Pennine Care NHS

NHS Foundation Trust

Executive Dashboard 2019/20 – Period Ending 31st August 2019

Key Financial Indicators	YTD Plan £'k	YTD Actual £'k	YTD Var £'k	FY Plan £'k	FY Actual £'k	FY Var £'k
Performance against control total (Surplus)/Deficit						
Excluding PSF/FRF	6,724	6,482	(242)	11,936	11,936	0
Including PSF/FRF	3,317	3,075	(242)	(89)	(89)	0
Cash						
Closing Cash Balance	2,295	9,434	7,139	2,768	1,550	(1,218)
DHSC Interim Support				4,209	2,717	(1,492)
Capital						
Total Spend	2,171	889	(1,282)	6,532	6,114	(418)
DHSC Funding	113	0	(113)	500	300	(200)
Efficiency Savings						
Total Savings	3,254	3,479	225	11,250	11,250	0
Recurrent Efficiencies	627	62	(565)	5,947	5,947	0
Agency Spend						
NHSI Ceiling	3,130	4,889	1,759	7,511	10,373	2,862
Trust Plan	4,412	4,889	477	9,312	10,373	1,061

Use of Resource Metric (UoR)	M5 Plan	M5 Actual	Year End Plan	Year End Forecast
Capital Service Capacity	4	4	3	2
Liquidity	4	3	2	2
I&E Margin	4	4	2	2
I&E margin: distance from plan		2		1
Agency Spend (against cap)	3	4	2	3/4
Overall Score	**3**	**3**	**2**	**2**

Summary of Position:

Control: August's position is £0.2m favourable to the plan (£0.1m in month) and the forecast is to deliver a breakeven outturn position; budget pressures such as Medical agency are offsetting the over achievement of non-recurrent savings; it should be noted however that, as anticipated, the level of non-recurrent savings is reducing each month. Both the plan and actuals exclude technical adjustments.

Cash: balances are **£7.1m** higher than plan; largely due to the receipt of 2018/19 PSF monies of £5.8m in July of which £2.3m was not included in the plan due to notification being received after submission of the 19/20 plan. In addition a VAT reclaim of £0.8m was received in month following the end of year review. Receivables have also decreased by £1.6 in month positively impacting on the Trust's cash position.

Capital: expenditure is £1.3m (59%) below the original plan. A revised plan was submitted to NHSI mid-July to reflect a more accurate spend profile. NHSI have not reflected this update in the plan for the Trust's monthly returns however, internally we are monitoring against this updated profile. The revised year to date plan is £1.4m showing a variance to this of £0.6m (38%). Actual spend to date has reduced from last month reflecting the VAT reclaim secured and a review of all accrued capital expenditure, together these are £0.3m. The full year forecast of £6.1m is a reduction of £0.4m from plan representing the impact of the transfer of NES community services and the reduction in forecast spend on the PICU in 19/20 of £0.2m reflecting the delay to the approval of the full business case and spend anticipated in quarter 4 only in 19/20.

Efficiency: is **overachieved by £0.2m** at the end of month 5, the savings achieved to date are **98% non-recurrent** schemes and driven by the high level of vacancies. The **£11.25m** target is split between recurrent **£5.9m** (53%) and non-recurrent £5.4m (47%) with the Community Services element being non-recurrent; therefore all of the recurrent value must be identified from within the remaining directorates within the Trust. Delivery of recurrent efficiency savings remains challenging within only a limited number of schemes having been identified to date.

Agency staff expenditure: spend is **£4.9m** to date, this reflects the significant increase in the cost of medical agency. Overall expenditure is above the Trust plan (+£0.5m) and above the NHSI ceiling (+£1.8m); high levels of vacancies and patient acuity continues to be supported by agency staff across operational areas. The month 5 position has seen a slight reduction in agency; however the forecast out-turn spend remains prudent at £1.1m above the plan and reflects the current workforce/recruitment challenges, particularly around consultant posts. During the month there has been a positive increase in bank usage on wards, signalling that the Trust may start to see a small reduction in future agency costs. To note the forecast remains high risk and includes a number of assumptions around future cost reduction. The NHSI ceiling will reduce to £6.8m to account for the transfer of community services (-£0.9m FY -£0.7m PY) and performance against this metric will deteriorate further, to a 4. This is expected to be transacted by NHSI in month 6.

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TOP Risks to delivery of plan

Risk	RAG	Impact	Description of Risk	Current Mitigation
Agency Costs	HIGH ⬌	Delivery of plan and UoR metric	Latest forecast assumes outturn spend will be £1.1m above plan, due to signficiant workforce/ recruitment challenges, particularly around consultant posts. There has been a reduction in the month 5 agency spend, mainly medical, further work is underway to assess this and if it will continue, the forecast remains prudent until completed. If the rate of average spend continues, outturn costs would be **£11.7m,** £2.4m above the Trusts internal target and £4.2m above the current NHSI cap deteriorating the UoR metric to a 4 The NHSI ceiling will reduce to £6.8m to take account of the NES transfer (-£0.9m FY -£0.7m PY) and will be actioned in month 6. The affect of this will be: NHSI Ceiling - £6,820 FY Outturn £10,373 Variance £3,553 Trust Plan - £8,621 FY Outturn £10,373 Variance £1,752	Agency processes have been strengthened to validate the appropriate use of agency and improve the use of the Trust bank staffing. These include: • Establishment of agency control targets across directorates • Strengthened deep dive reporting of agency utilisation at borough level • Standard operating procedure incorporating approval process that has been in place since October 2016 has been revisited. • Re-establishing fortnightly conference calls to constructively challenge /explore to support alternative staffing arrangements. • Medical Director directive that all medical engagements to be processed via staff flow A review of medics working above capped rates, long term booking of consultant posts and staff who are leaving and returning to work via agency contracts is has been requested via Medical Managers. A more detailed improvement plan will be provided to the Performance & Finance Committee in September.
Efficiency	HIGH ⬆	Recurrent savings - impact on access to FRF (c.£9m planned) and 20/21 plan.	Receipt of FRF monies (£9m) is predicated on the release of recurrent savings, a minimum of 1.6% -c. £5m in year. At the end of month 5, only £62k of recurrent savings have been realised, the forecast **of £1.75m (29% of the target)**. Progress in the identification and release of recurrent savings will need to ramp up significantly over the coming months to ensure achievement of the target.	The Improvement Programme has been launched with initial meetings taking place in September. This incorporates a revised governance process for investment decisions with emphasis on benefits realisation and efficiency tracking. There has been progress against the recurrent corporate savings target during the month with recurrent savings to the value of £0.4m now identified against a target of £500k. Progress against the recurrent deliver fo savings from clinical areas remains challenging. As part of a enhanced budget setting process for 20/21 all vacancies over 6 months old will be reviewed and managers will be supported to consider the service impact of the release of the vacancy to support delivery of the recurrent target if alternative schemes cannot be identified.

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Executive Dashboard 2019/20 – Period Ending 31st August 2019

Risk	RAG	Impact	Description of Risk	Current Mitigation
Capital Plans	MEDIUM ⬌	External funding not forthcoming for priority projects.	Capital funding is constrained which has led to a delay in notification of funding for schemes such as EPMA and E-Rostering. Internal capital funding is constrained and there remains a challenge in terms of available resources to proceed with further operational capital priorities; including MSA, privacy and dignity, and updating of IT equipment	The Trust has received notification from Julian Kelly that capital plans as submitted will be honoured by the treasury. The PICU scheme is therfore not expected to be impacted on recent calls to reduce capital spend. Digital bids to the value of **£915k** have recently been submitted. If successful this would provide c. £0.8m to support the continued roll out of mobile working. It is proposed to defer 19/20 approved capital funding set aside for agile working to support the commencement of MSA MSA works. The bidding process for e-rostering has been opened, bids are to be submitted by the 24th September, decision expected Nov '19. The Trust has been advised that the prioritisation of EPMA bids is taking place and as a result has been asked to confirm that we are ready to progress with implementation if successful. Given the delays in funding urgent ntoiftcaion work is now taking place to re-assess the existing business case. If appropriate a revised case will be represented to PFC in October 2019.
Stranded costs	MEDIUM ⬌	Impact of transactions on delivery of control total	Early assumptions around the full year effect of stranded costs were £6.6m (full year) of which £3m related to the transfer of NES Services and £2.6m Trafford. Full year mitigations of £2.5m were planned to reduce the impact of stranded costs to £4.1m (of which £1.2m related to NES and £2.1m Trafford, this would mean in year stranded costs of £0.9m and £1.6m respectively). The working assumption is that stranded costs will be underwritten by Commissioners; however in Trafford there is no contractual commitment to this. The transfer of out of hours dental services is due to take place on the 1st October. Existing contractual arrangements means that both income and costs are not easily aligned to this individual component of the current service.	The first transfer has been transacted, current in year stranded costs for NES commissioners stands at £2.2m at the end of August. Further work to reduce all corporate non-pay budgets is ongoing this includes commencing negotations of corporate contracts for goods and services. A full cost recovery model is in place in year with Trafford Commissioners whilst services are retained, this made provision for additional costs of £1.8m above the opening contract value . Continuing discussions with both Trafford and Dental commissioners to understand the impact of service transfers and what mitigation is available to offset stranded costs in year. More detailed analysis of the risk and mitigations will be presented as part of the quarter 2 deep dive

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Executive Dashboard 2019/20 – Period Ending 31st August 2019

Key DBU issues:

YTD Variance Adverse/ (Favourable) to plan	Division	Forecast Outturn Variance Adverse/ (Favourable)	Movement in Forecast	Narrative
£0.2m adverse	**NES Community Services (excluding Children's Services)**	£0.3m adverse	£0.1m	The retained Children's services have now been split out of North East Sector (NES) Community Services. NES Community services are showing an overspent at month 5 by £0.2m against plan. Risks associated with the transfer have had an effect on the position with the Trust seeing higher levels of pay cost arrears being processed, relating to quarter 1 expenditure over the expected rate, The Trust continues to have SLAs in place and all costs relating to NES services, from quarter 2 are offset with income from SRFT. A full review of all prior year accruals will take place in quarter 2 to identify potential mitigations.
In line with plan	**Retained Children's Services**	In line with plan		The retained children's services relating to the NES community are in line with plan and will transfer later in the financial year.
£0.1m adverse	**Trafford Community**	£0.1m adverse		The Trafford division is on a full cost recovery contract and is on track to outturn in line with the negotiated value.
£0.8m favourable	**MH & LD Services – (excluding safer staffing divisional reserve)**	£0.6m adverse	£0.2m	The Division has a month 5 I&E position £0.8m favourable to plan; this is reflected in the overall CIP delivery which shows an over achievement against the plan mainly driven by underspends on pay across North and South. However the forecast outturn has deteriorated due to the financial pressures in Specialist Services. Vacancy underspends have been masking the financial pressures in some areas. Specialist services (RHSD) is the main driver of the cumulative pressure with Low Secure Services (Prospect Place) having continued challenges with 1-1 observations amongst their current care provision. It is anticipated that some income can be recouped from NHSE for specialist patient cases; this has not yet been quantified and therefore reflected in the forecast. A review of the Prospect place action plan is required. Action plans are also being formulated to assess requirements to mitigate pressure areas in inpatient wards across North and South. The deterioration in the forecast position reflects anticipated recruitment to vacancies and the high risk around non delivery of recurrent efficiency savings in future months.
£1.6m favourable	**Safer Staffing Divisional reserve**	£3.7m favourable	£0.2m	The forecast outturn at month 5 assumes any further increase in substantive recruitment to safer staffing posts will either lead to a reduction in temporary staffing usage or impact on business as usual vacancies across the Mental Health Division. Work to correlate safer staffing funding and ward establishments is currently being re visited and reported to the Safer staffing steering group.
£0.4m adverse	**Corporate**	£0.5m adverse	£0.4m	The forecast position has improved in the month due to the continued assessment of the impact of transactions relating to the transfer of services and stranded costs but still reflects a number of pressures including: sessional space recharges on leased premises ; estates maintenance, increased mobile data usage and non-recurrent pressures associated with Mental Health Records Management with the project commencing later than planned in 2018/19 which has resulted in the costs continuing into 2019/20. Mitigations are being reviewed and an update will be provided in month 6.
£0.1m favourable	**Dental**	£0.2m favourable	£0.1m	There remains a small improvement in the forecast due to vacancies not currently being backfilled with agency in the service. Staffing is being reviewed regularly due to the transfer of urgent care dental services to take place in October. Work is currently being completed to confirm the TUPE arrangements.
£0.7m adverse	**Medical & Pharmacy**	£1.7m adverse	£0.2m	All working age medical budgets (with the exception of Bury) report significant overspends, year to date and forecast. Currently there are 19 agency doctors with a premium of circa 50%, this includes 8 doctors over the framework cap. There has been a reduction in agency during the month which is being reviewed to understand if this is due to tightening of the process and if this will continue; however there has been an increase in drugs expenditure.
£0.8m adverse	**Reserves & Financing**	£0.6m adverse	£0.2m	The forecast position assumes a requirement of further in-year cost avoidance against all of the remaining reserves and the projected release of c. £1.6m of reserves to support delivery of recurrent CIP targets if other mitigations to the financial pressures forecast above cannot be identified.

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Agency Staffing

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In general the cost of agency is circa 30% higher than substantive pay (medical staffing c.50%). The Trust is currently monitered by NHSI against an agency cap of £7.5m; however the internal target is £9.3m as submitted in the 2019/20 plan. Due to the transfer of Community services the NHSI agency cap will reduce, this reduction will be actioned by NHSI in month 6. The NHSI ceiling will reduce to £6.8m (-£0.9m FY -£0.7m PY) ,the affect of this will be:

Revised NHSI Ceiling – from £7,511 to £6,820 **Revised Trust Plan** - from £9,312 to £8,621

The agency spend analysis table below shows the year to date spend compared to prior year, by division, highlighting an average increase of £0.45m per month

As at month 5 **Medical and Dental Agency spend** represents **32%** of total agency spend, and 14% of the total agency wte. The table highlights a significant increase in medical agency compared to 2018/19 (+£0.858m @ M5); however the medical agency spend has reduced in month by c.£0.14m and further work is underway to assess this and if it will continue, the forecast remains prudent until completed. The main drivers of the increase continue to be :

- Challenges in medical substantive recruitment, leading to agency usage over the NHSI cap rate and doctors leaving substantive posts to return to work via agencies. It should be noted that of the current number of consultants working above the framework cap rates there are 3 with contract agreements into 2020
- Agency doctors receiving non-clinical PAs
- Use of agency o**u**tside of the Staffflow framework leading to VAT costs

Agency Spend Analysis	Month 5 YTD		Monthly Average		Movement	
	2018/19	2019/20	2018/19	2019/20	YTD	Average Spend
BURY COMMUNITY	170.5	182.6	34.1	36.5	12.1	2.4
HMR COMMUNITY	26.1	2.0	5.2	.4	(24.1)	(4.8)
OLDHAM COMMUNITY	131.9	206.0	26.4	41.2	74.1	14.8
TRAFFORD COMMUNITY SERVICES	234.7	267.6	46.9	53.5	32.9	6.6
NORTH MENTAL HEALTH	745.6	890.5	149.1	178.1	144.9	29.0
SOUTH MENTAL HEALTH	352.4	768.2	70.5	153.6	415.8	83.2
SPECIALIST SERVICES MENTAL HEALTH	273.0	782.7	54.6	156.5	509.7	101.9
MEDICAL & DENTAL	683.5	1,541.5	136.7	308.3	858.1	171.6
OTHER	33.8	248.0	6.8	49.6	214.2	42.9
Total	**2,651.5**	**4,889.1**	**530.3**	**977.7**	**2,237.7**	**447.6**

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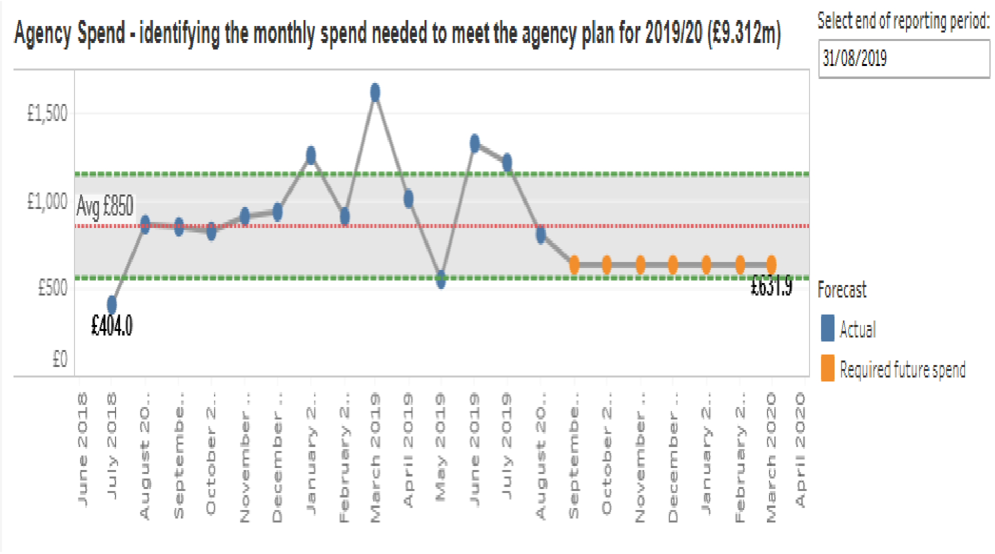
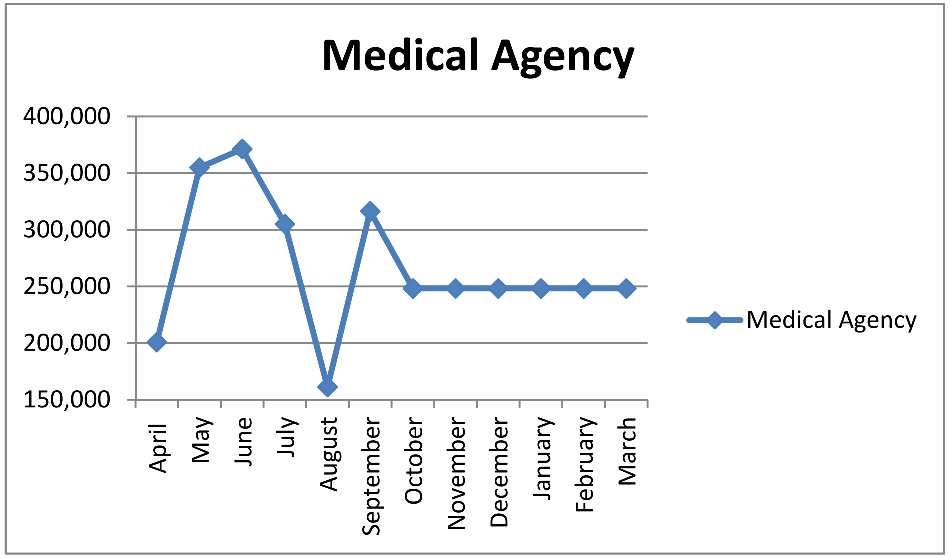
Agency Staffing : Run Rates & Forecast





Extrapolating the month 5 ytd expenditure run rate of £0.98m per month would give an outturn of £11.7m, £2.4m over the current target (£3.1m over the revised target) .

The forecast outturn position of £10.4m, assumes a significant increase in the level of substantive recruitment or bank staff usage in the second half of the financial year. Detailed assumptions include :

- Substantive recruitment to medical posts will improve, however to note there has been a rise in substantive staff resigning in order to re-join through temporary assignments at increased pay rates.
- Mental Health Substantive recruitment will increase and both bank and agency will reduce as a direct correlation, (as a consequence safer staffing funding will support the overall financial position and delivery of non recurrent savings).
- Medical staffing payments will revert to Stafflow thereby reducing VAT costs and be within framework agreements by month 6. If the month 5 ytd agency position continues the medical agency spend could be as high as c£3.7m.The medical workforce team are currently pulling together a Recruitment & Retention paper in order to explore options to reduce our reliance on temporary staffing arrangements.

The graphs above highlights the scale of challenge in reducing expenditure over the coming months, to achieve the current forecast (£10.4m), overall expenditure must run at a rate lower than the average rate observed over the last 12 months.

The month 5 position does signal that there has been an increase in bank usage within wards, this will be monitored to understand if there will be a positive affect on the future use of agency.

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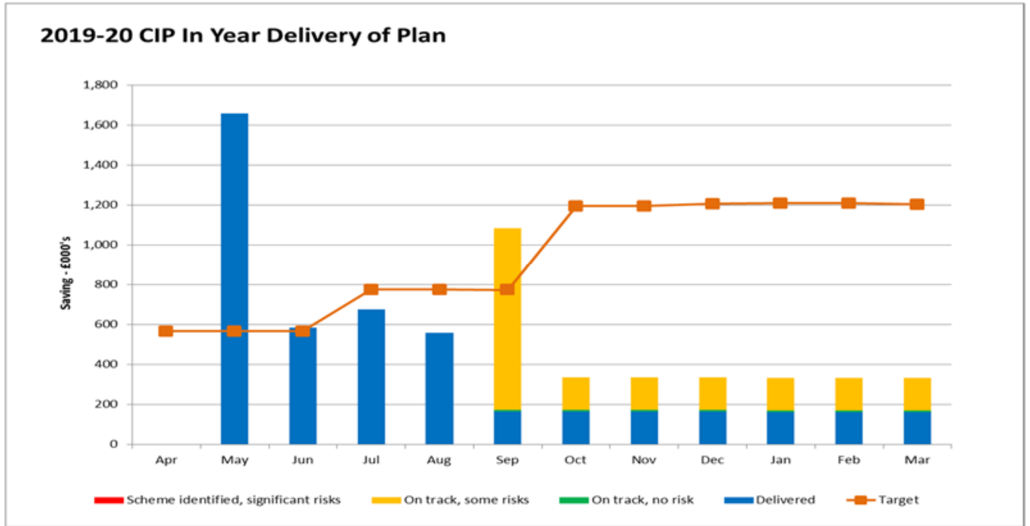
Executive Dashboard 2019/20 – Period Ending 31st August 2019
Efficiency Programme



Division	Year To Date £000's			Forecast Outturn £000's		
	Plan	Actual	Variance	Plan	Actual	Variance
Mental Health & Learning Disability Services (inc Medical)	343	2,017	1,674	2,000	2,125	125
Corporate	529	363	-165	1,502	570	-932
Community Services	880	1,099	219	2,111	2,184	73
Trust Wide	1,503	0	-1,503	5,637	1,691	-3,946
Total	**3,254**	**3,479**	**225**	**11,250**	**6,569**	**-4,681**
Recurrent	627	62	-565	5,947	1,746	-4,201
Non Recurrent	2,627	3,417	790	5,303	4,823	-480
Total	**3,254**	**3,479**	**225**	**11,250**	**6,569**	**-4,681**
Recurrent %	**19%**	**2%**		**53%**	**27%**	
Non Recurrent %	**81%**	**98%**		**47%**	**73%**	

During the financial planning process it was recognised that a number of recurrent schemes were unlikely to be implemented by 1st April 2019. Budgets were adjusted to reflect this with **60%** of the overall target savings **planned to be achieved in the last 6 months** of the year. The graph above identifies the trajectory for the release of savings compared to the level of schemes which have been identified to date, there is currently a number schemes still under review, (rated as on track with some risks) and it is anticipated these will be finalised during September.; at present no additional schemes have been identified for potential implementation post September.

Year to date achivement is **£0.2m** above target however, **98%** of the savings are non-recurrent and have been delivered through budget underspends against pay budgets. The overachievement against the target within Mental Health is primarily linked to a higher level of vacancies following investment into safer staffing; however the level of net underspends due to vacancies has reduced and is expected to reduce further in future months. In month 4 Mental Health delivered £0.2m vacancy underspend compared to £0.07m in month 5…. The Trustwide target assumed full year savings of £1m against vacancies from new investment. It is anticipated that release of non-recurrent savings from vacancy underspends will become more challenging as the year progresses, particularly as any overachievement against the corporate target will be required as a mitigation against the impact of stranded costs.

Recurrently, schemes to the value of £1.75m have been identified to date, within this £0.4m has been identified from within delegated budgets (Corporate Services), the remainder is from Trust reserves arising from the cost avoidance against forecast non-pay inflationary cost pressures and the contribution to corporate overheads generated through contractual changes. Identification of further schemes from across clinical areas remains challenging, Within Community Services the target has been established non-recurrently and has been fully delivered following successful negotiation of a full cost recovery agreement with Trafford Commissioners and agreement to an enhanced inflationary uplift with North East Sector Commissioners and vacancies. The table adjecent highlights there will be no change in the recurrent efficiency target following all transfers and that the residual target is 0.2% less than original planned with the Community target being a dispropotionate share of the % of expenditure.

Efficiency Target £000's	Rec	Non Rec	Total
Original Plan FYE	5,947	5,303	11,250
Less:			
NES Transfer	0	911	911
Trafford Transfer	0	1,200	1,200
Revised FYE	5,947	3,192	9,139
As a % of Expenditure			3.4%

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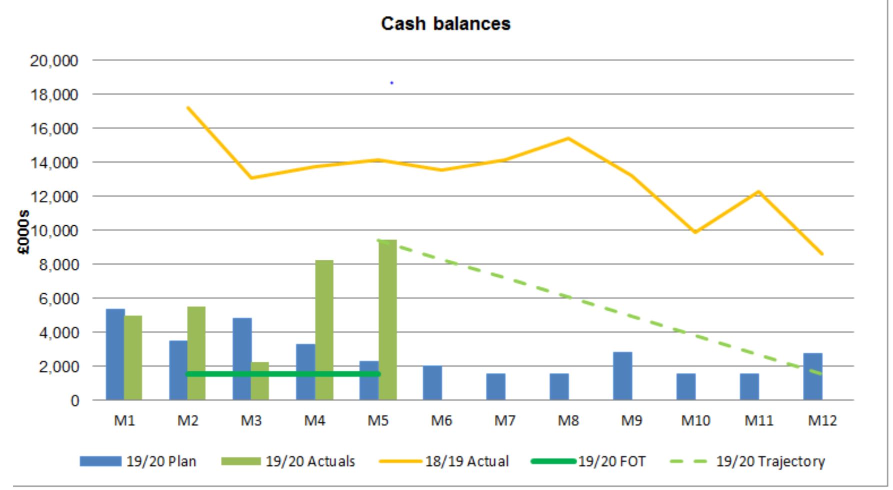
Executive Dashboard 2019/20 – Period Ending 31st August 2019

Cash

Key Financial Information (£000's)	YTD Plan	YTD Actual	YTD Variance	FY Plan	FY Actual	FY Variance
Cash	**2,295**	**9,434**	**7,139**	**2,768**	**1,550**	**(1,218)**



Other indicators	Year to date			
	Current month %	Previous month %	Movement %	Trend
BPPC % of bills paid in target				
- By number	97.3%	97.1%	0.2%	
- By value	92.3%	91.4%	0.9%	
Creditor days	196	188	8	
Debtor days	26	27	(1)	

Type of Debtor	Less than 30 Days overdue	Over 30 Days	Over 60 Days	Over 90 Days	Total as at 31.08.19	Total as at 31.07.19	Movement in the year
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
NHS Debtors	1,771	2,098	538	3,118	7,525	9,107	(1,582)
Non-NHS Debtors	735	385	86	840	2,047	2,806	(759)
Staff Debtors (External to Payroll)	3	26	0	174	203	177	26
TOTAL	2,510	2,509	624	4,132	9,775	12,090	(2,315)

Cash Position: The July closing cash balance was £9.4m, up £1.2m from July and £7.1m higher than plan. The variation to plan is largely due to the receipt of PSF 18/19 monies of £5.8m in July of which £2.3m was not included in the plan due to funding notification being received after submission of the 19/20 plan. In addition Northern Care Alliance continue to pay in advance for the costs incurred by the Trust in delivering the SLA's to the agreed timelines and non-pay costs until the end of September. Following the end of year VAT review, a VAT reclaim of £0.8m was received in August.
Cash balances are still expected to reduce by year end with the closing cash balance now forecast at £1.55m. This is the minimum balance to cover daily working capital requirement and greater emphasis continues to be placed on increasing the understanding of actual cash timings and the impact from the transfer of all community services. The current plan assumed a requirement for a loan in October 2019 however this continues to be reworked and currently shows a reduced loan requirement of £2.7m; draw down is now anticipated in quarter 4 of 2019/20.

Payables and Better Payments Practice Code – Performance against the code has improved in August. The overall % of bills paid by number remains higher than the target of 95%, however, the overall % of bills paid by value performance has remained below the target for the year to date. When analysed between NHS and Non-NHS, non-NHS is meeting the target both by value and by number. This continues to be monitored as the year progresses and the cash position is tightly managed. The overall payables balance has reduced by £0.7m compared to last month with trade payables reducing by £1.3m; tax, social security and pensions payables increasing by £0.2m; and accruals increasing by £0.4m.

Receivables and Aged Debt – Total debt has decreased by £2.3m compared to the previous month, of which £0.6m relates to debt less than 30 days overdue.

NHS receivables have decreased by £1.6m compared to the previous month. This is comprised of a decrease in receivables less than 30 days of £0.4m and a decrease in receivables aged 30-60 days of £1.4m. This reflects the targeting of the conversion of accrued income to invoices and the subsequent collection of this income. Aged debt above 90 days remains high, (increase of £0.3m) as reported last month this has arisen due to technical issues with the NHS electronic invoicing system and the subsequent non- receipt of paper invoices by Shared Business Services (SBS) £0.9m in value at the end of the month. This is being addressed but due to 30 day payment terms is not expected to impact until month 6

Primary statements including a balance sheet and cashflow will be reported to the Committee in October as part of the quarter 2 deep dive process.

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Capital

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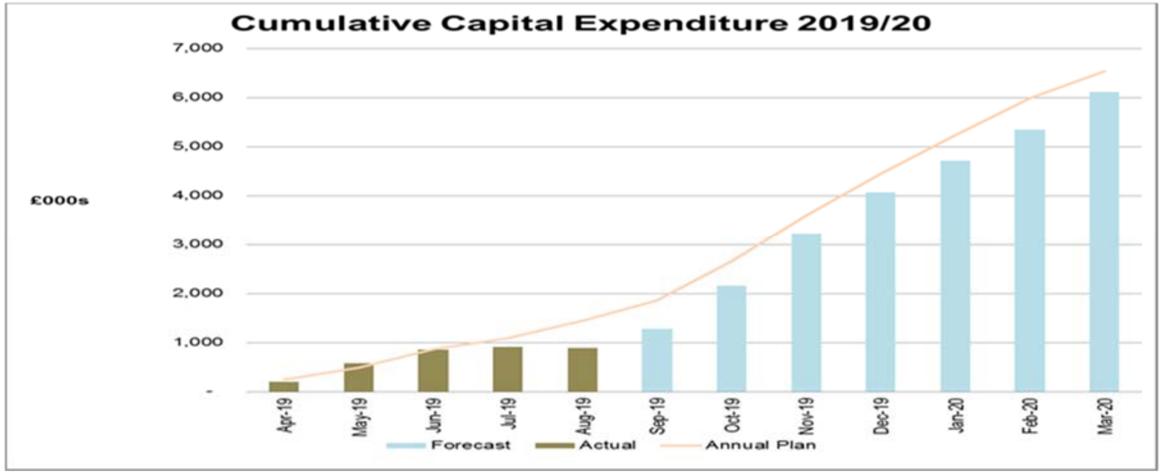

Directorate	Scheme Name	YTD Plan £'k	YTD Actual £'k	YTD Variance £'k	FY Plan £'k	FY Forecast £'k	FY Variance £'k
IT Schemes	Improving the desktop and printing experience	115	88	(27)	220	184	(36)
	Developing Electronic referrals from GP	108	86	(22)	160	110	(50)
	Improving Clinical recording and information exchange	748	692	(56)	1,790	1,630	(160)
	Elevating patients identification	0	0	0	140	60	(80)
	CISCO hardware	0	0	0	169	169	(0)
	Network Equipment Refresh	0	0	0	131	131	0
	Other smaller schemes	31	31	0	91	91	0
	Total ICT	**1,002**	**897**	**(105)**	**2,701**	**2,375**	**(326)**
Estates Schemes	Deferred Schemes 2018/2019	296	(25)	(321)	800	833	33
	Estates Lifecycle	25	16	(9)	440	440	0
	Estate Utilisation & Rationalisation	35	0	(35)	645	612	(33)
	Fire Safety Works	0	0	0	75	75	0
	Medical Equipment Lifecycle	0	0	0	70	70	0
	Minor Improvement Works	43	0	(43)	500	500	0
	Minor Ward Refurbishments	40	0	(40)	150	150	0
	New Build	0	0	0	300	100	(200)
	Total Estates	**439**	**(8)**	**(447)**	**2,980**	**2,780**	**(200)**
Contingency (pre Trafford Transfer)		**0**	**0**	**0**	**851**	**959**	**108**
Total Capital Plan		**1,441**	**889**	**(552)**	**6,532**	**6,114**	**(418)**

A revised plan was submitted to NHSI mid-July to reflect a more accurate spend profile. NHSI have not reflected this update in the plan for the Trust's monthly returns however, internally we are monitoring against this updated profile. The revised year to date plan is £1.4m showing a variance to this of £0.6m (38%).

The full year forecast of £6.1m is a reduction of £0.4m from the original plan of £6.5m. Of this reduction, £0.2m relates to the Female PICU project, where the full year forecast is £0.3m against a plan of £0.5m. This is due to further work required on the business case prior to approval of the full business case by Department of Health. This is expected to lead to a delay in the construction commencement date resulting in lower than planned expenditure in 19/20. The further £0.2m reduction in forecast is as a result of the transfer of NES community. This is expected to reduce by a further £0.2m following the Trafford transfer.

IT projects are showing a year to date spend of £0.9m which is £0.1m below the revised plan. This relates mainly to lower capitalised staff costs as a result of staffing transferring as part of the NES community service transfer. A further reduction of £0.2m is expected once the Trafford and CAON's transfers take place.

Estates schemes are showing a year to date spend of negative £0.008m against a revised plan of £0.4m. This is mainly due to VAT reclaims secured on a number of last year's schemes and a review of accrued capital expenditure. These adjustments have reduced the year to date expenditure by £0.27m. In addition, a number of schemes which had planned commencement dates in August have been delayed until September. The planned in month spend for these schemes was £0.17m. Excluding the Female PICU build costs, the level of estates expenditure is anticipated to be in line with plan by year end, with the VAT reclaims and accrual adjustments providing headroom for other minor schemes and expenditure including the additional PICU business case costs.

The contingency of £0.9m is anticipated to be utilised to support ICT replacement devices. This will be agreed by the end of Q2 for spend in year.

During August, the CEO has approved a budget transfer of £0.185m from the Henry Square Agile Working Scheme to the Mixed Sex Accommodation Scheme.