

Finance Report

Month 07 October 2025

Finance Department
Approved 27.11.2025

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1. Financial Performance Targets at October

Financial Performance Targets	Year to Date	Year-end Forecast
1. Achieve financial plan in 2025-26	Surplus £1.9m (Control v Actual)	Variance Control Total £6.3m Deficit
<p>The Trust is reporting a £1.9m surplus against the Control Total in Month 7. The main drivers of the positive variance are underspends in residential MHD beds and memory beds as well as increased savings. The vast majority of Directorates are reporting underspends against control totals through and additional cost controls have been implemented to help meet the increased savings target which will be extracted from budgets in future months. The Trust is now forecasting a reduced deficit of £6.3m for 2025/26, a decrease of £2m compared to previous month. This reflects the release of £2m expected expenditure that has not been realised, particularly relating to 2024/25 WLI, further pay adjustments and increased income from client contributions.</p>		
2. Achieve 2025-26 savings target	Overachieved by £143k or 1%	£43m
<p>The Trust Savings targets for 25/26 has increased to £43m following confirmation the Permanent Secretary on 31 October 2025 of increased savings of £8m low/medium and some high risk savings (£3.6m of this increase was recognised at mth 6). The savings target at Month 07 is £18.4m, with an achievement of £18.5m. The Trust has overachieved by £143k or 1% of the target to date, a positive movement than that reported at mth 6 with increased savings in discretionary, travel and other in-year opportunities across Directorates, offset by underachievement in medical locum savings.</p>		
3. Achieve in year break even outturn within Capital Resource Limit (CRL)	£8.3m	£13.5m
<p>As at month 07 total expenditure and commitments is £8.3m (of which £1.4m is actual expenditure to date). CRL funding notified to date is £13.5m. Forecasted year-end position is breakeven.</p>		
4. Prompt Payment Target - 95% of suppliers within 30 days	95.54%	96.04%
<p>The Trusts prompt payment performance in the month of Oct was 95.54% with a cumulative position to date of 96.04%. Therefore, the Trust met and exceeded both it's in-month prompt payment target for October, and year-to-date cumulative position as at 31st October 25. Estates and Agency invoices are the main areas not meeting prompt payment target.</p>		

2. Financial Plan 2025-26

The Trust is now forecasting a deficit of £6.3m at 2025/26 at month 7. This is a reduction of 6.5m compared to the £12.8m deficit reported in month 6, reflecting increased savings of £4.5m resulting in Permanent Secretary’s letter of 31 October endorsement by Trust Board and a forecasted reduction in spend of £2m due to expected expenditure that has not been realised, largely relating to 2024/25 WLI accrual, further pay adjustments and increased income from client contributions.

	Forecast (Month 07)
	£'m
Income RRL (per SPPG, PHA, NIMDTA)	1,077
Assumed Income (Mth 07)	38
Expected Income RRL	1,115
Additional Low /Medium Savings break-even plan	(4.4)
Additional Accruals Release	(2.0)
Forecast Plan 2025-26 at month 7	1,121
Forecast Deficit at Oct 2025	(6.3)

4. Financial position at October 2025

The table below shows Pay, Non-Pay and Income budget, spend and variances year to date for each Directorate.

The actual variance against budget at Month 7 is c£6.1m overspend however with the expected control total being £8.03m, this results in a positive variance against expected control total of c£1.9m. **Budget holders are expected to ensure that mitigating measures are in place to live within the forecast variance control total.** Current run-rates and pressures need to be reviewed in detail with immediate mitigating measures taken by those Directorates with a negative variance against expected variance control total.

Directorate	Pay			Non Pay			Income			Total Spend YTD	Actual Variance Mth 07	Expected Control Variance Total Mth 07	Diff Actual to Control Variance Mth 07
	Budget Mth 07	Actual Mth 07	Variance	Budget Mth 07	Actual Mth 07	Variance	Budget Mth 07	Actual Mth 07	Variance				
	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m				
Medicine and Unscheduled Care	79.6	84.3	(4.7)	27.8	28.9	(1.1)	(0.4)	(0.4)	0.0	112.8	(5,796)	(6,160)	365
Surgery and Clinical Services	100.4	100.0	0.4	24.4	25.6	(1.2)	(1.3)	(1.7)	0.4	123.9	(364)	(603)	239
Children and Young People Services	57.5	58.4	(0.9)	17.8	18.7	(0.9)	(0.2)	(0.3)	0.1	76.7	(1,719)	(1,922)	203
Mental Health and Disability	64.6	64.5	0.2	67.0	65.2	1.7	(8.1)	(7.3)	(0.8)	122.3	1,111	0	1,111
Finance, Procurement and Estates	10.7	10.4	0.3	21.7	22.0	(0.3)	(0.2)	(0.4)	0.2	31.9	235	0	235
Adult Community Services	80.1	80.7	(0.6)	65.4	69.2	(3.7)	(18.6)	(20.7)	2.0	129.2	(2,311)	(2,535)	224
Human Resources and Org Dev	4.3	4.3	0.0	1.0	1.0	0.0	(0.1)	(0.1)	(0.0)	5.2	29	(207)	236
Medical Director	4.7	5.2	(0.5)	0.1	0.2	(0.1)	(0.0)	(0.0)	0.0	5.3	(566)	(375)	(191)
Performance, Planning and Informatics	5.1	5.0	0.1	0.6	0.8	(0.2)	(0.0)	0.0	(0.0)	5.8	(84)	0	(84)
Transformation and Improvement	0.6	1.6	(1.0)	0.0	0.0	(0.0)	0.0	0.0	0.0	1.7	(985)	(995)	10
Nursing, Midwifery and AHPs	23.2	22.3	0.9	2.7	3.3	(0.6)	(2.5)	(2.8)	0.3	22.8	513	320	194
Chief Executive	0.7	0.8	(0.2)	0.1	0.1	0.0	0.0	0.0	0.0	0.9	(187)	(164)	(23)
Covid	1.0	0.8	0.2	1.8	2.0	(0.2)	0.0	0.0	0.0	2.8	0	0	0
Trust Unallocated	1.1	(0.2)	1.3	3.3	0.0	3.3	0.0	0.0	0.0	(0.2)	4,608	4,608	0
Encompass	2.2	2.7	(0.5)	0.0	0.1	(0.1)	(2.2)	(2.2)	0.0	0.6	(619)	0	(619)
Directorate Total	435.7	440.6	(4.9)	233.6	237.1	(3.5)	(33.7)	(36.0)	2.2	641.7	(6,134)	(8,033)	1,899

A figure in brackets represents an overspend. The actual variance, expected control total variance & difference to control variance columns are stated in thousands. All other columns are stated in millions.

4. Financial position at October 2025

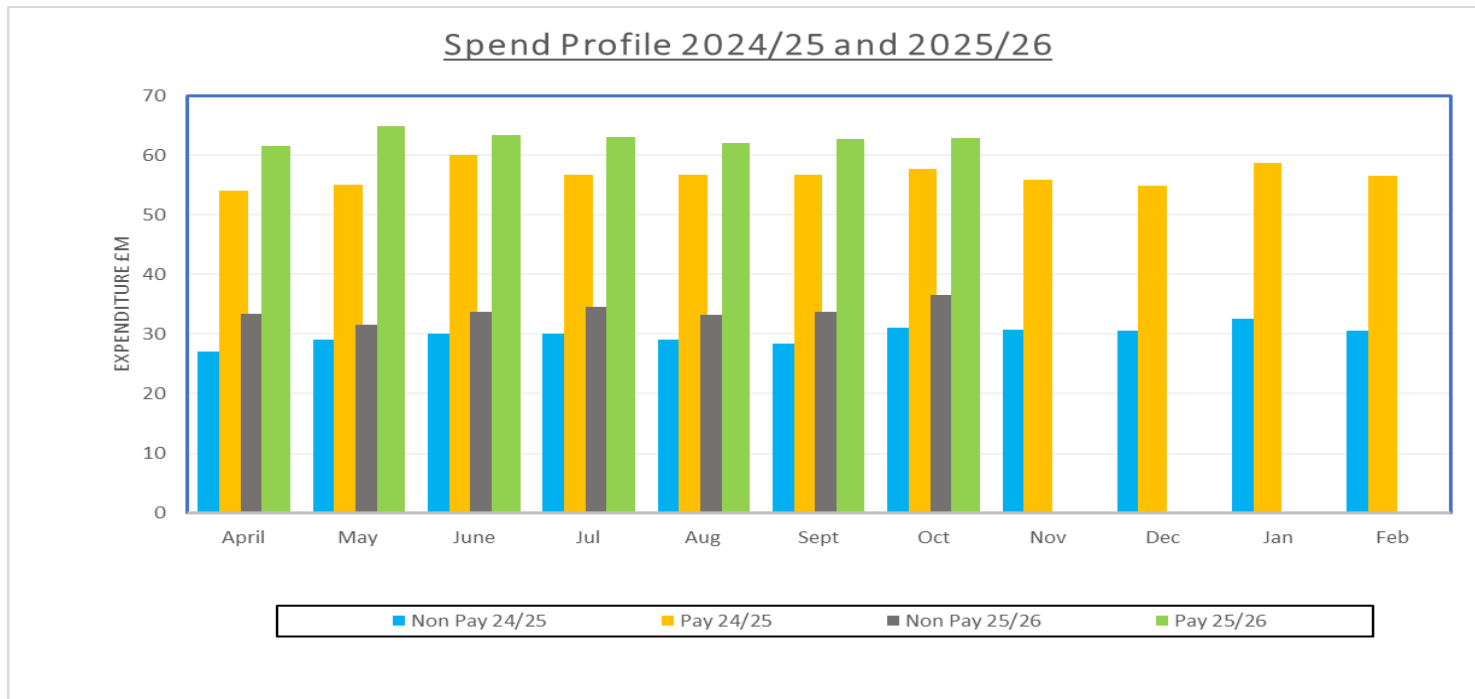
Explanations for main variances are as follows:

- Payroll is over budget by £4.9m in the main due specifically to Medical being overspent £1.7m and Nursing and Midwifery overspent £15m abated by underspends in other areas and the benefit overall of the non-recurrent deficit funding given in year.
- Non-Pay is reporting a cumulative overspend at month 7 of c£3.5m in the main due to spend within Medical & Surgical Supplies overspent by £1.6m. Also pressures within Independent Sector provision but this is partially abated with the over-recovery in Client Contribution income noted below.
- Income is over-recovered by £2.2m, in the main due to over-recovery of Client Contribution income.
- There are a number of Directorates who are overachieving against their control totals, mainly MHD due to underspends in Residential MHD beds and Memory beds. Also, within MUSC due to ongoing savings achievements within MORE Pharmacy.
- Budget realignments are to be applied from Mth 08 relating to Transformation and Improvement moving under Planning, Performance and Informatics and also Integrated Maternity Services moving under the Children and Young Person Directorate.
- There are a number of Directorates with Red Rag status due to their reported position being over the expected control total. For the Directorates reporting a variance of >£100k the key drivers for each are as follows:
 - **Medical Directorate** – Ongoing pay pressures due to unfunded posts.
 - **Encompass** – Pressure is wholly due to additional posts agreed at SLT for which there is no funding cover.

Budget holders are expected to ensure that mitigating measures are in place to live within the forecast variance control total. Current run-rates and pressures need to be reviewed in detail with immediate mitigating measures taken by those Directorates with a negative variance against expected variance control total to bring spend back in line with agreed control totals.

4. Financial position at October 2025

The profile of the expenditure in the Trust on Pay and Non-Pay for the 11 month period April to Feb is set out below. Pay in Oct 2025 has increased when compared to Sept 2025 by c£200k (from £62.7m to £62.9m) with continued pressures in Medical and Nursing spend. Non-Pay in Oct has increased by £2.8m compared to Sept due to Increased costs of Medical Supplies within MUSC relating to Drugs/Vaccines where there is a growth in HCD/Cancer drugs costs and a step up in vaccine usage and cost. The Independent Sector is also overspent and can be attributed to increased tariffs when compared to the same month last year. Increases in Pay costs compared to same period last year is due in the main to impact of pay awards, national insurance employer's costs, increases in working time directive costs and impact of Encompass go-live.



Notes: The pay segment is impacted by the number of weeks which fall within the reporting month.

June 2024 includes the 2023/24 AfC and Medical & Dental pay award and January 2025 includes 23/24 additional consultant pay award.

5. Flexible Staff Costs as at October 2025

The table below shows the flexible staffing by Directorate YTD October 2025. The total cumulative spend for flexible staffing in Mth 07 is c£54.5m (12% of total payroll spend) with 1,270 WTE's employed on these flexible arrangements. Impact of Pay award related movements, National insurance cost increases, National Living Wage and Working Time Directive costs are a contributory factor in comparison to last year.

Directorate	Cumulative to October 2025							Cum to October 2025 £000's	Cum to October 2024 £000's	Movement	
	Medical Agency £000's	Nursing Agency £000's	Agency Other £000's	Bank £000's	Locum on the payroll £000's	Overtime £000's	Additional Duty Hours £000's			£000's	%
Medical and Unscheduled Care	10,797	6,690	103	2,684	487.61	463	114	21,339	20,662	677	3%
Surgery and Clinical Services	2,978	1,729	440	2,231	758.25	674	203	9,012	8,537	475	6%
Children and Young People	499	22	264	1,199	102.55	512	118	2,717	2,741	-23	-1%
Mental Health and Disability	1,161	2,384	221	3,509	108.31	478	75	7,936	7,608	328	4%
Adult Community Services	459	825	103	3,338	7.61	312	557	5,602	6,287	-684	-11%
Finance, Procurement and Estates			437	26		116	11	590	211	378	179%
Human Resources & Org	72	5	44	18	-6.91	18	2	151	162	-11	-7%
Encompass	49	120	0	392	13.77	112	5	692	0	692	
Medical Director			33	0	0.29	2	3	38	28	10	36%
Nursing, Midwifery and AHP			5,364	270		220	263	6,116	5,088	1,029	20%
Performance and Reform			36	0		111	6	153	80	73	91%
Trust Unallocated								0	0	0	
Covid 19	-16		109	66	1.39		0	160	292	-132	-45%
Chief Executive			-13	0		2	5	-7	97	-104	-107%
Transformation & Improvement			37			2	2	40	168	-128	-76%
Totals	15,998	11,775	7,178	13,732	1,473	3,020	1,363	54,540	51,961	2,579	5%

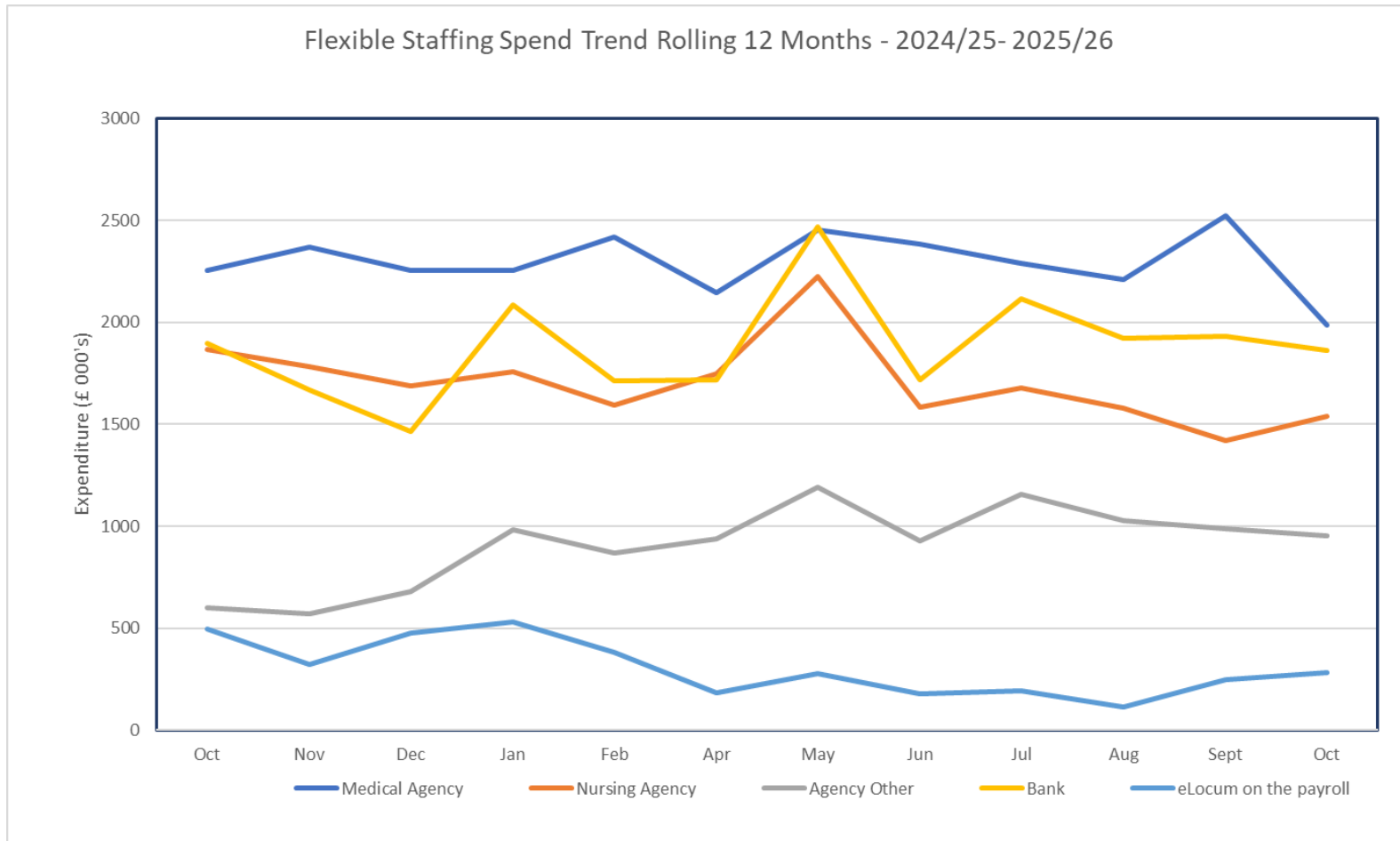
The most significant area of flexible spend is Medical Agency c£16m year to date broadly in line with the prior year spend with only a small reduction of £150k reduction in cost and to date Medical Locum savings are not being met. Nursing substantive and flexible spend has decreased when compared to the same period last year with the impact resulting in a reduced underachievement of nursing savings target to date, which has had a positive movement from month 06.

Significant movements in monthly spend are noted below but need to be read in conjunction with any movements in substantive spend. Some movement is likely to relate to timing of presentation of invoices for payment, most noticeable in Medical Agency:

- Medical Agency has decreased £583k
- Nurse Agency has increased £115k
- Bank has decreased £70k

5. Flexible Staff Costs as at October 2025

The chart below shows Flexible Staffing Spend Trend for a rolling 12 months 2024/25 and 2025/26.



*Excludes Additional Duty Hours and Overtime

6. Savings target 2025-26

The savings plan for 2025/26 has increased from £38.6m to £43m including the additional Low/Medium impact savings of £4.4m following correspondence received from the Permanent Secretary on 31 October 2025. Of these savings £18.4m has been retracted from budgets as at Month 7 and £18.5m savings has been achieved to date with an overachievement of £143k against the target at Month 7 (1% of the target). This is a positive movement when compared to prior month with additional savings recognised under Nursing Workforce Stabilisation due to work to cease Agency usage in wards and positive impact of EPOC protocols. Details of the achievement against each of the savings' proposals is included in the table below.

The main areas of underachievement against target at Month 7 are:

- Internal Locum Conversion £1.2m (no savings identified to date), albeit a decrease in spend of
- Nurse Workforce Stabilisation- £295k
- International Medical Recruitment- £261k
- Flex Spend Reduction – Other Agency & Bank £175k (no savings identified to date)

The additional Low/Medium savings measures of £4.4m at month 7 have been incorporated into the overall savings plan as follows:

- New Proposal 55 Caps on Specialist Rates / Reduction of 121s in Care Home Setting target £250k
- New Proposal 56 Estates - Further Limit Backlog Maintenance Work Repairs target £700k
- New Proposal 57 Vacancy Hold - 20% High Impact target £400k
- New Proposal 58 Regional Control Centre (6pm - 8pm) target £48k
- New Proposal 59 Cessation of Payment of Medical Agency Breaks target £286k
- New Proposal 60 Reduction of Agency / Bank / Additional Hours / Overtime (Outside Medical / Nursing) - Further 20% target £900k
- New Proposal 61 Vacancy Hold- 80% Catastrophic Impact- 25% target £400k
- New Proposal 53 Review of Technical Adjustments target £1.5m

6. Savings target 2025-26

In addition, the following changes in savings proposals from prior month are as follows:

- For Proposal 30 Other In Year Opportunities the savings target and associated achievement has been profiled from Month 6 onwards. The recognition of an additional £300k achievement from Mth 06 from Mental Health and Disability and Finance and Procurement Directorates as a contribution.

It is imperative that budget holders continue to review their variance against savings targets with remedial action considered and notified at the next Directorate RISE Steering group meeting.

Where additional savings measures are needed to address current underachievement, or new measures have been agreed **plans on a page are to be completed and submitted under RISE with immediate effect**. Savings plans continue to be monitored and reported at directorate RISE steering group meetings and RISE programme board.

6. Savings target 2025-26

LOW & MEDIUM IMPACT SAVINGS PLAN 2025/26	Expected Saving to Date (£)	Achieved Saving to Date (£)	Overachieved / (Unachieved) Saving to Date (£)	Expected Saving Full Year (£)
Low				
01 - Reduction in Staff Travel	1,458,334	1,792,835	334,500	2,500,000
02 - Reduction in Discretionary Spend	349,999	766,954	416,954	600,000
03 - Invest to Save Energy Estates Projects	361,667	361,667	0	620,000
04 - Implementation of Envoy Text Messaging System	59,500	-	(59,500)	102,000
05 - Cessation of Drive Through Phlebotomy Service	133,149	188,614	55,465	228,255
06 - EIDO Electronic Information Library for Patients	11,667	10,094	(1,573)	20,000
07 - Social Workforce Training and Development	29,167	29,167	(0)	50,000
08 - Saturation Probes - Acute Paediatrics	11,667	-	(11,667)	20,000
10 - Ending of GPOOHs Dalriada Telephone Support Contract	35,000	35,000	0	60,000
11 - Implement Care Line Live in Trust Home Care	175,583	213,995	38,412	301,000
12 - Step Down of Patient Feedback Service	34,417	34,417	0	59,000
13 - Reduce Spend in Bereavement Service	34,417	34,417	0	59,000
14 - Reduce Spend in Nursing Education, Workforce and Training	27,417	27,417	0	47,000
15 - Food Waste Reduction	111,417	111,417	0	191,000
16 - Review of Laundry Shift Patterns	61,833	61,833	(0)	106,000
17 - Flex Spend Reduction - Other Agency & Bank	175,000	-	(175,000)	300,000
18 - CYP Residential Services - Staffing Model and Associated Support Services	268,333	276,229	7,896	460,000
30 - Other In-Year Opportunities	862,571	1,662,000	799,429	3,019,000
31 - MORE Pharmacy Savings (No Regional Target in 2025/26)	550,000	712,927	162,927	1,300,000
32 - Normal Recruitment Slippage	583,333	1,022,187	438,853	1,000,000
41 - Equip Finance System Cleansing	793,714	793,716	2	1,750,000
51 - Encompass Savings	49,984	49,984	(0)	500,000
52 - Increased Income from Charging - Canteen / Car Parking	30,000	30,000	0	180,000
53 - Review of Technical Adjustments	243,050	243,050	0	1,500,000
54 - Further Cost Reduction - Travel / Consumables / Training	250,000	250,000	0	1,500,000
Total Low Impact Savings	6,701,218	8,707,918	2,006,700	16,472,255

Key:	
Achieved	
Partial Achievement	
Not Achieved	

6. Savings target 2025-26

Medium				
09 - Service Realignment to Release Commissioned Activity	31,500	32,186	686	54,000
19 - ICT Software Savings - Downturn of Contracts	114,333	114,333	0	196,000
20 - Minor Works - Only High Risk and Urgent Work Being Undertaken	437,500	291,892	(145,608)	750,000
22 - Review British Red Cross Discharge Support Service	116,667	136,899	20,232	200,000
23 - Review and Discharge Service Users awaiting Dom Care POCs from FOC Care Home Placements	116,667	-	(116,667)	200,000
24 - Ending Rental Agreements for SHSCT Employed Nurses in GP Premises	43,750	75,833	32,083	75,000
25 - GP Out of Hours to Commissioned Levels	495,833	647,650	151,817	850,000
26 - Transport Reform	145,833	-	(145,833)	250,000
27 - Nurse Workforce Stabilisation	2,969,167	2,673,841	(295,326)	6,032,000
28 - International Medical Recruitment	1,662,500	1,401,060	(261,440)	2,850,000
29 - Medical Workforce Reform - Locum Conversion	1,166,667	-	(1,166,667)	2,000,000
33 - Rationalisation of Estates / Sustainability	285,833	285,833	(0)	490,000
34 - Non-Pay Procurement Efficiencies (Equipment) 10%	116,667	292,451	175,784	200,000
35 - Pressurised Mattresses (Rental Saving)	332,500	205,646	(126,854)	665,000
36 - PLIC Opportunities - Elective Pathways - GIRFT T&O	42,583	-	(42,583)	73,000
37 - Rental of Coffee Machines - Transfer to Capital under IFRS16	87,500	87,500	0	150,000
38 - Recurrent Impact MORE Pharmacy Savings Achieved Prior Years (With No Target)	614,250	614,250	0	1,053,000
39 - Reduction in Urology Inquiry Costs	700,000	804,013	104,013	1,200,000
40 - Reduction in Cervical Cytology Review Costs	199,500	189,609	(9,891)	342,000
42 - Provision of Wigs & Other Patient Appliances	41,851	0	(41,851)	71,745
43 - One Off Cost Avoidance Measures / Further Payroll Savings	1,432,286	1,432,286	0	5,013,000
44 - Review of Allowances	-	-	0	100,000
45 - Provision of Incontinence Products	-	4,423	4,423	66,000
47 - Acute Transport Review	-	-	0	200,000
48 - Timely Care Contribution	500,000	500,000	0	500,000
49 - Postage - Move to Economy Service	15,000	15,000	0	40,000
50 - Capitalisation of Property Leases	-	-	0	25,000
55 - Caps on Specialist Rates / Reduction of 121s in Care Home Setting	-	-	0	250,000
56 - Estates - Further Limit Backlog Maintenance Work Repairs	-	-	0	700,000
57 - Vacancy Hold - 20% High Impact	-	-	0	400,000
58 - Regional Control Centre (6pm - 8pm)	-	-	0	48,000
59 - Cessation of Payment of Medical Agency Breaks	-	-	0	286,000
60 - Reduction of Agency / Bank / Additional Hours / Overtime (Outside Medical / Nursing) - Further 20%	-	-	0	900,000
Total Medium Impact Savings	11,668,387	9,804,705	(1,863,682)	26,229,745
Medium				
61 - Vacancy Hold - 80% Catastrophic Impact - 25%	-	-	0	400,000
Total Catastrophic Impact Savings	0	0	0	400,000
Grand Total	18,369,605	18,512,623	143,018	43,102,000

Key:

Achieved

Partial Achievement

Not Achieved

7. Forecasted Plan 2025-26

The table below sets out the Base (Plan) and Worst Case Scenarios based on current run rates, pressures and achievement of savings in month 07.

	Base Case	Worst Case
	£'m	£'m
Forecast (Control)	1,127	1,127
Additional Phase 1 Savings Target achieved	0	0
Additional Phase 2 Low /Medium Savings 6 month deficit plan	(4)	(4)
Additional accrual Release	(2)	(2)
Run rate over Control Total	0	2
Income	1,115	1,115
(Deficit)/ Surplus	(6)	(8)

6. Forecasted Plan 2025-26 – Scenarios - basis of assumptions

Base Case Scenario: Assumes full achievement of £43m Low/Medium impact savings plans and that expenditure due to demographic and RCCE growth will not increase. Directorates will spend within overall control total. In addition it assumes that bed escalation will be limited to that only agreed in the winter plan and no unapproved expenditure.

Worst Case Scenario: Assumes full achievement of £43m Low/Medium impact savings plans and that increased expenditure due to demographic and RCCE growth will not increase. In addition it assumes that bed escalation will be limited to that only agreed in the winter plan and no unapproved expenditure. Also assumes that those Directorates currently running over their control total will continue on that same basis until year-end, adding a further estimated net £1.5m to the deficit position, this should be avoided through decreasing spend to within overall control total.

8. Capital (CRL) at October 2025

The table below show Capital (CRL) spend against budget at Month 07.

Scheme Description	Expenditure/ Commitments to Date			CRL Funding Notified		CRL Balance Remaining	
	Commitments £'000s	Specific Schemes £'000s	General Capital £'000s	Specific Schemes £'000s	General Capital £'000s	Specific Schemes £'000s	General Capital £'000s
ICT	243,586	128,406		611,014		482,608	
DHH LOW VOLTAGE ELECTRICAL INFRASTRUCTURE	1,819,576	233,768		2,000,000		1,766,232	
BACKLOG MAINTENANCE	1,293,467	255,247		2,750,000		2,494,753	
GP IMPROVEMENT SCHEME(TRUST OWNED)	809,654	297,141		2,319,998		2,022,857	
INVEST TO SAVE - ENERGY EFFICIENCY	53,061	30,000		-		-	30,000
RAPID DIAGNOSIS CENTRE (STH)	-	-		-		-	
IMAGING DIAGNOSTICS	458,111	12,000		495,000		483,000	
ELECTIVE CARE	-	-		779,682		779,682	
GENERAL CAPITAL							
MEDICAL EQUIPMENT	1,044,699		89,576		1,396,212		1,306,636
INFORMATION TECHNOLOGY	496,033		39,497		1,007,532		968,035
TRANSPORT	341,825		-		354,275		354,275
ESTATES - GENERAL CAPITAL	244,868		157,582		1,574,910		1,417,328
UNAPPROVED ORDERS	57,576		57,576		50,000		-
SHORTFALL OF CREDITORS	87,810		87,310		87,810		500
CONTINGENCY	-		-		52,382		52,382
Total	6,950,266	956,562	431,542	8,955,694	4,523,121	7,999,133	4,091,579

As at month 07 total expenditure and commitments is £8.3m (of which £1.4m is actual expenditure to date). CRL funding notified to date is £13.5m. Forecasted year-end position is breakeven.

9. Risks to Delivery of Plan and Proposed Actions

Risk 1 – Overspend on control total - To live within the forecasted deficit position of £6.3m, spend must be contained within forecasted spend and the variance control totals per Directorate. The Trust is running at a surplus of £1.9m against expected variance control total at Month 07 however a number of directorates are outside of expected control totals or actuals are very close to expected and therefore there is a risk when the impact of higher costs over winter period are borne. Therefore, there is a risk of increased spend over control totals.

Proposed Action:

Budget holders are expected to ensure that mitigating measures are in place to live within the forecast variance control total. Current run-rates and pressures need to be reviewed in detail with immediate mitigating measures taken by those Directorates with a negative variance against expected variance control total (with support from Finance Business Partners) to bring spend back in line with agreed control totals.

Risk 2 – Non-achievement of Savings target - Savings targets not being met in full by Directorates and any overachievements may not be sufficient to balance any underachievement in particular that associated with medical locum conversion and the potential increase in locum costs due to IMR doctors leaving and underachievement in Nursing Workforce stabilisation savings targets

Proposed Action:

Directorates to ensure robust plans are implemented to fully achieve all £43m savings targets. RISE to challenge and monitor non-achievement of targets. Medical workforce group to report on medical locum target and Nursing Workforce Stabilisation group on nursing target and plans in place to achieve targets associated with cost reduction, in particular for locum/agency spend. Where additional savings measures are needed to address current underachievement, or new measures have been agreed **plans on a page must be completed and submitted with immediate effect.**

9. Risks to Delivery of Plan and Proposed Actions

Risk 3 – Further pressures arise during the year which are unfunded.

Proposed Action:

No spend to be incurred without funding in place. Any unforeseen pressures to be reported to Finance and SPPG immediately. All spend proposals, including Invest to Save proposals, to be taken through SIC for discussion, review and agreement without which no spend should be committed.

Risk 4 - Unscheduled Care demands resulting in overspends - There is a potential major financial and governance control risk associated with the need to address unscheduled care demands on wards and ED and patient flow pressures that results in the need to extend the agreed opening of uncommissioned beds which could result in additional cost that outstrips both the available Winter Plan funding and the funding agreed for Timely Care

Proposed Action:

There must be strict SLT approval for any continued or increased bed escalation to meet demand with specific authorisation and financial controls in place regarding same. SLT to closely monitor the outcomes and benefits of the Timely Care plan.