



Southern Health  
and Social Care Trust

# Finance Report

Month 11 February 2025

Finance Department

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# 1. Financial Performance Targets at February 2025

Financial Performance Targets	Year to Date	Year-end Forecast
<b>1. Achieve financial plan in 2024-25</b>	<b>Surplus £150k (Control v Actual)</b>	<b>Breakeven with control total spend £1,073m</b>
The Trust is reporting a surplus of £150k at month 11 against control total, mainly due to savings achievements in Month 11. The Trust continues to forecast a breakeven position for year-end.		
<b>2. Achieve 2024-25 savings target</b>	<b>Overachieved by £522k or 2.71%</b>	<b>£22m</b>
The Trust Savings target for 24/25 is £22m. Of the savings target of £19.24m at month 11, £19.76m has been achieved with an overachievement of £522k or 2.71% of the target to date. The main area of overachievement in Month 11 is Flex Agency- Nursing Agency and Bank at £2.2m overachieved. The main area of underachievement is within Medical Locum Conversion with an underachievement at Month 11 of £2.5m; however, it is anticipated that the full savings target of £22m can be achieved due in the main to overachievement in other savings targets. Additional savings (over that previously anticipated) have been realised within International Medical Recruitment and MH and LD Inpatients proposals which has contributed to the move to an over-achievement of £522k reported at Month 11		
<b>3. Achieve in year break even outturn within Capital Resource Limit (CRL)</b>	<b>£29.1m</b>	<b>£32.92m</b>
As at month 11 a total expenditure and commitments is £29.1m. The Trust is forecasted to spend a further £3.7m, £0.74m in General Capital and £3m in Specific Capital schemes and is forecast to achieve breakeven at year-end.		
<b>4. Prompt Payment Target - 95% of suppliers within 30 days</b>	<b>97%</b>	<b>96.3%</b>
The Trust prompt payment performance in the month of February was 97% with a cumulative position to date of 96.3%. Therefore, the Trust did meet its Prompt Payment target in Month 11. 30,316 invoices were paid in month.		

## 2. Financial Plan 2024-25

The Trust is forecasting a break-even position with remaining pressures (being Encompass and Pension Flexibility) being covered due to additional growth funding from SPPG. After review the Encompass pressure has been reduced by c£100k when compared to last month with a pressure of £400k now expected by year-end. It is expected that underlying expenditure trends remain stable and within control totals and that the full £22m Low/Medium Impact savings plans will be achieved due to the continued positive movement in savings targets reported at Month 11, in particular the overachievement in Nursing saving target. The significant movement in funding from that reported at Month 10 is the addition of the Pay Award funding for 2024/25 at a value of £45m.

	<b>Forecast (Month 11)</b>
	<b>£'m</b>
Income RRL (per SPPG, PHA, NIMDTA)	1,026
2024/25 Pay Award Funding	45
RRL Expected not yet received	2
<b>Expected Income RRL</b>	<b>1,073</b>
Pressures (Encompass, Pension Flexibility)	(0.5)
<b>Forecast Plan 2024-25 at month 11</b>	<b>1,072</b>
<b>Forecast at February 2025</b>	<b>0.0</b>

Key: brackets denotes an overspend

### 3. Financial position at February 2025

The table below shows Pay, Non-Pay and Income variances year to date for each Directorate. The second last column shows control totals variance at month 11 in thousands (£150k surplus to date). Deficit Funding continues to be reflected at Directorate level at month 11 with the Budget and Control Total the same. The Trust continues to anticipate that a break-even position will be achieved by year-end.

Directorate	Pay			Non Pay			Income			Total	Forecast
	Control Mth 11	Actual Mth 11	Variance	Control Mth 11	Actual Mth 11	Variance	Control Mth 11	Actual Mth 11	Variance	Control Mth 11	Control Total
	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'000	£'m
Medicine and Unscheduled Care	116.4	120.6	(4.2)	43.3	44.4	(1.0)	(0.6)	(0.8)	0.2	(5,030)	176
Surgery and Clinical Services	144.3	143.5	0.8	38.4	38.5	(0.0)	(2.1)	(2.1)	(0.0)	767	200
Children and Young People Services	84.9	84.4	0.5	29.2	29.0	0.2	(0.3)	(0.4)	0.2	913	123
Mental Health and Disability	93.3	92.3	1.0	97.5	96.5	1.0	(11.3)	(10.9)	(0.4)	1,598	196
Finance, Procurement and Estates	9.8	10.3	(0.6)	39.2	39.0	0.2	(1.8)	(2.1)	0.4	13	48
Adult Community Services	115.5	115.3	0.2	97.8	101.1	(3.3)	(25.5)	(28.8)	3.3	270	208
Human Resources and Org Dev	6.6	6.4	0.1	2.3	1.7	0.5	(0.1)	(0.1)	0.1	735	10
Medical Director	5.6	5.9	(0.3)	0.4	0.3	0.1	(0.0)	(0.1)	0.0	(165)	6
Performance, Planning and Informatics	9.3	8.9	0.4	2.1	1.8	0.3	(1.9)	(1.9)	(0.0)	660	11
Transformation and Improvement	3.4	3.4	0.0	0.1	0.1	0.0	0.0	0.0	0.0	51	4
Nursing, Midwifery and AHPs	31.9	31.0	0.9	4.2	5.0	(0.8)	(3.4)	(4.1)	0.7	717	35
Chief Executive	1.1	1.4	(0.3)	0.1	0.2	(0.0)	0.0	0.0	0.0	(379)	2
Covid	1.5	1.5	0.0	3.0	3.1	(0.0)	(0.0)	0.0	(0.0)	(0)	6
Trust Unallocated	(0.6)	0.0	(0.6)	0.6	0.0	0.6	0.0	0.0	0.0	0	46
<b>Directorate Total</b>	<b>623.06</b>	<b>625.06</b>	<b>(2.00)</b>	<b>358.29</b>	<b>360.63</b>	<b>(2.34)</b>	<b>(46.98)</b>	<b>(51.47)</b>	<b>4.49</b>	<b>150</b>	<b>1,073</b>

A figure in brackets represents an overspend.

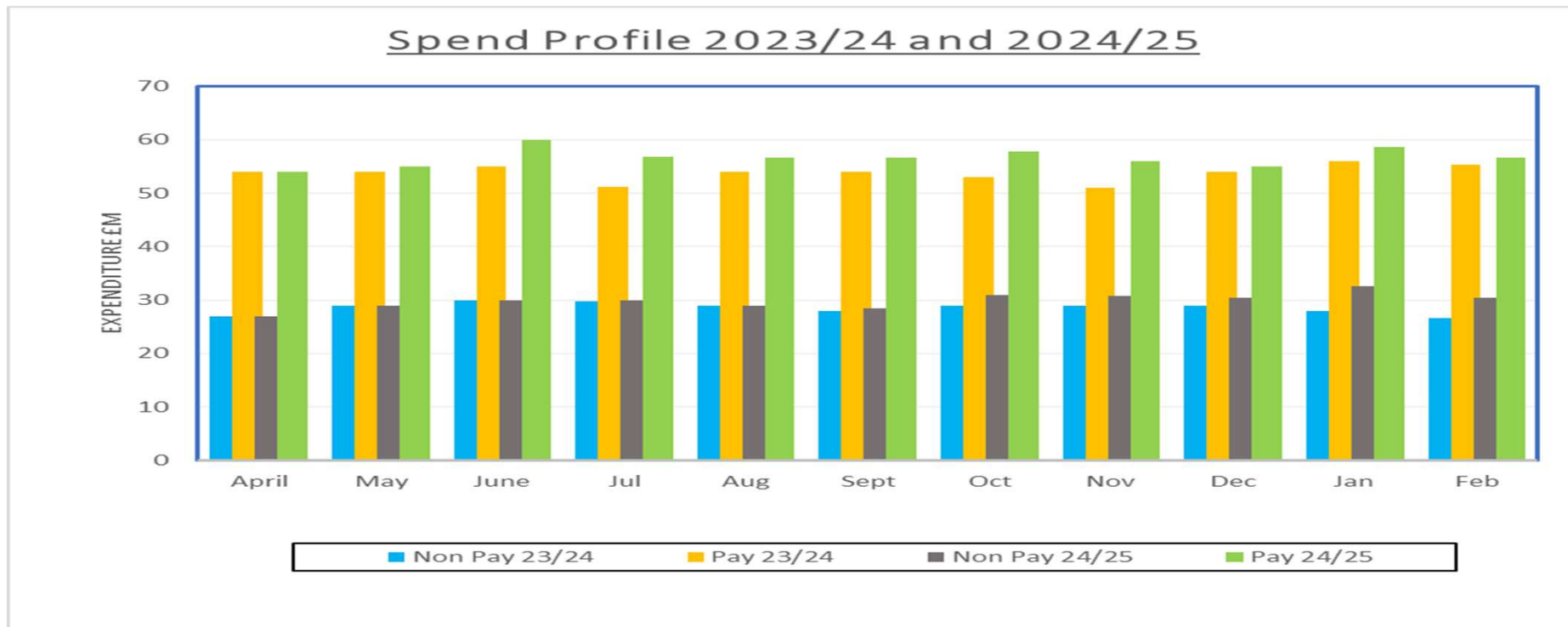
### 3. Financial position at February 2025

#### Explanations for main variances are as follows:

- Payroll is over budget by £2m the main area of pressure is Medicine & Unscheduled Care (MUSC). MUSC is overspent by £4.2m largely due to non-achievement of medical locum savings target and an overspend in medical pay predominately due to an increase in spend in DHH Stabilisation, ED Pressures and bed escalations. This reported position is after application of additional funding for Unscheduled Care and Bed Pressures (from Trust Unallocated) and increase of savings target for Nursing Agency spend (part of £5m additional savings). Spend has increased due to opening of additional winter beds in DHH and 2 South CAH, particularly within bank nursing provision.
- The balance in Trust Unallocated has increased by £44m due to funding received for the 24/25 Pay Awards to be paid in March 2025. This balance will be reallocated to directorate control totals in March 2025. The control totals for MHD and ACS directorates have also moved by £1m each due to funding for the impact of the 24/25 Agenda for Change pay award on 3<sup>rd</sup> party organisations being in the main Nursing & Residential Homes and Supported Living facilities.
- Non-Pay is now reporting a cumulative overspend at month 11 of c£2.34m in the main due to spend within Independent Sector provision but this is partially abated with the over-recovery in Client Contribution income noted below.
- Income is over-recovered by £4.49m, in the main due to over-recovery of Client Contribution income.

### 3. Financial position at February 2025

The profile of the expenditure in the Trust on Pay and Non-Pay for a rolling 12 months 2023/24 and 2024/25 is set out below. Pay in February 2025 has decreased when compared to January 2025 by c£2.1m (from £58.7m to £56.6m) in the main due to January 2025 being inflated due to the impact of 23/24 additional consultant pay award, cost of cover for New Year bank holiday, additional winter beds and January being a 5-week month. Pay has increased by c£1.3m compared to same month last year due to the 23/24 additional consultant pay award. Non-Pay in February has decreased by £2m compared to January due to February being a 4 week month with one week less payments made to independent sector providers and due to January bearing the cumulative increase of the AfC travel rates. The increased tariffs for these provider in addition to the increase in travel rates are the main contributors to the increase in non-pay costs of £3.8m compared to the same month last year.



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

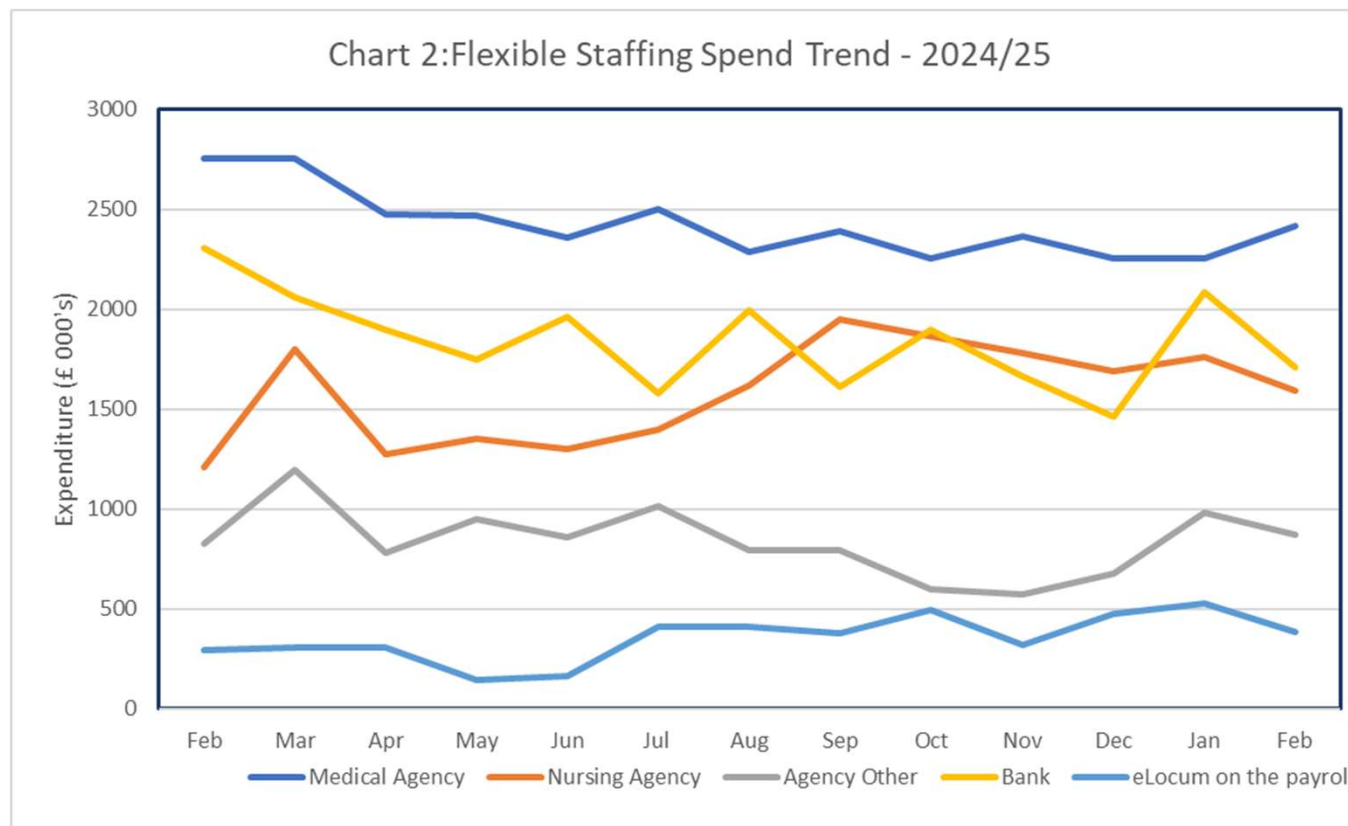
June 2024 includes the 2023/24 AfC and Medical & Dental pay award and January 2025 includes 23/24 additional consultant pay award.

## 4. Flexible Staff Costs as at February 2025

The chart below shows Flexible Staffing Spend Trend for a rolling 12 months 2023/24 and 2024/25.

Medical Agency has increased in February by £165k when compared to January, with the average monthly spend in first 11 mths of 24-25 (£2,367k) marginally higher than that compared to last 11 months of 23-24 (£2,323k). ELocum spend has decreased by £149k however, cumulatively medical locum reduction savings are not being met as in total terms Medical spend (substantive and flexible) has increased compared to last year.

Nursing Agency has decreased in month 11 by £165k and bank has decreased by £374k, some of which relates to January being a 5-week month and the additional costs in January due to additional cover over the Christmas and New Year period and the opening of additional winter beds in DHH and in 2 South CAH . In overall terms Nursing substantive and flexible spend has significantly reduced in comparison compared to last year as is reflected in our savings over-achievement for nursing.



\*Excludes Additional Duty Hours and Overtime

## 4. Flexible Staff Costs as at February 2025

The table above shows the flexible staffing by Directorate YTD February 2025. The total cumulative spend for flexible staffing in Mth 11 is £81.885m (13% of total payroll spend) with 1,359 WTE's employed on these flexible arrangements.

Directorate	Cumulative to February 2025							Cum to FEB 2025 £000's	Cum to FEB 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	18,487	9,838	110	3,805	737	535	120	33,632	31,097	2,536	8%
Surgery and Clinical Services	3,345	2,896	562	3,445	1,104	954	250	12,556	14,705	-2,150	-15%
Children and Young People	685	91	360	1,793	250	700	157	4,036	5,410	-1,375	-25%
Mental Health and Disability	1,634	3,543	184	5,492	179	628	100	11,760	12,481	-721	-6%
Adult Community Services	1,722	1,123	204	4,426	1,761	309	816	10,362	8,685	1,677	19%
Finance, Procurement and Estates	0	0	292	42	0	185	18	536	480	56	12%
Human Resources & Org	99	0	107	9	3	10	2	230	354	-124	-35%
Medical Director	0	0	35	0	0	2	4	41	95	-54	-57%
Nursing, Midwifery and AHP	0	0	6,669	423	0	350	430	7,872	7,096	776	11%
Performance and Reform	0	0	14	-0	0	108	11	132	94	38	40%
Trust Unallocated	0	0	145	0	0	0	0	145	0	145	0%
Covid 19	1	0	117	188	0	4	2	312	1,549	-1,238	-80%
Chief Executive	0	0	54	-7	0	10	2	58	276	-217	-79%
Transformation & Improvement	64	0	83	13	0	19	34	213	18	195	1079%
<b>Totals</b>	<b>26,036</b>	<b>17,491</b>	<b>8,935</b>	<b>19,630</b>	<b>4,034</b>	<b>3,813</b>	<b>1,945</b>	<b>81,885</b>	<b>82,341</b>	<b>-457</b>	<b>-1%</b>

The most significant area of flexible spend is Medical Agency £26.036m YTD. Overall flexible spend has decreased by £457k in month when compared to prior month. Significant movements below:

- Nursing Agency decreased spend of £165k
- Medical Agency increased by £165k
- Bank decreased spend of £374k

Flexible staffing has increased by £0.46m when compared to the equivalent month in 2023/24 mainly in Medical Agency which has increased by £1.77m when compared to the same month last year with the movement wholly within MUSC. The increase in Adult Community Services is due to additional spend on regional eLocums, currently under review.

## 5. Savings target 2024-25

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Of the £22m Savings Targets, £19.24m has been retracted from budgets as at Month 11 (representing 87% of the overall target) and £19.76m savings has been achieved to date with an overachievement of £522k against the target at Month 11. Details of the achievement against each of the 41 savings proposals is included in Table 6.

It is still anticipated that the following proposals will have limited or no achievement by year-end:

- Proposal 27- Flex Spend- Other Agency & Bank £553k
- Proposal 29- Internal Locum Conversion £2.799m
- Proposal 37- Review Continuation of Long Covid Rehab Team £350k

The following proposals show a cumulative over-achievement in savings of over £500k at Month 11:

- Proposal 01 - Reduction in staff travel £1.026m
- Proposal 26 – Flex Spend - Nursing Agency and Bank £2.196m

Whilst there are a combination of under and over achievements to date due to the overall cumulative over-achievement of £522k reported at Month 11 it is expected that the £22m forecast savings will be achieved in full (please see Table 6 below).

Savings plans continue to be monitored and reported at directorate RISE steering group meetings and RISE programme board.

# 5. Savings target 2024-25

Table 6: Low & Medium Impact Savings Plan 2024/25

LOW & MEDIUM IMPACT SAVINGS PLAN 2024/25	Expected Saving to Date Mth 11 (£)	Achieved Saving to Date Month 11 (£) RAG Status	Variance Month 11 YTD £	Expected Saving Full Year (£)
<b>Low</b>				
01 - Reduction in staff travel by 31st March 2025. Starting 1st April 2024.	1,123,967	2,149,144	1,025,177	1,250,000
02 - Reduction in Transport costs, review being undertaken by Transport group by 30th September, implemented by 31st March 2025.	195,981	163,584	(32,397)	215,579
03 - Reduction in discretionary spend across Directorates – main area: Advertising, IT Consumables, Furniture & Fittings, training and stationery. Starting 1st April 2024.	275,000	643,272	368,272	300,000
04 - Invest to save Energy Estates projects, starting 1 April 2024 (6mth, 10 mth and 12 mth implementation date).	557,858	472,336	(85,522)	619,842
05 - Other Staff Efficiencies outside of flexible spend. Starting 1st April 2024.	3,776,667	3,776,667	0	4,400,000
06 - Day Clinical Centre (DCC) move from STH to CAH, starting on 1 December 2024 (4 months savings).	65,625	71,796	6,171	87,500
07 - Sur & OP Div: Implementation of Envoy Text Messaging System, starting on 1 July 2024	91,156	-	(91,156)	102,550
08 - Sur & OP Div: Cessation of Drive Through Phlebotomy Service, St Luke's Hospital site, starting 1 July 2024	202,893	192,762	(10,131)	228,255
09 - Sur & OP Div: EIDO Electronic Information Library for Patients, starting 1 April 2024.	18,333	3,334	(14,999)	20,000
10 - CYP Residential Services, Staffing model and associated support services from 1st April 2024	320,833	408,902	88,069	350,000
11 - Children social work – Provision of Summer Schemes and other activities starting 1st April 2024.	45,833	45,833	(0)	50,000
12 - Social Workforce training and development from 1st April 2024.	45,833	45,833	(0)	50,000
13 - Acute Paediatrics Medical Agency from 1st April 2024.	110,000	125,874	15,874	120,000
14 - Children's Community Nursing, starting 1st October 2024.	14,583	-	(14,583)	17,500
15 - Saturation Probes – Acute Paediatrics , starting from 1st October 2024.	8,333	-	(8,333)	10,000
16 - Service realignment to release commissioned activity, starting 1st July 2024.	36,000	28,560	(7,440)	40,500
17 - Ending of GPOOHs Dalriada Telephone support Contract, starting 1 April 2024.	55,000	55,000	0	60,000
18 - Implement Care Line Live in Trust Home Care. savings will increase efficiency and ensure maximisation of resources and equip the service to be more effective and flexible in meeting demands. Starting 1 April 2024	230,400	36,552	(193,848)	256,000
19 - Block Booked Beds, reduction in rates, starting 1 July 2024	26,667	71,375	44,708	30,000
20 - Step down of Patient Feedback service, utilising Care Opinion and other patient feedback mechanisms, starting 1 May 2024.	48,892	48,890	(2)	53,781
21 - Reduce spend in bereavement service, reduction in seconded staff, starting 1 April 2024.	53,782	53,788	6	58,671
22 - Reduce spend in Nursing education, workforce and training, cessation of unfunded posts (1 May 2024)	39,505	39,507	2	43,456
23 - Food Waste Reduction, electronic menu system being installed will reduce food waste, starting 1 August 2024	111,307	111,307	0	127,208
24 - Review of Laundry shift patterns, reduction in night cover, starting 1 August 2024	62,027	62,027	0	70,888
25 - ICT Software savings, downturn of contracts, reduction in support, starting 1 April 2024	139,004	139,006	2	151,641
26 - Flex spend - Nursing Agency & Bank, equates to c10% of 23-24 spend, through review of nursing utilisation, filling vacant posts, level of recruitment for enhanced care, starting 1 July 2024	2,917,296	5,112,839	2,195,543	3,405,633
27 - Flex spend - Other agency & bank equates to c10% of 23-24 spend, through review of agency utilisation, filling vacant posts, level of recruitment for at risk posts, starting 1 July 2024	491,483	-	(491,483)	552,918
28 - International Medical Recruitment – c70 International Drs recruited in 23-24 and 24-25, reduction in medical locum, starting 1 April 2024.	1,141,333	854,732	(286,601)	1,324,500
29 - Internal Locum conversion c10% of 23-24 spend. A medical locum review group has been established, review of utilisation, filling vacant posts, level of recruitment for at risk posts, starting 1 July 2024	2,487,981	-	(2,487,981)	2,798,979
<b>Total Low Impact Savings</b>	<b>14,693,573</b>	<b>14,712,920</b>	<b>19,347</b>	<b>16,795,401</b>

## 5. Savings target 2024-25

Medium				
25 - ICT Software savings, downturn of contracts, reduction in support, starting 1 April 2024	40,882	40,885	3	44,599
30 - Minor works – only high risk and urgent work being undertaken, starting 1 April 2024	687,500	688,000	500	750,000
31 - Closure of Ramone un-commissioned activity will be completed by 30th June 2024.	1,333,333	1,556,067	222,734	1,500,000
32 - Gen Surg & ATICS Div: Streamlining elective pathway within Elective Overnight Stay Centre from 01 December 2024.	322,500	479,459	156,959	430,000
33 - CCS Div: Provision of Wigs & Orthoptics	83,333	115,244	31,911	100,000
34 - MH & LD Inpatient Services propose to appoint 5.0wte substantive B5 staff per Ward across the six Bluestone Wards from 1 July 2024 to reduce agency nursing spend	853,333	650,422	(202,911)	960,000
35 - Wheelchair contract, reduce over-provision by £100k, from 1 April 2024	91,667	284,346	192,679	100,000
36 - Review British Red Cross Discharge Support Service, reduce to within commissioned levels, from 1 October 2024	83,333	66,869	(16,464)	100,000
37 - Review continuation of Covid Service related Teams. Long Covid Rehab Team to be stood down, from 1 July 2024	311,111	-	(311,111)	350,000
38 - Review and discharge Service Users awaiting Dom Care POCs from FOC Care Home Placements from 1 July 2024	222,222	229,167	6,945	250,000
39 - Ending rental agreements for SHSCT Nurses in GP Premises, from 1 October 2024	50,000	28,773	(21,227)	60,000
40 - Ending rental agreement for SHSCT staff in GP Federation Premises for MDTPC staff. From 1 October 2024	50,000	13,750	(36,250)	60,000
41 - GP Out of Hours plus additional changes already being implemented from 1st October 2024	416,667	895,123	478,456	500,000
<b>Total Medium Impact Savings</b>	<b>4,545,882</b>	<b>5,048,105</b>	<b>502,224</b>	<b>5,204,599</b>
<b>Grand Total</b>	<b>19,239,454</b>	<b>19,761,024</b>	<b>521,571</b>	<b>22,000,000</b>

Key:	
Achieved	<span style="background-color: #90EE90; border: 1px solid black; display: inline-block; width: 20px; height: 10px;"></span>
Partial Achievement	<span style="background-color: #FFD700; border: 1px solid black; display: inline-block; width: 20px; height: 10px;"></span>
Not Achieved	<span style="background-color: #FF0000; border: 1px solid black; display: inline-block; width: 20px; height: 10px;"></span>

## 6. Forecasted Plan 2024-25

The table below sets out the potential Best, Base (Plan) and Worst Case Scenarios based on current run rates, pressures and achievement of savings in month 11.

	Best Case	Base Case	Worst Case
	£'000	£'000	£'000
Forecast (Control)	(1,071,542)	(1,072,542)	(1,072,542)
Encompass	(400)	(400)	(400)
Pension Flexibility	(58)	(58)	(58)
Run Rate over Control Total			(1,000)
Pay Award Funding Differential			(TBC)
Income	1,073,000	1,073,000	1,073,000
(Deficit)/ Surplus	1,000	0	(1,000)

The run rate over control total relates to continued pressures within Medicine & Unscheduled Care, abated to some level by the continued overachievement in Savings targets.

## 6. Forecasted Plan 2024-25 – Scenarios - basis of assumptions

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**Best Case Scenario:** Assumes full achievement of £22m Low/Medium impact savings plans, additional pressures of c£500k will be addressed due to availability of additional growth funding from SPPG and that the Trust will underspend on control total by £1m. In addition, it assumes very limited need for bed escalation.

**Base Case Scenario:** Assumes full achievement of £22m Low/Medium impact savings plans, additional pressures of c£500k will be addressed due to availability of additional growth funding from SPPG and Trust will breakeven. In addition is assumes that bed escalation will be limited to that only required to address the most critical need.

**Worst Case Scenario:** Assumes full achievement of £22m Low/Medium impact savings plans, additional pressures of c£500k will be addressed due to availability of additional growth funding from SPPG but that the Trust will spend £1m over control due to continued pressures within Medicine & Unscheduled Care abated to some level by the over-achievement of savings targets. Potential risk of a differential between 24/25 pay award funding and actual cost yet to be confirmed.

## 7. Capital (CRL) at February 2025

The table below show Capital (CRL) spend against budget at Month 11.

Scheme Description	Expenditure/ Commitments to Date		CRL Funding Notified		CRL Balance Remaining	
	Specific Schemes £'000s	General Capital £'000s	Specific Schemes £'000s	General Capital £'000s	Specific Schemes £'000s	General Capital £'000s
ICT	678		808		130	
LOW VOLTAGE ELECTRICAL INFRASTRUCTURE	2,250		2,250	-	0	
BACKLOG MAINTENANCE	2,665		2,750		85	
ENCOMPASS	9,966		10,913		947	
GP IMPROVEMENT SCHEME(TRUST OWNED)	622		610	-	12	
DRUMALANE - FIBRE - WORKS	-		-		-	
INVEST TO SAVE - ENERGY EFFICIENCY	3,015		4,614		1,599	
RAPID DIAGNOSIS CENTRE (STH)	2,930		2,915	-	15	
REGIONAL MAMMOGRAPHY	572		577		5	
CAR PARKING - HOSPITAL PARKING CHARGES ACT	111		165		54	
IMAGING DIAGNOSTICS	238		235	-	3	
ELECTIVE CARE EQUIPMENT & MINOR WORKS	594		612		18	
TECHNICAL DEBT	253	-	428		175	-
MEDICAL EQUIPMENT		2,856		2,856		0
INFORMATION TECHNOLOGY		132		551		420
TRANSPORT		383		385		2
ESTATES - GENERAL CAPITAL		1,930		2,320		390
SHORTFALL OF CREDITORS		-		-		-
FINANCE CONTINGENCY		-		-		-
CONTINGENCY		-		72		72
<b>Total</b>	<b>23,893</b>	<b>5,300</b>	<b>26,877</b>	<b>6,040</b>	<b>2,984</b>	<b>740</b>

As at month 11 a total expenditure and commitments is £29.1m. The Trust is forecasted to spend a further £3.7m, £0.74m in General Capital and £3m in Specific Capital schemes and is forecast to achieve breakeven at year-end.

## 8. Risks to Delivery of Plan and Proposed Actions

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**Risk 1** - To achieve the forecasted position costs must be contained within forecasted spend. The Trust is running at a surplus of £150k at Month 11 (control v actual) however Medicine & Unscheduled Care is over by £5m of which £4.2m is within payroll due to non-achievement of medical agency target and increased medical pay costs and this will likely increase further until year-end due to temporary opening of additional beds (the reported overspend is after building in additional financial contingency in recognition of bed pressures from Month 08 onwards). MUSC has spent c£3.5m more than the same period last year.

Proposed Action:

MUSC with support from the Medical Workforce Group, chaired by the Medical Director, continues to urgently review and ensure financial controls in place to address the increase in medical locum usage and non-achievement of medical agency target, in particular in DHH and in ED and over the remaining winter month to contain spend.

Nursing Workforce groups to continue to review agency and bank spend and implement actions to further reduce/stop agency in agreed areas.

MUSC is to address the recommendations made in the external MUSC review.

All Directorates avoid incurring spend that could give rise to a pressure or at risk spend.

## 8. Risks to Delivery of Plan and Proposed Actions

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**Risk 2** – 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.

**Risk 3** - There is a specific potential major financial and governance control risk associated with the need to extend the agreed opening of uncommissioned beds due to unscheduled care demand and that the impact of same will result in additional cost that outstrips available Winter Plan funding.

Proposed Action:

There must be strict agreement at SLT for any continued bed escalation to meet demand with specific authorisation and financial controls in place regarding same and agreement at SLT to de-escalate the additional winter beds agreed by 31<sup>st</sup> March 2025. Whilst we have built in contingency this needs closely managed between now and year-end. SLT also to closely monitor the outcomes and benefits of the Winter Plan including in particular planned costs associated with Timely Care.