

Integrated Finance and Performance Report

Executive Summary

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Workforce and Finance Overview



Workforce

- All trusts are reporting below regional levels for sickness absence. Regional absence is 4.2%. Frimley FHFT has reported the same absence level as last month at 3.2%
- Vacancy levels continue to increase in FHFT with an increase of 0.3% to 8.7%. This is against a regional vacancy rate of 7.3%. Frimley are the trust with the highest vacancy level (all staff groups) across the SE.
- FHFT achieved significant reductions in agency expenditure in 2023/24, spending £17.2M less compared to 2022/23 (a 36.5% reduction). The first two months of 2024/25 have seen FHFT spend £2.5M less on agency compared to the same period last year.

Finance

At month 2, the national team did not require a report on System/Trust forecast due to an additional Planning Submission required in June. Forecasting will be required from month 3 onwards, however the system is expecting to deliver the 2024/25 statutory financial target.

The **Frimley System position is £0.9m adverse to plan for month 2**. The ICB is £0.2m favourable and Frimley Health Trust (FHFT) is (£1.1m) adverse to plan.

The **ICB position is £0.2m better than plan** reflecting underspends in CHC which have been partially offset by pressures with acute IS providers. There are no current significant variances to the plan at this stage.

The **FHFT position is (£1.1m) adverse to plan**, with pay costs impacted by the consultants' pay inflation. Non pay pressures include medical inpatient services, drugs and clinical supplies.

The **ICB has achieved three of the four BPPC targets**. The target of paying Non-NHS and NHS invoices by invoice value but NHS invoice count has fallen below 95% due to invoices escalating prior to approval. **FHFT has failed to meet any of the four BPPC targets** and cite reverting to a Non-PO, No Pay policy causing issues along with several high value invoices affecting results.



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Finance (continued...)

Adult Mental Health

- Portfolio reported breakeven year-to-date and forecast.
- Reported budget includes full delivery of efficiency target of £1.7m, with £1.1m from identified schemes and £0.6m from SDF reserves
- Budget also includes £1.6m Surrey Heath mental health collaborative recharge budget transferred from CHC.

Learning Disability & Autism

- LDA reported breakeven on both year-to-date and forecast and there no known risk to the budget at this stage. Efficiency is fully delivered.

Children & Young People

- Portfolio reported breakeven on year-to-date and forecast with efficiency of £1.7m fully delivered. Current known risk to portfolio is late notification of additional funding required to bridge investment in Paeds Development pathway (£60k) within SABP (CFHS) contract led by Surrey Heartlands.

UEC & Planned Care

- UEC Forecast Outturn is on plan, however contract negotiations have not concluded with out of area providers.

Community

- Community & Integration portfolio's is £357k underspending YTD.
- This is being achieved through delivery of planned savings in the complex care pathways and joint agreements with Local Authorities £280k.
- There are minor underspends on other budgets such SLA exclusions, Diabetes and community equipment.
- Actual data for community equipment for March and April 2024 is not yet available due to a cyber attack and estimates based on last year's average were used for April and May 2024 positions.

CHC

- **East Berkshire** YTD underspend by £0.6m. £0.3m is across various packages where the number of high-cost packages is slightly lower than prior year. However, uplifts requests are still coming through and whilst £300k has been added for request above the agreed 4.1% there is some risk that the final figure could be higher.
- **Hampshire** YTD £0.1m overspend due to growth being higher than plan. More work still to be done with Hampshire to align budgets and phasing and to understand growth and uplift assumptions made.
- **Surrey** YTD underspend by £0.3m driven by Fully funded £0.2m & Fast tracks £0.1m. More work still to be done with Hampshire to align budgets and phasing and to understand growth and uplift assumptions made.

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Finance (continued...)



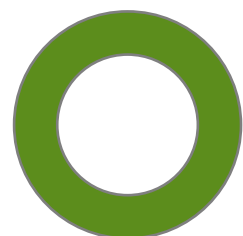
Delegated Primary Care	Prescribing	Digital
<ul style="list-style-type: none"> The Delegated Primary Care budget is showing a YTD underspend of £26k. It is expected the spend will remain within the allocation. 	<ul style="list-style-type: none"> The YTD position shows a small overspend of £76k. This is a result of the Covid Medicines Delivery Unit (CMDU) budget & expenditure being transferred into this portfolio area in 24/25. The budget for the CMDU service is yet to be drawn down, which is why there is an overspend YTD. This will be corrected for Month 3 reporting. The Medicines Optimisation Team (MOT) have identified several efficiency schemes that the team are working towards. 	<ul style="list-style-type: none"> The YTD position shows a small overspend, as the Business Case for the PC Transformation SDF funding, covering Digital First expenditure has not yet been submitted for approval, however, costs are being incurred. The Business Case will be submitted in the coming weeks, if approved this will allow the budget to be drawn down. There remains a small risk on the Digital portfolio, as not all 24/25 contract values have been agreed with the suppliers. The budget holder is confident that the 24/25 contracts will be signed in the coming weeks, removing the outstanding risk.
Primary Care	POD	Estates
<ul style="list-style-type: none"> Locally Commissioned Schemes (LCS) is to plan as no data received yet for the 1st Quarter's activity. The main risk in the LCS budget is the transition to the new schemes that have been introduced across the whole of Frimley. Budgets have been based on predicted activity which could be lower than actual activity this could result in a cost pressure against this budget. Primary Care Development - The YTD position shows a small overspend, as the Business Case for the PC Transformation SDF funding has not yet been submitted for approval. However, costs are being incurred. Following submission, if the Business Case is approved, the allocation can be drawn down. 	<ul style="list-style-type: none"> YTD is showing a breakeven position across the POD Budgets. The Dental budget is showing an overspend of £143k, mainly due to lower patient charge revenue being received, and the Ophthalmic budget is overspending by £128k due to increased activity. These have been offset by an underspend on the Pharmacy budget which mainly relates to PY. 	<ul style="list-style-type: none"> YTD is showing a breakeven position across the Estates Portfolio. There remains a risk on this portfolio, as the 24/25 Annual Billing Statement received from NHS Property Services (NHS PS) is slightly higher than the annual budget available. Work is ongoing with NHS PS to understand the rationale for cost increases, to resolve the prior year billing queries and to identify potential efficiencies and mitigations in year. The Estates team have identified some areas of saving within the portfolio, that are being worked towards in 24/25.



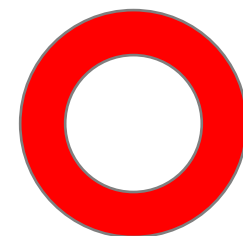
New Status Icon Key – as used in the Performance Exec Summary

Outer Ring = Position to Target

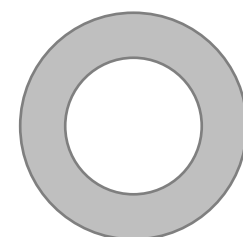
Outer Ring colour communicates the current value is:



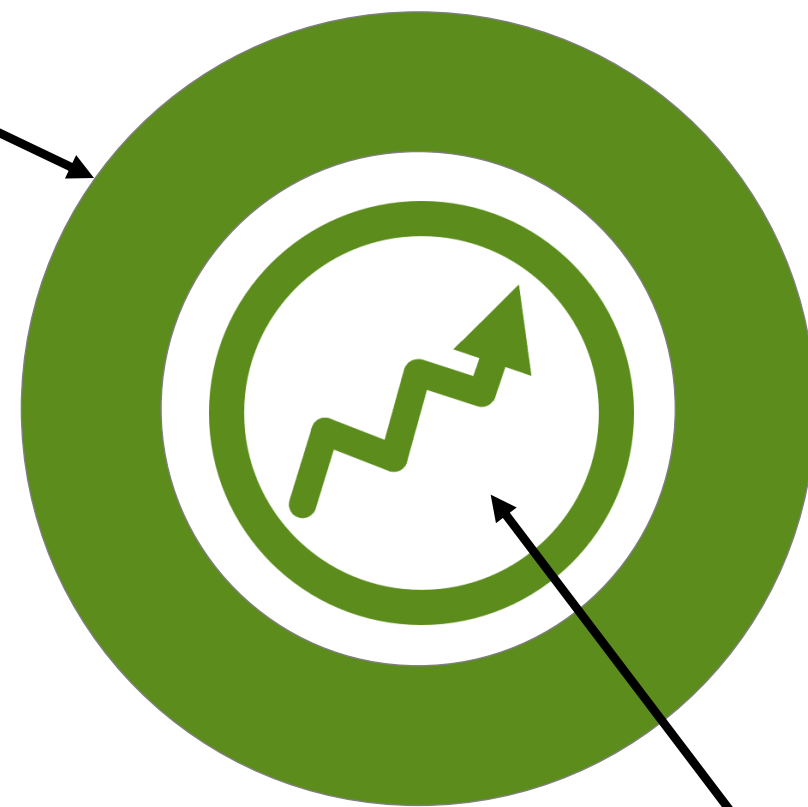
At or above target



Below target



No target defined, comparison shown where available



Inner icon communicates the latest trend:



Improving trend



Declining trend



Stable, no clear trend

Inner Icon = Trend (MoM or YoY)

P = identifies data that is also published publicly

DQ = Data Quality Issue

Integrated Finance and Performance Report – Executive Summary

Key Measures



Measure	Status	Actual	Comparison / Target	Trend	Main Risk and Action
<p>P Same day/next day Appointments – 1-day standard achievement</p>		83% as of Apr	77% YoY 2023-24		<ul style="list-style-type: none"> Continued implementation of the primary care transformation programme, including PCARP, Pharmacy First, MGPAM and PNG segmentation. <p>National Target: TBC</p> <p>Main risk:</p> <ul style="list-style-type: none"> Unwarranted variation, with a small number of practices not adopting MGPAM or PNG segmentation.
<p>P Appointment within 14 days of booking – 14-day standard achievement</p>		90% as of Apr	86% YoY 2023-24		<ul style="list-style-type: none"> Continued implementation of the primary care transformation programme, including PCARP, Pharmacy First, MGPAM and PNG segmentation. <p>National Target: 85% - 90%</p> <p>Main risk:</p> <ul style="list-style-type: none"> Unwarranted variation, with a small number of practices not adopting MGPAM or PNG segmentation
<p>P Face to Face Appointments</p>		53% as of Apr	67% England average		<ul style="list-style-type: none"> Transformation funding investment in enhanced care navigation training and development of standard operating models/procedures, including ambition to incorporate the PNG segmentation training with this programme. <p>Main risks:</p> <ul style="list-style-type: none"> Estates capacity and lack of access to capital Managing patient expectations in the current context



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Key Measures

Measure	Status	Actual	Comparison / Target	Trend	Main Risk and Action
<p>P UCR – Accepted Referrals</p>		545 as of Apr	N/A		<p>Improving UCR Referral Processes Action: Collaborate with healthcare providers to streamline referral processes and ensure timely response and follow-up for UCR services. Primary Risk: Delays or inefficiencies in the referral process may deter people from referring and lead to lower acceptance rates. Mitigations:</p> <ul style="list-style-type: none"> Develop and implement a standardised referral protocol that simplifies and expedites the referral process. Provide training sessions for healthcare providers on the importance and use of UCR services to ensure proper and efficient referrals. Utilise the Joint BHFT and FHFT UCR/VW clinical/operational meeting to iron out any issues or questions related to UCR and to share best practice. Regularly monitor and evaluate the referral process to identify bottlenecks and areas for improvement, ensuring continuous optimisation
<p>P UCR – Referrals seen within 2hr response</p>		82% as of Apr	70%		<p>Improving Timeliness of UCR Referral Responses. Action: Ensure the data submission reflects the actual 2 hr performance. Primary Risk:</p> <ul style="list-style-type: none"> CSDS does not reflect actual 2 hr performance. Increased demand for service overwhelms capacity to provide a response within 2 hrs. <p>Mitigations:</p> <ul style="list-style-type: none"> Consider implementing a real-time tracking and resource allocation systems to ensure referrals are seen within the 2-hour response time Continue efforts to promote the "Call before you Convey" approach for UCR referrals, ensuring faster and more efficient referral processing. Work with EMIS to ensure correct coding of 2 hr response.
<p>P Seen in 4 hrs (ED All types)</p>		72% as of May	78%		

Integrated Finance and Performance Report – Portfolio Summary

Key Measures



Measure	Status	Actual	Comparison / Target	Trend	Actions
<p>P Diagnostic patients 6 weeks waits</p>		<p>81.2% as of Mar-24</p>	<p>95% interim</p>		<ol style="list-style-type: none"> 1. Patients waiting under 6 weeks for diagnostics tests has increased to around 82.6% (+1.4% from Mar-24). 2. The total patients waiting for diagnostics continues to fall and FHFT are working on productivity improvements to increase activity further. 3. As part of the CDC program, the mobile MRI unit is responsible for an extra c400 tests each month.
<p>P Cancer: 62-day combined referral to treatment</p>		<p>73% as of Apr-24</p>	<p>70%</p>		<ol style="list-style-type: none"> 1. The 62-day combined standard for FHFT remains above target this current month at 73.471% versus a target of 70%. 2. Generally, over 300 patients, per month, are receiving their first definitive treatment with two months.

