

# Finance Report for the period ended **30 November 2021**

For presentation at the  
**Trust Board**  
**21<sup>st</sup> December 2021**

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## Executive Summary and overall performance against targets

### Introduction

1. This report presents the financial position for the period ended 30 November 2021 (Month 8). A small net income and expenditure surplus of £60k is reported for the period, which relates to the gain on disposal of Rubicon Close.
2. Note that the property disposal gain of £60k cannot be counted towards NHS Control Total Performance. Excluding this from the position results in a breakeven for M8 in line with plan.
3. Within this overall position, net operational budgets report a £78k overspend. Directorate overspends include LD Services (£127k), DMH (£77k), Estates (£61k) and Enabling (£51k). Hosted services are underspending by £123k, CHS by £85k and FYPC services by £30k.
4. Central reserves report an underspend against some smaller unallocated budgets, which offsets the operational overspends.
5. Closing cash for November stood at £38.1m. This equates to 47.9 days' operating costs.

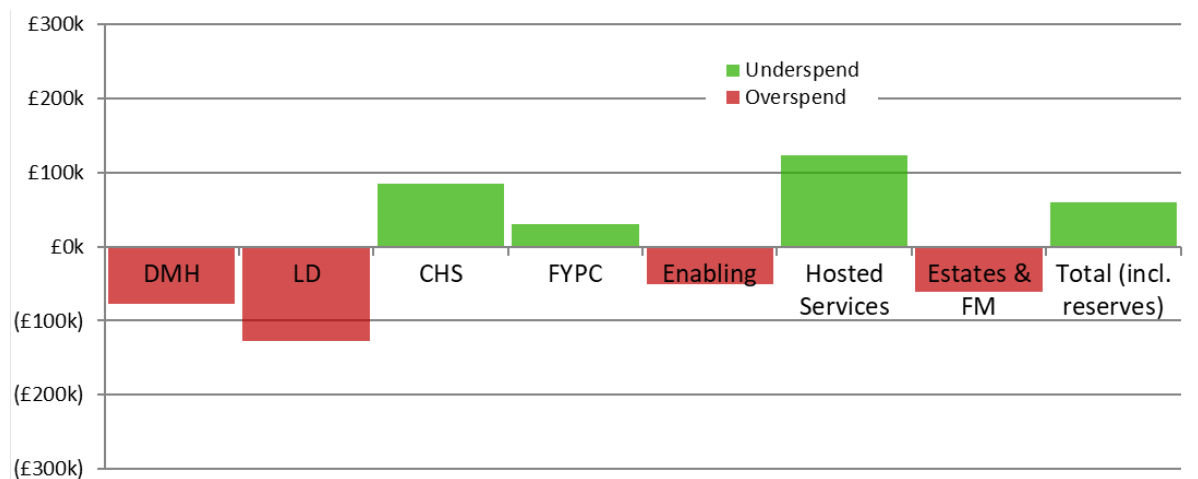
### Performance against key targets and KPIs

NHS Trust Statutory Duties	Year to date	Year end f'cast	Comments
1. Income and Expenditure break-even.	G	G	Excluding the £60k disposal gain, the Trust is reporting a financial break-even position at the end of November 2021. [see 'Service I&E position' and <i>Appendix A</i> ].
2. Remain within Capital Resource Limit (CRL).	G	G	The capital spend for November is £4.7m, which is within limits.
3. Achieve the Capital Cost Absorption Duty (Return on Capital).	G	G	The dividend payable is based on the actual average relevant net assets; therefore, the capital cost absorption rate will automatically be 3.5%.
4. Remain within External Financing Limit (EFL).	n/a	G	The current cash level is £38.1m. The year-end forecast has increased by £2m to £23m.

Secondary targets	Year to date	Year end f'cast	Comments
5. Comply with Better Payment Practice Code (BPPC).	R	G	The target is to pay 95% of invoices within 30 days. Cumulatively the Trust achieved 3 of the 4 BPPC targets in November.
6. Achieve Efficiency Savings targets.	n/a	G	The Trust has an efficiency target of £2.6m for H2. Alongside the current savings on travel costs, central efficiency savings have been identified sufficient to deliver this target in full by the end of the year.
7. Deliver a financial surplus	n/a	n/a	As with H1, the planning requirement for H2 (and therefore the year as a whole) is to deliver financial break-even
Internal targets	Year to date	Year end f'cast	Comments
8. Achieve a Financial & Use of Resources metric score of 2 (or better)	G	G	There is currently no formal requirement to be monitored against the Financial & Use of Resources metrics. An internal summary calculation is still conducted to measure progress internally, and this suggests that the Trust is currently scoring a '2'
9. Achieve retained cash balances in line with plan	G	G	A cash balance of £38.1m was achieved at the end of November 2021. <b>[See 'cash and working capital']</b>
10. Deliver capital investment in line with plan (within +/- 15% YTD planned spend levels)	R	G	Capital expenditure totals £4.7m at the end of Month 8; this is £3.3m (42%) below the YTD planned level of £8m <b>[See 'Capital Programme 2021/22']</b>

## Income and Expenditure position

The month 8 position shows a net operational overspend against year-to-date budgets, offset by an underspend within reserves.



The Mental Health directorate is overspending by £77k at the end of Month 8 due to the continued use of locums, bank, and agency nurses to cover current high vacancy levels. There is slippage against other investments (e.g., MHIS) due to increasing recruitment challenges, but there is an expectation that any underspend will be re-used within the system through the implementation of alternative schemes. There is no financial benefit relating to any MHIS underspend reflected in the LPT position. The non-pay overspend has reduced and income over recovery has increased due to late inflationary uplifts on some income streams and an increase in out of county patient income.

The FYPC financial position has improved in month 8 to now report a slight underspend. The Beacon Unit continues to face staffing pressures, along with medical equipment costs within the Diana service (a potential recharge of costs to CCG is being explored). Healthy Together budgets continue to report an underspend due to staff vacancies although posts have been recruited to in the County. The FYPC service as a whole is carrying a significant level of investment slippage at present due to workforce shortages and discussions are ongoing regarding the carry forward of these funds into the new financial year (slippage underspends are not reflected in the current year position).

The LD financial position also improved in month, but the significant cost pressures associated with the Agnes Unit remain. All 5 pods are currently in use and there is a continued reliance on agency staff at present with forecast agency costs for the Unit of circa. £2m for the year. In contrast, Community services remain underspent, mainly due to vacancies and this is off setting the Agnes overspend.

The CHS Directorate remains underspent, although bank and agency spend continues to run high, particularly within the inpatient service due to the increased number of acute patients that are being admitted. Additional cover is also required for vacancies and staff

sickness within the wards. These financial pressures are being offset by the high level of vacancies within the community nursing and therapy services.

### **Efficiency savings**

Within LLR, the H2 target efficiency rate is c. 1.5%, equating to an LPT savings target of £2.6m. This level of efficiency requirement was anticipated throughout the H2 planning process and the measures put into place in the H2 plan are expected to deliver this target in full.

### **Forecast position**

The forecast position for the year is an I&E break-even, in line with the plan submitted for the second half of the financial year.

The Trust is currently reporting material underspends against a number of investment budgets. It is expected that the majority of these underspends will be returned to commissioners for appropriate re-use with the LLR system, and monthly block payments to LPT are already now being reduced to reflect this clawback of funding. As such, these underspends will ultimately not feature in the year end financial position.

Similar to the run up to the last financial year end, significant additional income is currently being allocated to the Trust from a variety of sources. This includes the late notification of training income from Health Education England. Being able to fully spend new funding at this stage of the year, and in the current climate, represents a significant challenge. All efforts are being made to spend this money on the specific schemes for which it has been allocated, but where income is not returnable, and spend options are limited, this will clearly be a challenge. Under accounting rules, options for carrying forward funding are very limited and in many cases non-existent. The risk to the wider financial position would therefore be that the Trust underspends against the agreed financial envelope, which, although not a breach of statutory financial duties, would not be an acceptable position in as far as NHSE/I are concerned.

Other financial pressures do continue to emerge, and the Trust has options to accelerate other areas of expenditure. Currently therefore, it is still anticipated that the additional gains can be offset by further expenditure and Trust budgets will break even at 31<sup>st</sup> March.

### **Adult Eating Disorders Provider Collaborative**

Sitting outside of the Trust's own budgets (but forming part of the Trust's overall reported financial position) is the Adult ED provider collaborative. Currently, the collaborative as a whole is underspending, with a potential year end underspend of £1.7m. Specific options to defer or carry forward the unspent element (to reflect the general aim of the collaborative to be able to re-invest surpluses where, and in which period, they are needed) are currently being explored. The current assumption with the LPT financial forecast is that some form of deferral will be transacted, but this will require the support of our external auditors, and so should be viewed as an additional underspend risk in the current financial year.

## Additional agency expenditure analysis

For the period April to November, total expenditure on agency staff was £14.9m. The forecast for the year is £23.4m (£21.8m excluding Covid), which again reflects an increase on previous forecasts. The inclusion of further additional funding (to support backlog reduction) and the difficulty in recruiting associated staff continues to drive up agency usage. **Appendix C** provides an overall monthly breakdown of agency costs by directorate.

The table below compares forecast agency costs for the year with those incurred in 2019/20 (being the last full year before Covid began to have an impact). To allow for meaningful comparison, Covid costs are excluded from the 2021/22 figures. The analysis also then allows for the exclusion of the significant agency costs linked to the large amount of investment this year.

The resulting comparable costs are shown as £18.8m in the current year (forecast) versus £10.6m in 2019/20 – a 77% increase across the 2-year period.

An estimate is also given for underlying agency costs, which seeks to remove any other obvious non-recurrent agency expenditure.

Directorate	2019/20	2021/22 including new investm.	2021/22 investments	2021/22 excluding new investm.	Movement 19/20 to 21/22		Estimated underlying agency position 1st April 2022 £000
	£000	£000	£000	£000	£000	Comment on movement	
DMH	3,400	9,005	-2,216	6,789	3,389	Continued higher level of Medical Locums at Adult City West and Crisis Team. Increased use of agency staff at Heather and Wakerley wards. Move of substantive staff to new investment posts creates additional vacancies which in turn then need to be filled with agency staff	6,789
CHS	4,341	5,318	0	5,318	977	High level of vacancies, cover for sickness, increased specialising for more acute patients. Agency staff used to ensure adequate staffing for Surge Wards	4,463
FYPC	2,059	4,415	-738	3,677	1,618	Locums still required to cover vacancies within CAMHS consultant services; additional agency used to address CAMHS wait times, provide Hub & CAP staff, address higher levels of acuity on the Beacon ward and also Langley ward, support use of level 1 obs, support for Children at UHL, increased sickness cover.	3,317
LD	301	2,353	0	2,353	2,052	Cover for Forensic Service prior to appointment of permanent Consultant - non recurrent. Agnes Unit operating at 5 pods combined with vacancies & sickness within funded establishment and acuity levels on the Unit, Level of acuity and care requirements for new admissions may require patients to require single pod use which will necessitate agency support - potential recurrent.	1,021
Enabling / Hosted	541	724	-24	700	159	Agency costs predominantly relate to pressures within HR teams.	575
<b>TOTAL:</b>	<b>10,642</b>	<b>21,815</b>	<b>-2,978</b>	<b>18,837</b>	<b>8,195</b>		<b>16,165</b>

DMH continues to show the highest forecast increase compared to 2019/20 (£3.4m increase)- related to additional medical locum cover and a general increase in cover for nursing vacancies.

The LD agency increase from 19/20 (£2.1m) continues to be driven by increased locum cover and the pressure with the Agnes Unit.

The FYPC increase of £1.6m is mainly due to the CAMHS vacancies, tackling wait times, staffing for Hub & CAP, and pressures within Beacon and Langley wards.

## Statement of Financial Position (SoFP)

PERIOD: November 2021	2020/21 31/03/21 Audited	2021/22 30/11/21 November
	£'000's	£'000's
<b>NON CURRENT ASSETS</b>		
Property, Plant and Equipment	178,757	177,152
Intangible assets	2,438	2,166
Trade and other receivables	1,129	1,129
<b>Total Non Current Assets</b>	<b>182,324</b>	<b>180,447</b>
<b>CURRENT ASSETS</b>		
Inventories	574	557
Trade and other receivables	8,304	8,186
Cash and Cash Equivalents	24,139	38,078
<b>Total Current Assets</b>	<b>33,017</b>	<b>46,821</b>
<b>Non current assets held for sale</b>	<b>280</b>	<b>0</b>
<b>TOTAL ASSETS</b>	<b>215,621</b>	<b>227,268</b>
<b>CURRENT LIABILITIES</b>		
Trade and other payables	(21,587)	(34,154)
Borrowings	(296)	(297)
Capital Investment Loan - Current	(189)	(107)
Provisions	(2,851)	(2,032)
<b>Total Current Liabilities</b>	<b>(24,923)</b>	<b>(36,590)</b>
<b>NET CURRENT ASSETS (LIABILITIES)</b>	<b>8,374</b>	<b>10,231</b>
<b>NON CURRENT LIABILITIES</b>		
Borrowings	(7,464)	(7,464)
Capital Investment Loan - Non Current	(3,183)	(3,102)
Provisions	(1,397)	(1,397)
<b>Total Non Current Liabilities</b>	<b>(12,044)</b>	<b>(11,963)</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>178,654</b>	<b>178,715</b>
<b>TAXPAYERS' EQUITY</b>		
Public Dividend Capital	95,441	95,440
Retained Earnings	37,055	37,116
Revaluation reserve	46,158	46,159
<b>TOTAL TAXPAYERS EQUITY</b>	<b>178,654</b>	<b>178,715</b>

### Non-current assets

Property, plant, and equipment (PPE) amounts to £177.2m. Capital additions of £4.7m are offset by November's depreciation charge.

### Current assets

Current assets of £46.8m include cash of £38.1m and receivables of £8.2m.

### Non-current assets held for sale

the Trust does not have any non-current assets held for sale.

### Current Liabilities

Current liabilities amount to £36.6m and mainly relate to payables of £34.2m.

Net current assets / (liabilities) show net assets of £10.2m.

### Working capital

Cash and changes in working capital are reviewed on the following pages.

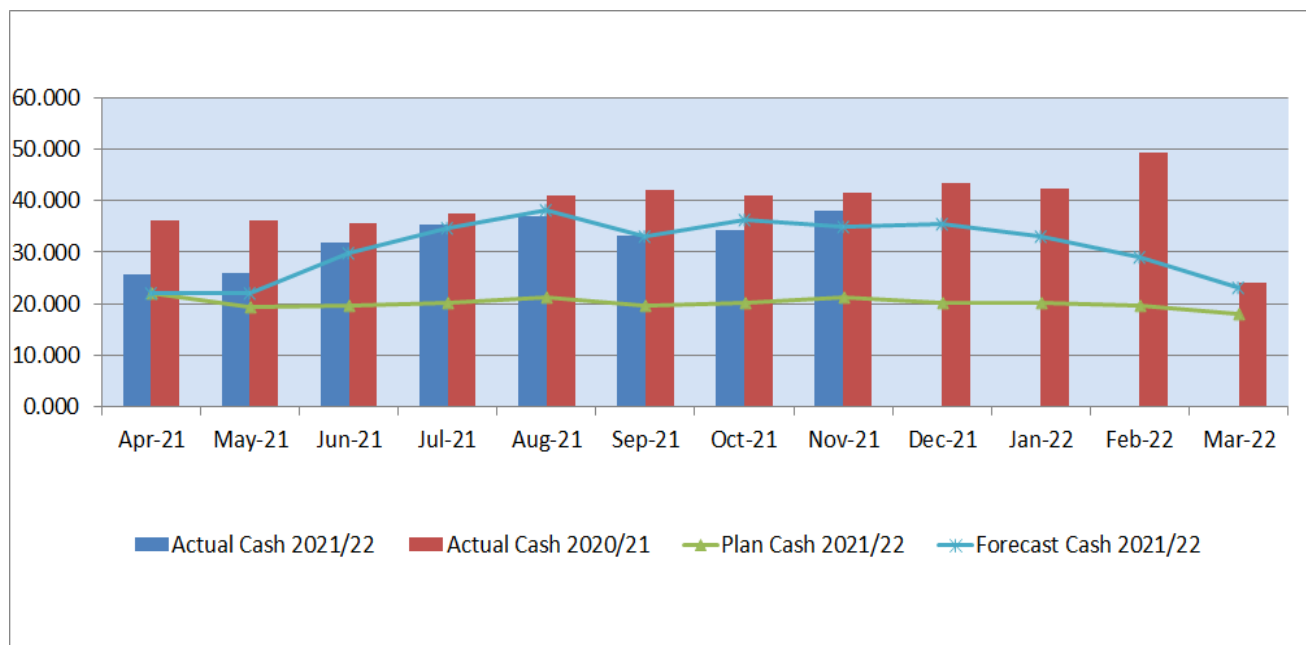
### Taxpayers' Equity

November's surplus of £60k is reflected within retained earnings.



## Cash and Working Capital

### 12 Months Cash Analysis Apr 21 to Mar 22



### Cash – Key Points

The closing cash balance at the end of November was £38.1m, an increase of £3.9m during the month.

The year-end cashflow forecast is now £23m; an increase of £2m compared to last month's forecast of £21m. This increase is mainly due to revised cashflow assumptions for the covid vaccination income (previously assumed Q4 income would be received in 2022/23).

Changes to the current yearend forecast of £23m are still likely; uncertainties around capital spend due to external factors e.g., supply chain issues, site access restrictions due to covid, and potential new investment monies are all likely to have an impact on the closing cash position at the end of the financial year.

A cash-flow forecast is included at **Appendix D**.

## Receivables

Current receivables (debtors) total £8.2m; a decrease of £2.7m during the month and £0.1m since the start of the year.

Receivables	Current Month November 2021					
	NHS	Non NHS	Emp's	Total	% Total	% Sales Ledger
	£'000	£'000	£'000	£'000		
<b>Sales Ledger</b>						
30 days or less	592	1,819	2	<b>2,413</b>	<b>25.9%</b>	<b>59.8%</b>
31 - 60 days	553	118	0	<b>671</b>	<b>7.2%</b>	<b>16.6%</b>
61 - 90 days	17	157	12	<b>186</b>	<b>2.0%</b>	<b>4.6%</b>
Over 90 days	297	271	198	<b>766</b>	<b>8.2%</b>	<b>19.0%</b>
	1,459	2,365	212	<b>4,036</b>	<b>43.3%</b>	<b>100.0%</b>
<b>Non sales ledger</b>	2,075	2,075	0	<b>4,150</b>	<b>44.6%</b>	
<b>Total receivables current</b>	<b>3,534</b>	<b>4,440</b>	<b>212</b>	<b>8,186</b>	<b>87.9%</b>	
<b>Total receivables non current</b>		1,129		1,129	<b>12.1%</b>	
<b>Total</b>	<b>3,534</b>	<b>5,569</b>	<b>212</b>	<b>9,315</b>	<b>100.0%</b>	<b>0.0%</b>

Debt greater than 90 days increased by £75k since October and now stands at £766k. Receivables over 90 days should not account for more than 5% of the overall total receivables balance. The proportion at Month 8 is 8.2% (last month: 5.7%). The non-current receivables balance of £1.1m remains unchanged since the previous month; it comprises of a £396k long term debtor with NHSI to support the clinical pensions' tax provision and a £733k prepayment to cover PFI capital lifecycle costs. The provision for bad debts stands at £341k; this has not changed since the start of the year.

## Payables

The current payables position in Month 8 is £34.0m, an increase of £2.1m since October. Expenditure accruals have increased to cover the receipt of goods and services where invoices have not yet been received or approved. It is normal practice to have higher payable balances at this time of year, and then reduce in the final quarter of the year.

## Provisions

Trust provisions have reduced by £819k since the start of the year and now stand at £3.4m. The largest utilisation so far this year relates to the enhanced annual leave overtime payments of £277k, paid to staff in September.

## Better Payment Practice Code (BPPC)

The specific target is to pay 95% of invoices within 30 days. Cumulatively the Trust achieved 3 of the 4 BPPC targets and in month the Trust achieved 2 of the 4 BPPC targets at Month 8. The non-compliant targets relate to both the number of NHS and Non-NHS invoices paid within 30 days. The reasons for non-compliance have been reviewed and action has been taken to improve processes to aid faster approval of invoices. With continued effort and focus on the prompt payment of NHS invoices, the Trust can still achieve all four cumulative BPPC targets by the end of the year. Further details are shown in **Appendix B**.

## Capital Programme 2021/22

Capital expenditure totals £4.7m for the first eight months of the year.

	Annual Plan	Nov Actual	Year End Forecast	Revision to Plan
<b>Sources of Funds</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
Depreciation & technical adjustments	9,500	4,423	9,500	0
Dormitory elimination - Bradgate (PDC)	4,112	0	4,112	0
Agnes unit PFI lifecycle costs	100	0	100	0
Property disposal - Rubicon Close	280	280	280	0
Cash utilisation from previous years' surplus	1,000	0	0	(1,000)
System-wide capital (funding tbc)	2,560	0	0	(2,560)
PDC IM&T Shared Care Records	0	0	2,278	2,278
Charitable funds (reflection gardens)	0	0	41	41
<b>Total Capital funds</b>	<b>17,552</b>	<b>4,703</b>	<b>16,311</b>	<b>(1,241)</b>
<b>Application of Funds</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
<b>Estates &amp; Innovation</b>				
Estates service improvements	(5,019)	(1,145)	(4,191)	828
Estates backlog	(2,395)	(544)	(3,037)	(642)
Estates other rolling programmes	(1,950)	(441)	(1,128)	822
Estates staffing	(360)	(494)	(410)	(50)
Estates & FM transformation	(699)	0	(100)	599
Medical devices	(120)	(124)	(236)	(116)
	<b>(10,543)</b>	<b>(2,748)</b>	<b>(9,102)</b>	<b>1,441</b>
<b>IT Programme</b>				
Rolling programmes	(1,865)	(849)	(2,190)	(325)
Other projects	(595)	(107)	(385)	210
PDC IM&T Shared Care Records	0	(181)	(2,278)	(2,278)
	<b>(2,460)</b>	<b>(1,137)</b>	<b>(4,853)</b>	<b>(2,393)</b>
<b>Other</b>				
Directorate capital investment projects	(1,689)	(205)	(1,616)	73
System-wide capital	(2,560)	0	0	2,560
Revenue to capital transfers	0	(613)	(613)	(613)
Contingency	(300)	0	(127)	173
<b>Total Capital Expenditure</b>	<b>(17,552)</b>	<b>(4,703)</b>	<b>(16,311)</b>	<b>1,241</b>
<b>(Over)/underspend</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Month 8 capital expenditure of £4.7m represents 29% of total forecast annual spend. This is £3.3m less than the cumulative planned spend of £8m for the first eight months. Spend against several estate's schemes (including the dormitory elimination project) are currently below plan, however as in previous years it is anticipated that expenditure will accelerate in the final quarter of the financial year.

Compared to planned capital expenditure of £17.6m, the revised annual forecast of £16.3m reflects a £1.2m reduction in spend since the start of the year. This reduction is mainly due to

- Removal of the system capital limit (not cash backed) - £2.6m
- Elimination of the Trust's cash contribution - £1m
- Additional PDC for LLR shared care records (funding tbc) + £2.3m
- Charitable Funds Grant + £41k

The capital contingency of £300k set at the start of the year is now £127k. There is still £11.6m left to spend in the last four months of the year and it is anticipated that there will be further slippage on several capital schemes. Plans are in place to further mitigate against slippage, to ensure a balanced capital programme at the end of the year. These include bringing forward the purchase of next year's IT rolling replacement programme equipment and progressing with new capital bids that can be delivered by 31<sup>st</sup> March 2022.

Changes made to the capital schemes in month 8 are shown below.

Ref	Scheme	Dept	Plan or Previous Forecast	Forecast	Change (Inc) / Dec	Reason
			£000	£000	£000	
<b>Changes to existing schemes - Estates</b>						
6C05	Bradagte Unit - External decoration, soffit repairs	Est	(144)	(145)	(1)	Final payment
6C43	Bradagte Unit - External access to roof voids (RIDBOR)	Est	(67)	(12)	55	Supply chain issue - steel delivery now 22/23
6C33	Loughborough Hospital - Phase 1 – Ward distribution boards	Est	(105)	(35)	70	Site access - scheme completion now 22/23
6C04	Loughborough Hospital - Phase 2 - Boiler room refurbishment	Est	(360)	(367)	(7)	Scheme value adjusted to match GMP
6C76	Narborough Health Centre - Drainage Replacement	Est	(10)	(30)	(20)	Stage 1 fee to include ACCO drain
6C45	Mawson Lodge issues	Est	(100)	(80)	20	Scheme slippage to be deferred into 2022/23
6C87	Site wide - Electrical remedial work following 5 year fixed test	Est	(100)	(50)	50	Scheme slippage to be deferred into 2022/23
6C09	Site wide - IPC Audit Actions	Est	(80)	(50)	30	Scheme slippage to be deferred into 2022/23
6C82	Estates & FM Transformation - capital requirements	Est	(200)	(100)	100	Scheme slippage to be deferred into 2022/23
6C36	AMH ECT Suite	Est	(50)	(10)	40	
6C42	CHS Fielding Palmer disabled toilet	Est	(50)	(100)	(50)	Scheme value adjusted to match GMP
			<b>(1,266)</b>	<b>(979)</b>	<b>287</b>	
<b>Changes to existing schemes - IM&amp;T</b>						
6C62	Single EPR System		(385)	(340)	45	Underspend identified
6C79	S1 obs		(94)	(78)	16	Underspend identified
6C20	Developing and delivering digital offer		(200)	(192)	8	Underspend identified
			<b>(679)</b>	<b>(610)</b>	<b>69</b>	
<b>Revenue to capital transfers</b>						
2514	Revenue to Capital transfers - IT hardware	Rev	0	(128)	(128)	IT equipment purchased via revenue
2514	Revenue to Capital transfers - Furniture	Rev	0	(11)	(11)	Furniture equipment purchased via revenue
			<b>0</b>	<b>(139)</b>	<b>(139)</b>	
<b>Total changes from contingency - M8</b>					<b>217</b>	
<b>Capital Contingency</b>						
M7 contingency					(90)	
M8 changes impacting on contingency					217	
<b>M8 contingency</b>					<b>127</b>	

## APPENDIX A - Statement of Comprehensive Income (SoCI)

Statement of Comprehensive Income for the period ended 30 November 2021	YTD Actual M8 £000	YTD Budget M8 £000	YTD Var. M8 £000
<b>Revenue</b>			
Total income	230,400	227,235	3,165
Operating expenses	(227,004)	(223,839)	(3,165)
<b>Operating surplus (deficit)</b>	<b>3,396</b>	<b>3,396</b>	<b>0</b>
Investment revenue	642	642	0
Other gains and (losses)	60	0	60
Finance costs	(718)	(718)	0
<b>Surplus/(deficit) for the period</b>	<b>3,380</b>	<b>3,320</b>	<b>60</b>
Public dividend capital dividends payable	(3,320)	(3,320)	0
<b>I&amp;E surplus/(deficit) for the period (before tech. adjs)</b>	<b>60</b>	<b>0</b>	<b>60</b>
<b>NHS Control Total performance adjustments</b>			
Exclude gain on asset disposals	(60)	0	(60)
<b>NHSE/I I&amp;E control total surplus</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other comprehensive income (Exc. Technical Adjs)</b>			
Impairments and reversals	0	0	0
Gains on revaluations	0	0	0
<b>Total comprehensive income for the period:</b>	<b>60</b>	<b>0</b>	<b>60</b>
<b>Trust EBITDA £000</b>	<b>10,108</b>	<b>10,108</b>	<b>0</b>
<b>Trust EBITDA margin %</b>	<b>4.4%</b>	<b>4.4%</b>	<b>-0.1%</b>

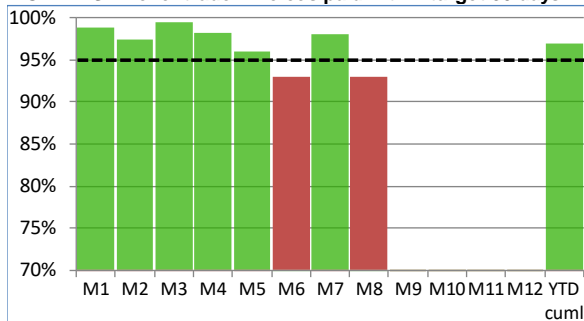
## APPENDIX B – BPPC performance

### Trust performance – current month (cumulative) v previous

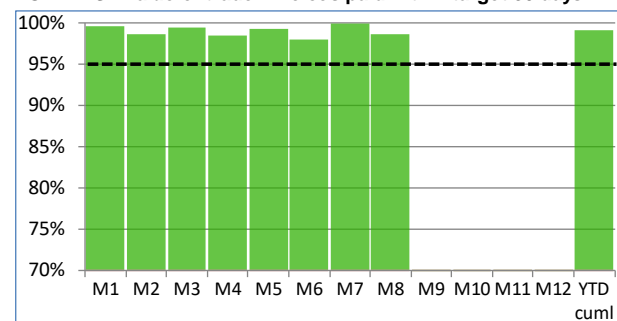
Better Payment Practice Code	November (Cumulative)		October (Cumulative)	
	Number	£000's	Number	£000's
Total Non-NHS trade invoices paid in the year	20,998	77,211	18,267	66,201
Total Non-NHS trade invoices paid within target	20,263	76,532	17,725	65,666
<b>% of Non-NHS trade invoices paid within target</b>	<b>96.5%</b>	<b>99.1%</b>	<b>97.0%</b>	<b>99.2%</b>
Total NHS trade invoices paid in the year	609	41,618	525	36,006
Total NHS trade invoices paid within target	570	40,597	498	35,183
<b>% of NHS trade invoices paid within target</b>	<b>93.6%</b>	<b>97.5%</b>	<b>94.9%</b>	<b>97.7%</b>
Grand total trade invoices paid in the year	21,607	118,829	18,792	102,207
Grand total trade invoices paid within target	20,833	117,129	18,223	100,849
<b>% of total trade invoices paid within target</b>	<b>96.4%</b>	<b>98.6%</b>	<b>97.0%</b>	<b>98.7%</b>

### Trust performance – run-rate by all months and cumulative year-to-date

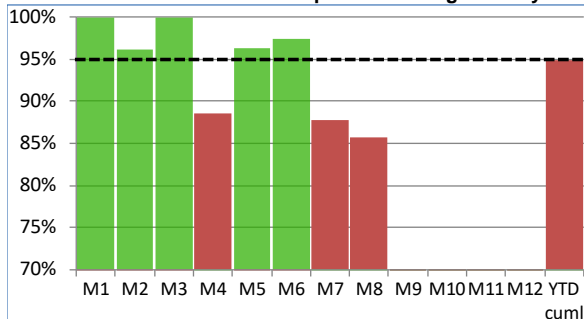
NON-NHS - No. of trade invoices paid within target 30 days



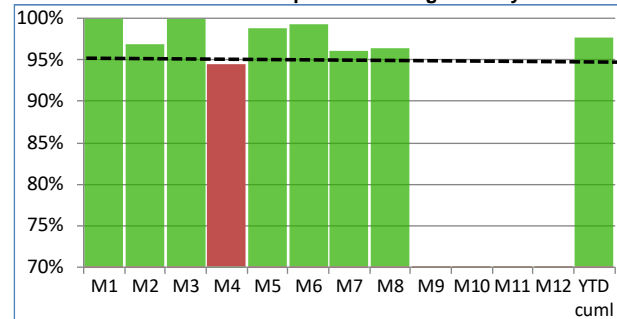
NON-NHS - Value of trade invoices paid within target 30 days



NHS - Number of trade invoices paid within target 30 days



NHS - Value of trade invoices paid within target 30 days



## APPENDIX C – Agency staff expenditure

2021/22 Agency Expenditure	2020/21 Ostera £000s	2020/ 21 £000s	2021/2 2 M1 £000s	2021/2 2 M2 £000s	2021/2 2 M3 £000s	2021/2 2 M4 £000s	2021/2 2 M5 £000s	2021/2 2 M6 £000s	2021/2 2 M7 £000s	2021/2 2 M8 £000s	2021/2 2 M9 £000s	2021/2 2 M10 £000s	2021/2 2 M11 £000s	2021/2 2 M12 £000s	21/22 YTD £000s	21/22 Year End £000s
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Forecast
<b>DMH</b>																
Agency Consultant Costs	-2,561	-213	-290	193	-520	-265	-219	-98	-577	-391	-340	-320	-300	-280	-2,167	-3,405
Agency Nursing	-2,642	-220	-344	-265	-301	-422	-432	-548	-552	-486	-466	-466	-466	-466	-2,865	-5,295
Agency Scient, Therap. & Tech	-152	-13	-19	-14	-14	-25	-11	-17	-16	-17	-20	-20	-20	-20	-115	-212
Agency Other clinical staff costs				-11	-16	-11	1	0	0	-11	-20	-20	-20	-20	-37	-129
Agency Non clinical staff costs	-187	-16	-21	-32	-54	-21	-36	-62	2	-29	-29	-29	-29	-29	-223	-367
<b>Sub-total for Directorate - DMH</b>	<b>-5,541</b>	<b>-462</b>	<b>-673</b>	<b>-129</b>	<b>-905</b>	<b>-743</b>	<b>-698</b>	<b>-725</b>	<b>-1,143</b>	<b>-935</b>	<b>-895</b>	<b>-875</b>	<b>-855</b>	<b>-835</b>	<b>-5,016</b>	<b>-9,411</b>
Agency Spend relating to Investments			-57	-88	-115	-130	-198	-203	-220	-234	-243	-243	-243	-243	-1,245	-2,216
Agency spend relating to COVID			-59	-97	-150	-40	-6	-15	-5	-14	-5	-5	-5	-5	-386	-466
<b>LEARNING DISABILITIES</b>																
Agency Consultant Costs	-48	-4	-12	-8	-10	-13	-12	0	5	0	0	0	0	0	-51	-51
Agency Nursing	-761	-63	-129	-135	-156	-165	-156	-183	-295	-183	-220	-220	-220	-220	-1,402	-2,282
Agency Scient, Therap. & Tech	-85	-7	-13	-8	4	-1	0	0	0	0	0	0	0	-18	-18	
Agency Other clinical staff costs	0	0	0	0	0	0	0	0	0	-3	0	0	0	-3	-3	
Agency Non clinical staff costs																
<b>Sub-total for Directorate - LD</b>	<b>-894</b>	<b>-74</b>	<b>-154</b>	<b>-151</b>	<b>-162</b>	<b>-178</b>	<b>-168</b>	<b>-184</b>	<b>-290</b>	<b>-186</b>	<b>-226</b>	<b>-226</b>	<b>-226</b>	<b>-226</b>	<b>-1,474</b>	<b>-2,354</b>
Agency Spend relating to Investments			0	0	0	0	0	0	0	0	6	6	6	6	0	6
Agency spend relating to COVID			-1	0	0	0	0	0	0	0	0	0	0	0	-1	-1
<b>CHS</b>																
Agency Consultant Costs	-9	-1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Agency Nursing	-3,959	-330	-239	-354	-338	-411	-494	-492	-451	-485	-470	-450	-430	-400	-3,264	-5,014
Agency Scient, Therap. & Tech	-375	-31	-36	-36	-50	-42	-22	-38	-67	-65	-70	-70	-70	-70	-356	-636
Agency Other clinical staff costs	-28	-2	-5	-10	-11	0	0	0	0	0	-3	-3	-3	-3	-25	-37
Agency Non clinical staff costs																
<b>Sub-total for Directorate - CHS</b>	<b>-4,371</b>	<b>-364</b>	<b>-279</b>	<b>-401</b>	<b>-399</b>	<b>-453</b>	<b>-515</b>	<b>-531</b>	<b>-518</b>	<b>-550</b>	<b>-543</b>	<b>-523</b>	<b>-503</b>	<b>-473</b>	<b>-3,646</b>	<b>-5,688</b>
Agency Spend relating to Investments			0	0	0	0	0	0	0	0	6	6	6	6	0	6
Agency spend relating to COVID			-56	-18	-10	-21	-22	-23	-20	-60	-50	-40	-30	-20	-230	-376
<b>FYPC</b>																
Agency Consultant Costs	-816	-68	-70	-17	-48	-63	-44	-110	-83	-67	-72	-72	-72	-72	-502	-790
Agency Nursing	-2,546	-212	-241	-259	-232	-245	-330	-364	-335	-263	-310	-310	-310	-310	-2,268	-3,498
Agency Scient, Therap. & Tech	0	0	0	0	0	-3	-1	-4	-1	-2	0	0	0	0	-11	-11
Agency Other clinical staff costs																
Agency Non clinical staff costs	-10	-1	-5	-14	-6	-11	3	-8	-15	-10	-20	-20	-5	-5	-67	-117
<b>Sub-total for Directorate - FYPC</b>	<b>-3,371</b>	<b>-281</b>	<b>-315</b>	<b>-290</b>	<b>-287</b>	<b>-322</b>	<b>-372</b>	<b>-485</b>	<b>-435</b>	<b>-341</b>	<b>-402</b>	<b>-402</b>	<b>-367</b>	<b>-377</b>	<b>-2,848</b>	<b>-4,416</b>
Agency Spend relating to Investments			0	0	0	0	-58	-100	-100	0	-126	-126	-126	-126	-258	-738
Agency spend relating to COVID			-1	0	0	0	0	0	0	0	0	0	0	0	-1	-1
<b>Enabling, Hosted &amp; reserves</b>																
Agency Consultant Costs	0	0	0	0	0	0	0	-13	-2	4	-2	-2	-2	-2	-10	-18
Agency Nursing	-8	-1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Agency Scient, Therap. & Tech	-83	-7	-5	-10	-8	-28	-43	-19	-32	-22	-19	-19	-19	-19	-168	-244
Agency Other clinical staff costs																
Agency Non clinical staff costs	-977	-81	-105	-131	-158	-49	-56	-95	-220	-58	-110	-110	-110	-110	-862	-1,302
<b>Sub-total for Directorate - Enab/Host</b>	<b>-1,069</b>	<b>-89</b>	<b>-110</b>	<b>-141</b>	<b>-166</b>	<b>-78</b>	<b>-99</b>	<b>-116</b>	<b>-254</b>	<b>-76</b>	<b>-131</b>	<b>-131</b>	<b>-131</b>	<b>-131</b>	<b>-1,041</b>	<b>-1,565</b>
Agency Spend relating to Investments			0	0	-5	0	0	-13	-2	4	-2	-2	-2	-2	-16	-24
Agency spend relating to COVID			-76	-76	-79	-111	-47	-77	-94	-13	-60	-70	-65	-50	-576	-841
<b>TOTAL TRUST</b>																
Agency Consultant Costs	-3,433	-286	-371	168	-578	-341	-276	-221	-657	-454	-414	-394	-374	-354	-2,730	-4,268
Agency Nursing	-3,915	-826	-953	-1,013	-1,028	-1,243	-1,411	-1,588	-1,634	-1,417	-1,436	-1,466	-1,446	-1,406	-10,286	-16,092
Agency Scient, Therap. & Tech	-696	-58	-73	-68	-69	-99	-77	-78	-116	-106	-109	-109	-109	-109	-686	-1,122
Agency Other clinical staff costs				-11	-16	-11	1	0	0	-11	-20	-20	-20	-20	-49	-129
Agency Non clinical staff costs	-1,202	-100	-135	-188	-230	-81	-89	-154	-233	-100	-162	-162	-147	-147	-1,210	-1,826
<b>Total</b>	<b>-15,246</b>	<b>-1,270</b>	<b>-1,532</b>	<b>-1,113</b>	<b>-1,920</b>	<b>-1,775</b>	<b>-1,852</b>	<b>-2,041</b>	<b>-2,639</b>	<b>-2,087</b>	<b>-2,151</b>	<b>-2,151</b>	<b>-2,056</b>	<b>-2,036</b>	<b>-14,960</b>	<b>-23,435</b>
Total Trust Agency Spend relating to Investment	-	-	-57	-88	-120	-130	-256	-316	-322	-230	-365	-365	-365	-365	-1,519	-2,978
Total Trust Agency Spend relating to Covid-19	2,578	215	-193	-191	-239	-172	-75	-115	-119	-87	-135	-115	-106	-75	-1,194	-1,618
<b>Total excluding Covid-19 and Investment</b>	<b>-12,668</b>	<b>-1,055</b>	<b>-1,281</b>	<b>-834</b>	<b>-1,560</b>	<b>-1,473</b>	<b>-1,521</b>	<b>-1,610</b>	<b>-2,198</b>	<b>-1,771</b>	<b>-1,682</b>	<b>-1,672</b>	<b>-1,632</b>	<b>-1,597</b>	<b>-12,247</b>	<b>-18,838</b>

Agency costs for November were £2.1m. Excluding Covid and investment funded posts, costs were £1.8m.

The forecast costs for the year are £23.4m.

Additional detail on agency staff expenditure has been provided in the main body of the report.

## APPENDIX D – Cash flow forecast

2021/22 CASH-FLOW FORECAST	NOV	NOV	NOV	DEC	JAN	FEB	MAR	YTD	21/22
	FORECAST	ACTUAL	VARIANCE	FORECAST	FORECAST	FORECAST	FORECAST	ACTUAL	FORECAST
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b>OPENING BALANCE</b>	34,222	34,222	0	38,078	35,480	33,022	28,915	24,139	24,139
<b>INCOME</b>									
Leicester & Leicestershire CCG block contracts	22,409	23,044	635	23,067	21,899	21,899	19,899	185,870	272,634
Other CCG block contracts	469	469	0	294	294	294	294	2,364	3,540
East Midlands Provider Collaborative - CAMHS	142	142	0	142	142	142	142	1,136	1,704
Local Authorities block contracts	1,474	758	(716)	1,442	1,442	1,442	1,442	10,136	15,904
NHS England	2,171	1,976	(195)	783	2,323	783	4,167	9,018	17,074
UHL contract	464	0	(464)	464	232	232	232	1,392	2,552
MADEL	4,179	4,179	0	0	0	1,478	0	9,216	10,694
HIS income	100	268	168	200	200	200	200	1,614	2,414
360 Assurance income	100	148	48	100	300	100	136	1,058	1,694
UHL rental income	341	0	(341)	463	0	0	0	635	1,098
Previous year's income	0	7	7	0	0	0	0	4,970	4,970
VAT	329	393	64	426	250	250	250	3,623	4,799
Property sales	0	0	0	0	0	0	0	341	341
PDC for capital investment	0	0	0	2,016	0	0	4,374	0	6,390
Other income	488	813	325	626	588	588	563	4,914	7,279
<b>Total Receipts</b>	<b>32,666</b>	<b>32,197</b>	<b>(469)</b>	<b>30,023</b>	<b>27,670</b>	<b>27,408</b>	<b>31,699</b>	<b>236,287</b>	<b>353,087</b>
<b>PAYMENTS</b>									
Payroll	20,349	19,386	(963)	20,051	20,224	20,232	20,259	152,837	233,603
Capital	843	1,235	392	1,500	1,500	2,000	4,068	3,623	12,691
Non pay general expenditure	5,526	5,101	(425)	5,526	5,196	6,080	7,198	43,010	67,010
UHL - Estates & FM Services	1,880	940	(940)	1,880	940	940	940	6,580	11,280
UHL - Other contracts	145	0	(145)	290	145	145	145	1,015	1,740
NHS Property Services rents	1,200	52	(1,148)	1,448	305	300	300	1,902	4,255
Community Health Partnerships rents	335	227	(108)	226	118	118	118	836	1,416
HCL Agency Nursing Costs	1,600	1,285	(315)	1,700	1,700	1,700	1,700	9,369	16,169
Out of Area (OOA) costs for patients placed in private hospitals	0	0	0	0	0	0	0	161	161
Public dividend capital payment (PDC)	0	0	0	0	0	0	2,886	2,785	5,671
Other finance costs (inc loan interest and principal repayments)	115	115	0	0	0	0	0	230	230
<b>Total Payments</b>	<b>31,993</b>	<b>28,341</b>	<b>(3,652)</b>	<b>32,621</b>	<b>30,128</b>	<b>31,515</b>	<b>37,614</b>	<b>222,348</b>	<b>354,226</b>
<b>CLOSING CASH BOOK BALANCE</b>	<b>34,895</b>	<b>38,078</b>	<b>3,183</b>	<b>35,480</b>	<b>33,022</b>	<b>28,915</b>	<b>23,000</b>	<b>38,078</b>	<b>23,000</b>



## APPENDIX E – Covid-19 expenditure, November 2021

### Cost of Covid response

CATEGORY	DMH	CHS	FYPC	LD	ESTS	ENAB	HOST	RSRVS	TOTAL
<b>PAY</b>	£000	£000	£000	£000	£000	£000	£000	£000	£000
Expand NHS Workforce - Medical / Nursing / AHPs / Hcare Scientists / Other									
Substantive	4	1	0	0	0	8	0	0	13
Bank	115	37	0	0	0	33	0	0	185
Agency	14	60	0	0	0	0	0	0	74
Existing workforce additional shifts									
Substantive	0	0	0	0	0	0	0	0	0
Bank	0	0	11	8	0	0	0	0	19
Agency	0	0	0	0	0	0	0	0	0
Backfill for higher sickness absence									
Substantive	0	0	0	0	0	0	0	0	0
Bank	0	0	0	0	0	0	0	0	0
Agency	0	0	0	0	0	0	0	0	0
Sick pay at full pay (all staff types)	0	0	0	0	0	0	0	0	0
<b>NON-PAY</b>	£000	£000	£000	£000	£000	£000	£000	£000	£000
NHS Staff Accommodation - if bought outside of national process	0	0	0	0	0	0	0	0	0
PPE - locally procured	0	0	0	0	0	1	0	0	1
PPE - other associated costs	0	0	0	0	0	0	0	0	0
Increase ITU capacity (incl hospital assisted respiratory / mech. ventilation)	0	0	0	0	0	0	0	0	0
Remote management of patients	0	0	0	0	0	0	0	0	0
Support for patient stay at home models	0	0	0	0	0	0	0	0	0
Segregation of patient pathways	0	0	0	0	0	0	0	0	0
Plans to release bed capacity	0	0	0	0	12	3	0	0	15
Decontamination	0	0	0	0	0	0	0	0	0
Additional Ambulance Capacity	0	0	0	0	0	0	0	0	0
Enhanced Patient Transport Service	2	0	0	0	0	0	0	0	2
NHS 111 additional capacity	0	0	0	0	0	0	0	0	0
After care and support costs (community, mental health, primary care)	0	0	0	0	0	0	0	0	0
Infection prevention and control training	0	0	0	0	0	0	0	0	0
Remote working for non patient activities:									
IT/Communication services and equipment	0	0	0	0	0	15	0	0	15
Furniture, fittings, office equip for staff home working	1	0	0	0	0	0	0	0	1
Internal and external communication costs	0	0	0	0	0	0	0	0	0
Covid Testing	0	0	0	0	0	0	0	0	0
Business Case (SDF) - Ageing Well - Urgent Response Accelerator	0	0	0	0	0	0	0	0	0
Direct Provision of Isolation Pod	0	0	0	0	0	0	0	0	0
PPN / support to suppliers (continuity of payments if service is disrupted)	0	0	0	0	0	0	0	0	0
<b>TOTAL M8 COVID COSTS:</b>	<b>136</b>	<b>98</b>	<b>11</b>	<b>8</b>	<b>12</b>	<b>60</b>	<b>0</b>	<b>0</b>	<b>325</b>
<b>TOTAL M1 to M7 COVID COSTS:</b>	<b>1,706</b>	<b>507</b>	<b>90</b>	<b>59</b>	<b>83</b>	<b>500</b>	<b>24</b>	<b>0</b>	<b>2,969</b>
<b>TOTAL YTD COVID COSTS:</b>	<b>1,841</b>	<b>605</b>	<b>101</b>	<b>67</b>	<b>95</b>	<b>560</b>	<b>24</b>	<b>0</b>	<b>3,293</b>

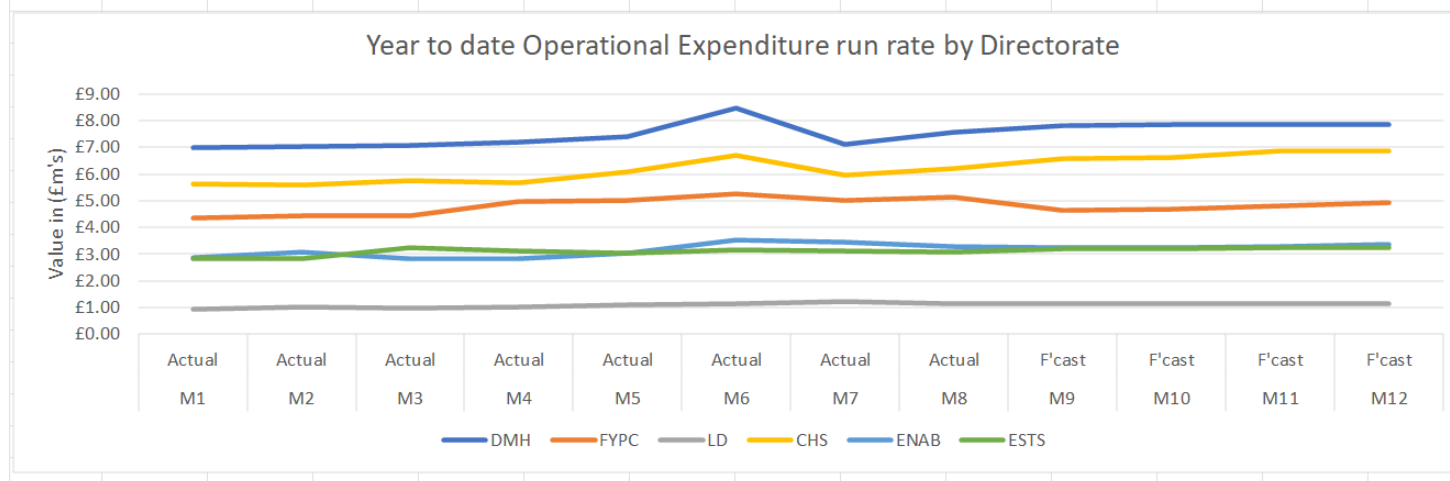
### Covid Vaccination costs

Total Covid vaccination costs incurred to date (April to November) are £4.24m. Virtually all the costs relate to staffing. The Vaccination Programme forecast has now been extended to March 2022. The Trust plan assumes total vaccination costs of £8.02m for the financial year, however, following the national call to action across December, it is anticipated that costs will increase significantly and the forecast will be updated accordingly. Vaccination costs are currently direct funded based on actual costs incurred, so the programme is forecast to have no impact on the Trust bottom line financial position.

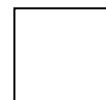
**APPENDIX F – Operational expenditure run-rate, April to November**

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	Total
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	F'cast	F'cast	F'cast	F'cast	F'cast
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
<b>DMH</b>	7.0	7.0	7.1	7.2	7.4	8.5	7.1	7.6	7.8	7.9	7.9	7.9	90.4
<b>FYPC</b>	4.4	4.5	4.4	5.0	5.0	5.3	5.0	5.1	4.6	4.7	4.8	4.9	57.8
<b>LD</b>	1.0	1.0	1.0	1.0	1.1	1.1	1.2	1.1	1.2	1.2	1.2	1.2	13.1
<b>CHS</b>	5.6	5.6	5.8	5.7	6.1	6.7	6.0	6.2	6.6	6.6	6.9	6.9	74.6
<b>ENAB</b>	2.9	3.1	2.8	2.8	3.0	3.5	3.4	3.3	3.2	3.2	3.3	3.4	38.0
<b>ESTS</b>	2.8	2.8	3.3	3.1	3.0	3.2	3.1	3.1	3.2	3.2	3.2	3.2	37.3
<b>TOTAL</b>	<b>23.7</b>	<b>24.0</b>	<b>24.4</b>	<b>24.8</b>	<b>25.7</b>	<b>28.3</b>	<b>25.8</b>	<b>26.4</b>	<b>26.6</b>	<b>26.8</b>	<b>27.2</b>	<b>27.4</b>	<b>311.2</b>

The actual expenditure run-rate for operational directorates is shown (left). Most clinical areas show a general increasing trend which reflects the additional investment relating to MHIS, SDF and SR schemes. The ‘spike’ in month 6 reflects the payments relating to the pay award (plus arrears) which were made in that month.



With the exception of LD, directorates continue to forecast that they will deliver a year end financial position broadly within budget. The increasing cost within the Agnes Unit is the main cause of the LD pressures, and this has been factored into run-rates.



## Trust Board – 21/12/21

### Month 8 Trust finance report

#### Purpose of the Report

- To provide an update on the Trust financial position, including revisions to the capital programme

#### Proposal

- The Committee is recommended to review the summary financial position and receive assurance that financial performance is in line with the H2 financial plan, and the overall plan for the year.

**Decision required:** none

#### Governance table

For Board and Board Committees:	Trust Board 21/12/2021	
Paper sponsored by:	Sharon Murphy, Acting Director of Finance	
Paper authored by:	Amjad Kadri, Acting Head of Corporate Finance Jackie Moore, Financial Controller	
Date submitted:	14/12/2021	
State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):	Operational Executive Board, 17/12/2021	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e., assured/ partially assured / not assured:		
State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning	Monthly update report	
STEP up to GREAT strategic alignment*:	High Standards	
	Transformation	
	Environments	
	Patient Involvement	
	Well Governed	x
	Single Patient Record	
	Equality, Leadership, Culture	
	Access to Services	
	Trustwide Quality Improvement	
Organisational Risk Register considerations:	List risk number and title of risk	all
Is the decision required consistent with LPT's risk appetite:	NA	
False and misleading information (FOMI) considerations:	NA	
Positive confirmation that the content does not risk the safety of patients or the public	Yes	
Equality considerations:	NA	