



# HFMA NHS FINANCIAL TEMPERATURE CHECK

JULY 2016

The HFMA's 5th biannual survey of finance directors' views on financial challenges facing the English NHS.





This is the fifth in a series of HFMA 'temperature checks' setting out finance directors' views on the financial issues facing the English NHS.

It draws on the survey responses of finance directors and chief finance officers (CFOs) of 105 (44%) trusts and 82 (39%) clinical commissioning groups (CCGs) from across the NHS.<sup>1</sup>

Directors completed the survey during late May and early June 2016.

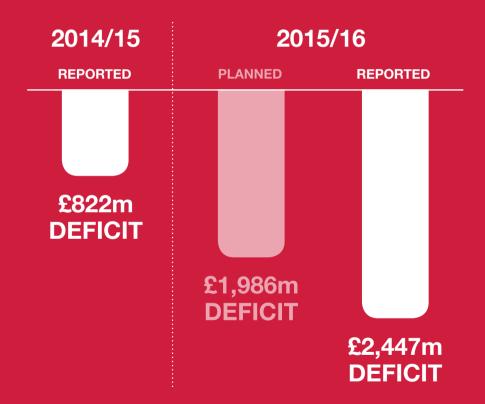
This infographic highlights the key findings and accompanies the full briefing and a more detailed presentation, available from the HFMA.

1. CCGs use the terminology of chief financial officer (CFO), whereas NHS trusts and NHS foundation trusts (FTs) generally use finance director. In this infographic we use the term finance director to mean both finance directors and CFOs together when describing the views of all our survey respondents collectively.

## TRUST 2015/16 FINANCIAL PERFORMANCE



Trusts reported a combined deficit of £2,447m in 2015/16, £461m worse than plan and almost three times larger than the prior year deficit. 65% of trusts finished the year in deficit, of these 75% were in the acute sector.





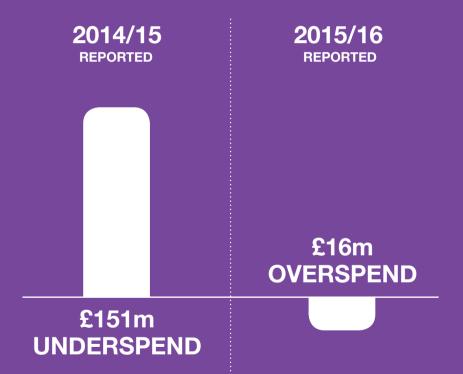
These are the worst financial results in the history of the NHS.

## CCG 2015/16 FINANCIAL PERFORMANCE



CCGs reported a combined overspend of £16m against plan in 2015/16. This combined overspend is relatively small compared to the size of the budget (0.02%). 19% of CCGs overspent in-year.

CCGs HAVE A DIFFERENT FINANCIAL REGIME TO TRUSTS AND FINANCIAL PERFORMANCE IS NOT COMPARABLE.





This is the first time that CCGs have collectively overspent.

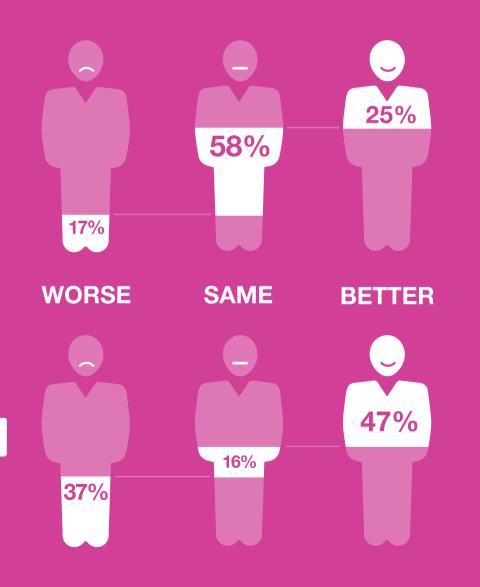
#### PLAN VARIANCES



83% of CCGs reported their outturn as the same or better than plan.

CCGs

TRUSTS



Trusts reported a mixed picture. Many that did better than plan did so with non-recurrent revenue, which may mask underlying issues.

## **CAUSES OF VARIANCES**



CCGs

Finance directors' views on causes of variances

**TRUSTS** 



Acute contract cost increases



Underachievement of savings plans



Prescribing cost increases



Increases in fines, challenges & deductions

51%



Agency cost increases

33%



Underachievement of savings plans

23%



Increases in fines, challenges & deductions

21%



**Increases** in income

#### CONTRACTING ISSUES



Many finance directors believe the 2016/17 contracting round has been the most challenging they have experienced.





Respondents' main issue was service affordability, leading to protracted negotiations about reducing activity levels between CCGs and trusts.

## **CONTROL TOTALS**



The Department of Health has created the £1.8bn Sustainability and Transformation Fund (STF) to support overspending trusts. To access it they must meet an agreed 'control total' (set by NHS Improvement) as their year-end financial position in 2016/17, as well as other conditions around service standards.



OF TRUST RESPONDENTS
HAVE SIGNED UP TO
THEIR ORGANISATION'S
CONTROL TOTAL



60%

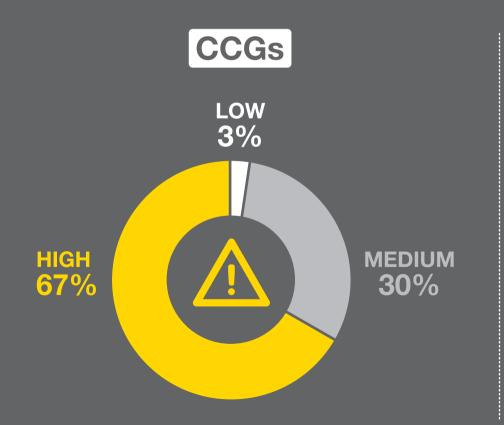
OF TRUST RESPONDENTS
EXPECT THEIR
ORGANISATION TO MEET
THE CONDITIONS SET.

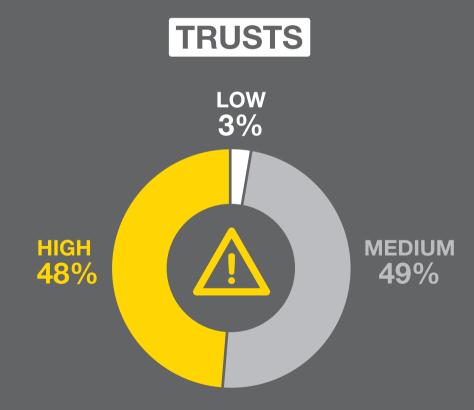
SUPPORT OFFERED TO TRUSTS IN OUR SURVEY RANGES FROM LESS THAN £1M TO OVER £20M

#### FINANCIAL RISK



Finance directors think there is a medium to high risk to achieving their financial plans in 2016/17.





#### **RISK FACTORS**



#### CCGs

Finance directors' views on key risk factors











**78%** 



**Cost savings** slippages



**Agency staff** spending increases



Social care financial constraints



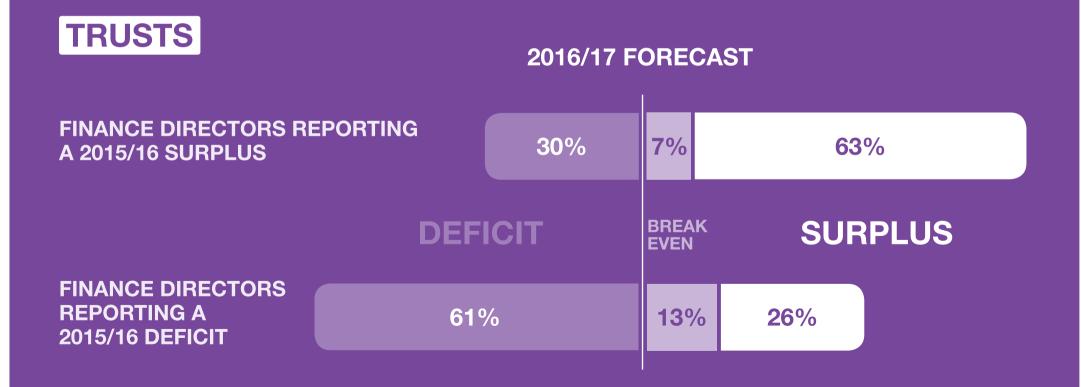


**Rising demand** for services

#### **FULL YEAR FORECAST**



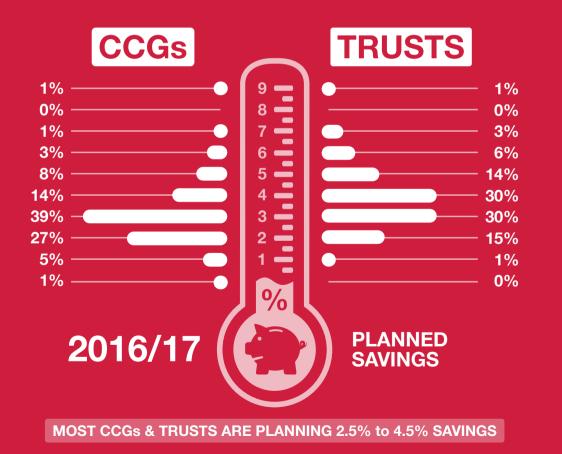
CCGs 49% of CCG CFOs forecast a worse cumulative financial position at the end of 2016/17 than their 2015/16 position.



#### **SAVINGS PLANS**



Planned savings for 2016/17 are extremely ambitious when compared with the actual savings achieved in recent years.



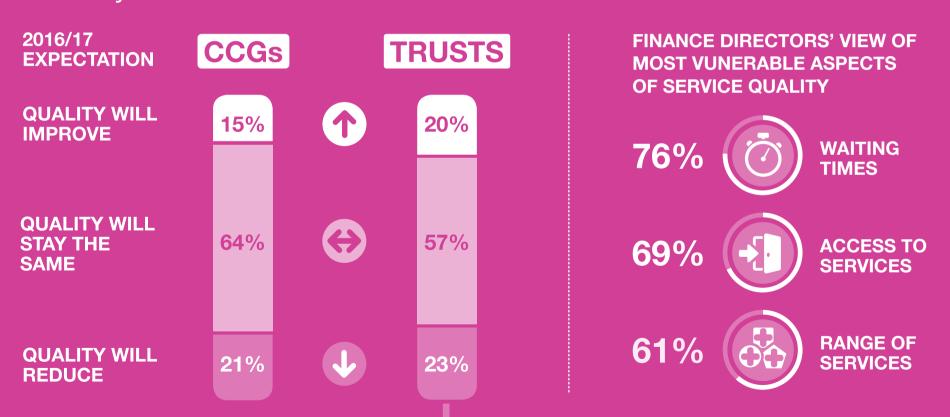
63% of CCG CFOs and 79% of trust finance directors are confident about delivering their organisation's non-recurrent savings plans

33% of CCG CFOs and 39% of trust finance directors are confident about delivering their organisation's recurrent savings plans.

### SERVICE QUALITY



Finance directors are more pessimistic about quality in 2016/17 than they were in 2015/16.



A THIRD OF TRUST FINANCE DIRECTORS EXPECT QUALITY TO DECLINE IN 2017/18





There are 44 Sustainability and Transformation Plan (STP) 'footprints' across England.

NHS England introduced STPs in its shared planning guidance in December 2015, 'every health and care system in England will produce a multi-year STP, showing how local services will evolve and become sustainable over the next five years'.



are confident that the organisations in their STP footprint can deliver a strategic plan covering the period up to March 2021.



35% of finance directors

believe the relationships between organisations in their STP footprint are strong enough to the deliver crossorganisational changes that are required.



71% of finance directors

state it is too early to say whether the STP will result in a fair sharing of financial risk between the organisations in their footprint.

#### **KEY ACTIONS**



We asked respondents to tell us what actions would be of most help in order to tackle the financial challenges they are facing:



Working together to address the financial and operational pressures



Progressing implemention of STPs through strong leadership and clear lines of accountability



**Transforming services within organisations and across areas** 



Delivering cost improvement programmes



Reducing delayed transfers of care

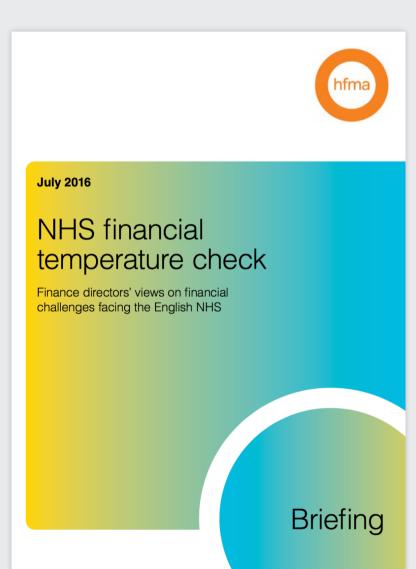


Reducing reliance on temporary staffing solutions

Finance directors' greatest concern is whether the government funding for health and social care is sufficient for what the NHS is being asked to deliver.



The full briefing and a more detailed presentation is available from the HFMA. All sources, assumptions, definitions and references are stated in the briefing.





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