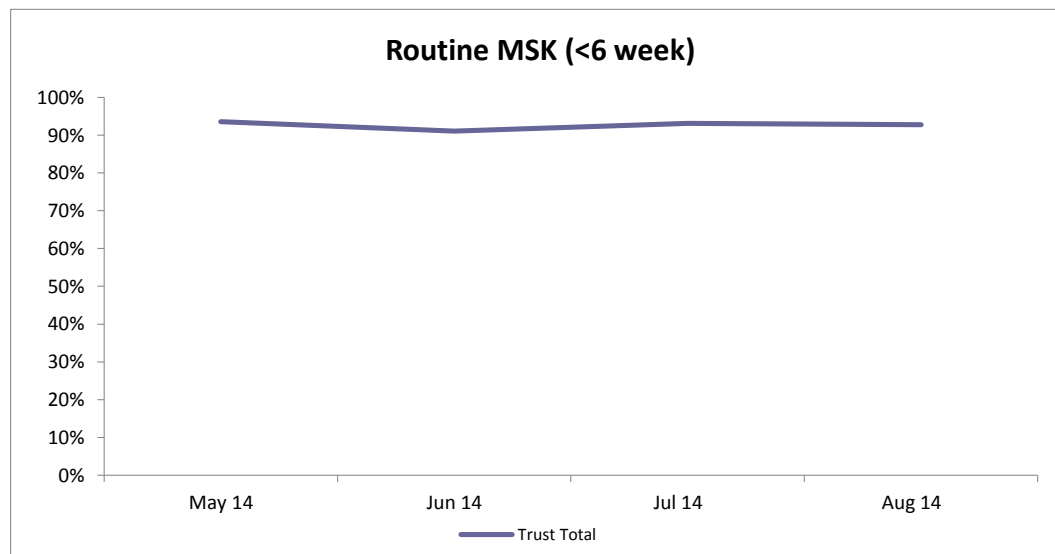
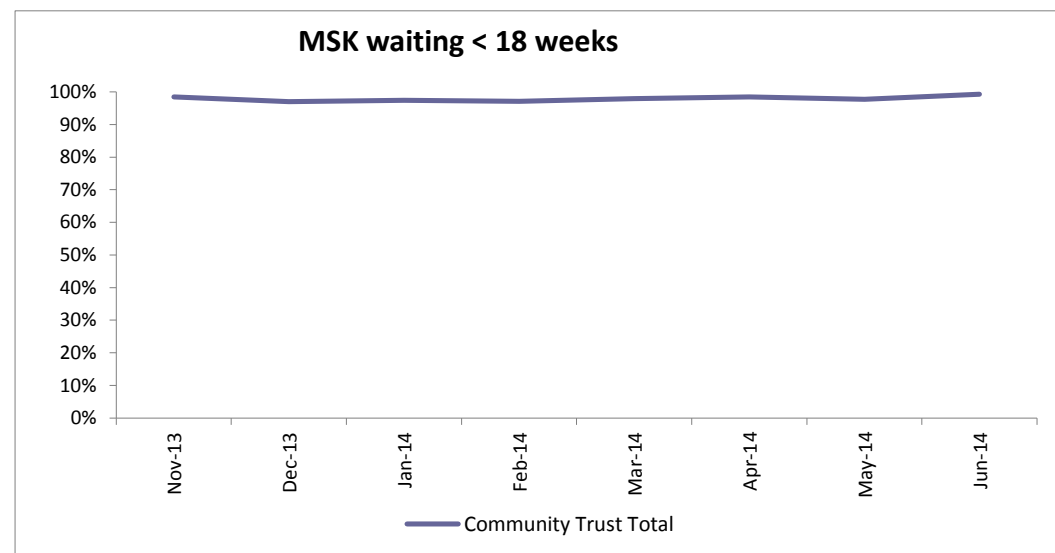
MSK

The six and 18 weeks standard is being met, similarly to DN the improvement plan is well underway and significant changes are being made. Further work on the waiting times for long waiters is underway and maximise wait times will be published asap.

IAPT (data one month in arrears)

The benchmark for recovery rate is 95%.

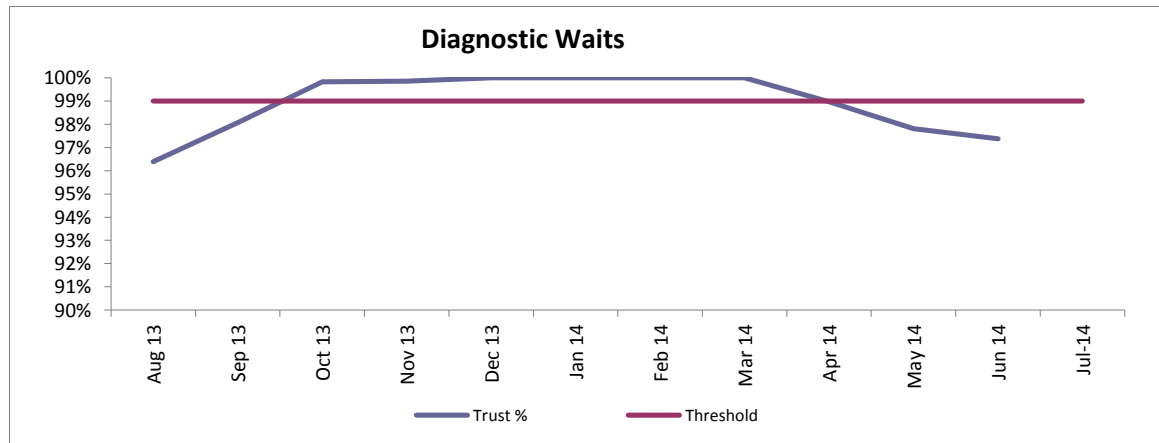
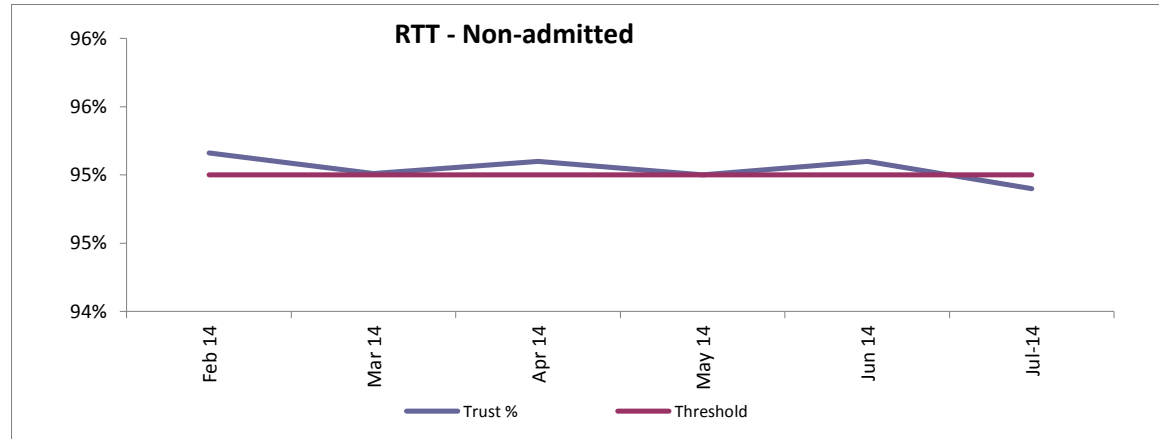
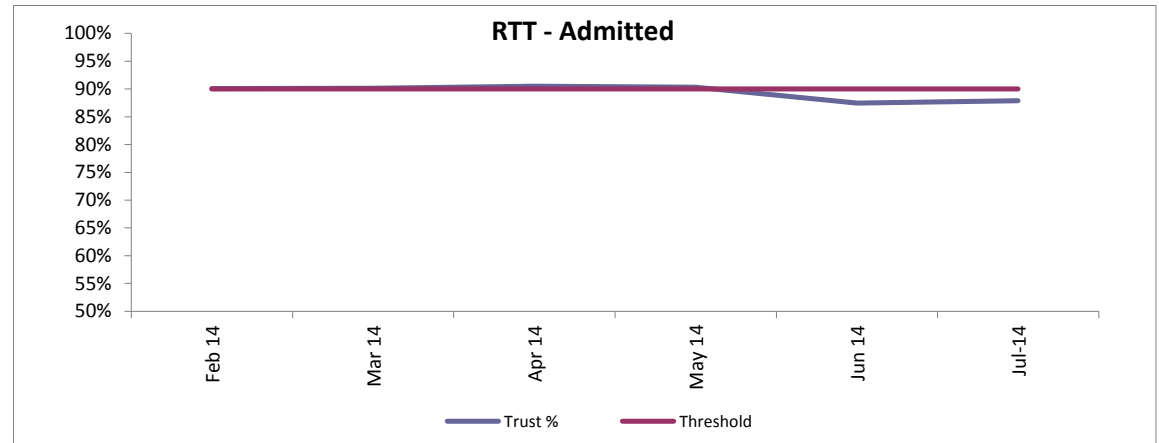
The benchmark for people entering is different each month, with current performance at 104% of the expected target up to August.



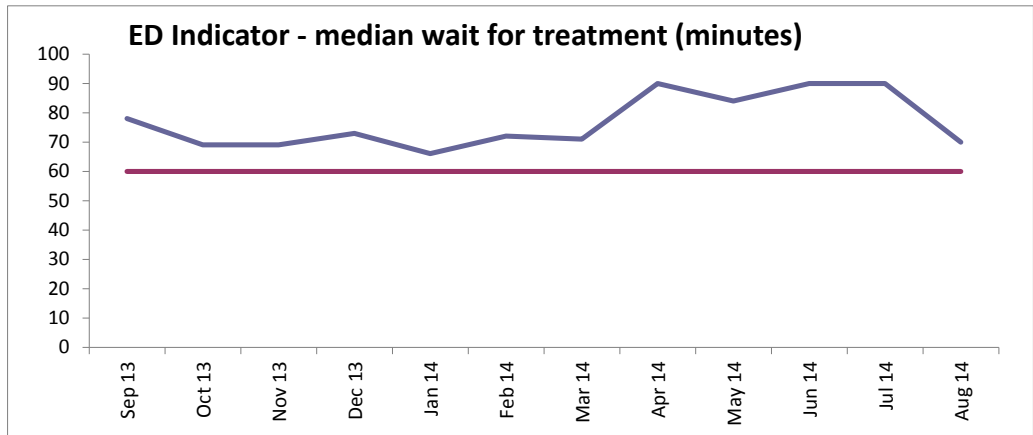
	Jul 2014				
	Threshold	Trust Actual	ICAM	SCD	WCF
Referral to Treatment 18 weeks - Admitted	90%	87.9%	100.0%	86.4%	93.3%
Referral to Treatment 18 weeks - Non-admitted	95%	94.9%	94.5%	93.5%	97.8%
Referral to Treatment 18 weeks - Incomplete	92%	87.2%	89.5%	85.5%	88.4%
Referral to Treatment 18 weeks - 52 Week Waits	0	0	0	0	0
Diagnostic Waits	99%	98.5%	99.9%	100.0%	87.6%

Through July, August and Sept additional funding has been provided to increase the number of patients treated on the RTT pathways. This will mean that the standards are not achieved while this work is carried out. However projections have been agreed to allow plans for additional capacity to be monitored.

Over the three months 900 additional patients will be treated in Out patients, day surgery or inpatient care.



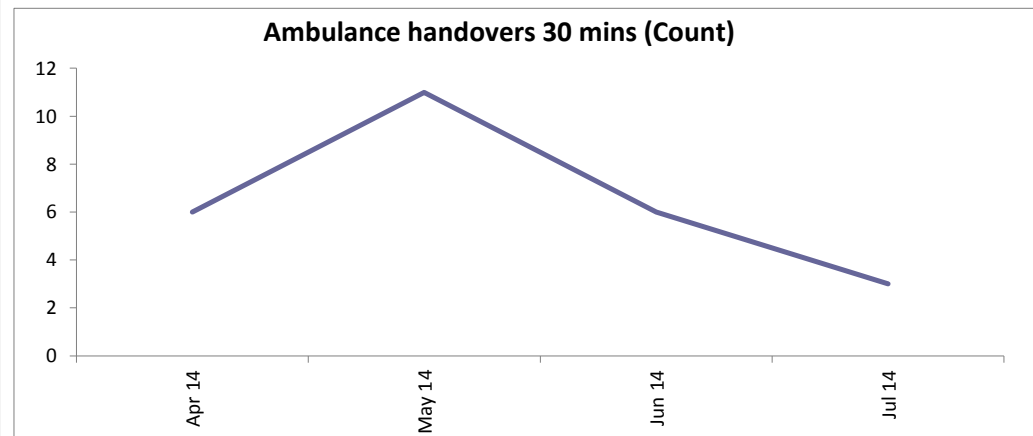
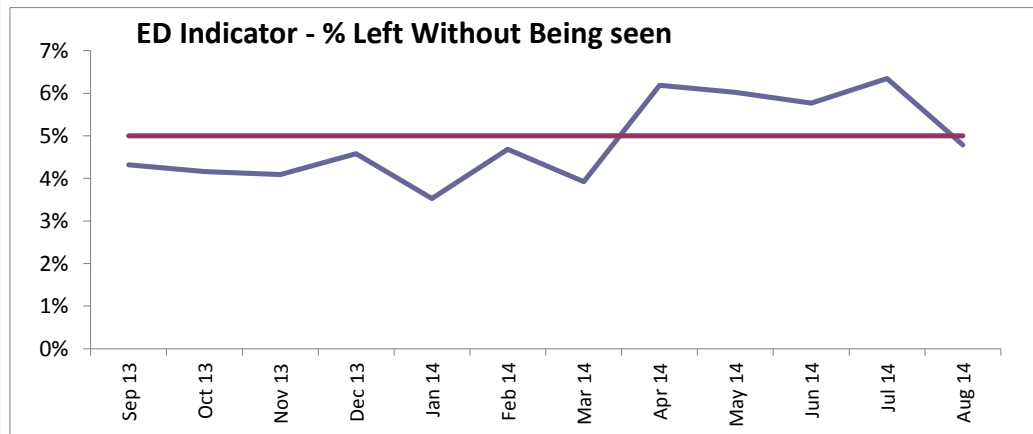
	Threshold	Aug-14	YTD
		Trust Actual	
Emergency Department waits (4 hrs wait)	95%	96.4%	95.8%
Wait for assessment (minutes - 95th percentile)	<=15	16	15
ED Indicator - median wait for treatment (minutes)	60	70	88
Total Time in ED (minutes - 95th percentile)	<=240	240	240
ED Indicator - % Left Without Being seen	<=5%	4.8%	5.8%
12 hour trolley waits in A&E	0	0	0
Ambulance handovers 30 minutes	0	arrears	26
Ambulance handovers exceeding 60 minutes	0	arrears	0



The Emergency Department (ED) performance was achieved in August for the 4 hour national standard. Improvements in the median time to treatment are underway which include, a rebuild of the front entrance and treatment rooms space to allow early assessment and treatment in the first hour of the patient presenting to ED.

The total time patients spent in ED in August was achieved. Further work is underway to improve the communication and recording of patient who choose not to wait in ED.

The 30 min and 60 min ambulance standard have been reviewed and will improve when the space for handover is completed.



	Threshold	Trust Actual	Jul-14			2014/15				
			ICAM	SCD	WCF	Q1	Q2	Q3	Q4	YTD
Cancer - 14 days to first seen	93%	88.2%	87.9%	88.5%	86.5%	89.3%				89.3%
Cancer - 14 days to first seen - breast symptomatic	93%	94.0%	-	94.0%	-	83.7%				83.7%
Cancer - 31 days to first treatment	96%	100%	100%	100%	100%	100%				100%
Cancer - 31 days to subsequent treatment - surgery	94%	100%	100%	100%	100%	100%				100%
Cancer - 31 days to subsequent treatment - drugs	98%	100%	100%	100%	100%	100%				100%
Cancer - 62 days from referral to treatment	85%	81.6%	63.6%	95.2%	66.7%	91.5%				89.0%
Cancer - 62 days from consultant upgrade	-	100%	-	100%	100%	67.0%				85.7%

Cancer - 14 days to first seen

The 14 day target was not achieved due to an increase in demand, each referral was triaged and monitored to ensure no delays once capacity was available. There is a steady increase in performance from last month and the standard is on track to be achieved sustainably from August.

Cancer - 14 days to first seen - breast symptomatic

The redesign of this pathway has been completed and has been implemented. Improvement can be seen in July and will be sustained in August.

Cancer - 31 days to first treatment

Sustainably delivering 100% compliance.

Cancer - 31 days to subsequent treatment - surgery

Sustainably delivering 100% compliance.

Cancer - 31 days to subsequent treatment - drugs

Sustainably delivering 100% compliance.

Cancer - 62 days from referral to treatment

The indicator is showing non achievement of target due to one patient still needing to be validated, once validation and treatment of the patient this will be achieved.

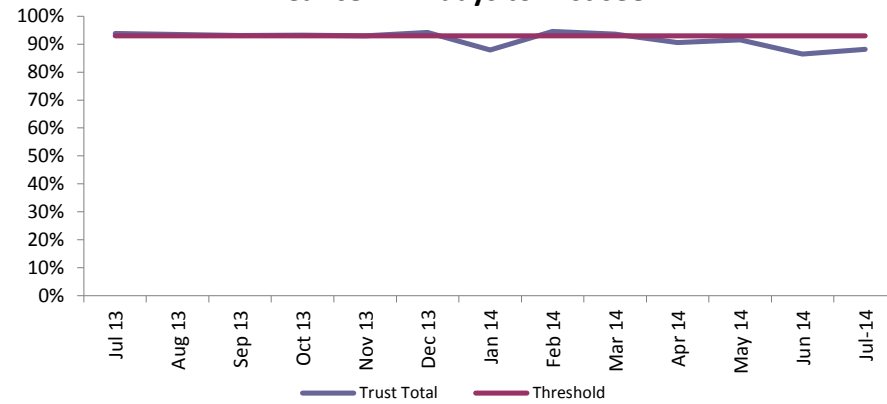
Cancer - 62 days from consultant upgrade

No national standard for this indicator.

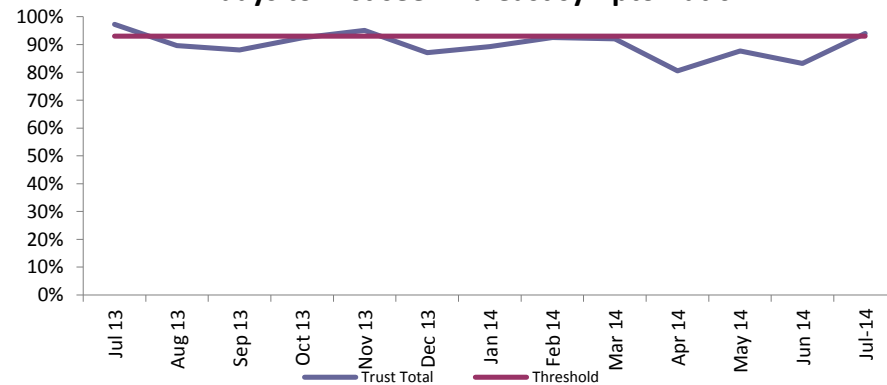
All cancer standards are on track to be achieved in August.

Please note the Q1 London-wide waiting times report for Cancer performance shows for 62 day admitted Whittington Health was the lead for London and for 62 day overall target we were second in London with Chelsea and Westminster being first. We are top 5 in the 31 days in London.

Cancer - 14 days to first seen



14 days to first seen - breast symptomatic



	Threshold	Trust Actual			YTD
		Jun 2014	Jul 2014	Aug 2014	
Women seen by HCP or midwife within 12 weeks and 6 days	90%	83.7%	86.4%	83.7%	86.0%
New Birth Visits - Haringey	95%	89.9%	89.3%	arrears	89.1%
New Birth Visits - Islington	95%	92.0%	91.7%	arrears	91.5%
Elective Caesarean Section rate	14.80%	7.4%	14.7%	8.4%	9.9%
Emergency Caesarean Section rate	-	21.8%	18.1%	20.4%	19.8%
Breastfeeding initiated	90%	95.1%	86.3%	90.9%	90.8%
Smoking at Delivery	<6%	3.9%	6.4%	5.1%	5.2%

Women seen by HCP or midwife within 12 weeks and 6 days

Overall performance continues to be below the 90% threshold. June's performance can in part be attributed to higher than normal DNA rates despite all 12+6 weeks booked in time, however this improved in July. Maternity is working on one named Midwife throughout the pregnancy to give continuity of carer.

New Birth Visits

Work continues to train and supervise large numbers of health visiting students with the aim on increasing the number of health visitors in the service. Reduction in the use of agency health visitors will result in a temporary drop in performance.

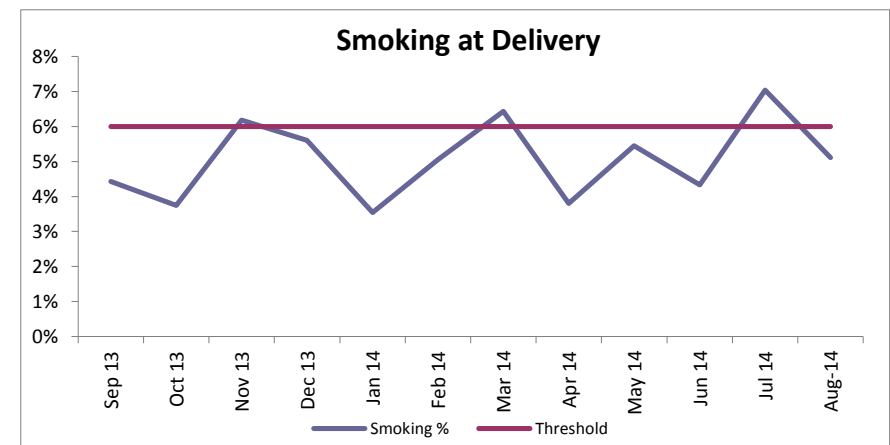
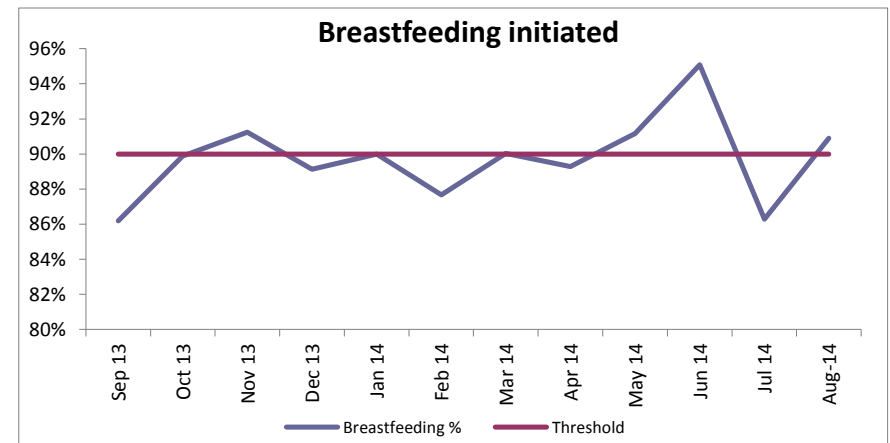
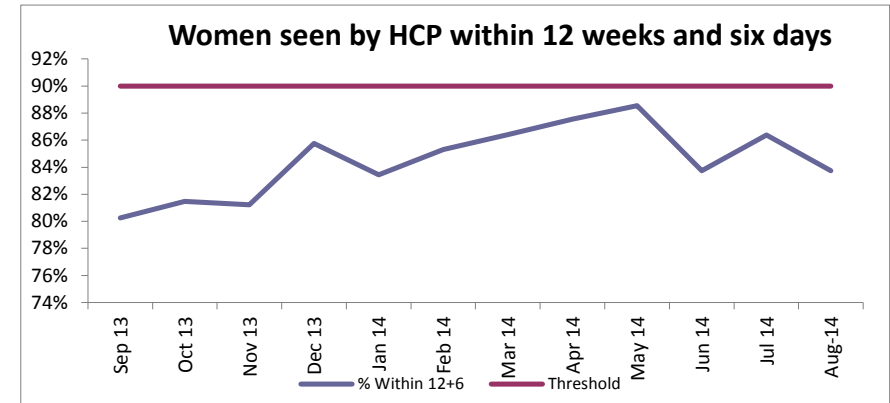
Caesarean Section rates

The elective C-section rate continues to be above the national average. Multiple workstreams are in place to help reduce rates including improved education for women and a VBAC clinic (Vaginal birth after C-section)

Breastfeeding and Smoking

Work continues on the Level 2 Unicef Breastfeeding initiative and is due for completion in October.

Smoking at time of delivery remains at a compliant position and the Public Health Midwife is investigating how to introduce smoking cessation services for pregnant women.



	Aug-14				
	Threshold	Trust Actual	ICAM	SCD	WCF
MRSA	0	0	0	0	0
E. coli Infections	-	1	0	0	0
MSSA Infections	-	0	0	0	0

	Threshold	Aug 14	ICAM	YTD
C difficile Infections	19 (Year)	2	2	10

Ward Cleanliness

Audit period

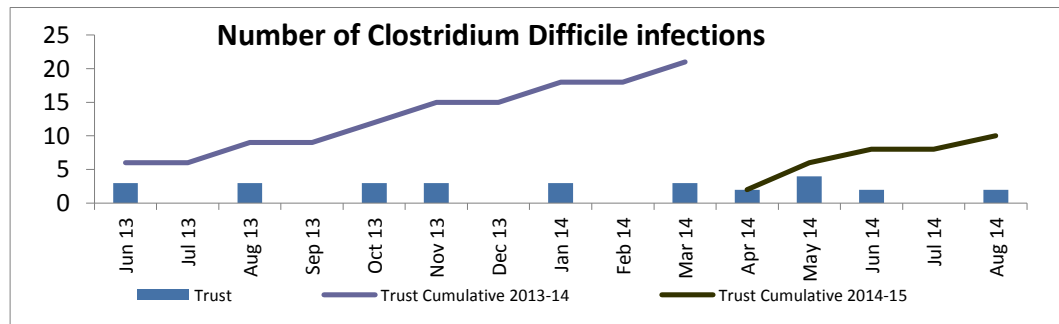
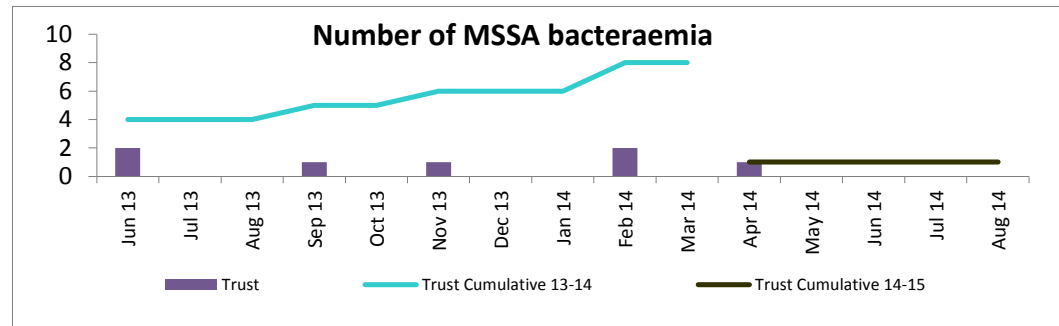
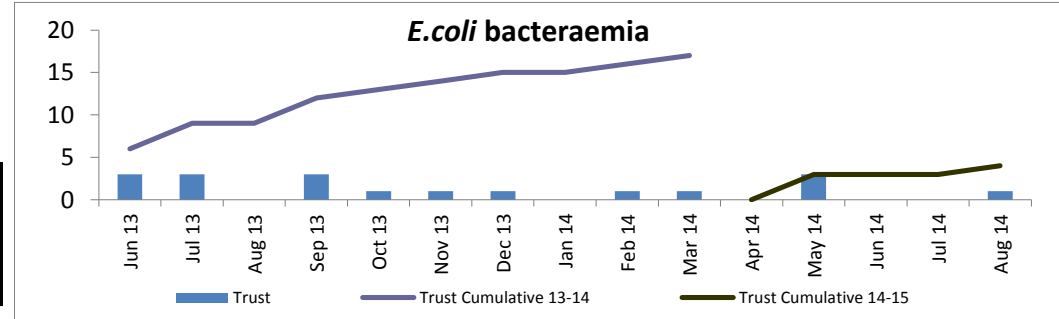
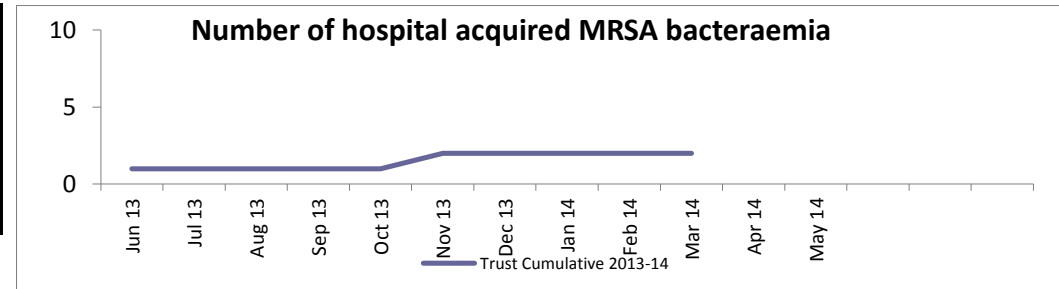
	22/11/13 to 17/01/14	01/02/14 to 09/04/14	04/03/14 to 03/04/14	09/05/14 to 12/06/14	01/07/14 to 15/08/15
Trust %	98.8%	97.5%	97.6%	97.9%	97.7%

A detailed action plan is underway for infection prevention, cleaning standards and audits are being carried out by Estates and matrons to ensure standards are maintained.

MRSA infections remain at zero.

C Difficile - 10 cases year to date. Action plans in place following RCA findings.

As part of the on-going HCAI assurance process for the TDA, a visit to WH has been arranged for 24th November.



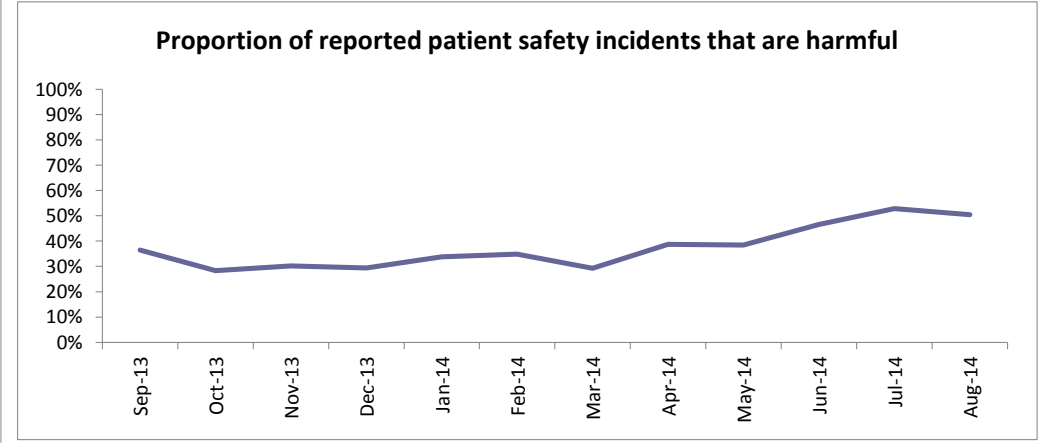
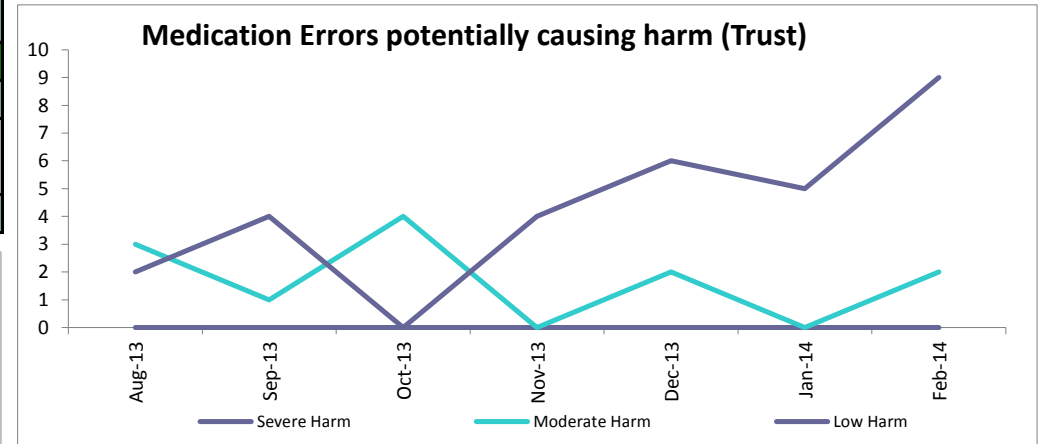
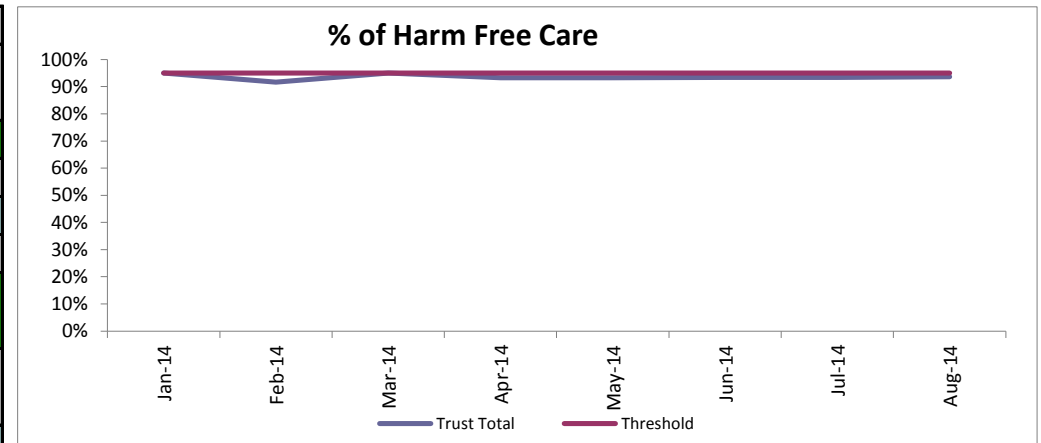
	Threshold	Aug-14 Trust Actual
Number of Inpatient Deaths	-	31
Completion of a valid NHS number in SUS (OP & IP)	99%	TBC
Completion of a valid NHS number in A&E data sets	95%	TBC

		Jul-13	Aug-13	Sep-13
Hospital Standardised Mortality Ratio (HSMR)	<100	63.6	73.42	77.07
Hospital Standardised Mortality Ratio (HSMR) - weekend	-	TBC	TBC	TBC
Hospital Standardised Mortality Ratio (HSMR) - weekday	95%	TBC	TBC	TBC

		Lower Limit	Upper Limit	RKE SHMI Indicator
Summary Hospital Mortality Indicator (SHMI)	Jan 2013 - Dec 2013	0.88	1.14	0.62
	Oct 2012 - Sep 2013	0.89	1.13	0.63
	Jul 2012 - Jun 2013	0.88	1.13	0.63
	Apr 2012 - Mar 2013	0.88	1.14	0.65
	Jan 2012 - Dec 2012	0.88	1.13	0.7

A mortality and morbidity tool is in place and work is underway to embed within the new quality structure.

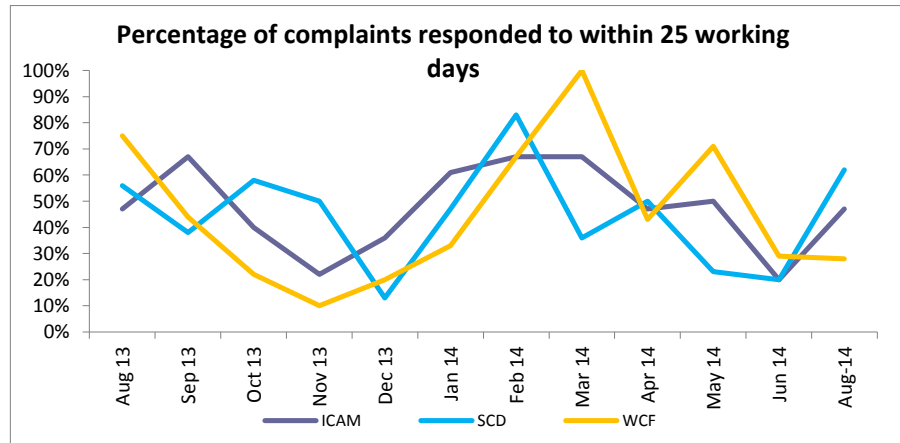
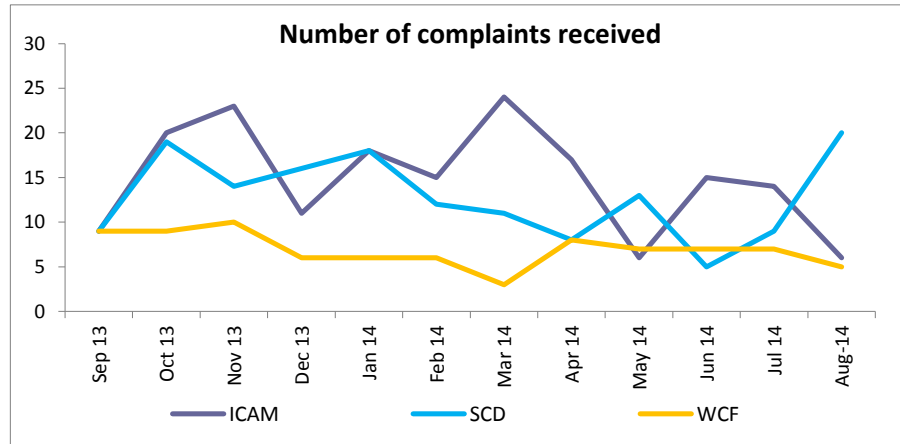
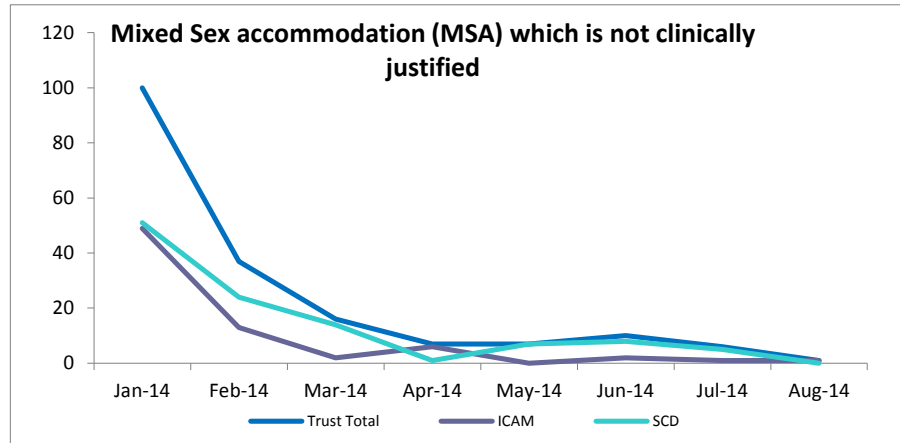
	Aug-14				
	Threshold	Trust Actual	ICAM	SCD	WCF
Harm Free Care	95%	93.6%	93.0%	94.8%	98.9%
Pressure Ulcers (prevalence)	-	5.50%	5.98%	5.17%	1.09%
Falls (audit)	-	0.20%	0.23%	0.00%	0.00%
VTE Risk assessment	95%	arrears	Reported one month in arrears		
Medication Errors actually causing Serious or Severe Harm	0	0	0	0	0
Medication Errors actually causing Moderate Harm	-	2	2	0	0
Medication Errors actually causing Low Harm	-	9	7	1	1
Never Events	0	0	0	0	0
CAS Alerts (Central Alerting System)	-	7	-	-	-
Proportion of reported patient safety incidents that are harmful	-	50.4%	TBC	TBC	TBC
Serious Incidents (Trust Total)	-	9	6	2	1



Harm Free Care - detailed HFC monitoring is in place. The low score was due to pressure care incidents.

All other Patient Safety indicators are being monitored.

			Aug-14		
	Threshold	Trust Actual	ICAM	SCD	WCF
Patient Satisfaction - Inpatient FFT Score	-	59.6	-	-	-
Patient Satisfaction - Emergency Department FFT Score	-	60.1	60.1	-	-
Patient Satisfaction - Maternity FFT Score	-	57.3	-	-	57.3
Mixed Sex Accommodation (not Clinically justified)	0	0	0	0	0
Complaints	0	31	6	20	5
Complaints responded to within 25 working day	80%	arrears	Reported one month in arrears		
Patient admission to adult facilities for under 16 years of age	-	0	-	-	-



Patient Satisfaction - Friends and Family Tests are now becoming embedded. "You said we did" is being spread across all services.

Mixed Sex Accommodation has been reduced month on month. A policy and process review is underway to further embed these processes.

Complaints - An action plan is underway to reduce the time taken to complete complaint responses. Key themes have been identified with successes seen in the reduction of the numbers within the overall theme of appointment bookings.

Focus has been made on identifying key themes and action plans.

Month 1-5 PoD level Acute Activity & Income Performance against Operational

Activity by PoD

PoD Group	Actual					
	Apr	May	Jun	Jul	Aug	Sept
Adult Critical Care	604	896	674	395	291	644
Block Contract/Adjustments	-	-	-	-	-	-
Day Cases	1,640	1,598	1,694	1,904	1,300	1,596
Direct Access	78,411	84,116	87,737	86,200	73,141	84,545
ED Attendances	7,794	8,090	7,860	8,015	6,979	8,655
Elective Inpatients	241	266	286	228	196	229
Excess Beddays	616	819	472	769	626	608
Maternity Pathway	588	724	678	704	603	745
NICU High Dependency Beddays	82	80	87	82	152	162
NICU Intensive Care Beddays	62	76	43	34	46	73
NICU Special Care Beddays	303	338	442	378	244	431
NICU Transitional Care Beddays	343	518	418	477	338	529
Non-Elective Inpatients	2,456	2,411	2,317	2,302	1,713	2,451
Other Activity	3,976	4,332	4,233	4,623	1,678	5,787
Outpatient 1st Attends	4,973	5,051	5,456	5,327	4,201	5,092
Outpatient Diagnostic Imaging	1,813	1,678	2,160	2,001	1,705	1,959
Outpatient Follow Ups	11,251	11,286	11,590	11,899	7,481	12,669
Outpatient Procedures	1,070	1,025	1,154	1,183	881	1,755
Paediatrics High Dependency	11	14	54	45	-	21
Grand Total	116,234	123,318	127,355	126,566	101,575	127,952

Income by PoD (£'000s)

PoD Group	Actual £'000s					
	Apr	May	Jun	Jul	Aug	Sept
Adult Critical Care	£ 792	£ 1,173	£ 876	£ 514	£ 382	£ 845
Block Contract/Adjustments	£ 1,166	£ 1,178	£ 1,059	£ 1,160	£ 689	£ 977
Day Cases	£ 1,066	£ 988	£ 1,071	£ 1,141	£ 864	£ 990
Direct Access	£ 874	£ 903	£ 1,094	£ 1,098	£ 838	£ 914
ED Attendances	£ 868	£ 896	£ 879	£ 888	£ 789	£ 951
Elective Inpatients	£ 691	£ 790	£ 878	£ 691	£ 596	£ 761
Excess Beddays	£ 180	£ 236	£ 133	£ 184	£ 120	£ 178
Maternity Pathway	£ 704	£ 852	£ 775	£ 800	£ 667	£ 828
NICU High Dependency Beddays	£ 72	£ 71	£ 77	£ 72	£ 134	£ 143
NICU Intensive Care Beddays	£ 71	£ 87	£ 49	£ 39	£ 53	£ 84
NICU Special Care Beddays	£ 116	£ 129	£ 169	£ 144	£ 93	£ 165
NICU Transitional Care Beddays	£ 131	£ 198	£ 160	£ 182	£ 129	£ 202
Non-Elective Inpatients	£ 3,405	£ 3,393	£ 3,197	£ 3,354	£ 2,876	£ 3,568
Other Activity	£ 130	£ 135	£ 117	£ 126	£ 96	£ 167
Outpatient 1st Attends	£ 732	£ 743	£ 819	£ 801	£ 758	£ 742
Outpatient Diagnostic Imaging	£ 202	£ 181	£ 231	£ 237	£ 185	£ 221
Outpatient Follow Ups	£ 897	£ 918	£ 937	£ 984	£ 745	£ 968
Outpatient Procedures	£ 196	£ 189	£ 217	£ 222	£ 166	£ 299
Paediatrics High Dependency	£ 11	£ 14	£ 55	£ 46	£ -	£ 22
Grand Total	£ 12,306	£ 13,075	£ 12,794	£ 12,685	£ 10,178	£ 13,025

Plan

Plan							TOTAL	Annual Plan
Oct	Nov	Dec	Jan	Feb	Mar			
644	644	644	644	644	644	644	7,371	7,733
-	-	-	-	-	-	-	-	-
1,596	1,596	1,596	1,596	1,596	1,596	1,596	19,310	19,155
84,545	84,545	84,545	84,545	84,545	84,545	84,545	1,001,419	1,014,538
8,655	8,655	8,655	8,655	8,655	8,655	8,655	99,326	103,865
229	229	229	229	229	229	229	2,821	2,750
608	608	608	608	608	608	608	7,556	7,292
745	745	745	745	745	745	745	8,511	8,938
162	162	162	162	162	162	162	1,616	1,942
73	73	73	73	73	73	73	775	880
431	431	431	431	431	431	431	4,721	5,171
529	529	529	529	529	529	529	5,798	6,350
2,451	2,451	2,451	2,451	2,451	2,451	2,451	28,355	29,410
5,787	5,787	5,787	5,787	5,787	5,787	5,787	59,352	69,446
5,092	5,092	5,092	5,092	5,092	5,092	5,092	60,650	61,101
1,959	1,959	1,959	1,959	1,959	1,959	1,959	23,069	23,506
12,669	12,669	12,669	12,669	12,669	12,669	12,669	142,191	152,030
1,755	1,755	1,755	1,755	1,755	1,755	1,755	17,600	21,063
21	21	21	21	21	21	21	273	256
127,952	127,952	127,952	127,952	127,952	127,952	127,952	1,490,714	1,535,427

Plan £'000s							TOTAL	Annual Plan £'000s
Oct	Nov	Dec	Jan	Feb	Mar			
£ 845	£ 845	£ 845	£ 845	£ 845	£ 845	£ 845	£ 9,655	£ 10,144
£ 977	£ 977	£ 977	£ 977	£ 977	£ 977	£ 977	£ 12,093	£ 11,725
£ 990	£ 990	£ 990	£ 990	£ 990	£ 990	£ 990	£ 12,061	£ 11,883
£ 914	£ 914	£ 914	£ 914	£ 914	£ 914	£ 914	£ 11,204	£ 10,966
£ 951	£ 951	£ 951	£ 951	£ 951	£ 951	£ 951	£ 10,977	£ 11,412
£ 761	£ 761	£ 761	£ 761	£ 761	£ 761	£ 761	£ 8,974	£ 9,136
£ 178	£ 178	£ 178	£ 178	£ 178	£ 178	£ 178	£ 2,099	£ 2,136
£ 828	£ 828	£ 828	£ 828	£ 828	£ 828	£ 828	£ 9,594	£ 9,937
£ 143	£ 143	£ 143	£ 143	£ 143	£ 143	£ 143	£ 1,429	£ 1,717
£ 84	£ 84	£ 84	£ 84	£ 84	£ 84	£ 84	£ 890	£ 1,012
£ 165	£ 165	£ 165	£ 165	£ 165	£ 165	£ 165	£ 1,803	£ 1,974
£ 202	£ 202	£ 202	£ 202	£ 202	£ 202	£ 202	£ 2,214	£ 2,424
£ 3,568	£ 3,568	£ 3,568	£ 3,568	£ 3,568	£ 3,568	£ 3,568	£ 41,201	£ 42,815
£ 167	£ 167	£ 167	£ 167	£ 167	£ 167	£ 167	£ 1,771	£ 2,001
£ 742	£ 742	£ 742	£ 742	£ 742	£ 742	£ 742	£ 9,045	£ 8,902
£ 221	£ 221	£ 221	£ 221	£ 221	£ 221	£ 221	£ 2,583	£ 2,653
£ 968	£ 968	£ 968	£ 968	£ 968	£ 968	£ 968	£ 11,257	£ 11,615
£ 299	£ 299	£ 299	£ 299	£ 299	£ 299	£ 299	£ 3,085	£ 3,590
£ 22	£ 22	£ 22	£ 22	£ 22	£ 22	£ 22	£ 280	£ 262
£ 13,025	£ 13,025	£ 13,025	£ 13,025	£ 13,025	£ 13,025	£ 13,025	£ 152,215	£ 156,304

Variance	
	(362)
	-
	155
	(13,119)
	(4,539)
	71
	264
	(427)
	(326)
	(106)
	(450)
	(552)
	(1,055)
	(10,094)
	(451)
	(437)
	(9,839)
	(3,463)
	17
	(44,713)

Variance	
£'000s	
-£	489
£	367
£	178
£	238
-£	435
-£	162
-£	37
-£	343
-£	288
-£	122
-£	172
-£	211
-£	1,614
-£	230
£	143
-£	70
-£	358
-£	505
£	18
-£	4,089

Title:		Finance Report – August (Month 5)					
Agenda item:		14/146		Paper		6	
Action requested:		For noting					
Executive Summary:		The paper analyses the financial performance of the Trust covering overall, clinical division and corporate performance, cash, capital and an update to the “Back to Balance” plan.					
Summary of recommendations:		To note the financial results and update to Back to Balance action Plan.					
Fit with WH strategy:		Delivering efficient, affordable and effective services. Meeting statutory duties.					
Reference to related / other documents:		Previous monthly finance reports to the Trust Board. Operational Plan papers (Trust Board: March, April and May 2014) Board Assurance Framework (Section 3)					
Date paper completed:		17 th September 2014					
Author name and title:		Ursula Grueger Deputy Director of Finance		Director name and title:		Simon Pleydell, CEO	
Date paper seen by EC		Equality Impact Assessment complete?	N/A	Quality Impact Assessment complete?	N/A	Financial Impact Assessment complete?	N/A

Executive Summary

The in-month position is a £992k deficit against a planned deficit of £33k, an adverse variance of £959k. The YTD position is a £4.7m deficit against a planned deficit of £1.2m, an adverse variance of £3.5m. The adverse variance is a combination of income underperformance and expenditure pressures.

This financial position represents significant deviation from plan and a back to balance plan is in place.

Income

The income position is £0.2m adverse in month and £1.0m adverse YTD. The result is a combination of income below plan (due to income plans being set at higher levels than the block contract value carried forward from quarter one) as well as activity underperformance against the NHSE specialised contract, particularly in the areas of critical care and drugs which is a continuing trend. The income position is shown as being on a block contract although this may be retrospectively adjusted should it be confirmed that the Trust moves to a PbR contract from Q2. The income in month 5 includes £455k of waiting list income.

Where possible the Trust is seeking to exploit other means of securing income such as taking on additional activity to support other Trusts in addressing their RTT and capacity challenges. There is a further £950k available to the Trust in relation to our RTT challenge and a further £1.4m for winter resilience.

Non NHS Clinical income is above plan YTD due to road traffic accident, overseas visitors and local authority commissioned GUM activity all being higher than plan. Other non patient income is above plan YTD due to mainly additional education and training income as well as some additional research income which is offset with costs.

Expenditure

The expenditure position is £0.9m adverse in month and £2.8m adverse YTD. Expenditure is broadly in line with previous months, however, months 1-4 included one off benefits and month 5 did not, so the underlying position showed some improvement.

Pay is £0.6m adverse in month and £1.0m adverse YTD. The underlying pay expenditure has improved by approx. £300k compared to the previous two months. £250k of this relates to lower agency expenditure, mainly within the areas of medical and STT staffing.

Non Pay is break-even in month and £0.1m favourable YTD. The underlying non-pay expenditure has improved by approx. £200k compared to the previous two months due mainly to clinical supplies in in the SCD and ICAM divisions in areas such as prosthetics and ward consumables. This was driven by lower activity.

In addition to established plans further actions in the 'Back to Balance' plan with further spend reductions and CIPs are being developed. The major expenditure challenges remain in the ICAM and SCD Divisions.

As a result of the performance the EBITDA margin has reduced to 1.7% compared to the target of 5.8%. EBITDA stands for earnings before interest, taxation, depreciation and amortisation and is a measure of our ability to generate cash from our operations. It is vital to maintain a healthy cash balance to service our liabilities and finance the Trust's capital programme.

Cost Improvement Plans

The Trust has delivered year-to-date savings of £2.9m against a plan of £5.0m. There are plans to deliver £9.4m for the year and the divisions are working on back up plans to deliver the gap of £5.6m to ensure that the full £15m target is achieved by the end of the financial year.

Cash and Capital

Cash increased by £1.5m in the month to £3.8m due to £1.8m for the June VAT return which included non-recurrent reclaims from 13/14 such as those relating to community estates. The Trust needs to ensure that the CIP plan is achieved and produces cash releasing savings and also that activity is efficiently collected and coded in order to ensure all activity is paid for. The capital programme is on track.

Statement of Comprehensive Income

Description	Full Year	August			YTD		
	Budget (£'000)	Budget (£'000)	Actuals (£'000)	Variance (£'000)	Budget (£'000)	Actuals (£'000)	Variance (£'000)
Nhs Clinical Income	246,459	20,538	20,150	(388)	102,691	101,164	(1,527)
Non-Nhs Clinical Income	16,314	1,364	1,425	60	6,844	7,024	180
Other Non-Patient Income	25,839	2,108	2,213	105	10,653	11,019	366
Total Income	288,612	24,011	23,787	(223)	120,189	119,207	(981)
Non-Pay	69,810	5,897	5,868	30	29,432	29,346	85
Pay	205,265	17,056	17,646	(591)	86,856	87,842	(986)
Savings	(3,303)	(289)	0	(289)	(1,853)	0	(1,853)
Total Expenditure	271,772	22,664	23,514	(850)	114,435	117,189	(2,754)
EBITDA	16,840	1,347	274	(1,073)	5,754	2,019	(3,735)
EBITDA %	5.83%	5.61%	1.15%	-4.46%	4.79%	1.69%	-3.09%
Interest Payable	2,820	235	241	(6)	1,175	1,188	(13)
Interest Receivable	30	3	2	(1)	13	12	(1)
Depreciation	9,724	810	640	171	4,052	5,045	(993)
Dividends Payable	4,326	361	361	0	1,803	1,803	0
Net Surplus / (Deficit) - before adjusting for impairments, IFRS and donated assets (relevant for break-even duty)	(0)	(57)	(966)	(909)	(1,263)	(6,005)	(4,742)
Add back impairments and adjust for IFRS & donated assets	285	24	(26)	(50)	119	1,340	1,221
Adjusted Net Surplus / (Deficit) - including Impairments due to Revaluation of Fixed Assets	285	(33)	(992)	(959)	(1,144)	(4,665)	(3,521)

Whittington Health Cost Improvement Programme Report - Month 5

	Annual Plan £'000	August				YTD				Forecast			
		Plan £'000	Act £'000	% achieved	Var £'000	Plan £'000	Act £'000	% achieved	Var £'000	Plan £'000	Fcst £'000	% achieved	Var £'000
ICAM	1,768	149	45	30%	(104)	648	190	29%	(458)	1,768	1,716	97%	(52)
SCD	1,179	102	71	69%	(31)	478	198	42%	(279)	1,179	784	66%	(396)
WCF	1,299	96	59	62%	(37)	474	190	40%	(284)	1,299	743	57%	(556)
Corporate	1,519	122	110	90%	(12)	608	521	86%	(87)	1,519	1,557	103%	38
Total Divisional Schemes	5,765	469	285	61%	(184)	2,208	1,099	50%	(1,109)	5,765	4,800	83%	(965)
Productivity & Efficiency	5,347	450	51	11%	(399)	2,079	317	15%	(1,762)	5,347	1,853	35%	(3,495)
VIPs	3,388	128	10	8%	(118)	467	36	8%	(431)	3,388	640	19%	(2,748)
Total Productivity & Efficiency and Transformational Schemes	8,735	578	61	10%	(517)	2,546	353	14%	(2,193)	8,735	2,493	29%	(6,242)
Non Recurrent Benefits	500	42	42	100%	0	208	208	100%	0	500	500	100%	0
Non Recurrent Under Spend	0	0	101		101	0	1,189		1,189	0	1,585		1,585
Total Non Recurrent Items	500	42	142		101	208	1,397		1,189	500	2,085		1,585
Total delivery against planned schemes	15,000	1,088	488	45%	(601)	4,962	2,850	57%	(2,113)	15,000	9,378	63%	(5,622)
Unidentified Schemes	0	0	0		0	0	0		0	0	5,622		5,622
Trust Total	15,000	1,088	488	45%	(601)	4,962	2,850	57%	(2,113)	15,000	15,000	100%	0

Month 5 CIP Summary

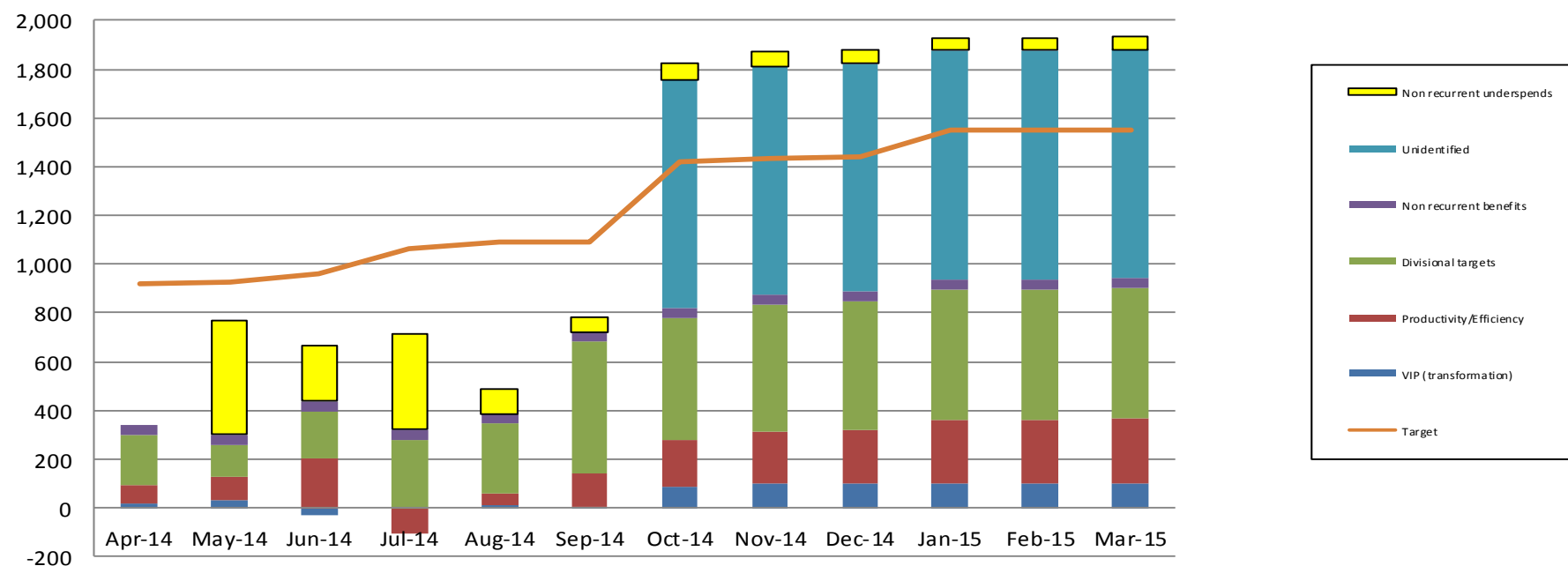
This is the fifth consecutive month that performance has under delivered.

In month 5 £488k (45%) CIP delivery was achieved compared to a plan of £1.088m. This includes the benefit of non recurrent underspends of £101k.

YTD delivery is £2.850m (57%) compared to a YTD target of £4.962m. This includes the benefit of non recurrent underspends of £1.189m.

The planned schemes are forecasting a delivery of £9.378m (63%) and the Trust is preparing recovery plans to bridge the £5.622m GAP to deliver the full £15m target.

CIP performance to August, Forecast September-March



The divisional schemes are forecasting £4.8m delivery (83%) against the target of £5.765m.

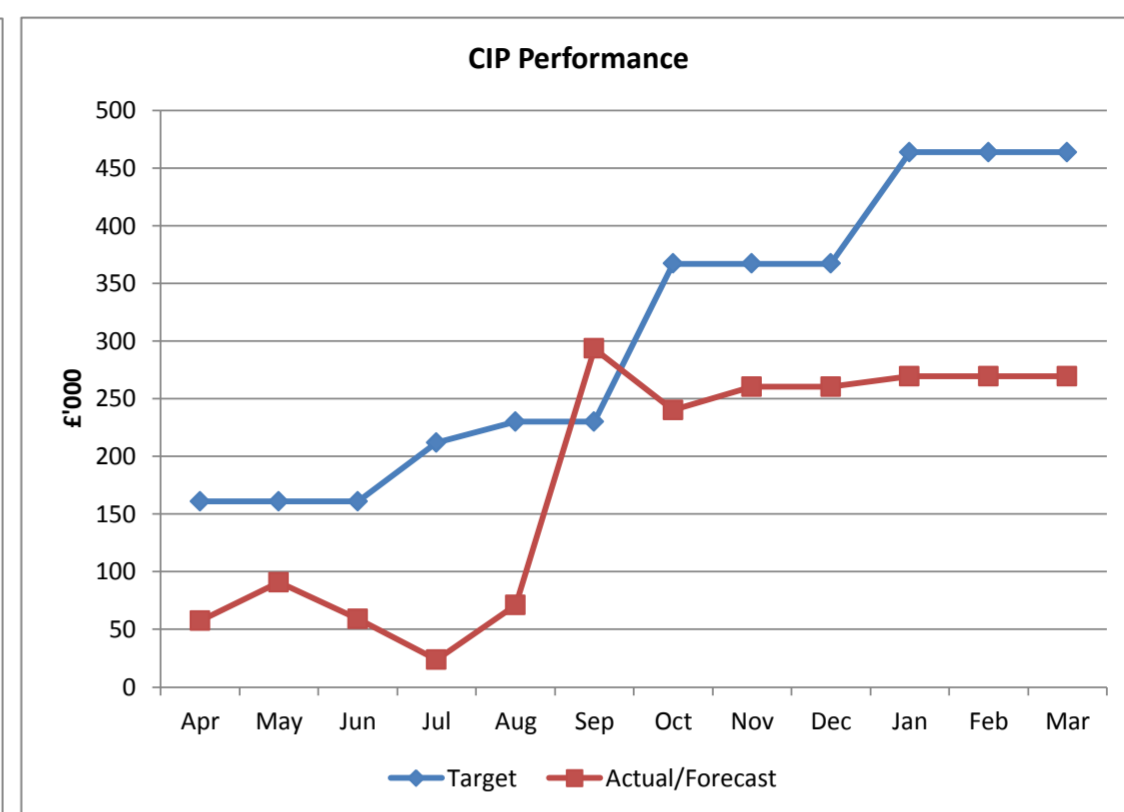
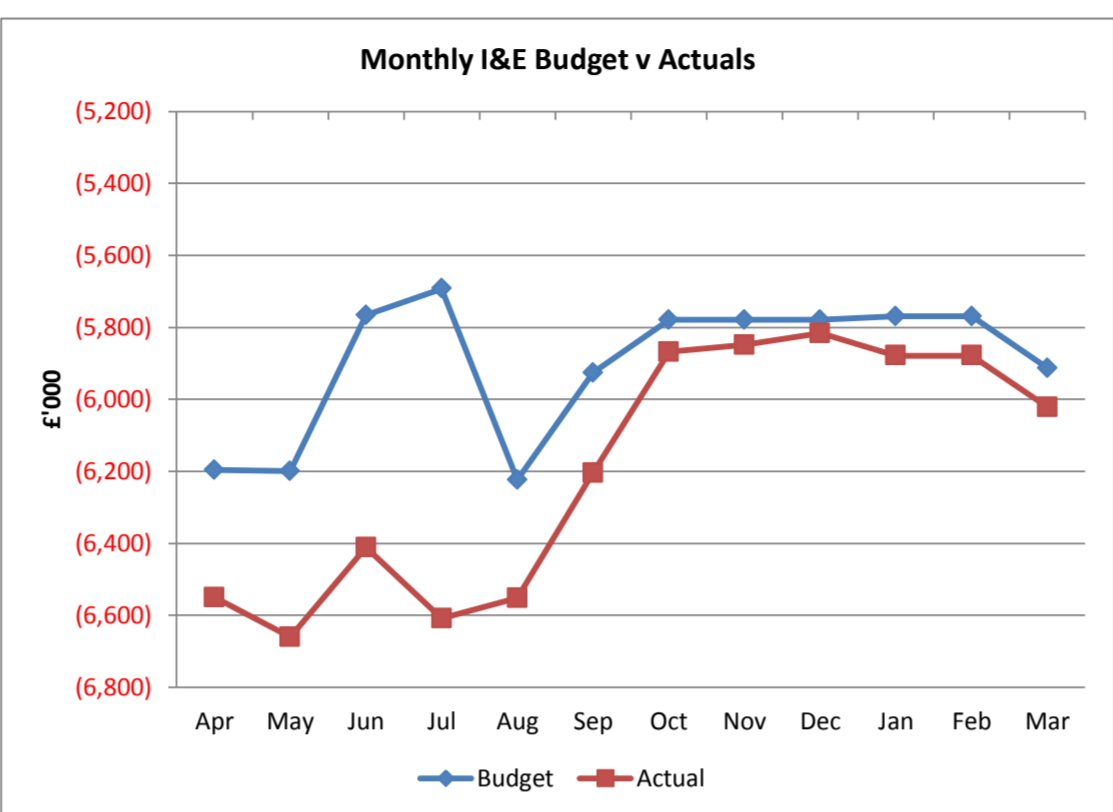
The productivity & efficiency schemes are forecasting £1.853m delivery (35%) against the target of £5.347m.

The VIP transformational schemes are forecasting £640m delivery (19%) against the target of £3.388m.

The £5.622m GAP has been phased to deliver over the last six months of 14/15.

ICAM Divisional Position - Month 5 (August 14)

Income & Expenditure	Ann Plan £'000	In Month			Year To Date		
		Plan £'000	Act £'000	Var £'000	Plan £'000	Act £'000	Var £'000
Nhs Clinical Income	7,674	640	668	29	3,198	3,844	647
Other Income For Pat Care	1,783	149	131	(17)	743	664	(78)
Other Non-Patient-Devolved	638	57	34	(23)	290	240	(50)
Income	10,095	845	833	(12)	4,230	4,748	518
Admin	5,243	436	504	(68)	2,211	2,457	(245)
Executive Board & Sen Mgmt	440	37	40	(4)	183	218	(35)
Medical	13,356	1,121	1,271	(149)	5,749	6,375	(626)
Nurses & Midwives	28,675	2,383	2,590	(207)	12,039	12,946	(907)
Other Support Workers	199	17	35	(19)	83	183	(100)
Scientific, Ther & Tech	16,934	1,418	1,457	(39)	7,097	7,540	(444)
Other	(2,506)	(167)	0	(167)	(746)	0	(746)
Pay	62,340	5,245	5,898	(653)	26,617	29,719	(3,102)
Establishment	458	38	52	(13)	190	236	(46)
Ext Cont Staffing & Cons	214	6	197	(192)	29	343	(314)
Healthcare From Non Nhs	548	46	(115)	160	228	(88)	317
Miscellaneous	362	30	(16)	46	151	201	(50)
Other	(253)	(21)	0	(21)	(105)	0	(105)
Premises & Fixed Plant	393	33	59	(26)	164	296	(133)
Supplies & Servs - Clin	16,450	1,661	1,301	360	6,876	6,689	187
Supplies & Servs - Gen	373	31	16	14	158	177	(19)
Non Pay	18,544	1,823	1,495	329	7,690	7,854	(164)
Income Less Direct Costs	(70,789)	(6,223)	(6,559)	(336)	(30,077)	(32,825)	(2,748)



Income and Expenditure Commentary

The position at month 5 is £336k adverse in month and £2,748k adverse YTD.

NHS Clinical Income is £29k favourable in month due to over performance within Camden Bladder and Bowel. This is offset against additional costs within the service. YTD the position is £647k favourable due to prison income recognised in month 1 (£0.5m) and additional CCG investments.

Other Income is £17k adverse in month and £78k adverse YTD due to lower than budgeted income for flexible trainees.

Pay is £653k adverse in month and £3,102k adverse YTD.

Nursing is £207k adverse in month and £907k adverse YTD due to high agency expenditure within ED, District Nursing and in Acute Wards. This is high due to vacancies, specialing and high dependency patients on the wards.

Medical is £149k adverse in month and £626k adverse YTD. This is due to 3 x agency consultants within medical specialties (gastroenterology and rheumatology) covering vacancies, long term sick leave and maternity. In addition, agency spend on middle grade doctors in ED is higher than planned due to vacancies and high activity.

Unallocated CIP and VIP is leading to a £167k adverse variance in month and £746k adverse YTD.

Non-Pay - £329k favourable in month due to the realignment of PbR excluded drugs income and expenditure budgets. £164k adverse YTD due to prison service expenditure in month 1 without budget - service now decommissioned.

CIP Commentary

In month 5, the division delivered £71k against a plan of £230k. Year to date the division has delivered £302k against a plan of £924k.

In month schemes contributing adversely to the position comprise the following:

ED Nursing - No improvement seen in recruitment, so agency spend to cover vacancies remains high.

District Nursing - No improvement in nursing recruitment felt as yet. Cohort of nurses recruited to start in September and October.

Ward Nursing - This saving is no longer achievable due to the new nursing model.

Unidentified - £142k of the YTD underperformance is due to unidentified CIPs.

TB - £443k of the ICAM CIP programme is dependant on receiving the higher infectious diseases tariff for additional TB activity. This has yet to be confirmed.

VIP - ED twilight shift is still in place due to high activity. Delivery of others schemes still in progress.

Divisional Actions

Forecast I&E improvement in the second half of year based on significant recruitment, challenging targets set for district nursing and ward specialing expenditure improvement and additional TB income.

ED - 5 x middle grade doctors have a projected start date of November. 4 x middle grades have started from the deanery in August. Nursing vacancies set to be filled by trust wide nursing recruitment drives.

District Nursing - Phased recruitment plan in place to reduce agency spend. Cohort of newly qualified nurses starting in September. Weekly teleconference with Finance lead looking at spend & capacity.

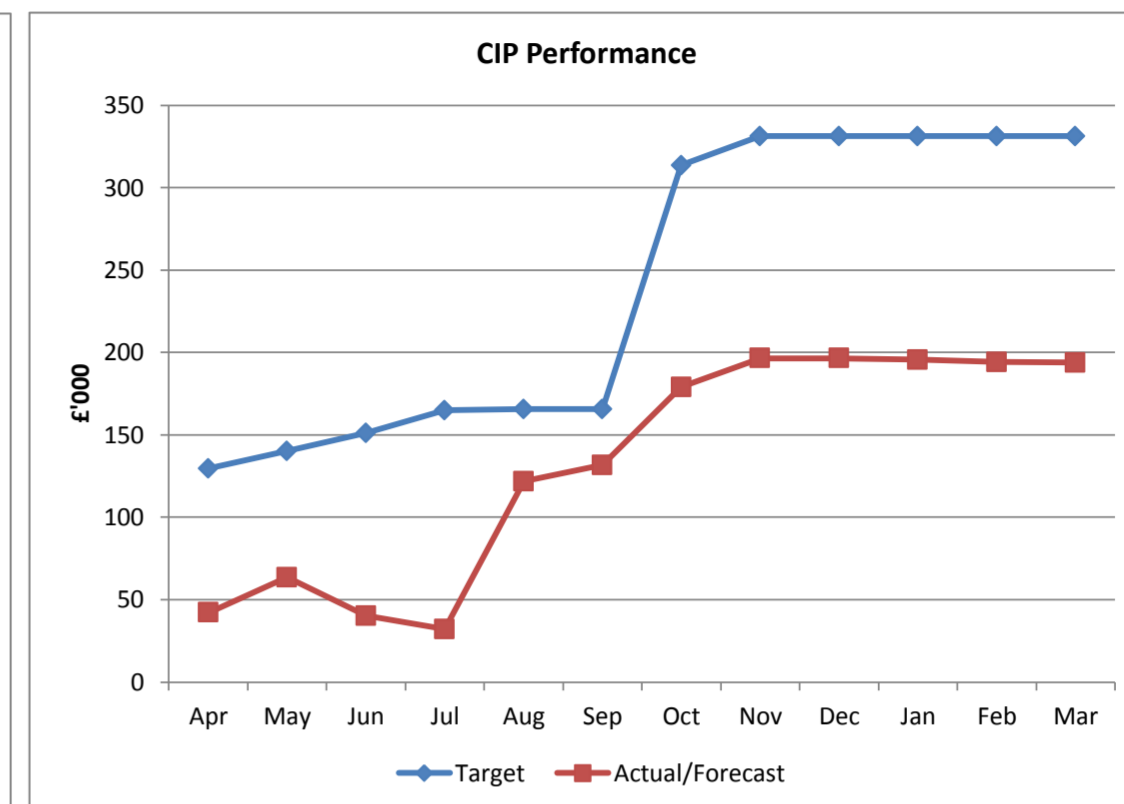
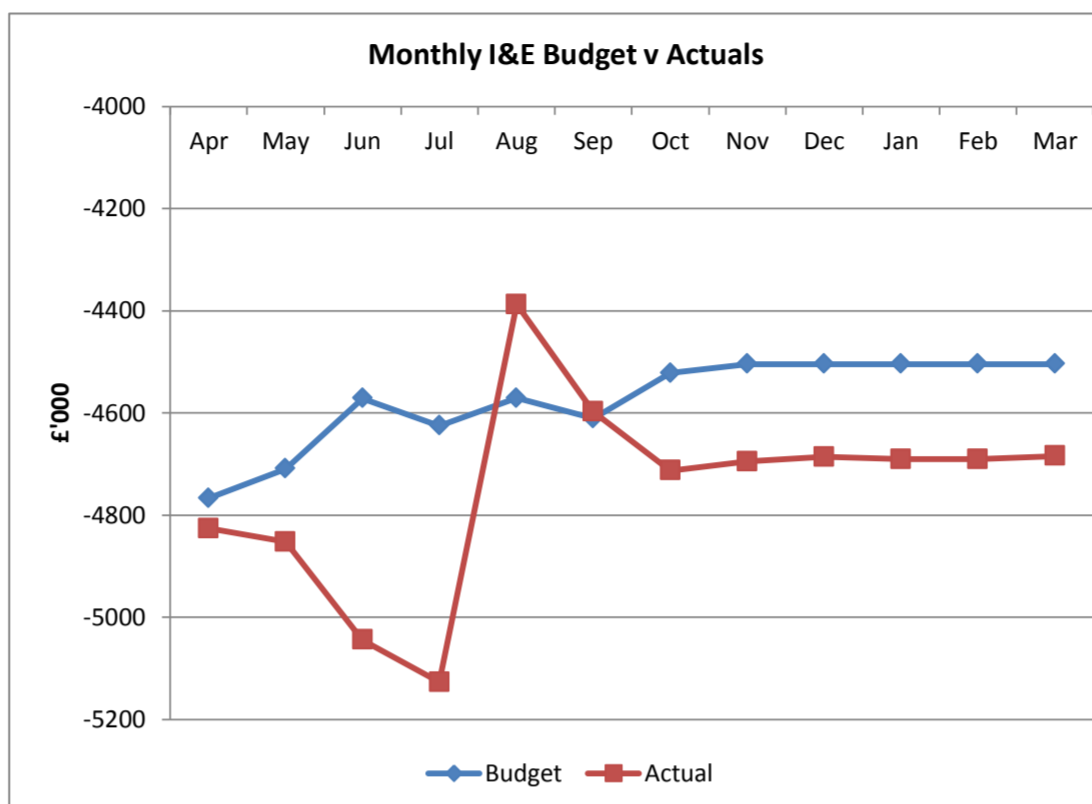
Ward Nursing - Corporate Nursing to look into required budget for specialing and what processes are required to control the spend. Trust wide recruitment drive expected to reduce run rate from September.

Consultant Agency - 1 x Gastroenterology post offer accepted. Expected to be in post by October. 1 x post going out to advert fixed term, expected to be recruited into post by December. 1 x agency consultant has finished in August. Rheumatology consultant finished with sessions provided by The Royal Free.

Underachieved CIPs - Additional income expected from TB activity, and recruitment of consultant to permanent posts in Gastroenterology. All non-essential vacancies to continue to be held vacant where possible.

SCD Divisional Position - Month 5 (August 14)

Income & Expenditure	Ann Plan £'000	In Month			Year To Date		
		Plan £'000	Act £'000	Var £'000	Plan £'000	Act £'000	Var £'000
NHS Clinical Income	787	66	564	498	328	910	582
Other Income For Pat Care	1,047	87	125	37	436	484	47
Other Non-Patient-Devolved	747	37	33	(4)	319	328	10
Income	2,581	189	721	532	1,083	1,722	639
A/C	4,066	361	464	(103)	1,806	2,158	(352)
Dental	2,344	195	195	0	977	980	(3)
Executive Board & Sen Mgmt	566	47	30	17	236	166	70
Medical	15,971	1,332	1,314	19	6,662	6,907	(246)
Nurses & Midwives	14,367	1,212	1,237	(25)	6,197	6,283	(86)
Other Support Workers	336	29	31	(1)	146	131	15
Scientific, Ther & Tech	8,293	691	744	(53)	3,457	3,608	(151)
Pay Reserve	(983)	(151)	0	(151)	(390)	0	(390)
Pay	44,960	3,717	4,014	(297)	19,091	20,233	(1,142)
Establishment	279	23	38	(15)	116	187	(71)
Ext Cont Staffing & Cons	231	19	14	5	96	63	34
Miscellaneous	333	28	52	(24)	139	164	(25)
Premises & Fixed Plant	590	49	30	19	246	269	(22)
Supplies & Servs - Clin	10,555	879	925	(46)	4,409	4,844	(434)
Supplies & Servs - Gen	529	45	34	10	229	197	31
Non Pay	12,518	1,043	1,094	(51)	5,236	5,724	(488)
Income Less Direct Costs	(54,896)	(4,571)	(4,387)	185	(23,244)	(24,235)	(991)



Income and Expenditure Commentary

The position at month 5 is £185k favourable in month and £991k adverse YTD. Against forecast for the month the Division over-performed by £89k.

Income is £532k favourable in month and £639k favourable YTD driven by £455k of RTT income recognised in month but also community urology and dental activity YTD.

Pay is £297k adverse in month and £1,142k adverse YTD. However the overall pay cost improved by £73k from M4.

Nurses & Midwives is £25k adverse in month and £86k adverse YTD largely due to high usage of temporary staff to cover extra beds which remain opened in Coyle and Victoria.

Admin and clerical is £103k adverse in month and £352k adverse YTD driven largely by the delayed implementation of TPE (bank admin) and high bank spend within Imaging.

Unallocated CIP and VIP is leading to a £151k adverse variance in month and £390k adverse YTD.

Non Pay is £51k adverse in month and £488k adverse YTD. This is largely due to increased costs within theatres and pathology on clinical consumables and reagents. However, the in-month actual cost improved by £200K from M4.

CIP Commentary -

In month 5, the division delivered £122k against a plan of £166k.

Year to date the division has delivered £300k against a plan of £668k.

In month schemes contribution was adverse against the position, however the actual performance against 2% CIP target improved by £90k in-month from M4. Some of the recurrent CIPs also started in month 5.

Imaging - WLI payments plus bank & agency spend to cover vacancies remains high. Non pay continues to increase.

Theatres schemes - There are delays in recruitment of nurses and other HR issues in main theatres and recovery along with high consumable spends

VIP - Transformation stretch target in Diagnostics and parts of Outpatient pathway target have been profiled from Q1 & Q2 which remains un-identified and therefore unachieved.

Divisional Actions

Imaging

A full establishment review is currently underway to reduce spend. Non Pay is also projected to reduce as soon as the CT injectors scheme is approved by the Infection control committee.

Theatres

Recruitment is in process to fill vacant posts and reduce the reliance on expensive temporary staffing. The majority of them are due to start next month.

Non pay spends to be linked to activity, however the lack of a materials management person is a concern.

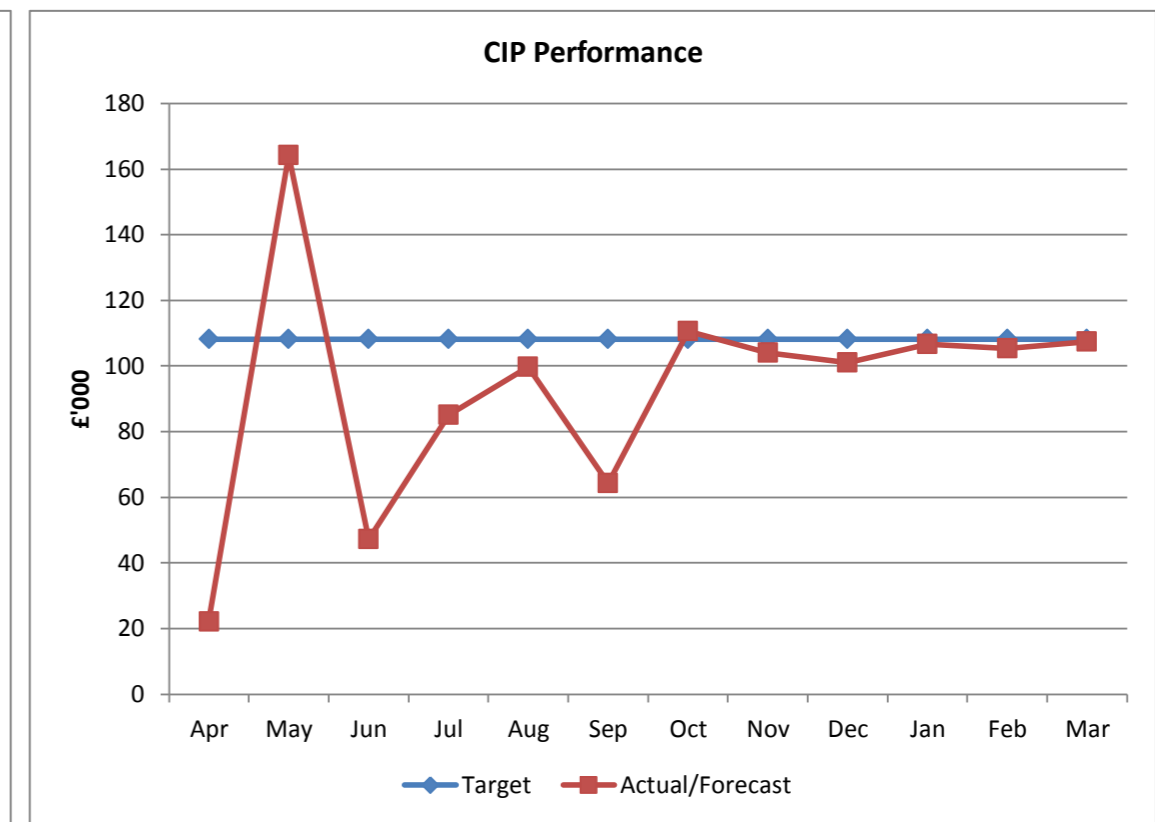
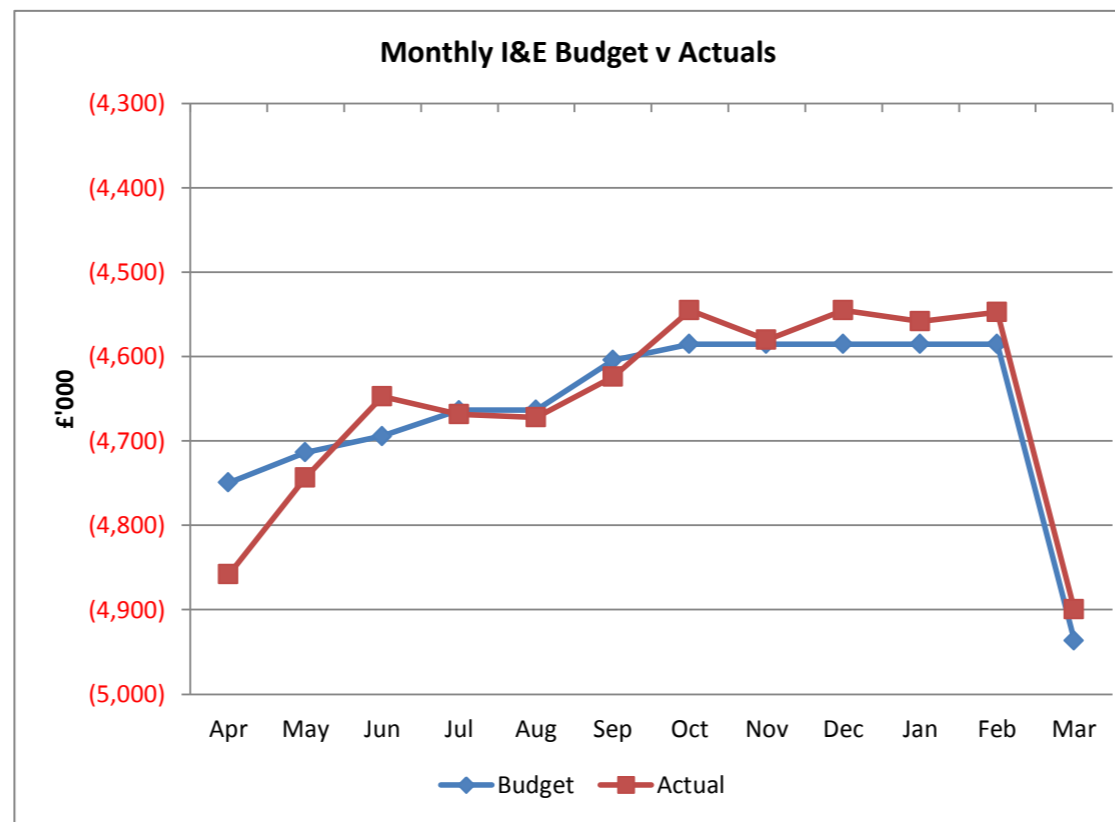
TPE

All transcription team members are scheduled to be placed in their new roles by October 2014. This should reduce the extra bank expenditure being incurred.

Work is on-going to review actual performance against forecast reducing spend and identifying further CIPs.

WCF Divisional Position - Month 5 (August 14)

Income & Expenditure	Ann Plan £'000	In Month			Year To Date		
		Plan £'000	Act £'000	Var £'000	Plan £'000	Act £'000	Var £'000
Nhs Clinical Income	1,116	93	78	(15)	465	479	13
Other Income For Pat Care	7,333	616	609	(7)	3,102	3,113	11
Other Non-Patient-Devolved	166	18	27	9	102	148	46
Other_Non-Patient_Non-Dev	0	0	2	2	0	16	16
Income	8,615	727	717	(10)	3,669	3,756	87
A/C	4,535	376	397	(21)	1,903	1,997	(93)
Executive Board & Sen Mgmt	735	61	46	15	306	241	65
Medical	11,249	947	966	(19)	4,730	4,797	(68)
Nurses & Midwives	30,734	2,576	2,469	108	13,060	12,768	293
Other Support Workers	39	3	11	(7)	16	53	(36)
Scientific, Ther & Tech	13,227	1,108	1,101	8	5,546	5,549	(2)
Pay Reserve	(265)	(32)	0	(32)	(159)	0	(159)
Pay	60,254	5,041	4,989	51	25,403	25,404	(1)
Establishment	481	40	56	(16)	201	279	(78)
Ext Cont Staffing & Cons	78	7	8	(1)	33	33	(0)
Miscellaneous	368	21	30	(9)	106	155	(49)
Non-Pay Reserve	0	0	0	0	0	0	0
Premises & Fixed Plant	525	44	62	(18)	219	246	(27)
Supplies & Servs - Clin	2,512	209	220	(11)	1,046	1,122	(76)
Supplies & Servs - Gen	346	29	24	5	144	105	40
Non Pay	4,311	349	400	(50)	1,749	1,940	(191)
Income Less Direct Costs	(55,950)	(4,663)	(4,672)	(9)	(23,483)	(23,588)	(105)



Income and Expenditure Commentary

The WCF position at month 5 is £9k adverse in month and £105k adverse YTD.

Patient Care Income is £21k adverse in month but still £25k favourable YTD, due primarily to GUM activity being higher than plan.

Other Income is £11k favourable in month and £62k favourable YTD driven by additional education and training and schools income.

Pay is £51k favourable in month and £1k adverse YTD.

Nursing is £108k favourable in month and £293k favourable YTD driven by vacancies against posts within community services where new initiatives are starting up. Midwifery is sensitive to activity levels and YTD there is an adverse variance of £112k against a challenging target. The in month position was £30k adverse. Health visiting also drives the YTD favourable position due to a reduction in agency in line with NHS England requirements.

Medical is £19k adverse in month and £68k adverse YTD driven by junior doctor agency expenditure in both Obstetrics and Gynaecology and Community Paediatrics.

Non Pay is £50k adverse in month and £191k adverse YTD. The YTD position is driven by additional equipment requirements as well as increased activity in special schools as well as professional services, estates costs and establishment expenses.

CIP Commentary

In month 5, the division delivered £100k against a plan of £108k.

Year to date the division has delivered £419k against a plan of £541k.

Of the £419k delivered YTD, £190k is recurrent and £229k is non-recurrent.

Most services have identified recurrent CIPs however many of the schemes are due to start later in the year. To date the division has found non recurrent savings to cover most of the shortfall but it will be a challenge to maintain this in future months.

Obs and Gynae is an example of an area where it has been difficult to establish recurrent CIPs.

There are no VIP schemes to report on within WCF.

Divisional Actions

Agency reduction

Recruitment is underway to replace an interim service manager and other interim staff within Divisional Management and Audiology. Offers have been made to health visiting and midwifery students just qualified and most have accepted. Start dates should be in September/October.

Obs and Gynae had a gap of 2 WTE in the junior doctor rota but one post has now been recruited to and a further post should be filled by October.

Recent recruitment into NICU has been successful which should result in a reduction in agency expenditure in the coming months.

TPE

Further focus on achieving the desired staffing and cost reductions through TPE is required in the coming months

Corporate Divisional Position - Month 5 (August 14)

Directorate	Annual Plan £'000	In Month			Year To Date		
		Plan £'000	Actual s £'000	Var £'000	Plan £'000	Actuals £'000	Var £'000
Trust Secretariat	1,339	112	111	0	558	748	(190)
Finance	4,052	338	350	(12)	1,685	1,842	(157)
Organisational Development	2,517	213	183	30	1,074	1,200	(126)
Ict	7,180	598	592	6	2,992	3,102	(111)
Procurement	789	66	77	(11)	329	330	(1)
Nursing & Patient Experience	9,507	804	788	16	3,882	3,871	11
Chief Operating Officer	1,847	154	119	35	770	721	48
Medical Director	1,053	88	80	8	439	366	72
Facilities	28,314	2,323	2,403	(80)	11,786	11,600	186
Total	56,598	4,695	4,703	(8)	23,514	23,781	(268)

ICT Breakdown

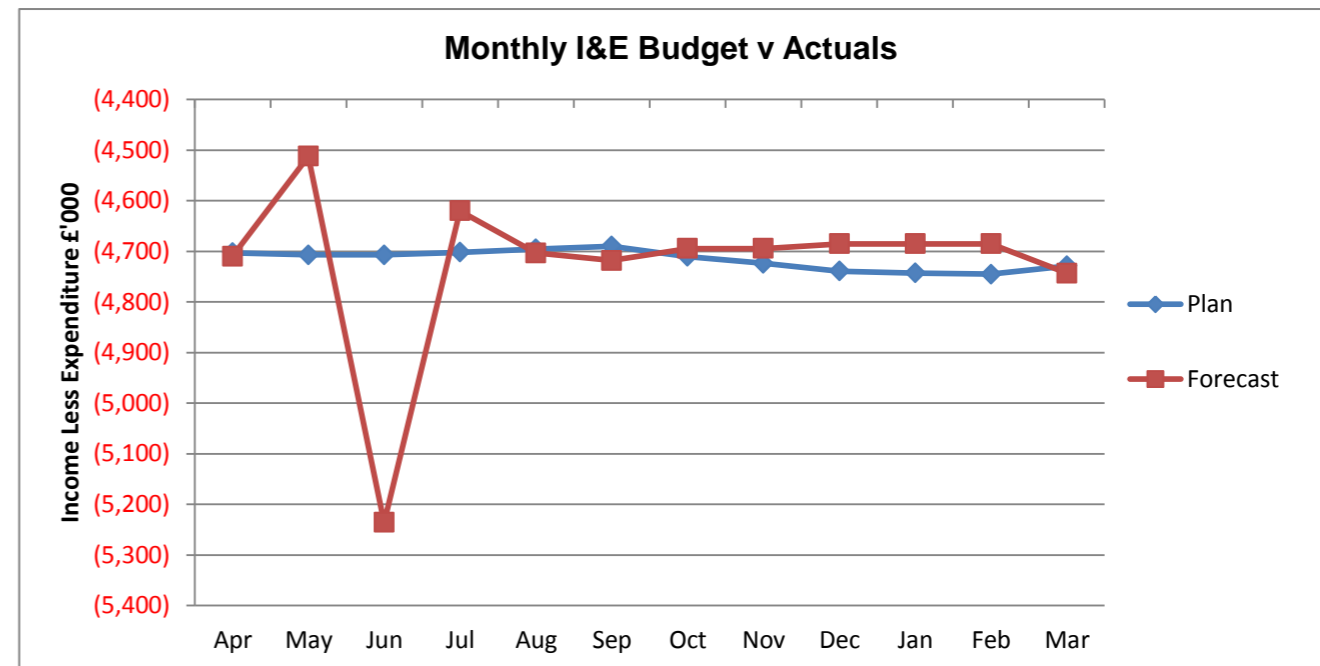
Income & Expenditure	Annual Plan £'000	In Month			Year To Date		
		Plan £'000	Actual s £'000	Var £'000	Plan £'000	Actuals £'000	Var £'000
Income	22	2	3	1	9	12	2
Pay	3,514	213	335	(122)	1,464	1,610	(145)
Non-Pay	3,688	387	260	128	1,537	1,504	32
Total	(7,180)	(598)	(592)	6	(2,992)	(3,102)	(111)

Facilities Breakdown

Income & Expenditure	Annual Plan £'000	In Month			Year To Date		
		Plan £'000	Actual s £'000	Var £'000	Plan £'000	Actuals £'000	Var £'000
Income	2,061	172	132	(40)	859	862	3
Pay	11,483	957	891	66	4,785	4,358	426
Non-Pay	18,892	1,538	1,644	(106)	7,860	8,104	(243)
Total	(28,314)	(2,323)	(2,403)	(80)	(11,786)	(11,600)	186

Nursing & Patient Experience Breakdown

Income & Expenditure	Annual Plan £'000	In Month			Year To Date		
		Plan £'000	Actual s £'000	Var £'000	Plan £'000	Actuals £'000	Var £'000
Income	3	(33)	5	39	1	43	42
Pay	3,424	263	298	(35)	1,349	1,336	13
Non-Pay	6,085	507	495	12	2,534	2,578	(44)
Total	(9,507)	(804)	(788)	16	(3,882)	(3,871)	11



Commentary

The corporate position at month 5 is £8k adverse in month and £268k adverse YTD.

The forecast position at year end is due to improve but will remain slightly below plan.

Facilities - The adverse position in month relates in part to corrections to prior months. Favourable position YTD driven through catering contracts and decontamination services.

ICT - Schedule of annual contracts agreed with directorate and adverse run rate to YTD position is forecast to improve to year end.

Organisational Development - Improvement in month driven by additional LetB income as well as reduced expenditure relating to teaching/training and database checks. YTD adverse position driven by underperformance against Occupational Health income target, cost pressures relating CRB backlogs and mandatory training for bank staff and underperformance against staffing structure CIPs

Finance - YTD adverse position forecast to improve in September as agency staff are replaced with permanent staff with posts also being held vacant when staff leave or are transferred to other divisions.

Trust Secretariat – YTD adverse position driven by a number of high grade posts being covered with interim staff. Position due to improve in September with leavers and vacancy gaps.

Chief Operating Officer - Improved position in month due to a reduction of temporary staff in validator and service improvement teams.

Acute Activity Analysis

Activity by PoD Type

PoD Group	Annual Plan	August			YTD		
		Plan	Actual	Variance	Plan	Actual	Variance
Adult Critical Care	7,733	644	280	(364)	3,222	2,567	(655)
Block Contract/Adjustments	0	0	0	0	0	0	0
Day Cases	19,155	1,596	1,300	(296)	7,981	8,136	155
Direct Access	1,014,538	84,545	73,141	(11,404)	422,724	409,605	(13,119)
ED Attendances	103,865	8,655	6,979	(1,676)	43,277	38,738	(4,539)
Elective Inpatients	2,750	229	196	(33)	1,146	1,217	71
Excess Bed days	7,292	608	626	18	3,038	3,302	264
Maternity Pathway	8,938	745	603	(142)	3,724	3,297	(427)
NICU High Dependency Bed day	1,942	162	152	(10)	809	483	(326)
NICU Intensive Care Bed days	880	73	46	(27)	367	261	(106)
NICU Special Care Bed days	5,171	431	244	(187)	2,155	1,705	(450)
NICU Transitional Care Bed days	6,350	529	338	(191)	2,646	2,094	(552)
Non-Elective Inpatients	29,410	2,451	1,713	(738)	12,254	11,199	(1,055)
Other Activity	69,446	5,787	1,678	(4,109)	28,936	18,842	(10,094)
Outpatient 1st Attends	61,101	5,092	4,201	(891)	25,459	25,008	(451)
Outpatient Diagnostic Imaging	23,506	1,959	1,705	(254)	9,794	9,357	(437)
Outpatient Follow Ups	152,030	12,669	7,481	(5,188)	63,346	53,507	(9,839)
Outpatient Procedures	21,063	1,755	881	(874)	8,776	5,313	(3,463)
Paediatrics High Dependency	256	21	0	(21)	107	124	17
TOTAL	1,535,427	127,952	101,564	(26,388)	639,761	594,755	(45,006)

Commentary

Outpatient activity is significantly below plan which will be due to the issues relating to both data capture and also coding of outpatient appointments rather than outpatient procedures. These issues are being addressed.

Both maternity and NICU activity is below plan which could be an indicator of market pressures. North Middlesex NHS Trust have a new maternity unit and the Royal Free have merged with Barnet which may mean level 2 babies are now sent to Barnet.

Non elective inpatients are significantly below plan which relates mainly to general medicine. This is being investigated although it could be as a result of the ambulatory care unit reducing the number of admissions.

ED attendances are significantly below plan although the plan may include Ambulatory care activity which requires further investigation.

Although the Direct Access underperformance looks significant it only represents 1.6% of planned activity.

Activity By Commissioner

Commissioner	Annual Plan	August			YTD		
		Plan	Actual	Variance	Plan	Actual	Variance
NHS England	17,650	1,471	941	(530)	7,354	5,745	(1,609)
NHS Islington CCG	843,244	70,270	57,452	(12,818)	351,352	328,163	(23,189)
NHS Haringey CCG	521,110	43,426	33,388	(10,038)	217,129	203,525	(13,604)
NHS Camden CCG	28,359	2,363	1,720	(643)	11,816	9,966	(1,850)
NHS City and Hackney CCG	19,040	1,587	877	(710)	7,933	6,110	(1,823)
NHS Enfield CCG	11,910	993	739	(254)	4,963	5,353	390
NHS Barnet CCG	70,234	5,853	4,418	(1,435)	29,264	25,395	(3,869)
Other CCG	23,879	1,990	2,028	38	9,950	10,497	548
TOTAL	1,535,427	127,952	101,564	(26,388)	639,761	594,755	(45,006)

Commentary

The main outpatient issues are within activity contracted by both Haringey and Islington CCGs and are hence driving the underperformance.

Also within the Islington CCG target are the majority of the non-elective inpatient cases within general medicine.

Acute Income Analysis

Income Analysis

PoD Group	Annual Plan £'000	August			YTD		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Adult Critical Care	£ 10,144	£ 845	£ 367	(478)	£ 4,227	£ 3,353	(874)
Block Contract/Adjustments	£ 11,725	£ 977	£ 1,155	177	£ 4,885	£ 5,724	839
Day Cases	£ 11,883	£ 990	£ 864	(127)	£ 4,951	£ 5,129	178
Direct Access	£ 10,966	£ 914	£ 838	(76)	£ 4,569	£ 4,808	238
ED Attendances	£ 11,412	£ 951	£ 789	(162)	£ 4,755	£ 4,320	(435)
Elective Inpatients	£ 9,136	£ 761	£ 596	(166)	£ 3,806	£ 3,645	(162)
Excess Bed days	£ 2,136	£ 178	£ 120	(58)	£ 890	£ 853	(37)
Maternity Pathway	£ 9,937	£ 828	£ 667	(161)	£ 4,140	£ 3,797	(343)
NICU High Dependency Bed days	£ 1,717	£ 143	£ 134	(9)	£ 715	£ 427	(288)
NICU Intensive Care Bed days	£ 1,012	£ 84	£ 53	(31)	£ 422	£ 300	(122)
NICU Special Care Bed days	£ 1,974	£ 165	£ 93	(71)	£ 823	£ 651	(172)
NICU Transitional Care Bed days	£ 2,424	£ 202	£ 129	(73)	£ 1,010	£ 799	(211)
Non-Elective Inpatients	£ 42,815	£ 3,568	£ 2,876	(692)	£ 17,839	£ 16,226	(1,614)
Other Activity	£ 2,001	£ 167	£ 96	(71)	£ 834	£ 604	(230)
Outpatient 1st Attends	£ 8,902	£ 742	£ 758	16	£ 3,709	£ 3,852	143
Outpatient Diagnostic Imaging	£ 2,653	£ 221	£ 185	(36)	£ 1,105	£ 1,036	(70)
Outpatient Follow Ups	£ 11,615	£ 968	£ 745	(223)	£ 4,840	£ 4,482	(358)
Outpatient Procedures	£ 3,590	£ 299	£ 166	(133)	£ 1,496	£ 991	(505)
Paediatrics High Dependency	£ 262	£ 22	£ -	(22)	£ 109	£ 127	18
TOTAL	£ 156,304	£ 13,025	£ 10,630	(2,395)	£ 65,127	£ 61,124	(4,002)

Commentary

In month 5 the acute income position has continued to be reflected as though the Trust were under a block contract and does not therefore reconcile to the overall Trust position. After detailed analysis it has been decided that it would be better to move to a PbR contract which the Trust is looking to achieve as soon as possible.

The tables presented show the position for the first 5 months of the year as if the Trust were on a pure PbR acute contract.

The YTD position shows an underperformance of £2.5m in month and £4.0m YTD against a plan.

Although the position is significantly adverse YTD there are actions that are currently being taken to resolve data capture and coding issues in the following areas. The in month position is also a reflection of lower activity in month combined with the fact that late data will not have been added in time. It will become increasingly important that all data is entered in future months as the Trusts looks to move away from a block contract.

Income by Commissioner - £000's

Commissioner	Annual Plan £'000	August			YTD		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
NHS England	£ 14,668	£ 1,222	£ 844	(378)	£ 4,889	£ 3,597	(1,293)
NHS Islington CCG	£ 64,425	£ 5,369	£ 5,011	(358)	£ 21,475	£ 20,458	(1,017)
NHS Haringey CCG	£ 49,899	£ 4,158	£ 4,429	270	£ 16,633	£ 16,952	319
NHS Camden CCG	£ 4,956	£ 413	£ 329	(84)	£ 1,652	£ 1,361	(292)
NHS City and Hackney CCG	£ 4,768	£ 397	£ 365	(32)	£ 1,589	£ 1,693	104
NHS Enfield CCG	£ 2,921	£ 243	£ 271	28	£ 974	£ 1,122	148
NHS Barnet CCG	£ 9,097	£ 758	£ 727	(31)	£ 3,032	£ 3,110	77
Other CCG	£ 5,593	£ 466	£ 663	197	£ 1,864	£ 2,355	491
TOTAL	£ 156,328	£ 13,027	£ 12,639	(388)	£ 52,109	£ 50,646	(1,463)

Commentary

The main adverse variances relates to NHSE and Islington CCG.

NHSE - Within the plan there is critical care activity that transferred incorrectly from Haringey CCG. This target should be reallocated to Haringey which the Trust is looking to achieve.

Islington CCG - The underperformance here contains many of the main income and activity issues, including HDU care on nightingale and outpatient capture and coding. Non-elective underperformance relating to general medicine also mainly sits here and is being investigated.

Acute Activity and Income Variances by Division

In Month Activity Variance - August					
Board Report PoD Group	Trust Wide	Integrated Care & Acute Medicine	Surgery & Diagnostics	Women, Children & Families	TOTAL
Adult Critical Care	0	0	(364)	0	(364)
Block Contract/Adjustments	0	0	0	0	0
Day Cases	0	(105)	(130)	(62)	(296)
Direct Access	0	(108)	(11,296)	0	(11,404)
ED Attendances	0	(1,676)	0	0	(1,676)
Elective Inpatients	0	4	(38)	0	(33)
Excess Beddays	0	30	98	(111)	18
Maternity Pathway	0	0	0	(142)	(142)
NICU High Dependency Beddays	0	0	0	(10)	(10)
NICU Intensive Care Beddays	0	0	0	(27)	(27)
NICU Special Care Beddays	0	0	0	(187)	(187)
NICU Transitional Care Beddays	0	0	0	(191)	(191)
Non-Elective Inpatients	0	(133)	(92)	(513)	(738)
Other Activity	(1,585)	(1,247)	121	(1,398)	(4,109)
Outpatient 1st Attends	0	287	(210)	(967)	(891)
Outpatient Diagnostic Imaging	0	(132)	(107)	(15)	(254)
Outpatient Follow Ups	0	(1,994)	(264)	(2,930)	(5,188)
Outpatient Procedures	0	(130)	(418)	(326)	(874)
Paediatrics High Dependency	0	0	0	(21)	(21)
TOTAL	(1,585)	(5,203)	(12,701)	(6,900)	(26,388)

In Month Price Variance £000's - August					
Board Report PoD Group	Trust Wide	Integrated Care & Acute Medicine	Surgery & Diagnostics	Women, Children & Families	TOTAL
Adult Critical Care	0	0	(478)	0	(478)
Block Contract/Adjustments	177	0	0	0	177
Day Cases	0	(55)	(37)	(35)	(127)
Direct Access	0	83	(159)	0	(76)
ED Attendances	0	(162)	0	0	(162)
Elective Inpatients	0	2	(175)	7	(166)
Excess Beddays	0	(11)	(1)	(45)	(58)
Maternity Pathway	0	0	0	(161)	(161)
NICU High Dependency Beddays	0	0	0	(9)	(9)
NICU Intensive Care Beddays	0	0	0	(31)	(31)
NICU Special Care Beddays	0	0	0	(71)	(71)
NICU Transitional Care Beddays	0	0	0	(73)	(73)
Non-Elective Inpatients	0	(187)	(264)	(241)	(692)
Other Activity	0	(59)	3	(15)	(71)
Outpatient 1st Attends	0	74	(45)	(14)	16
Outpatient Diagnostic Imaging	0	(22)	(13)	(1)	(36)
Outpatient Follow Ups	0	(136)	(23)	(64)	(223)
Outpatient Procedures	0	(15)	(53)	(64)	(133)
Paediatrics High Dependency	0	0	0	(22)	(22)
TOTAL	177	(488)	(1,246)	(839)	(2,395)

YTD Activity Variance					
Board Report PoD Group	Trust Wide	Integrated Care & Acute Medicine	Surgery & Diagnostics	Women, Children & Families	TOTAL
Adult Critical Care	0	0	(655)	0	(655)
Block Contract/Adjustments	0	0	0	0	0
Day Cases	0	189	146	(181)	155
Direct Access	0	1,856	(14,976)	0	(13,119)
ED Attendances	0	(4,539)	0	0	(4,539)
Elective Inpatients	0	62	(38)	46	71
Excess Beddays	0	118	98	47	264
Maternity Pathway	0	0	0	(427)	(427)
NICU High Dependency Beddays	0	0	0	(326)	(326)
NICU Intensive Care Beddays	0	0	0	(106)	(106)
NICU Special Care Beddays	0	0	0	(450)	(450)
NICU Transitional Care Beddays	0	0	0	(552)	(552)
Non-Elective Inpatients	0	(46)	(225)	(785)	(1,055)
Other Activity	(2,087)	(2,710)	579	(5,877)	(10,094)
Outpatient 1st Attends	0	607	(964)	(93)	(451)
Outpatient Diagnostic Imaging	0	(37)	(285)	(115)	(437)
Outpatient Follow Ups	0	(6,799)	2,015	(5,054)	(9,839)
Outpatient Procedures	0	(671)	(1,790)	(1,003)	(3,463)
Paediatrics High Dependency	0	0	0	17	17
TOTAL	(2,087)	(11,969)	(16,094)	(14,857)	(45,006)

YTD Price Variance £000's					
Board Report PoD Group	Trust Wide	Integrated Care & Acute Medicine	Surgery & Diagnostics	Women, Children & Families	TOTAL
Adult Critical Care	0	0	(874)	0	(874)
Block Contract/Adjustments	839	0	0	0	839
Day Cases	0	103	196	(120)	178
Direct Access	0	469	(231)	0	238
ED Attendances	0	(435)	0	0	(435)
Elective Inpatients	0	78	(307)	68	(162)
Excess Beddays	0	15	(6)	(46)	(37)
Maternity Pathway	0	0	0	(343)	(343)
NICU High Dependency Beddays	0	0	0	(288)	(288)
NICU Intensive Care Beddays	0	0	0	(122)	(122)
NICU Special Care Beddays	0	0	0	(172)	(172)
NICU Transitional Care Beddays	0	0	0	(211)	(211)
Non-Elective Inpatients	0	(476)	(590)	(548)	(1,614)
Other Activity	0	(176)	3	(57)	(230)
Outpatient 1st Attends	0	192	(155)	106	143
Outpatient Diagnostic Imaging	0	(27)	(34)	(8)	(70)
Outpatient Follow Ups	0	(382)	174	(150)	(358)
Outpatient Procedures	0	(83)	(220)	(202)	(505)
Paediatrics High Dependency	0	0	0	18	18
TOTAL	839	(721)	(2,044)	(2,076)	(4,002)

"Back to Balance" Plan 2014/15

Surplus / (Deficit) in £000

	Act Apr	Act May	Act Jun	Act Jul	Act Aug	Fcst Sep	Fcst Oct	Fcst Nov	Fcst Dec	Fcst Jan	Fcst Feb	Fcst Mar	Total
Raw Forecast	(597)	(928)	(1,319)	(1,485)	(1,151)	(1,120)	(820)	(817)	(788)	(773)	(778)	(862)	(11,437)
Theme 1 - Income Counting / Coding Improvements Work to support capacity in other Trusts Additional Incentive Income													
Total					1,214	771	800	629	729	729	729	729	6,330
Theme 2 - Workforce Productivity New ways of working Technology Benchmarking against other organisations													
Total					(38)	(53)	126	125	373	544	545	559	2,182
Theme 3 - Tighter Controls and Non Pay Vacancy Scrutiny Panel Procurement Savings													
Total					0	0	233	233	208	375	375	375	1,800
Theme 4 - Staff Innovation Ideas Estates Revaluation Staff Innovation Discretionary Spend Review													
Total					88	71	67	65	112	116	111	112	741
Actuals to Forecast Variance					496	(1,104)		55	1,000				447
New Forecast	(597)	(928)	(1,319)	(989)	(991)	(331)	461	1,235	634	992	982	913	62

Commentary

The in month performance was £1.1m worse than forecast mainly due to income. The income is still being reflected as though the Trust remains on a block contract whereas the forecast was largely based on the Trust reporting a PbR position, including improvements to data capture and coding in relation to areas such as outpatient procedures and HDU activity. Such income also underpins the forecast for the remainder of the year. £455k income was recognised in month for additional RTT work as opposed to £500k forecasted.

Statement of Financial Position

	As at 1st April 2014 £000	As at 31st August 2014 £000	Plan 31st March 2015 £000
<i>Non Current Assets</i>			
Property, plant and equipment	179,975	182,729	180,105
Intangible assets	5,428	4,825	4,295
Trade and other receivables	702	906	610
Total Non Current Assets	186,105	188,460	185,010
<i>Current Assets</i>			
Inventories	1,295	1,449	1,290
Trade and other receivables	17,527	16,489	6,930
Cash and cash equivalents	5,123	3,807	3,976
Total Current Assets	23,945	21,745	12,196
Total Assets	210,050	210,205	197,206
<i>Current Liabilities (amounts due in less than one year)</i>			
Trade and other payables	36,010	38,475	27,154
Borrowings	1,377	1,377	2,542
Provisions	1,238	557	198
Total Current Liabilities	38,625	40,409	29,894
Net Current Assets (Liabilities)	(14,680)	(18,664)	(17,698)
Total Assets less Current Liabilities	200,785	207,124	202,708
<i>Non Current Liabilities (amounts due greater than one year)</i>			
Borrowings	36,758	35,899	34,028
Provisions	2,015	1,914	2,190
Total Non Current Liabilities	38,773	37,813	36,218
Total Assets Employed	132,652	131,983	131,094
<i>Taxpayers' Equity</i>			
Public dividend capital	56,461	56,461	56,671
Retained earnings	15,277	9,376	18,918
Revaluation reserve	60,914	66,146	55,505
Total Taxpayers' Equity	132,652	131,983	131,094
Capital cost absorption rate	3.5%	3.5%	3.5%

Commentary

A revaluation of land and buildings took place earlier in the year which increased both property, plant & equipment and the revaluation reserve by £5.3m. This was partially offset by impairments of £1.2m which reduced both PPE and retained earnings, but are excluded from the breakeven duty. A further revaluation is expected at the year end, which cannot yet be quantified.

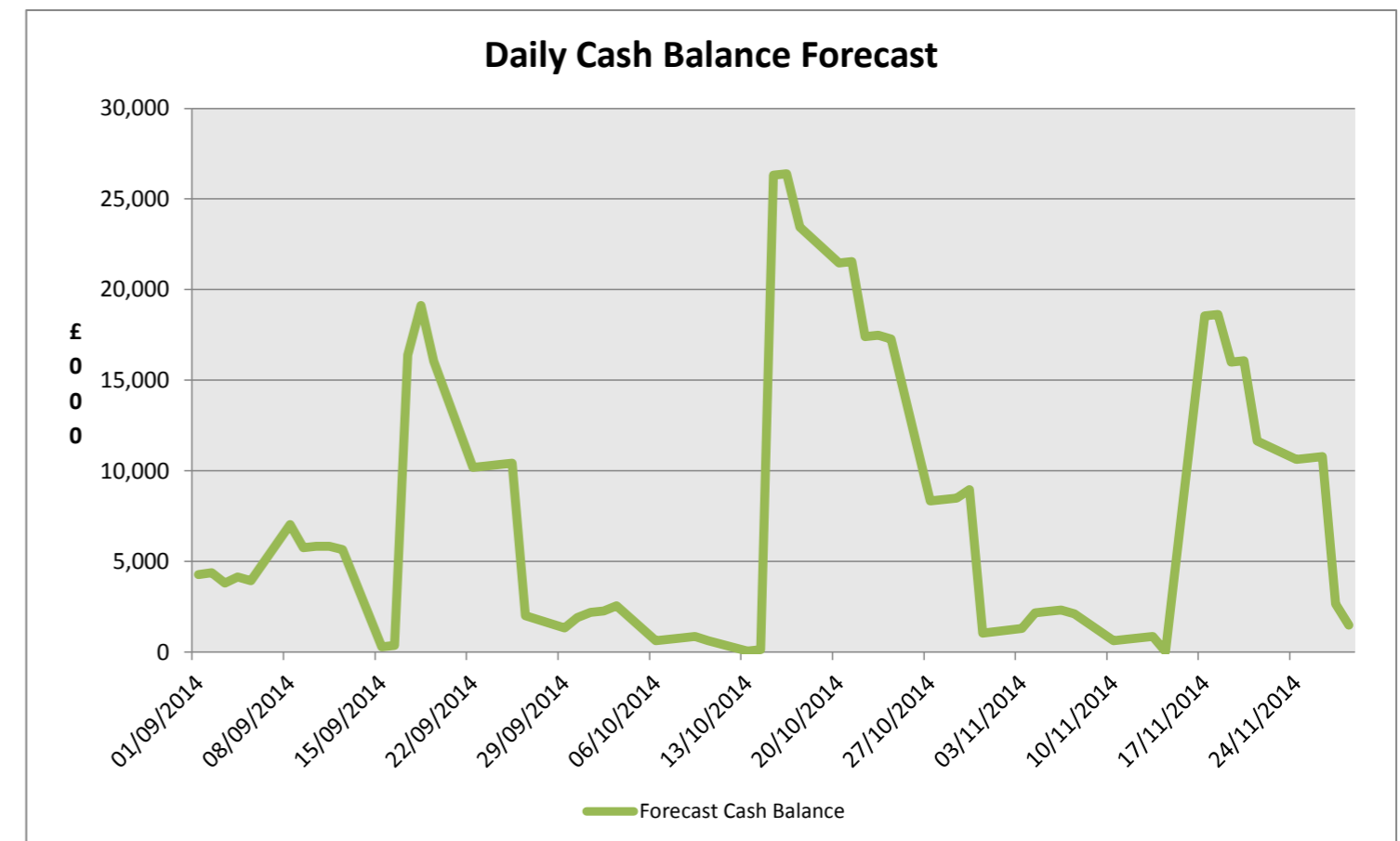
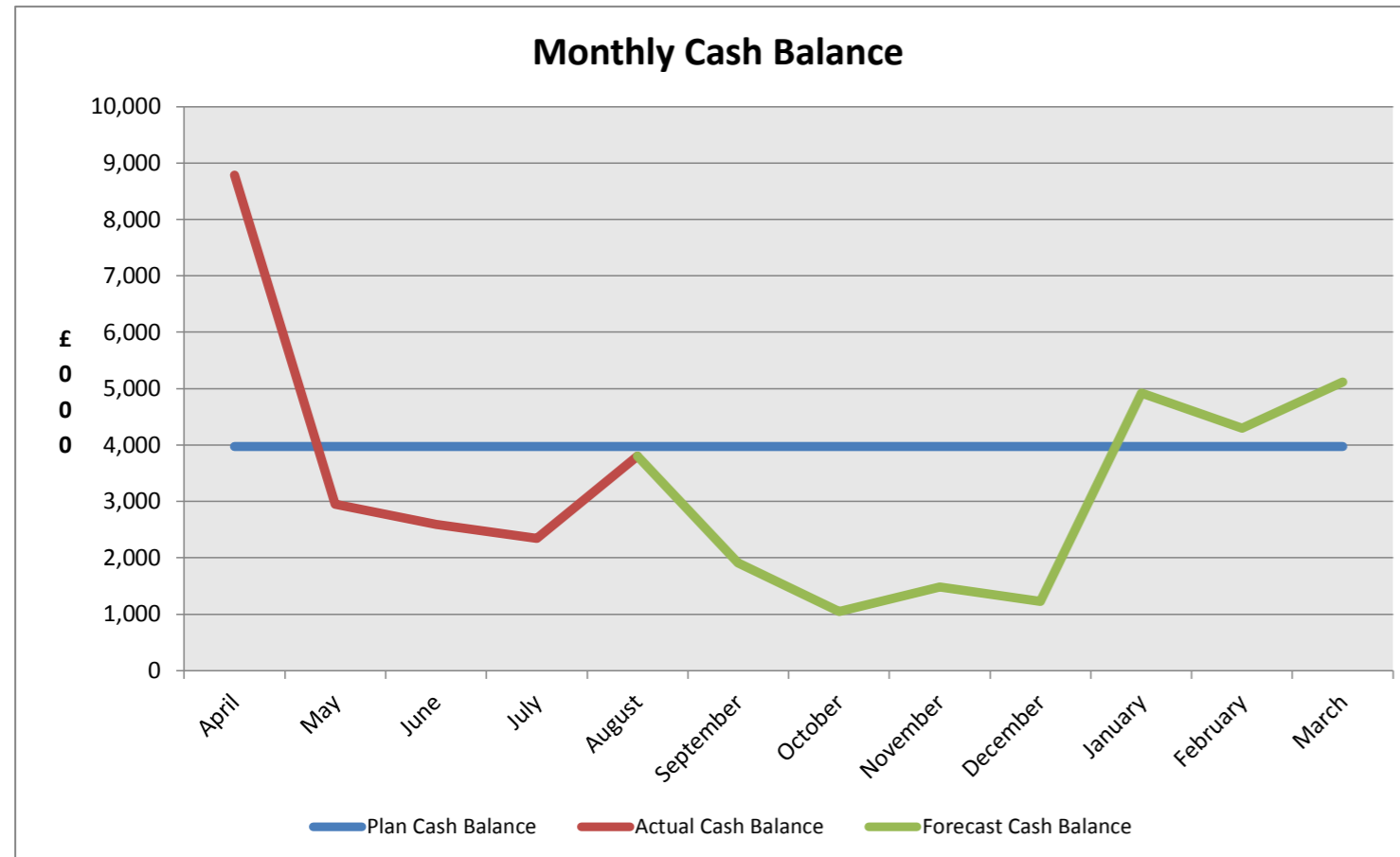
The revaluation also increased asset lives, thereby reducing the depreciation charged to both PPE and retained earnings. PPE additions are below plan for the year to date, but forecast to meet the capital resource limit by the year end.

Cash increased during the month due to non-recurrent receipts and lower creditor payments than expected. Cash is subject to various risks, mainly involving receivables, payables and CIP delivery. Payables have increased in the year to date but decreased in the month. This reflects restricted payments when cash was tight earlier in the year, which have recovered over the last month.

Both borrowings and provisions are being reduced in line with payments.

There has been a reduction over the year in retained earnings due to the impairment and the income & expenditure deficit. The latter is forecast to be recovered by the year end but is dependent upon CIP delivery.

Cash Forecast for the Trust



Commentary

The principal cash inflows are clinical SLA receipts, typically around £19m in the middle of the month. Cash decreases sharply in the latter part of the month due to income tax, NI and pension contributions totalling £7m and the monthly payroll of around £9.5m on the 27th of the month. Any cash available after allowing for these obligations is used to service the weekly payment of creditors. The underlying payment run is normally around £1m but there are numerous variables which can have a significant impact on the value. Major payments distorting these values are accounted for specifically in the forecast.

Income is invoiced as promptly as possible, and outstanding debts chased regularly. Prioritisation is on the basis of materiality, notably the clinical SLAs. Creditors are prioritised by due date, with payments being restricted if there is insufficient cash to pay everything due.

The forecast shows what is necessary in order to meet the year end target and thereby meet the EFL. Major assumptions in this forecast comprise reduced payments from the CIP, SLA performance receipts of £0.5m per month from October, and below average payment runs. Failure to meet any of these conditions may compromise the statutory duty to operate within the EFL.

Action needed to meet the cash target and associated EFL comprises ensuring that all income is invoiced as soon as possible, and reducing expenditure in line with the CIP.

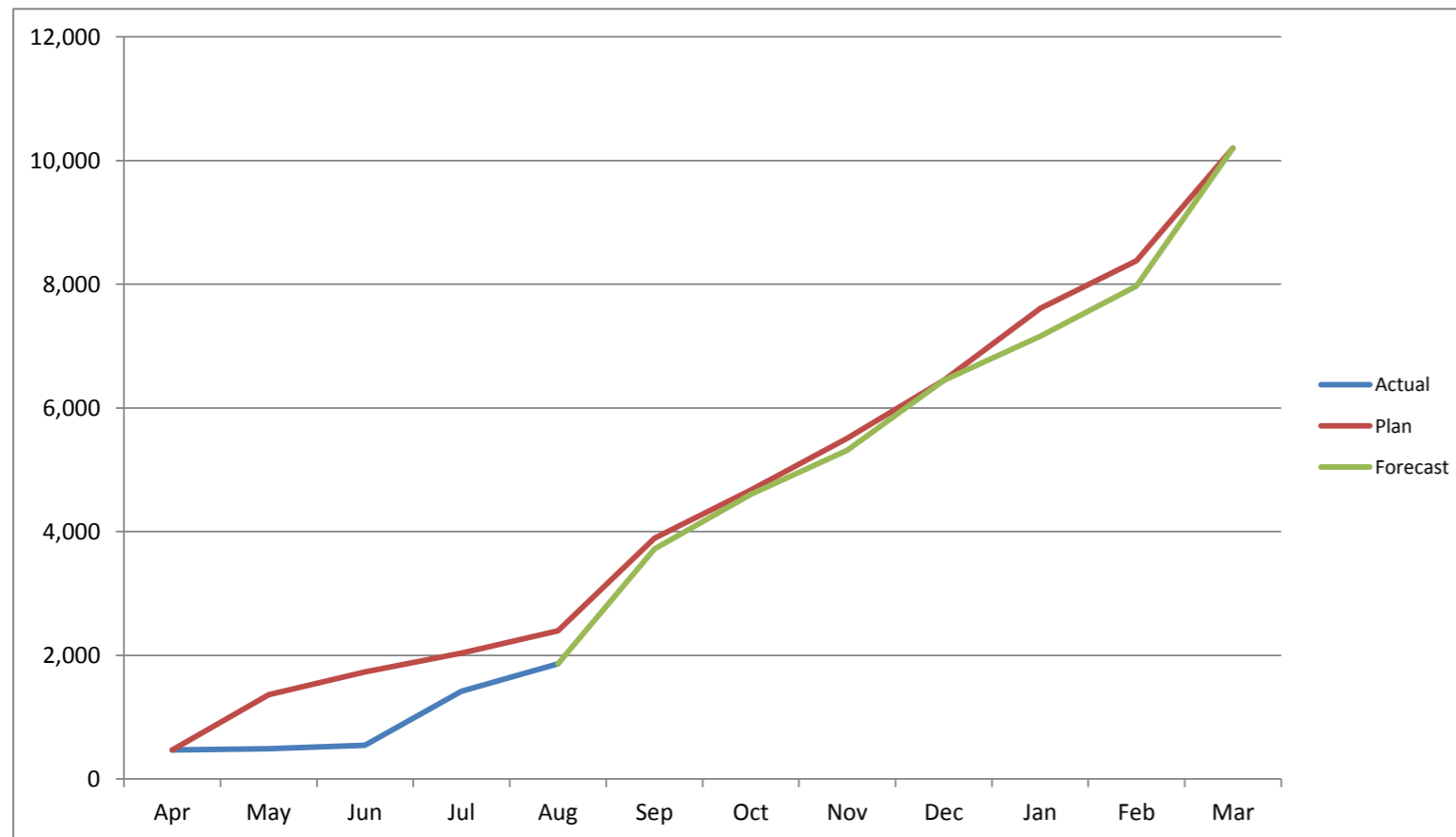
After a gradual decrease in cash over June and July, the position improved in August. Major factors in this were non-recurrent receipts for VAT recoverable on 2013/14 expenditure, and below average creditor payments.

Capital Spend Performance and Forecast

	Annual Plan £'000	Current Month			YTD			Forecast Outturn		
		Plan £'000	Act £'000	Var £'000	Plan £'000	Act £'000	Var £'000	Plan £'000	Forecast £'000	Var £'000
Estates	5,618	160	91	69	800	770	30	5,618	5,618	-
IT	810	50	186	-136	100	193	-93	810	810	-
Equipment	1,514	150	164	-14	913	217	696	1,514	1,514	-
Business Cases	336	-	-	0	-	-	0	336	336	-
Leases	1,922	-	-	0	582	681	-99	1,922	1,922	-
Total	10,200	360	441	-81	2,395	1,861	534	10,200	10,200	-

CRL	<u>10,200</u>
Variance	<u>0</u>

Spend against Capital Programme



Commentary

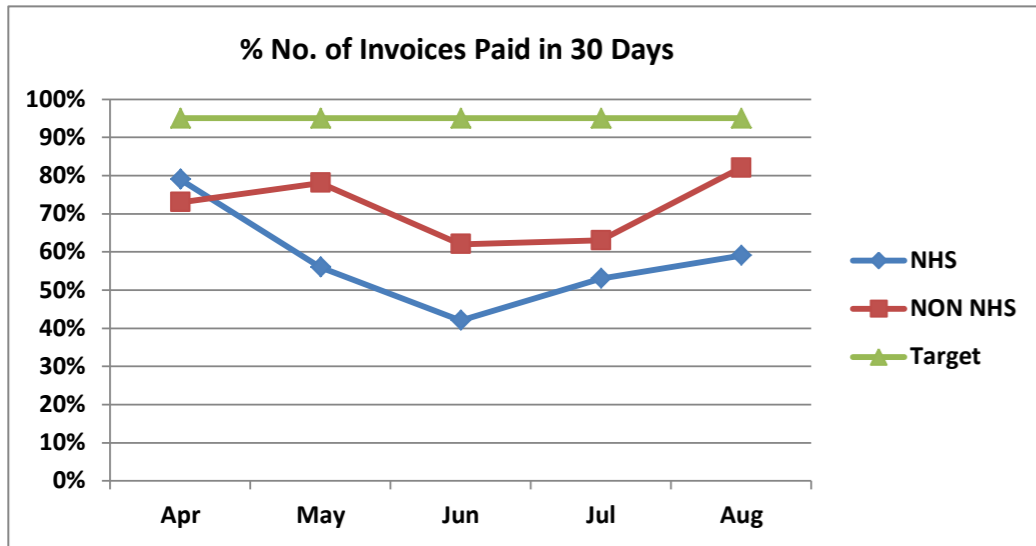
The Capital Accountant meets regularly with project managers and monthly at the Capital Monitoring Group to report progress against plan.

The net current month IT adverse variance of £136k is mainly due to the Electronic Document Management System (EDMS) scheme which was not in the Annual Plan.

The year to date favourable variance of £534k is due to equipment purchases being delayed until the second half of the year.

The Trust is expecting to spend its full Capital Resource Limit (CRL).

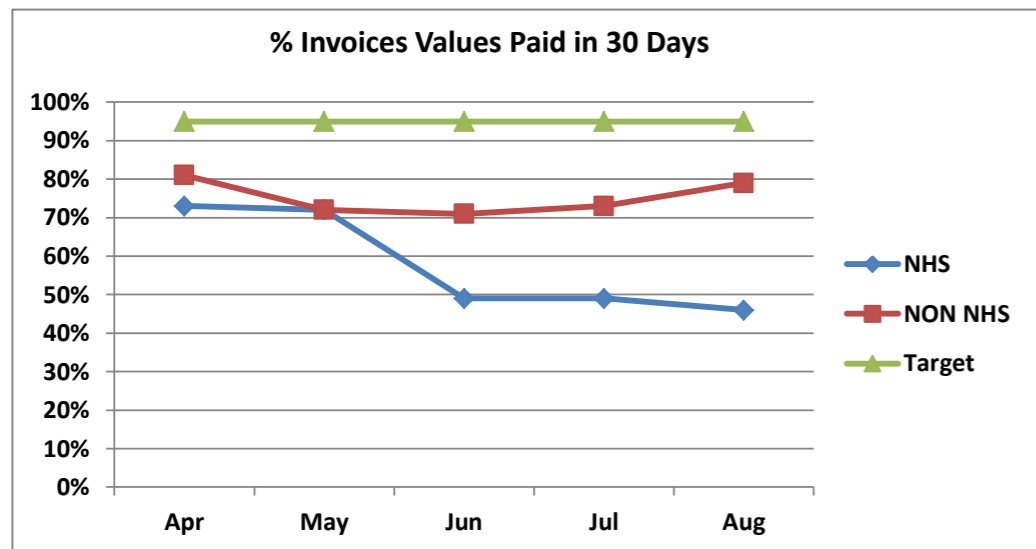
Best Practice Payment Code



Commentary

The Trust is currently falling short against its requirement of paying 95% of invoices within 30 days.

Part of the reason for the performance is due to active management of working capital which is planned to continue through the year.



Continuity of Services Risk Rating (COSR)

Metric	Definition	Parameters				Actual YTD	Plan Outturn
		1	2	3	4		
Working Capital Balance (£'000) (+/-)						(20,113)	(18,988)
Annual Operating Expenses (£'000) (+)						117,304	271,133
Liquidity Ratio (Days)						(26)	(25)
Liquidity Rating	$\frac{\text{Working Capital Balance} \times 360}{\text{Annual Operating Expenses}}$	<-14	-14	-7	0	1	1
Revenue Available for Debt Service (£'000) (+)						2,031	16,786
Annual Debt Service (£'000) (+)						4,433	10,358
Capital Servicing Capacity (Times)						0.5	1.6
Capital Servicing Capacity Rating	$\frac{\text{Revenue Available for Debt Service}}{\text{Annual Debt Service}}$	<1.25	1.25	1.75	2.50	1	2
Weighted:							
Liquidity Rating - 50%						0.5	0.5
Capital Servicing Capacity Rating - 50%						0.5	1.0
Overall Continuity of Services Risk Rating						1	2

The Continuity of Services Rating (COSR) represents the financial risk rating used by Monitor, where a score of "one" highlights an organisation as "high risk". The table shows that WH is in this high risk category

Whilst this demonstrates the need for improvement this should be assessed in light of two key factors. Firstly, our current financial performance is materially below plan and supports an assessment of high risk. Secondly, a strong COS-R performance relies upon a strong working capital position and our balance sheet has been recognised as, historically, weak. We therefore find ourselves at a disadvantage under this measure, for example, compared to FTs that have high cash balances from previous land and property sales even though they may also report an in year deficit.