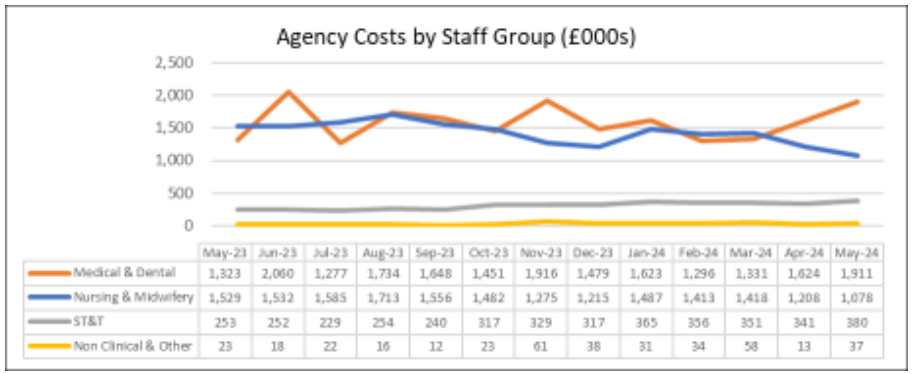
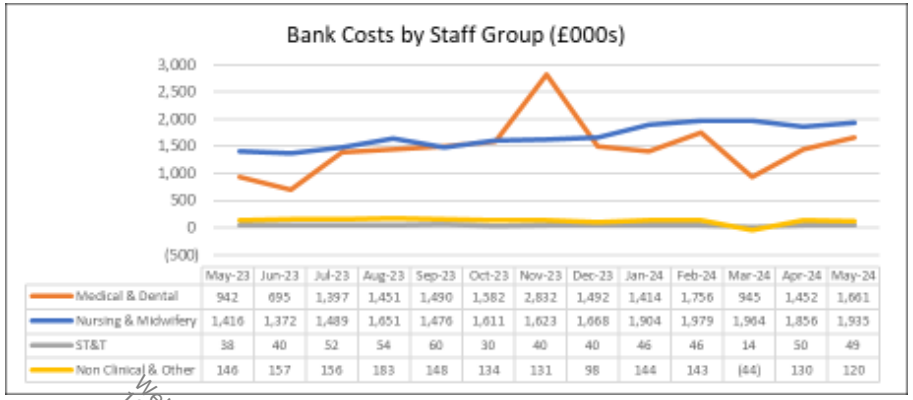
BEST USE OF RESOURCES – BANK AND AGENCY SPEND

We are driving this measure because

Expenditure on bank and agency is a significant driver of our financial performance and consequently our financial plan reflects a challenging target to reduce our agency spend to 3% of the pay bill by the end of 24/25. Delivery of this level of spend reduction is therefore key to achievement of our overall financial plan.



	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
Medical & Dental	1,323	2,060	1,277	1,734	1,648	1,451	1,916	1,479	1,623	1,296	1,331	1,624	1,911
Nursing & Midwifery	1,529	1,532	1,585	1,713	1,556	1,482	1,275	1,215	1,487	1,413	1,418	1,208	1,078
ST&T	253	252	229	254	240	317	329	317	365	356	351	341	380
Non Clinical & Other	23	18	22	16	12	23	61	38	31	34	58	13	37



	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
Medical & Dental	942	695	1,397	1,451	1,490	1,582	2,832	1,492	1,414	1,756	945	1,452	1,661
Nursing & Midwifery	1,416	1,372	1,489	1,651	1,476	1,611	1,623	1,668	1,904	1,979	1,964	1,856	1,935
ST&T	38	40	52	54	60	30	40	40	46	46	14	50	49
Non Clinical & Other	146	157	156	183	148	134	131	98	144	143	(44)	130	120

Performance and Actions

Total agency expenditure in May was £3.4m, this represents 9.0% of total staff costs and is an increase of £0.2m compared with April. Of the £0.2m increase, Medical & Dental spend increased by £0.3m and Nursing & Midwifery reduced by £0.1m. The £0.3m increase in Medics is due to additional consultants in Urgent Care and retrospective Medics bookings in month. Medicine are currently reviewing the demand for temporary Medics across the entire Division in response to continuing pressures. The favourable movement on Nursing & Midwifery is due to lower usage for vacancy and sickness cover in month.

Total bank expenditure was £3.8m in May, this represents 9.9% of total staff costs and is an increase of £0.3m compared with last month. Of the £0.2m adverse movement, Medical & Dental spend increased by £0.3m and Nursing & Midwifery increased by £0.1m. The £0.3m adverse movement in Medics is due to additional consultants in Urgent Care retrospective Medics bookings in month. The adverse movement on Nursing & Midwifery is due to more shifts being used to cover vacancies and sickness in month.

In response to the Medical temporary staffing premium challenge the Doctors workforce group has been relaunched as the Medical agency reduction group with a focus on driving down premium cost and increasing governance and ownership of spend. Divisions are expected to demonstrate active recruitment, job planning compliance and plans to address, temporary staffing actions including increasing Direct Engagement, reducing retrospective shifts, details of escalated shifts and action plans to address.

Risks

A lag in delivery of the CPIP programme relating to recruitment will add to the pressure reflected in the Trust's overall financial performance. Emergency pressures continue causing additional capacity to remain open incurring higher agency costs. Sickness also remains significantly higher than the target impacting our ability to remove temporary staffing.

What the charts tell us

By staff group agency spend was £1.9m on Medical & Dental (£0.3m increase compared to M1), £1.1m on Nursing & Midwifery (£0.1m reduction compared to M1), £0.4m on Scientific, Therapeutic & Technical staff (£40k increase compared to M1) and £37k on Non-Clinical staff (an increase of £23k compared to M1).

By staff group bank spend was £1.7m on Medical & Dental (£0.2m increase compared to M1), £1.9m on Nursing & Midwifery (£0.1m increase compared to M1), £48k on Scientific, Therapeutic & Technical staff (£1k reduction compared to M1) and £120k on Non-Clinical staff (a reduction of £10k compared to M1).

BEST USE OF RESOURCES – CAPITAL

We are driving this measure because

The Capital investment programme to replace existing and invest in new additional assets is key to driving improved clinical and financial sustainability. Given the size of capital programme there is a significant risk that the Trust has insufficient funding to support maintenance requirements and urgent replacement schemes.

2024/25 original (May) plan, revised (June) plan and YTD capital expenditure:

Workstream	Scheme	24/25 Original Internal plan £'000	Adjustments for External Plan	Revised 24/25 External plan £'000	Total YTD Valuation £'000
P&W	Backlog Maintenance b/f			-	325
P&W	Additional P&W Schemes	1,486		1,486	-
P&W	Generators (East and West, No 1 & No 2)	71		71	(31)
P&W	Upgraded Fire Compartmentation	343		343	6
P&W	HV Works - DNO Substation and Site ISS)	748	(389)	359	-
P&W Total		**2,648**	**-389**	**2,259**	**300**
Digital	Xerox Scanners	54		54	56
Digital	Xerox - Kainos Upgrades	26		26	(3)
Digital	Additional Digital schemes	-		-	51
Digital	Phase 2 - Digital System Production Environment	300	(200)	100	(0)
Digital	Phase 2 - Telephony Systems Critical Upgrades	306	(154)	152	(44)
Digital	LIMS - Infrastructure	763	148	911	14
Digital Total		**1,449**	**-206**	**1,243**	**73**
Equipment	Equipment Schemes	610		610	89
Equipment	Donated Equipment Schemes	-		-	71
Equipment Total		**610**	**0**	**610**	**160**
Strategic	Urgent Emergency Care - Additional	570		570	39
Strategic	Cath Lab/IR Feasibility	1,974		1,974	1
Strategic	Acute Service Review - Maternity	3,584	(907)	2,677	2
Strategic	Linac Replacement	250		250	-
Strategic	Targeted Investment Fund - Alex Theatres	90		90	173
Strategic	Community Diagnostic Centres 2				(183)
Strategic	Reinforced Autoclaved Aerated Concrete				2
Strategic Total		**6,468**	**-907**	**5,471**	**34**
Lease Additions	New Leases			-	681
IFRIC 12 PFI	IFRIC 12 PFI Lifecycle replacement	340		340	20
Contingency	System support capital	396	(396)	-	-
Lease Remeasurement	Leases	1,445			
Lease Remeasurement	Charles Hasting Education Centre Lease			-	
Other Total		**2,181**	**-396**	**340**	**701**
Workstream total	**Internal Funded**	**13,356**	**-1,898**	**11,458**	**1,267**

Workstream	Scheme	24/25 External plan £'000	Adjustments for External Plan	Revised 24/25 External plan £'000	Total YTD Valuation £'000
Digital	Front Line Digitisation	1,000		1,000	54
Digital Total		**1,000**	**0**	**1,000**	**54**
Workstream total	**External Funded**	**1,000**	**0**	**1,000**	**54**
	Total Capital Plan	**14,356**	**-1,898**	**12,458**	**1,320**

Performance and Actions

Capital spend at M2 was £1,320k, which included two new lease contracts that began in April with a ROU asset value of £681k. The remainder of the spend at M2 can be mainly attributed to spend on P&W schemes, continuation of the Frontline Digitalisation Scheme and finalisation of the HV electrical works to support the new Alex Theatres.

The capital plan for 2024/25 has been re-submitted at £12.458m, compared to the previous plan submitted in May of £14.356m. The capital reduction for WAHT is £1.898m from the total reduction of £2.531m across the system.

This reduction in CRL is due to the 2024/25 Revenue Financial Plan Limit compared to the notional fair share value which has reduced the providers CRL by 10% across the system.

The impacted areas include a rephasing plan of £907k for ASR into 2025/26, slippage of £389k for Property and Works, ICT £206k and removal of the contingency funding £396k for 2024/25. The £1.898m is assumed to be slippage on the approved capital schemes during 2024/25 and may vary between different schemes.

The plan includes £1m of external funding for the ongoing Front Line Digitalisation Scheme (FLD) scheme, which is planned capital expenditure, £1.4m will be allocated for new lease additions and £340k for PFI replacement equipment.

The Strategic schemes planned to take place in 2024/25 include Acute Service Review (ASR) £2.7m, Cath Lab £2m and LIMS £911k.

Risks

There remain several risks around the current capital programme in 2024/25 onwards:

- The completed UEC build has been complex and there is therefore a risk of further unforeseen costs being identified that require funding in 2024/25.
- Additional costs have been identified to date and included in the capital plan submitted for 2024/25 at £570k.
- Re-costed budget for ASR and the estimated cost as at 24/25 of £14.5m have been included in the capital plans for 2024/25, 2025/26 and 2026/27. If the scheme is partly deferred into 2025/26 and 2026/2027 due to insufficient internal capital available, then approval will be required from NHSE.
- There is no contingency funding available for urgent replacement equipment especially as some large equipment items are beyond there useful life and may require replacement imminently.

What the charts tell us

Ongoing capital expenditure on internal schemes continue to impact and delay a significant proportion of spend on backlog maintenance and equipment replacement. Discussions are continuing with ICB & Region regarding a longer-term solution for 2024/25. The finance team will continue to work with the workstream leads to ensure all expected costs are identified at this stage.

BEST USE OF RESOURCES – CASH

We are driving this measure because

Daily monitoring of the Trust cash position to ensure there are sufficient funds to cover employee costs and the payment of Trust suppliers as per the BPPC guidance.

Worcestershire Acute Hospitals NHS Trust (WORCESTERSHIRE / RWP)
Cash Flow Forecast

	Period Beginning	01/04/2025	01/05/2025	01/06/2025	01/07/2025	01/08/2025	01/09/2025	01/10/2025	01/11/2025	01/12/2025	01/01/2025	01/02/2025	01/03/2025
	Period Ending	30/04/2025	31/05/2025	30/06/2025	31/07/2025	31/08/2025	30/09/2025	31/10/2025	30/11/2025	31/12/2025	31/01/2025	28/02/2025	31/03/2025
Cash at Beginning of Period		11,384	1,125	1,712	775	1,038	870	1,440	1,065	1,043	806	1,065	2,273
Cash at End of Period		1,125	1,712	775	1,038	870	1,440	1,065	1,043	806	1,065	2,273	877

Actuas

Operations £000's	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Total
Cash Receipts from	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
NHS Customers	49,619	54,456	51,462	50,572	50,641	51,676	50,572	50,572	51,676	49,441	50,572	51,676	612,933
Non NHS Customers	541	439	423	525	525	525	525	525	525	525	475	525	6,078
Other Operations	6,762	3,639	3,380	6,224	2,200	2,200	6,224	2,200	2,190	3,340	6,196	2,209	46,763
Cash paid for													
Trade and other payables	(25,056)	(22,935)	(25,834)	(27,190)	(23,140)	(24,740)	(24,740)	(23,140)	(24,740)	(22,340)	(20,778)	(21,478)	(286,115)
Wages	(31,980)	(32,126)	(32,771)	(31,355)	(31,648)	(31,355)	(31,355)	(31,648)	(31,355)	(31,648)	(31,355)	(31,355)	(379,948)
NHSP - Wages - Agency /Bank	(3,366)	(5,456)	(4,023)	(4,426)	(4,426)	(4,426)	(4,426)	(4,426)	(4,426)	(4,426)	(4,426)	(4,426)	(52,679)
Interest on borrowings	0	0	0	0	0	(131)	0	0	0	0	0	(124)	(255)
Net Cashflow from Operations	(3,480)	(1,984)	(7,363)	(5,650)	(5,849)	(6,251)	(3,200)	(5,918)	(6,130)	(5,108)	684	(2,973)	(53,223)
Investing Activities £000's													
Cash Receipts from													
NHS Customers - Depre. Tariff - ICB	964	964	964	964	964	964	964	964	964	964	964	964	11,568
Bank Interest	204	150	112	103	119	116	97	115	112	88	113	106	1,435
Cash paid for													
Purchase of property and equipment	(7,947)	(2,793)	(649)	(2,654)	(1,153)	(1,124)	(1,736)	(684)	(683)	(684)	(553)	(552)	(21,212)
Net Cashflow from Investing Activities	(6,779)	(1,679)	427	(1,587)	(70)	(44)	(675)	395	393	368	524	518	(8,209)
Financing Activities £000's													
Cash Receipts from													
Borrowing:													
Revenue PDC	0	4,250	6,000	7,500	4,750	7,500	3,500	5,500	5,500	5,000	0	5,000	54,500
Capital PDC received	0	0	0	0	1,000	0	0	0	0	0	0	0	1,000
Cash paid for													
Repayment of loans	0	0	0	0	0	(334)	0	0	0	0	0	(334)	(668)
PDC	0	0	0	0	0	(300)	0	0	0	0	0	(3,607)	(3,907)
Net Cashflow from Financing Activities	0	4,250	6,000	7,500	5,750	6,866	3,500	5,500	5,500	5,000	0	1,059	50,925
Net Cash Flow	(10,259)	587	(937)	263	(169)	571	(375)	(23)	(237)	260	1,208	(1,396)	(10,507)

Performance and Actions

The Trust cash position at the end of month 2 was £1.712m. The Trust received revenue support of £4.25m in May, which was 50% of the amount that was requested. The Trust submitted a revised application for June 2024 revenue support of £7.5m, of which £6m was approved and will be received in June. NHSE's CFO office advised that the reduction of £1.5m of the amount requested for June was due to the finalisation of all Trusts planning submission.

The Trust has had notification from the ICB that the deficit, and therefore the cash requirement will now be funded through the ICB and the Trust will receive £7.5m in July. As a result of this decision, there has been no application for revenue support for quarter 2 (July-August).

For 2024/25, the planned deficit is £57.3m and as stated above will be funded through the ICB. It is to be noted that the CPIP's of £45m is assumed to be cash releasing savings and is phased over the full 12 months. If the CPIP is not achieved, the Trust will need to apply for additional cash support.

To ensure that there is adequate cash to cover payroll costs, including Tax, NI and Pensions, the creditor payment runs have been reduced and this will significantly reduce the Trust BPPC %.

Risks

The Trust's deficit/cash support is now to be funded through the ICB, which removes the requirement to make applications for revenue support. It is to be noted that if the CPIP is not achieved, the Trust will need to apply for additional cash support, to enable it to meet its payroll commitments and BPPC target to ensure there is no disruption to the supply of goods and services due to none/late payment of invoices to creditors.

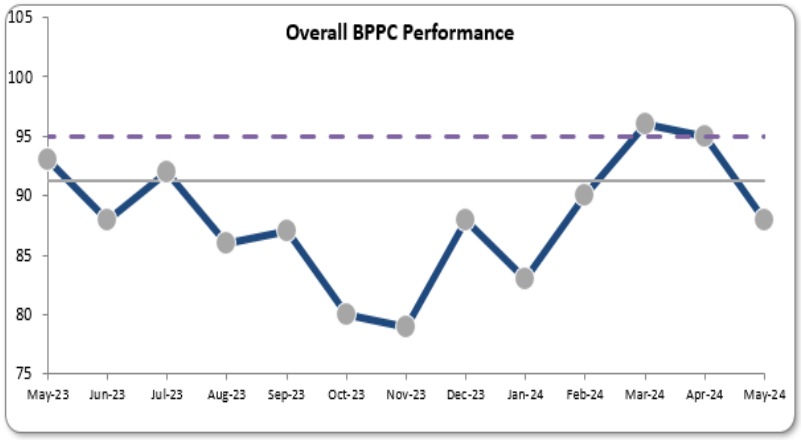
Assumptions made for the above cashflow

- The PDC for June has been reduced from £7.5m to £6m. As noted above, the deficit/cash requirement is to be funded by the ICB. For cash flow forecasting, it has been recorded on the PDC line to show the requirement needed each month and it is unclear how this will be accounted for.
- Creditor payment runs are closely monitored and are being reduced/delayed to account for the reduction in revenue support in June and the under-performance of CPIP up to and including month 2.

BEST USE OF RESOURCES – CASH

We are driving this measure because

Daily monitoring of the Trust cash position to ensure there are sufficient funds to cover employee costs and the payment of Trust suppliers as per the BPPC guidance.



Performance and Actions

The BPPC performance for the month is 89% based on volume of invoices paid and 88% based on value;

- 7,400 invoices paid out of 8,289 due.
- £25.3m worth of invoices out of £28.8m were paid on time this month.

As noted above, the Trust will need continued revenue/ICB support in 2024/25 to enable to payment of the wage costs and non-pay expenditure through creditor payment runs.

The Trust continues to have issues with SBS and the verification of invoices. The Finance team continues to work closely with SBS to resolve the issues with verification and scanning delays. The Finance team are also working closely with the Procurement team to encouraged Trust suppliers to use electronic invoicing, which significantly reduces errors and time with the processing of invoices.

Risks

Due to the reducing levels of cash, the creditor payment runs are being closely monitored and adjusted to ensure that the wage costs for the month can be met. The Trust received 50% of the requested support in May and will receive £1.5m below what was requested for June, received £4.25m in May and £6m will be received June due to the submission of the 2024/25 plan not being finalised by the NHSE's CFO office.

For 2024/25, the planned deficit is £57.3m is to be funded through the ICB as part of the overall system. It is to be noted that the CPIP's of £44m is assumed to be cash releasing savings and is phased over the full 12 months. If the CPIP is not achieved, the Trust will need to apply for additional cash support.

What the charts tell us

Better Payment Practice Code (BPPC) performance for month 2 is 89% based on volume of invoices paid and 88% based on value. We are below target for the BPPC target YTD for both Volume and Value, 6.5% and 3.38% below respectively

Worcestershire Acute Hospitals NHS Trust

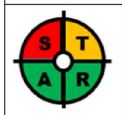
Trust Key Performance Indicators (KPIs) - up to May-24 data

Performance Against Target (Status)
- Meeting Target
- Not Meeting Target

Activity Performance Only
- Over 5% above Target
- 5% above to 2% below Target
- More than 2% below Target to 5% below Target
- Over 5% below Target

Type	Item	Description
Pass/Fail	F	The system is expected to consistently Fail the target
Pass/Fail	P	The system is expected to consistently Pass the target
Pass/Fail	?	The system may achieve or fail the target subject to random variation
Trend Variation	H	Special cause variation - cause for concern (indicator where HIGH is a concern)
Trend Variation	L	Special cause variation - cause for concern (indicator where LOW is a concern)
Trend Variation	~	Common cause variation
Trend Variation	H	Special cause variation - improvement (indicator where HIGH is GOOD)
Trend Variation	L	Special cause variation - improvement (indicator where LOW is GOOD)

Example



Data Quality Assurance Questions

		Overall KPI Rating Key
S - Sign Off and Validation	Is there a named responsible person apart from the person who produced the report who can sign off the data as a true reflection of the activity? Has the data been checked for validity and consistency?	No Assurance
T - Timely & Complete	Is the data available and up to date at the time someone is attempting to use it to understand the data. Are all the elements of information needed present in the designated data source and no elements of needed information are missing?	Limited Assurance
A - Audit & Accuracy	Are there processes in place for either external or internal audits of the data and how often do these occur (Annual / One Off)?	Reasonable Assurance
R - Robust Systems & Data Capture	Are there robust systems which have been documented according to data dictionary standards for data capture such that it is at a sufficient granular level?	Substantial Assurance

NHS Worcestershire Acute Hospitals NHS Trust

Quality of care, access and outcomes		Responsible Director	Standard	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Latest Month Numerator	Latest Month Denominator	Year to Date (v Standard if available)	Latest Available Monthly Position: Latest month v benchmark	Latest Available Monthly Position: National or Regional		SPCs: Pass/ Fail	SPCs: Trend Variation	DQ Mark
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	75%	68.8%	71.5%	72.6%	72.8%	73.7%	76.7%	69.7%	71.5%	63.1%	69.5%	76.9%	73.4%	-	2,186	2,977	-		73.5%	Apr-24	?	~	
	2 Week Wait all cancers	Chief Operating Officer	93%	91.9%	93.4%	86.3%	68.5%	81.5%	95.0%	95.6%	85.7%	87.9%	88.9%	86.0%	86.0%	-	2,298	2,675	-		75.6%		F	H	
	Urgent referrals for breast symptoms	Chief Operating Officer	93%	97.0%	89.2%	55.9%	86.5%	96.6%	99.0%	93.7%	80.0%	77.8%	32.0%	16.8%	35.0%	-	39	111	-		57.5%		?	~	
	Cancer 31 day diagnosis to treatment	Chief Operating Officer	96%	88.2%	94.0%	94.7%	89.5%	87.7%	84.7%	90.0%	90.9%	87.2%	88.5%	87.2%	85.3%	-	349	409	-		89.6%		?	L	
	Cancer 31 Days Combined (new standard from Oct 23)	Chief Operating Officer	96%	90.4%	93.4%	92.9%	88.6%	89.4%	86.9%	89.4%	89.7%	87.3%	90.5%	87.5%	84.5%	-	558	660	-		89.2%		?	~	
	Cancer 62 days urgent referral to treatment	Chief Operating Officer	85%	44.3%	54.9%	54.0%	51.0%	46.1%	52.6%	49.0%	42.3%	42.3%	44.1%	50.6%	57.9%	-	154	265	-		61.3%		F	~	
	Cancer 62-Day National Screening Programme	Chief Operating Officer	90%	45.8%	48.4%	40.0%	51.4%	48.4%	45.7%	58.8%	83.3%	44.4%	67.8%	61.9%	65.8%	-	25	38	-		66.4%		?	~	
	Cancer consultant upgrade (62 days decision to upgrade)	Chief Operating Officer	85%	94.0%	99.1%	98.3%	98.4%	95.2%	71.4%	78.2%	77.8%	78.1%	81.9%	79.5%	82.7%	-	70	84	-		76.8%		P	L	
	Cancer 62 days Combined (new standard from Oct 23)	Chief Operating Officer	85%	52.1%	62.3%	61.1%	60.9%	59.3%	55.1%	57.5%	54.1%	51.4%	56.7%	58.4%	63.6%	-	248	390	-		66.6%		F	~	
	Cancer: number of urgent suspected cancer patients waiting over 62 days	Chief Operating Officer	Plan	309	332	286	300	321	391	389	379	409	366	141	159	176							F	L	
Urgent and emergency care	% emergency admissions discharged to usual place of residence	Chief Operating Officer	90%	86.1%	84.0%	87.3%	83.6%	84.8%	84.0%	84.3%	82.9%	82.6%	82.3%	84.7%	85.6%	85.5%	2,935	3,432	85.5%		92.2%	Feb to Jan	F	~	
	A&E Activity (any type)	Chief Operating Officer	Plan	18,959	19,177	18,735	17,957	18,427	18,564	17,403	16,960	17,647	17,190	18,537	18,677	19,875			38,552					↗	
	Ambulance handover within 30 minutes	Chief Operating Officer	98%	65%	66%	70%	62%	57%	48%	56%	53%	53%	55%	64%	64%	60%	2,305	3,828	62%		73%	July	F	~	
	Ambulance handover over 60 minutes	Chief Operating Officer	0	784	779	732	863	1,046	1,272	1,064	1,166	1,072	1,029	869	836	922			1,758		12%		F	~	
	Non Elective Activity - General & Acute (Adult & Paediatrics)	Chief Operating Officer	Plan	96.4%	97.3%	99.0%	99.6%	96.5%	98.8%	99.9%	99.9%	115.8%	110.8%	112.4%	130.5%	119.3%	5,359	4,491	125.0%					↗	
	Same Day Emergency Care (0 LOS Emergency adult admissions)	Chief Operating Officer	>40%	38%	37%	39%	38%	38%	39%	39%	37%	43.8%	41.3%	41.9%	42.2%	41.7%	2,178	5,227	41.9%		36%	Feb to Jan	?	H	
	A&E - % of patients seen within 4 hours (any type)	Chief Operating Officer	76%	66.7%	67.3%	68.4%	66.5%	64.6%	63.1%	62.5%	59.6%	60.5%	61.0%	68.0%	64.4%	66.3%	13,183	19,875	65.4%		74%	May	F	~	
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer	-	13.3%	13.1%	12.5%	14.8%	16.0%	19.0%	16.0%	17.0%	19.3%	18.5%	15.8%	16.6%	16.3%	2,196	13,447	16.5%		5%	Feb to Jan		H	
	A&E - Time to treatment	Chief Operating Officer	-	151	145	126	128	151	155	152	167	161	166	143	158	150			154		01:41			~	
	Time to be seen (average from arrival to time seen - clinician)	Chief Operating Officer	<15 minutes	16	17	15	16	17	19	16	16	16	16	14	16	16			16		00:22	Feb to Jan	?	L	
	A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	0	311	286	295	300	256	211	203	260	316	304	301	248	271			519				F	H	
	A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	3%	7.0%	7.3%	6.9%	7.0%	6.6%	6.7%	6.8%	7.1%	6.7%	7.2%	7.5%	7.1%	7.4%	993	12,454	7.3%		8%	Feb to Jan	F	H	