

Summary
A Control Total deficit of £65.4m has been set by the Trust in agreement with NHSI. The Trust is reporting £7.8m deficit in Month 1. The capital programme is underspent and cash receipts are higher than planned. The Efficiency and Transformation Programme is under development. The Trust is forecasting delivery of the Control Total at the end of the year.

Use of Resources Metrics (SOF) R				Control Total Surplus (Deficit) £k G				Agency Ceiling £k G			
	Plan	Actual / Forecast	Variance		Plan	Actual / Forecast	Variance		Plan	Actual	Variance
Year to date	3	3	0	Year-to-date £k	(7,885)	(7,776)	(109)	Year-to-date £k	1,066	768	(299)
Year end forecast	3	3	0	Year-end Forecast £k	(65,349)	(65,349)	(0)	Year-end Forecast £k	12,798	9,215	(3,583)
The year-to-date and forecast metrics are in the third quartile, which reflects the Trust's Financial Specials measures status. The metrics are particularly affected by liquidity rates, capital servicing and the I&E margin.				Based on an assumed deficit control total of £65.349m, the Trust is reporting a deficit of £7.8m compared to the YTD budget of £7.9m. The forecast is to maintain expenditure in line with the control total.				The trust has spent £0.8m year to date on agency staff, which is below the monthly agency cap by £0.3m. The forecast is to continue to be within target until year end.			

Income £k A				Operating Costs £k G				Agency Expenditure G						
	Plan	Actual / Forecast	Variance		Plan	Actual / Forecast	Variance	Expenditure as % of total Pay bill (Monthly)						
Year-to-date £k	43,597	43,262	335	Year-to-date £k	48,343	47,924	(419)	Medical	2015-16	2016-17	2017-18			
Year-end Forecast £k	553,177	553,177	0	Year-end Forecast £k	579,230	579,230	0	Nursing	1.8%	1.1%	0.7%			
Income for April reports an under performance of £0.335m with the year end forecast being maintained as per the plan. Whilst the budget has been profiled to reflect the fact that April had fewer working days, the actual activity related income will be less compared to expenditure. Income from patient activity for April is an estimate as coded actual information is not available at the time of reporting. A provision is held for contract adjustments and challenges.				The Operating costs to Month 1 are broadly in line with budgets, although the savings plans have not been fully allocated as yet. These will be reflected in delegated budgets by the end of Q1.				Nursing				1.7%	1.0%	0.9%
								Other staff groups				1.6%	1.1%	1.1%
								All Agency				5.1%	3.2%	2.6%
								Agency costs are showing a downward trajectory compared to previous years in all staff groups except Estates. This is partly due to the fact that in September 2015 the Soft FM contract transferred to BSUH and costs moved from non pay to pay.						

Cash £k G				Capital £k A				Efficiency and Transformation Programme £k A			
	Plan	Actual / Forecast	Variance		Plan	Actual / Forecast	Variance		Plan	Actual / Forecast	Variance
Year-to-date £k	5,953	17,967	12,014	Year-to-date £k	(2,419)	(1,692)	(727)	Year-to-date £k	(120)	(120)	0
Year-end Forecast £k	3,668	3,668	(0)	Year-end Forecast £k	(2,419)	(2,419)	0	Year-end Forecast £k	(20,000)	(20,000)	0
The cash holding is well above plan. This was due to the uncertainty about late payment of some commissioning income, SIFT quarter funding and the timing of capital payments. This has impacted on creditor payments at the end of April. Revenue deficit funding for April of £6.4m was received and £6.5m is approved for May. The final tranche of the Radiotherapy East Loan (£2.0m) was received in April. The year-end level of cash holding is aligned to the year-end External Financing Limit (EFL) cash control total				The capital programme, both strategic and operational is under review. The 3Ts Programme will be revised following the submission of a revised cashflow from the contractors. The ED and Backlog Maintenance schemes are pending approval from NHSI and DH. The Operational Programme is under review which will align the programme to organisational priorities and risk.				The 17/18 CIP programme is still being finalised and agreed with directorates. The savings showing year to date represent carry forward savings from procurement initiatives in 2016/17, plus some other initiatives being finalised by the PMO.			

Key Risks:
 1 The contract income plan is £10m higher than the signed off contracts with commissioners. This reflects a higher baseline level of activity than was assumed at the time of contract sign-off (the contract will be subject to variation due to this) and a number of specific funding issues where discussions have not yet been concluded. There is a risk that commissioners cannot afford to pay.
 2 Not having identified the full CIP plan may cause slippage.
 3 Theatre maintenance meaning the full activity cannot be delivered.
 4 If the current control total is not confirmed the assumed interest rate payable will be higher and will cost £0.3m.

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Financial Rating YTD	Plan Metric	Plan Rating	Actual Metric	Actual Rating
	Capital Service Capacity	(3.3)	4 (3.3)	4
	Liquidity	(17.6)	4 (15.8)	4
	I&E Margin	(18.09%)	4 (17.97%)	4
	Distance from Financial Plan	0.0	1 (0.0)	1
	Agency Spend	0.00%	1 (0.25%)	1
2017-18 Finance Rating			2.8	2.8

Area	Metric	Construction	Rating				Weighting
			1 (Best)	2	3	4 (Worst)	
Financial Sustainability	Capital Service Capacity	$\frac{\text{Revenue available for capital service}}{\text{Annual debt service}}$	2.5x	1.75x	1.25x	<1.25x	20%
	Liquidity Days	$\frac{\text{Working capital balance x 30}}{\text{Annual operating expenses}}$	0	(7.00)	(14.00)	<(14.00)	20%
Financial Efficiency	I&E Margin	$\frac{\text{I\&E Surplus or deficit}}{\text{Total Operating and Non Op income}}$	5%	3%	0%	<0%	20%
Financial Controls	Distance from Financial Plan	$\frac{\text{YTD Actual I\&E Surplus/Deficit} - \text{YTD Planned I\&E Surplus/Deficit}}{\text{YTD Planned I\&E Surplus/Deficit}}$	0%	(1)%	(2)%	≤(2)%	20%
	Agency Ceiling	$\frac{\text{YTD Actual Agency Ceiling} - \text{YTD Planned Agency Ceiling}}{\text{YTD Planned Agency ceiling}}$	0%	25%	50%	≤50%	20%

Based on an assumed deficit control total of £65.349m, the trust is reporting a deficit of £7.8m compared to the YTD budget of £7.9m. The forecast is to maintain expenditure in line with the control total.

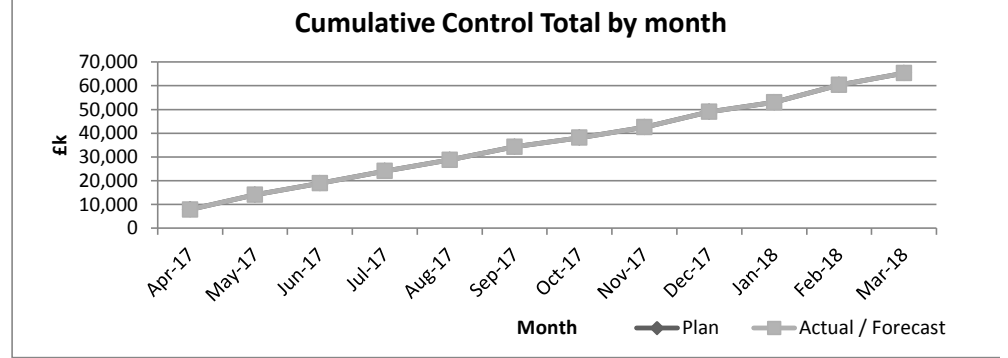
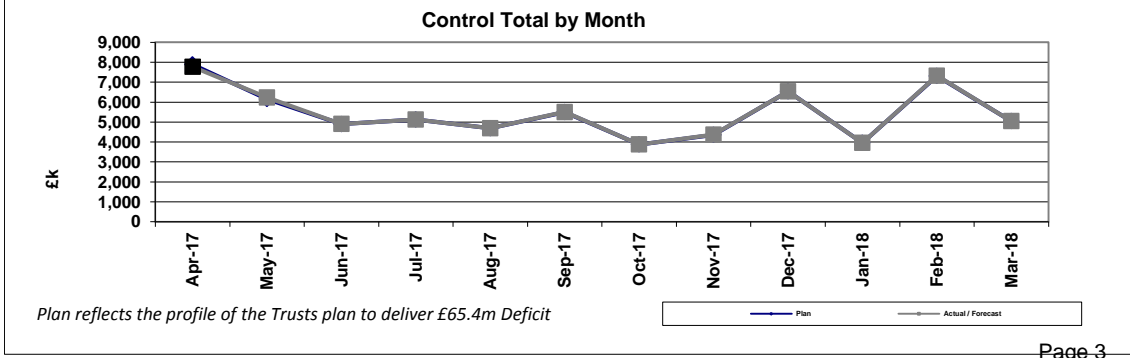
Year to Date	Plan £k	Actual £k	Variance £k	Year End Forecast	Plan £k	Forecast £k	Variance £k
(Surplus)/Deficit	7,885	7,776	(109)	(Surplus)/Deficit	65,349	65,349	(0)

Income in April was less than budget by £0.34m for reasons outlined in more detail in the Income dashboard.

Expenditure was broadly in line with the budget for April and the forecast at this time is to come in on target.

Year to Date					Full year				
	PY Actual £k	Plan £k	Actual £k	Variance £k		Plan £k	Actual £k	Variance £k	
Income	(44,229)	(43,597)	(43,262)	335	Income	(553,177)	(553,177)	0	
Pay	28,968	29,990	29,572	(418)	Pay	358,383	358,383	0	
Non-Pay (tariff)	11,990	12,802	12,399	(403)	Non-Pay (tariff)	151,658	151,256	(402)	
Non-Pay (PBR exc)	5,399	5,551	5,953	402	Non-Pay (PBR exc)	69,189	69,591	402	
EBITDA *	2,127	4,746	4,662	(84)	EBITDA *	26,053	26,053	0	
EBITDA %	-4.8	-10.9	-10.8		EBITDA %	-4.7	-4.7		
Profit / Loss on Disposal of Fixed Assets	-	-	-	-	Profit / Loss on Disposal of Fixed Assets	-	-	-	
Interest Payable	417	718	714	(4)	Interest Payable	10,248	10,243	(5)	
Interest Receivable	(3)	(3)	(2)	1	Interest Receivable	(35)	(34)	1	
Depreciation	1,650	1,884	1,883	(1)	Depreciation	22,604	22,608	4	
Impairments	0	0	0	0	Impairments	15,500	15,500	0	
Public Dividend Capital	575	583	583	(0)	Public Dividend Capital	7,001	7,001	(0)	
Net (Surplus) / Deficit	4,766	7,929	7,840	(89)	Net (Surplus) / Deficit	81,371	81,371	0	
Reverse Impairment	0	0	0	0	Reverse Impairment	(15,500)	(15,500)	0	
Other Adjustments	(63)	(43)	(64)	(21)	Other Technical Adjustments	(522)	(522)	(1)	
Reverse IFRS technical charge	0	0	0	0	Reverse IFRS technical charge	0	0	0	
Performance against Control Total	4,703	7,885	7,776	(109)	Performance against Control Total	65,349	65,349	(0)	
	Surplus %	-10.6	-18.1	-18.0		Surplus %	-11.8	-11.8	

* EBITDA Earnings before Interest Taxation Depreciation and Amortisation



Contract performance for April is based on an estimate of activity as coded information is not available at the time of reporting. Contracts have been signed with all commissioners. There are a number of outstanding contractual issues subject to be resolved with commissioners in the coming months. The Trusts contracts are £10m higher than the signed contracts due mainly to these outstanding items. There are a number of fundamental changes to PBR tariffs, top ups and 'business rules' which will result in a period of uncertainty. The relationship with commissioners and the CSU will continue to be 'challenging' within the context of competing pressures and austerity across the LHE.

Contract Agreement 2017/18

Table 1. Total Financial Values By CCG, NHS England and Public Health

	Estimated Values for April 2017			
	£'000			
	FYE Plan	YTD Plan	YTD Actual	YTD Var
Sussex CCG's	269,455	22,455	22,024	(431)
MSK	27,110	2,259	1,971	(288)
NHS England (Specialised)	168,845	11,546	12,802	1,256
NHS England (Dental & Screening)	11,075	923	874	(49)
Intergrated Sexual Health Services	4,031	336	319	(16)
Non Contracted Activity	5,300	442	427	(15)
TOTAL COMMISSIONING INCOME	485,816	37,961	38,417	457

Table 3 - Reconciliation to Income Reporting

Contract Monitoring Performance -(unadjusted)	476,691	37,200	37,617
CQUIN 2.5%	9,125	760	800
Contract Penalties / Adjustments (Estimated)			0
	485,816	37,961	38,418
Income Recharged non-contract			
Income from Commissioners as reported in Income Section			

Table 2. Activity and Income by Point of Delivery

Point of Delivery	Activity Volumes				Income £'000			
	Plan	Actual	Var	%	Trust Plan	Actual	Var	%
Daycase	3,354	3,333	(21)	-0.6%	3,105	3,158	53	1.7%
Elective Spells	1,215	1,079	(136)	-11.2%	2,812	2,936	124	4.4%
Elective Excess beddays	168	275	107	63.7%	45	66	22	48.8%
Non Elective Spells	3,483	3,426	(57)	-1.6%	8,753	8,730	(23)	-0.3%
Non Elective Spells - Short Stay	526	498	(28)	-5.4%	265	394	129	48.6%
Ambulatory Care	630	587	(42)	-6.7%	709	509	(201)	-28.3%
Non Elective excess beddays	1,201	2,295	1,094	91.1%	357	537	180	50.5%
A&E	12,202	12,989	787	6.5%	1,681	1,487	(194)	-11.5%
Outpatients - New	9,089	9,264	176	1.9%	1,524	1,487	(37)	-2.4%
Outpatients - Follow Up	22,262	22,675	414	1.9%	1,745	2,131	386	22.1%
Outpatient Procedures	5,975	5,971	(4)	-0.1%	814	941	127	15.5%
Outpatient Imaging	3,113	3,798	685	22.0%	368	494	126	34.2%
Critical Care	2,344	2,616	272	11.6%	2,760	2,722	(38)	-1.4%
Maternity Pathway	857	958	101	11.8%	834	999	165	19.8%
HIV	1,996	2,324	328	16.4%	426	418	(8)	-1.9%
Pathology	244,994	303,339	58,346	23.8%	717	917	200	27.8%
Direct Access	7,812	9,354	1,542	19.7%	246	293	47	19.1%
Other	22,741	23,714	973	4.3%	4,397	4,696	299	6.8%
PBR Exclusions					5,644	5,736	92	1.6%
CQUIN					760	760	0	0.0%
Provision for contract adjustments / challenges / Penalties						(994)	(994)	
					37,961	38,418	457	1.2%

Table 4 - Income from CCG's

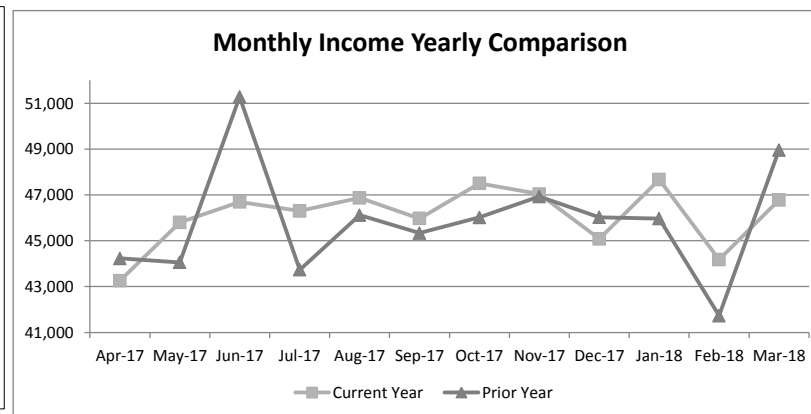
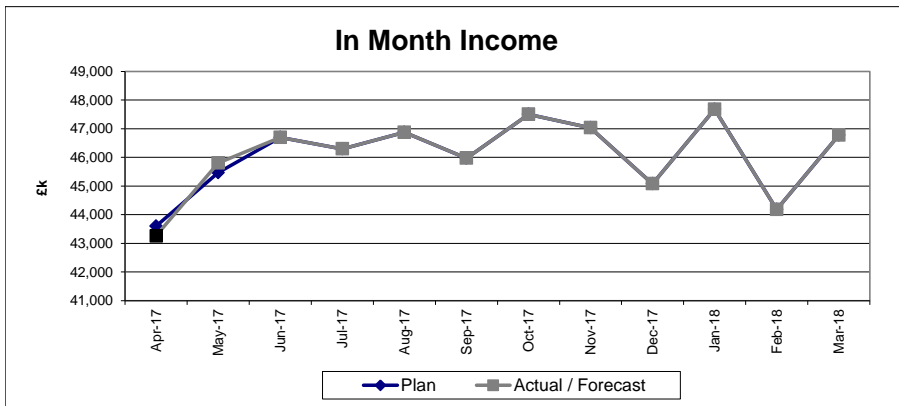
	£'000		
	YTD Plan	YTD Actual	YTD Var
NHS BRIGHTON AND HOVE CCG	10,518	10,254	(265)
NHS COASTAL WEST SUSSEX CCG	1,209	1,242	33
NHS CRAWLEY CCG	248	242	(6)
NHS EASTBOURNE, HAILSHAM AND SEAFORD CCG	819	840	21
NHS HASTINGS AND ROTHER CCG	391	363	(29)
NHS HIGH WEALD LEWES HAVENS CCG	3,739	3,687	(52)
NHS HORSHAM AND MID SUSSEX CCG	5,245	5,159	(86)
NHS EAST SURREY	66	51	(14)
Dermatology SCDS	221	187	(34)
Commissioning Income CCG's	22,455	22,024	(430)

Income for April reports an under performance of £335k with the year end forecast reporting as per the plan. Income from patient activity for April is an estimate as coded actual information is not available at the time of reporting. For inpatients the estimate is based on early site April activity priced at an average tariff, for other activity it is based on the average activity for the past 3 months, adjusted for calendar/working days and priced at an average. A provision is held for contract adjustments and challenges.

Year To Date				Year End Forecast			
	Plan £k	Actual £k	Variance £k		Plan £k	Forecast £k	Variance £k
Total Income	(43,597)	(43,262)	335	Total Income	(553,177)	(553,177)	0

The reporting of income from the 2 MSK partnerships has moved headings from Activity other patient related income to move the reporting inline with external reports to NHSI. This is the main reason for the difference with the prior year actual. The underperformance against Commissioning - non activity is against the Cancer Drugs Fund which has reduced the number of drugs it funds & costs will have reduced in line with this. Private Patient income is behind plan predominantly in Cardiac and Ophthalmology. The shortfall in research income is mainly due to commercial trials being lower than planned.

Year To Date					Year End Forecast			
	PY Actual £k	Plan £k	Actual £k	Variance £k		Plan £k	Forecast £k	Variance £k
Income					Income			
Health Education for Kent, Surrey and Sussex		0	0	0	Health Education for Kent, Surrey and Sussex	0	0	0
NHS Trusts	(598)	(708)	(556)	152	NHS Trusts	(8,496)	(8,345)	152
Clinical Commissioning Groups - Patient Activity	(38,613)	(35,607)	(36,169)	(562)	Clinical Commissioning Groups - Patient Activity	(453,213)	(453,893)	(680)
Devolved Income	0	0	0	0	Devolved Income	0	(0)	(0)
Clinical Commissioning Groups - non Activity	(776)	(841)	(662)	179	Clinical Commissioning Groups - non Activity	(9,679)	(9,500)	179
Clinical Commissioning Groups	(39,389)	(36,448)	(36,831)	(383)	Clinical Commissioning Groups	(462,892)	(463,393)	(500)
Other NHS	0	(3)	(17)	(14)	Other NHS	(37)	(51)	(14)
Private Patients	(222)	(398)	(259)	140	Private Patients	(5,036)	(4,896)	140
Other Non-NHS	(66)	(208)	(122)	86	Other Non-NHS	(2,501)	(2,415)	86
Other Patient Related Income	(96)	(2,190)	(2,028)	162	Other Patient Related Income	(30,090)	(29,927)	162
Local Authority Income	(350)	(327)	(359)	(31)	Local Authority Income	(4,448)	(4,480)	(31)
Overseas Visitors Income	(81)	(18)	(12)	6	Overseas Visitors Income	(217)	(211)	6
Income From Activities	(40,803)	(40,302)	(40,184)	118	Income From Activities	(513,717)	(513,717)	(0)
Education & Training Income	(2,388)	(2,256)	(2,213)	43	Education & Training Income	(27,061)	(27,017)	43
Research & Development Income	(343)	(374)	(255)	119	Research & Development Income	(4,432)	(4,314)	119
Transfers from Donated Asset Reserve		0	0	0	Transfers from Donated Asset Reserve	0	0	0
Income Generation	(204)	(203)	(224)	(21)	Income Generation	(2,431)	(2,645)	(213)
Other Income	(490)	(462)	(385)	77	Other Income	(5,535)	(5,483)	52
Other Operating Income	(3,426)	(3,295)	(3,078)	217	Other Operating Income	(39,460)	(39,460)	0
Total Income	(44,229)	(43,597)	(43,262)	335	Total Income	(553,177)	(553,177)	0
Of Which PBRX Drugs/Devices	(5,003)	(5,551)	(5,736)	(185)				



The Operating costs to month 1 are broadly in line with budgets, although the savings plans have not been fully allocated as yet. The control total for the trust is awaiting final sign off. At present the assumption is that the trust will identify the required savings and reduce expenditure and therefore come in on budget.

Year-to-date					Year-end Forecast				
	PY Actual £k	Plan £k	Actual £k	Variance £k		Plan £k	Forecast £k	Variance £k	
Pay	28,968	29,990	29,572	(418)	Pay	358,383	358,383		0
Non Pay	17,389	18,353	18,352	(1)	Non Pay	220,847	220,846		(0)
Operational Costs	46,356	48,343	47,924	(419)	Operational Costs	579,230	579,230		0

Pay: Pay costs are lower than expected in April, despite the 1% pay award and the start of the Apprenticeship levy. In addition the two Easter bank holidays have pushed up enhancements, although this is recognised in the plan. The trust has some 574 vacancies, some of which are covered by bank and agency, but during April the number of filled nursing shifts decreased compared to March. Non-Pay: Non pay is also on budget overall, although the position reflects overspends in drugs, offset with PBRX income in the main, and also underspends in services from other NHS bodies, which reflects planned reductions in outsourcing.

Year-to-date					Full-year				
	PY Actual £k	Plan £k	Actual £k	Variance £k		Plan £k	Forecast £k	Variance £k	
Pay					Pay				
Management	1,126	1,422	1,273	(149)	Management	17,511	17,394	(117)	
Medical and Dental Staff	8,497	9,041	8,783	(258)	Medical and Dental Staff	109,272	109,014	(258)	
Nursing & Midwifery	11,228	11,595	11,247	(348)	Nursing & Midwifery	138,816	138,855	38	
Other Healthcare	3,908	4,193	4,040	(154)	Other Healthcare	51,082	50,928	(154)	
Ancillary Staff	1,240	1,195	1,183	(11)	Ancillary Staff	14,335	14,324	(11)	
Administrative & Clerical	2,734	2,920	2,777	(143)	Administrative & Clerical	35,036	34,893	(143)	
Maintenance Staff	223	260	237	(23)	Maintenance Staff	3,122	3,099	(23)	
Other Staff	6	(641)	25	666	Other Staff	(10,855)	(10,190)	666	
Trust Chair & Non-Executive Directors	5	5	8	3	Trust Chair & Non-Executive Directors	63	66	3	
Total Pay	28,968	29,990	29,572	(418)	Total Pay	358,383	358,383	0	
Non-Pay					Non-Pay				
Drugs & Medical Gases	6,133	6,329	6,661	332	Drugs & Medical Gases	79,438	79,770	332	
Supplies and Services - Clinical	4,586	5,313	4,979	(334)	Supplies and Services - Clinical	64,281	63,947	(334)	
Supplies and Services General	741	610	609	(1)	Supplies and Services General	7,374	7,373	(1)	
Establishment Expenses	494	570	511	(59)	Establishment Expenses	6,849	6,790	(59)	
Transport Expenses	91	92	72	(20)	Transport Expenses	1,065	1,045	(20)	
Premises	1,688	1,838	1,924	86	Premises	22,238	22,323	86	
Purchase of Healthcare from Non NHS provider	656	559	546	(13)	Purchase of Healthcare from Non NHS provider	6,933	6,920	(13)	
Consultancy	66	101	152	51	Consultancy	1,213	1,265	51	
Other Non Pay/Reserves	117	8	149	141	Other Non Pay/Reserves	(3,973)	(3,831)	142	
CNST Premium	1,606	1,794	1,794	(0)	CNST Premium	21,523	21,522	(0)	
Education and Training	343	311	272	(39)	Education and Training	3,732	3,693	(39)	
Services from Other NHS Bodies	846	807	664	(143)	Services from Other NHS Bodies	9,899	9,756	(143)	
Audit Fees	22	23	19	(4)	Audit Fees	275	271	(4)	
Total Non-Pay	17,389	18,353	18,352	(1)	Total Non-Pay	220,847	220,846	(0)	
Total Expenditure	46,356	48,343	47,924	(419)	Total Expenditure	579,230	579,230	0	

Finance Report Month 1 2017/18

Payroll and Agency costs

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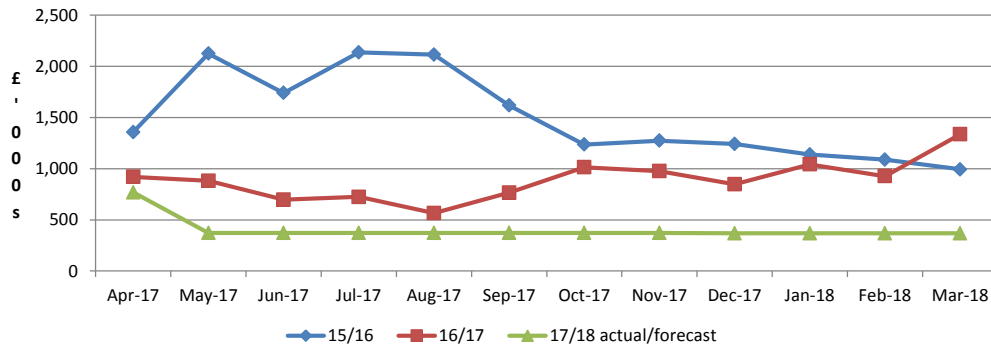
Agency costs represent 2.6% of the total pay bill, which is well within the agency cap for M01 of £1.07m. It is also a significant reduction of previous years. The total cost of agency, bank and substantive roles also fell below the month 01 budget.

Year to date Agency (Excluding Non exec directors)	15/16 £k	16/17 £k	Ceiling £k	Actual £k	Variance £k
Medical and Dental Staff	467	327	320	198	(121)
Nursing & Midwifery	457	285	404	257	(147)
Other Healthcare	140	91	144	216	72
Estates staff	16	31	52	39	(14)
Administrative & Clerical	166	133	99	13	(85)
Other Staff	111	53	47	44	(4)
Trust	1,357	921	1,066	768	(299)

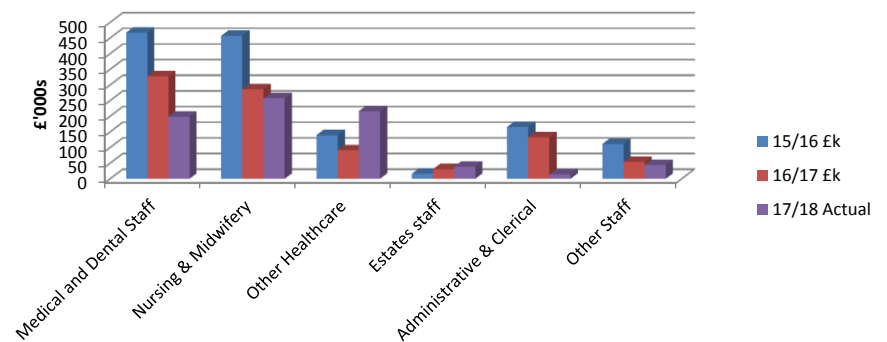
Compliance with Agency Cap rates

Work is under way as to set up a system to gather this information.

Year on year agency expenditure comparison



YTD Agency cost by staff group and year



Payroll (Excludes non executive directors)	Prior year actual £k	Plan £k	Actual £k	Variance £k
Management	1,126	1,422	1,273	(149)
Medical and Dental Staff	8,497	9,041	8,783	(258)
Nursing & Midwifery	11,228	11,595	11,247	(348)
Other Healthcare	3,908	4,193	4,040	(154)
Ancillary Staff	1,240	1,195	1,183	(11)
Administrative & Clerical	2,734	2,920	2,777	(143)
Maintenance Staff	223	260	237	(23)
Other Staff	6	(641)	25	666
Trust	28,963	29,984	29,564	(420)

Staff in post inc bank for nurses

	Prior year actual WTE	Plan WTE	Actual WTE	Variance WTE
Management	197	243	203	(40)
Medical and Dental Staff	1,029	1,188	1,118	(70)
Nursing & Midwifery	3,539	3,550	3,517	(33)
Other Healthcare	1,130	1,262	1,119	(143)
Ancillary staff	527	610	508	(102)
Administrative & Clerical	1,102	1,305	1,135	(169)
Maintenance Staff	63	85	66	(19)
Other Staff	8	11	13	2
Trust	7,595	8,254	7,680	(574)

The plan reflects the December 2016 NHSI submission updated for the revised control total in April. It is based on achievement of the control total for the year. Capital funding for 3Ts and the Radiotherapy East scheme are in place for the year and is being drawn down to match capital expenditure. Funding for the other strategic schemes (ED - £30m, Backlog Maintenance - £5m, and Pathology - £5.7m) is subject to approval from NHSI but the associated income and expenditure cashflow are included in the full year cashflow forecast. Revenue deficit funding is based on the phased control deficit of £65.4m for the year phased according to the monthly deficit. The process for drawdowns is the same as for 16-17 - that is the Trust provides a monthly cashflow forecast to the NHSI and DH for review and approval. The drawdown is based on the actual revenue results and revised forecast for the year. The Trust received £6.4m in m month and a further £6.5m is due to be paid in May. The year-end level of cash holding has been aligned to the year-end EFL cash control total, which is slightly above the DH maximum cash holding assumed for an organisation with revenue support and is dependent on achievement of the planned control total and planned revenue funding. The cash holding at the end of April is considerably higher than normal because of the uncertainty surrounding the timing of payment of commissioning income, SIFT money and capital scheme payments in April/May.

Year to date				Year End Forecast			
	Plan £k	Actual £k	Variance £k		Plan £k	Actual £k	Variance £k
Cash Balance	5,953	17,967	12,014	Cash Balance	3,668	3,668	(0)

Year to Date				Year End Forecast			
	Plan £k	Actual £k	Variance £k		Plan £k	Actual £k	Variance £k
EBITDA	(4,746)	(4,662)	84	EBITDA	(26,053)	(26,053)	(0)
Non Cash I&E Items	0	0	0	Non Cash I&E Items	0	0	0
Movement in Working Capital	1,807	15,272	13,465	Movement in Working Capital	6,396	6,370	(26)
Provisions	432	432	0	Provisions	(6,955)	(6,955)	0
Cashflow from Operations	(2,507)	11,042	13,549	Cashflow from Operations	(26,612)	(26,638)	(26)
Capital Expenditure	(8,511)	(8,511)	0	Capital Expenditure	(164,562)	(164,562)	0
Cash receipt from asset sales	0	0	0	Cash receipt from asset sales	0	0	0
Cashflow before financing	(11,018)	2,531	13,549	Cashflow before financing	(191,174)	(191,200)	(26)
PDC Received	0	0	0	PDC Received	135,293	135,293	0
PDC Repaid	0	0	0	PDC Repaid	0	0	0
Dividends Paid	0	0	0	Dividends Paid	(7,001)	(7,001)	0
Interest on Loans and leases	(215)	(215)	0	Interest on Loans and leases	(7,866)	(7,839)	27
Interest received	2	2	0	Interest received	34	34	0
Drawdown on debt	9,901	8,366	(1,535)	Drawdown on debt	73,047	73,046	(1)
Repayment of debt	(124)	(124)	0	Repayment of debt	(6,072)	(6,072)	0
Cashflow from financing	9,564	8,029	(1,535)	Cashflow from financing	187,435	187,461	26
Net Cash Inflow / (Outflow)	(1,454)	10,560	12,014	Net Cash Inflow / (Outflow)	(3,739)	(3,739)	0
Opening Cash Balance	7,407	7,407	-	Opening Cash Balance	7,407	7,407	-
Closing Cash Balance	5,953	17,967	12,014	Closing Cash Balance	3,668	3,668	(0)

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Rolling Cashflow

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The rolling cashflow spans two financial years and starts with the current month's actual results which are forecast forward for another eleven months, to provide a full forward year cashflow forecast.

Year To Date	Year End Forecast											
	Plan £k	Actual £k	Variance £k	Plan £k	Actual £k	Variance £k						
	5,953	17,967	12,014	3,668	3,668	(0)						
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k
	Act	For	For	For	For	For	For	For	For	For	For	For
EBITDA	(4,662)	(3,046)	(1,708)	(1,906)	(1,439)	(2,219)	(577)	(1,049)	(3,216)	(610)	(3,955)	(1,665)
Non Cash I&E Items	0	0	0	0	0	0	0	0	0	0	0	0
Movement in Working Capital	15,272	(11,276)	(2,360)	(1,683)	(1,697)	(3,546)	7,726	4,422	(8,464)	8,247	(6,272)	6,001
Provisions	432	(4,002)	(18)	(3)	(16)	36	(3,500)	81	35	0	0	0
Cashflow from Operations	11,042	(18,324)	(4,086)	(3,592)	(3,152)	(5,729)	3,649	3,454	(11,645)	7,637	(10,227)	4,336
Capital Expenditure	(8,511)	(4,691)	(6,460)	(9,598)	(15,307)	(5,009)	(21,539)	(20,126)	(8,497)	(28,073)	(12,824)	(23,927)
Cash receipt from asset sales	0	0	0	0	0	0	0	0	0	0	0	0
Cashflow before financing	2,531	(23,015)	(10,546)	(13,190)	(18,459)	(10,738)	(17,890)	(16,672)	(20,142)	(20,436)	(23,051)	(19,591)
PDC Received	0	3,808	7,719	10,054	10,710	11,798	12,405	13,569	13,231	14,924	16,195	20,880
PDC Repaid	0	0	0	0	0	0	0	0	0	0	0	0
Dividends Paid	0	0	0	0	0	(3,501)	0	0	0	0	0	(3,500)
Interest on Loans and leases	(215)	(936)	(215)	(215)	(215)	(2,137)	(215)	(429)	(215)	(215)	(1,094)	(1,738)
Interest received	2	3	3	3	3	3	3	3	3	3	3	2
Drawdown on debt	8,366	6,532	3,492	7,672	4,691	8,503	3,879	4,364	9,228	3,955	7,317	5,047
Repayment of debt	(124)	(548)	(125)	(124)	(436)	(1,679)	(124)	(548)	(125)	(124)	(436)	(1,679)
Cashflow from financing	8,029	8,859	10,874	17,390	14,753	12,987	15,948	16,959	22,122	18,543	21,985	19,012
Net Cash Inflow / (Outflow)	10,560	(14,156)	328	4,200	(3,706)	2,249	(1,942)	287	1,980	(1,893)	(1,066)	(579)
Opening Cash Balance	7,407	17,967	3,811	4,139	8,338	4,632	6,881	4,940	5,226	7,207	5,313	4,247
Closing Cash Balance	17,967	3,811	4,139	8,338	4,632	6,881	4,940	5,226	7,207	5,313	4,247	3,668

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Capital
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The Capital report shows Strategic and Operational Capital expenditure for the year to date and the full-year outturn compared to the NHSI submitted plan.

Year to date	Plan	Actual	Variance	Year End Forecast	Plan	Actual	Variance
	£k	£k	£k		£k	£k	£k
Strategic Capital	6,008	3,204	2,804	Strategic Capital	141,505	141,505	0
Operational Capital	500	121	379	Operational Capital	16,756	16,756	0
Total	6,508	3,325	3,183	Total	158,261	158,261	0

Strategic Capital. The Plan for 2017/18 is based on the FBC contractual cashflows and a carry over from 17-18. A review of cashflows against the latest construction programme is underway and a provisional set was shared at the 3Ts Programme Board in April and it indicated that significantly less would be spent in 2017/18. The revised cashflows will be presented at the 3Ts Programme Board in May. £2.4m PDC funding was carried forward for 17/18 so now new PDC was requested in April. The overall Capital requirement remains at £484.8m and Decant expenditure continues in 2017/18 with minor works in Sussex Cancer Centre and the building of Clinical Admin Building. The Radiotherapy East scheme will be completed in May. The ED, Backlog Maintenance and Pathology schemes are subject to approval from NHSI and DH and determination of the method of funding.

Operational Capital. The plan is based on the NHSI submission and will be revised and re-prioritised to align to the Trust's organisational priorities for the year. The expenditure to date relates to schemes carried over from 16/17 which were approved in 16-17 but were either delayed or started but not finished in year.

	Plan	Actual	Variance		Plan	Actual	Variance
	£k	£k	£k		£k	£k	£k
Income - (CRL excluding donated income)	(8,927)	(5,017)	(3,910)	Income - (CRL excluding donated income)	(160,680)	(160,680)	0
Strategic Capital				Strategic Capital			
3Ts	6,008	3,204	2,804	3Ts	100,823	100,823	0
ED	0	0	0	ED	30,000	30,000	0
Backlog Maintenance	0	0	0	Backlog Maintenance	5,000	5,000	0
Pathology	0	0	0	Pathology	5,682	5,682	0
Radiotherapy East	2,419	65			2,419	2,419	
Total Strategic Capital	6,008	3,204	2,804	Total Strategic Capital	141,505	141,505	0
Operational Capital				Operational Capital			
Major Projects (>£1m)				Major Projects (>£1m)			
LINAC Replacement	0	0	0	LINAC Replacement	1,038	1,038	0
Acute Floor Reconfiguration	0	3	(3)	Acute Floor Reconfiguration	747	747	0
Electrical Substation - TKT Services	0	0	0	Electrical Substation - TKT Services	929	929	0
Replacement CT PRH	0	0	0	Replacement CT PRH	1,296	1,296	0
Small Projects (<£1m)				Small Projects (<£1m)			
Medical Equipment Replacement	250		250	Medical Equipment Replacement	2,525	2,525	0
IM&T Infrastructure	100		100	IM&T Infrastructure	3,018	3,018	0
Estates Infrastructure	150	118	32	Estates Infrastructure	5,270	5,270	0
Service Development	0		0	Service Development	1,933	1,933	0
Total Operational Capital	500	121	379	Total Operational Capital	16,756	16,756	0
(Under)/Overspend against CRL	(2,419)	(1,692)	(727)	(Under)/Overspend against CRL	(2,419)	(2,419)	0

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Aged Debtors

The Trust debtors are a mixture of invoiced debtors, accrued income and prepayments. The level of invoiced debtors has increased by £3.8m since the end of March and the value of overdue debts has remained constant.

Invoiced Debtors	Within	1 Month	2 Months	3 Months	Total	Current	Prior	Notes	Other Receivables	Current	Prior
	Terms	Overdue	Overdue	Overdue		Month	Month				Month
	1-30 Days	31-60	61-90	Over 90		Over 30	Over 30				£k
	£k	Days	Days	Days		Days	Days				
CCG's	6,386	287	246	3,774	10,693	4,307	4,161	1	Accrued Income		
Trusts	1,110	1,141	764	2,916	5,931	4,821	4,086	2	Work In Progress		
Other NHS	460	527	11	753	1,751	1,291	705	3	CCG Service Level Agreements	13,096	16,659
Other Debtors	1,072	869	781	1,936	4,658	3,586	4,913	4	Injury Cost Recovery Fund	2,040	2,040
Private Patients	374	223	132	735	1,464	1,090	945		Other	7,522	8,306
Overseas	9	4	33	393	439	430	430		Total Accrued Income	26,636	30,983
Total Invoiced Debtors	9,411	3,051	1,967	10,507	24,936	15,525	15,240		Prepayments		
Provision for Bad Debts (including RTA Provision)					(7,033)				Maintenance & Other Contracts	5,204	3,563
Accrued Income					26,633				NHS Litigation	363	0
Prepayments					6,016				Other	449	493
Other Debtors					2,283				Total Prepayments	6,016	4,056
Total Trade & Other Receivables					52,835						

1. CCGs. The CCGs overdue balance includes invoices for 3Ts support (£1.2m), the balance of the 16/17 underperformance invoices to be credit noted (issued in May) and legacy 16-17 invoices which will be cleared with the final settlements of the 16-17 agreement. The NCA debtors over 30 days have decreased by £108k and the over 90 days have decreased by £34k.

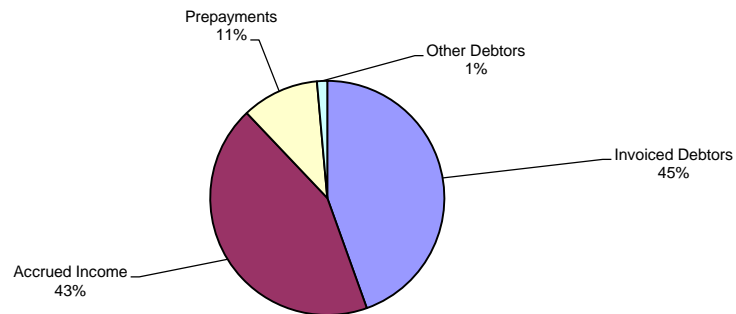
2. Trusts. The local organisations still account for 93% (March (94%) of the total debt. Progress on these accounts is disappointing so further work will be undertaken following on from the agreement of balances exercise at the year end.

3. Other NHS. This includes the legacy EPR debt of £627k and a debt for oncology costs from March 17 of £341k.

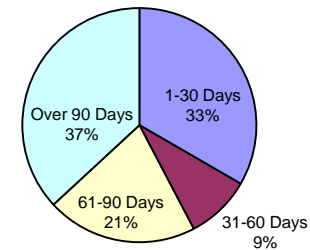
4. Other Debtors. The over 30 days balance has decreased by £1.3m. The balance includes a debt on the central MSK contract of £1.3m, which cannot be paid by the debtor because of lack of funding from other CCGs

5. Private Patient overdue debts have not changed since March.

Trade and Other Receivables



Invoiced Debtors Ageing



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Directorate Performance

Acute Floor – backdated income for staff costs for KSS Air Ambulance Trust has led to a favourable income variance of £21k. The Pay underspend is due to consultant and junior medical vacancies in ED and Critical Care, reduced by nursing agency and bank usage in both EDs and AMU for staffing the corridor and covering sickness. The Non-pay underspend from RSCH ED, PRH ED and AMU clinical supplies continuing trend from end of last year.

	PY Actual £k	Plan £k	Actual £k	Variance £k	RAG
Income	(3,914)	(146)	(167)	(21)	G
Pay	3,419	3,310	3,180	(130)	G
Non-Pay (tariff)	466	401	381	(20)	G
Non-Pay (PBR exc)	17	14	10	(4)	G
EBITDA *	(12)	3,579	3,404	(175)	G

Abdominal: Income and Non-Pay (PBRX) exceed plan due to the significant increase in Hep C treatment patients in March. This is expected to fall back in line with plan later in the year, subject to treatment numbers currently being agreed with NHSE. The pay variance is driven by on-going medical staffing cost pressures, the majority of which are provided for in Reserves. A process is currently being followed to review these costs and release funding, as appropriate. The Non-Pay (tariff) unfavourable variance is driven by medical and surgical equipment costs and pharmacy drugs, both of which are being investigated in order to bring the expenditure back to plan.

	PY Actual £k	Plan £k	Actual £k	Variance £k	RAG
Income	(3,568)	(696)	(866)	(169)	G
Pay	1,331	1,351	1,476	124	R
Non-Pay (tariff)	447	465	495	30	R
Non-Pay (PBR exc)	795	635	811	176	R
EBITDA *	(995)	1,754	1,915	161	R

Cancer: In-month income and costs for both PBRX drugs and Cancer Drugs Fund drugs were significantly below normal levels due to: price reductions on a number of high value drugs; purchasing reductions due to increased in-house manufacturing of drugs through the Aseptics Unit; departure \ maternity leave of some large prescribers; and fewer working days in April. Pay costs include agency premium for nurses supporting the chemotherapy unit at PRH. Outsourcing for ... to non-NHS providers was low in April.

	PY Actual £k	Plan £k	Actual £k	Variance £k	RAG
Income	(3,486)	(1,748)	(1,375)	373	R
Pay	1,462	1,447	1,460	13	R
Non-Pay (tariff)	775	672	482	(191)	G
Non-Pay (PBR exc)	689	1,115	867	(247)	G
EBITDA *	(560)	1,486	1,434	(53)	G

Cardiovascular – Cardiac PP activity is down causing an income variance due to impact of Easter. PP income is similar to last April. The Pay overspend is from continued bank and agency use for 6A daycase for medical outliers, and bank and overtime in renal for haemodialysis activity that continues to be high. This is offset by medical vacancies within Vascular Surgery. Additional PBRX drugs expenditure in Renal are offset by income.

	PY Actual £k	Plan £k	Actual £k	Variance £k	RAG
Income	(5,359)	(1,010)	(924)	86	R
Pay	2,295	2,360	2,386	26	R
Non-Pay (tariff)	1,041	1,201	1,174	(28)	G
Non-Pay (PBR exc)	550	660	839	179	R
EBITDA *	(1,473)	3,211	3,475	264	R

Central Clinical Services

Income: Underachieved due to PBRX drugs and devices income accrual missing. This will be rectified in M02
Pay: Underspend due to vacancies in Imaging (33wte), Pathology (34wte) and Physiotherapy (16wte). Although some shifts have been filled by agency and bank staff there were still significant gaps.
Non Pay: The unfavourable variance is driven by increased demand for Blood products and in Pathology the Roche Contract has seen increased demand.

	PY Actual £k	Plan £k	Actual £k	Variance £k	RAG
Income	(2,433)	(624)	(556)	68	R
Pay	3,478	3,602	3,473	(129)	G
Non-Pay (tariff)	1,549	1,765	1,810	44	R
Non-Pay (PBR exc)	90	96	97	1	R
EBITDA *	2,684	4,840	4,824	(15)	G

Children's: Income's unfavourable variance is driven by lower than plan PBRX drugs and devices, with a corresponding favourable variance in Non-Pay (PBRX). In line with trend and Neonates occupancy at PRH 63% and RSCH 96%.
The favourable pay variance is driven by an underspend on Nursing, with over 13WTE substantive vacancies.
Non-Pay (tariff) favourable variance is driven by an underspend on clinical supplies and services. The extent to which this is being driven by occupancy rates is being investigated.

	PY Actual £k	Plan £k	Actual £k	Variance £k	RAG
Income	(3,354)	(208)	(138)	70	R
Pay	1,913	1,936	1,897	(39)	G
Non-Pay (tariff)	222	300	255	(44)	G
Non-Pay (PBR exc)	79	122	89	(33)	G
EBITDA *	(1,141)	2,150	2,104	(46)	G

Head and Neck – PP income in Ophthalmology is down due to long stay patients on the ward and PBRX income is also down, but offset by reduced cost in non-pay. The pay overspend on nursing is due to additional bank staff for Pickford, although spend on nursing is consistent with previous few months. Expenditure on pharmacy drugs was high in Ophthalmology and this is being investigated.

	PY Actual £k	Plan £k	Actual £k	Variance £k	RAG
Income	(2,229)	(317)	(273)	44	R
Pay	878	866	883	17	R
Non-Pay (tariff)	216	273	292	19	R
Non-Pay (PBR exc)	290	256	247	(9)	G
EBITDA *	(845)	1,078	1,148	71	R

Musculoskeletal The income over-achievement relates to Rheumatology PBRX income.
Pay costs are despend due to Nursing vacancies (20% of substantive posts) with less than half of these covered by flexible staffing.
Non-pay (tariff) underspend reflect Clinical Supplies purchasing was below budget due to fewer working days in April and an 8% rate of dropped sessions.
Non-Pay (PBRX) Rheumatology PBRX drugs costs and associated income continued at the level seen in the last quarter of 16/17, significantly higher than the level for the first 3 quarters of 16/17, associated with the introduction of new treatment regimes.

	PY Actual £k	Plan £k	Actual £k	Variance £k	RAG
Income	(3,819)	(682)	(912)	(229)	G
Pay	1,352	1,351	1,295	(56)	G
Non-Pay (tariff)	607	778	674	(105)	G
Non-Pay (PBR exc)	608	672	902	230	R
EBITDA *	(1,251)	2,119	1,959	(160)	G

Neurosciences and Stroke Services: Income is below plan through below level PBRX income and reduced levels for neurophysiology in month (NHS Trust Income)
Pay is currently underspent, driven by M&D underspend of £53k. This is due to vacancies currently being carried in training grades that are not backfilled through locum/agency. Nursing is overspent by £12k, mainly due to agency use within Stroke services to cover vacant posts.
Non Pay expenditure is mainly due to PBRX drugs usage above budget amount

	PY Actual £k	Plan £k	Actual £k	Variance £k	RAG
Income	(2,948)	(930)	(920)	10	R
Pay	1,578	1,608	1,567	(41)	G
Non-Pay (tariff)	316	364	377	13	R
Non-Pay (PBR exc)	823	831	874	43	R
EBITDA *	(231)	1,873	1,898	25	R

Perioperative: Income is mainly affected by lower NHS Trust income (£13k) – Anaesthetist SECAMB contract lower due to consultant maternity and lower SSD contract activity. Pay: Medical and Nursing overspends are largely attributed to additional sessions run as a result of increased activity. The service had to deal with an additional 7% increase in activity in 2016-17 and facing a further 3% increase for 17-18. Last financial year £720k approx. of costs relating to additional theatre sessions was recharged to other specialities (£421k for Pay rest for non-pay), but it has been agreed that this was a non-value adding activity and ceased in 17-18. This will cause an ongoing overspend.
Non pay, although underspending for month 1 but has seen a substantial increase in cost over the course of last financial year for ophthalmic packs which is due mainly to increase complexity in Eye Theatre for doing more complex Retina and Cornea procedures.

	PY Actual £k	Plan £k	Actual £k	Variance £k	RAG
Income	(32)	(40)	(23)	17	R
Pay	2,155	2,129	2,176	47	R
Non-Pay (tariff)	470	498	497	(2)	G
Non-Pay (PBR exc)	0	0	0	0	G
EBITDA *	2,593	2,588	2,650	63	R

Speciality Medicine: Income: Income has overachieved in HIV, relating to income from an SLA with Sussex Community Trust, and one-off additional grant income from Gilead and UK Chic.
The Pay underspend reflects high levels of Nursing vacancies (20% of substantive posts) with only 14% covered by flexible staffing, and almost entirely with bank nurses rather than agency, partially offset by additional spend on medical staff.
Non-Pay (tariff) overspends are due to archiving costs for HIV \ GUM records and additional Pathology charges relating to tests for the Sexual Health service.
Non-pay (PBRX) is underspend in month due to slightly (2%) lower value of drugs & devices issued than anticipated, reasonably consistent with there being fewer working days in the month.

	PY Actual £k	Plan £k	Actual £k	Variance £k	RAG
Income	(6,094)	(1,302)	(1,331)	(29)	G
Pay	2,091	2,110	2,094	(16)	G
Non-Pay (tariff)	322	387	427	40	R
Non-Pay (PBR exc)	1,341	1,244	1,217	(27)	G
EBITDA *	(2,340)	2,439	2,407	(32)	G

Women's: Income and Pay are broadly in line with plan.
The favourable Non-Pay (tariff) variance is equally split between underspends in clinical supplies and services and services from other NHS bodies.

	PY Actual £k	Plan £k	Actual £k	Variance £k	RAG
Income	(2,824)	(38)	(32)	6	R
Pay	1,581	1,566	1,560	(6)	G
Non-Pay (tariff)	166	193	158	(35)	G
Non-Pay (PBR exc)	1	0	0	(0)	G
EBITDA *	(1,076)	1,721	1,686	(35)	G

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Departmental Performance

Facilities and Estates - Income: car parking income significantly down on plan due to machines not accepting new £5 notes. Pay - Estates 17 vacant WTE posts being covered by agency staff. The resourcing plan for 2017/18 is being finalised. In Soft FM there are 105 WTE's vacant in M01, and the department is using additional hours/ overtime and agency to backfill. Soft FM resourcing plan complete and efficiencies being worked through. Non pay - Major contracts on Laundry/ Catering / Minor works still pending procurement retender exercise. Main impact in month on non-pay is generator spend circa £70k due to oil tank contamination.

	PY Actual £k	Plan £k	Actual £k	Variance £k	RAG
Income	(328)	(323)	(317)	6	R
Pay	1,562	1,616	1,571	(46)	G
Non-Pay	2,033	1,901	1,911	10	R
EBITDA *	3,266	3,194	3,164	(30)	G

Chief Nurse's Office £102k total overspend primarily due to the fact that Newhaven Downs is unfunded; £124k on pay and £7k on non pay.

	PY Actual £k	Plan £k	Actual £k	Variance £k	RAG
Income	(1)	(1)	(9)	(8)	G
Pay	287	302	390	89	R
Non-Pay	474	147	169	22	R
EBITDA *	760	448	551	103	R

Strategy and Change: (89)k total underspend on pay, predominantly due to the depletion of the PMO (55)k. There are plans for a new PMO structure in the coming months. The HR specialty is underspent on pay by 25k in month due to vacancies, however going forward the HR Admin and recruitment budget does not reflect the required establishment. Additional posts were recruited to during 16/17 after approval from the Board but without any additional budget flow through.

	PY Actual £k	Plan £k	Actual £k	Variance £k	RAG
Income	(200)	(352)	(316)	36	R
Pay	505	643	554	(89)	G
Non-Pay	170	213	223	10	R
EBITDA *	475	504	461	(43)	G

Chief Finance Officer: There are high levels of vacancies particularly within Financial Management, Business Support and procurement (42k). These vacancies are actively being recruited to.

	PY Actual £k	Plan £k	Actual £k	Variance £k	RAG
Income	(41)	(64)	(82)	(18)	G
Pay	514	586	544	(42)	G
Non-Pay	67	197	162	(35)	G
EBITDA *	540	718	624	(94)	G

Chief Operating Officer There are high vacancies within Clinical Admin Support (CAS). Whilst some have been approved through VCG, others were being managed to compliment a CAS Redesign. The Site Management team budget does not reflect the required establishment. Within IT, there is still uncertainty around the future and treatment of the EPR budget centres.

	PY Actual £k	Plan £k	Actual £k	Variance £k	RAG
Income	(2)	(7)	0	7	R
Pay	1,501	1,400	1,328	(72)	G
Non-Pay	284	307	317	10	R
EBITDA *	1,783	1,699	1,645	(55)	G

Chief Executive's Office 42k total overspend on pay, predominantly due to the recharge of the Western executive board.

	PY Actual £k	Plan £k	Actual £k	Variance £k	RAG
Income	0	0	(15)	(15)	G
Pay	188	189	231	42	R
Non-Pay	89	65	59	(6)	G
EBITDA *	277	254	275	21	R

Medical Director's Office R&D is adverse variance mainly due to underachievement with income as follows – Commercial trials income was lower than expected, but will improve as new trials have been setup in the previous weeks. This will be partially offset with vacancies. In line with level of expenditure, Partnership Site Grant income i.e. income relating to EU studies is understated by about £42k Education has an adverse income variance is mainly due to CPD Cash funds, where confirmation from HEE on allocation levels for 17/18 has not been received and there are no actuals against budget for M01. Also about £15k re income generation is due to profiling. Pay adverse variance is due to junior doctors recode errors which will be rectified M02

	PY Actual £k	Plan £k	Actual £k	Variance £k	RAG
Income	(2,645)	(2,536)	(2,384)	152	R
Pay	881	898	876	(22)	G
Non-Pay	2,162	2,205	2,187	(18)	G
EBITDA *	398	567	679	112	R

Detailed plans are being finalised with the directorates. The savings showing year to date represent carry forward savings from procurement initiatives in 2016-17, plus some other initiatives being finalised by the PMO.

		Plan	Year to Date Forecast	Variance	Plan	Year End Forecast	Variance
		£k	£k	£k	£k	£k	£k
Cost Improvement Plans		(120)	(120)	-	(20,000)	(20,000)	-
Themes		Plan	Year To Date Actual	Variance	Plan	Year End Forecast	Variance
		£k	£k	£k	£k	£k	£k
Back Office & Commercial	Income	-	-	-	-	-	-
Back Office & Commercial	Non Pay	-	-	-	-	-	-
Clinical Workforce	Pay Skill	-	-	-	-	-	-
Major IT Programme	Non Pay	-	-	-	-	-	-
Medical Workforce	Pay Skill	-	-	-	-	-	-
Medical Workforce	Pay WTE	-	-	-	-	-	-
Operational Estate	Non Pay	-	-	-	-	-	-
Operational Productivity	Income	-	-	-	-	-	-
Operational Productivity	Pay WTE	-	-	-	-	-	-
Operational Productivity	Non Pay	-	-	-	-	-	-
Transformation	Income	-	-	-	-	-	-
Workforce	Pay Skill	-	-	-	-	-	-
Workforce	Pay WTE	-	-	-	-	-	-
	Pay	-	-	-	(14,000)	(14,000)	-
	Non pay	(120)	(120)	-	(6,000)	(6,000)	-
Efficiency Plan Total		(120)	(120)	-	(20,000)	(20,000)	-