



### Report Cover Sheet

Report to:	Trust Board	
Date of the Meeting:	26 June 2019	
Agenda Item:	P1-0128-19	
Title:	Financial Report Month 2	
Report prepared by:	John Andrews, Deputy Director of Finance	
Executive Lead:	James Thomson, Director of Finance	
Status of the Report:	Public	Private
	X	

Paper previously considered by:	N/A
Date & Decision:	N/A

Purpose of the Paper/Key Points for Discussion:	<p>To present the Trust's financial performance for the two months ending May 2019, noting the following:</p> <ul style="list-style-type: none"> <li>- NHSI risk rating (Strategic Outcomes Framework)</li> <li>- Income and expenditure position</li> <li>- Cost Improvement Programme delivery</li> <li>- Capital and cash profile</li> <li>- Risks to the financial position</li> </ul>
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Action Required:	Discuss	X
	Approve	
	For Information/Noting	X

Next steps required	The Trust Board will be informed of progress against the plan on a regular basis in accordance with the Board Reporting Cycle.
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*The paper links to the following strategic priorities (please tick)*

Deliver <b>outstanding care locally</b>	X	Collaborative system <b>leadership to deliver better patient care</b>	X
Retain and develop <b>outstanding staff</b>	X	Be <b>enterprising</b>	
Invest in <b>research &amp; innovation</b> to deliver <b>excellent patient care</b> in the future		Maintain <b>excellent</b> quality, operational and financial <b>performance</b>	X

*The paper relates to the following Board Assurance Framework (BAF) Risks*

BAF Risk	Please Tick
1. If we do not optimise quality outcomes we will not be able to provide outstanding care	
2. If we do not prioritise the costs of the delivering the Transforming Cancer Care Programme we will not be able to maintain our long-term financial strength and make appropriate strategic investments.	
3. If we do not have the right infrastructure (estate, communication & engagement,	X

information and technology) we will be unable to deliver care close to home.	
4. If we do not have the right innovative workforce solutions including education and development, we will not have the right skills, in the right place, at the right time to deliver the outstanding care.	
5. If we do not have an organisational culture that promotes positive staff engagement and excellent health and well-being we will not be able to retain and attract the right workforce.	
6. If we fail to implement and optimise digital technology we will not deliver optimal patient outcomes and operational effectiveness.	
7. If we fail to position the organisation as a credible research partner we will limit patient access to clinical trials and affect our reputation as a specialist centre delivering excellent patient care in the future.	
8. If we do not retain system-wide leadership, for example, SRO for Cancer Alliance and influence the National Cancer Policy, we will not have the right influence on the strategic direction to deliver outstanding cancer services for the population of Cheshire & Merseyside.	
9. If we do not support and invest in entrepreneurial ideas and adapt to changes in national priorities and market conditions we will stifle innovative cancer services for the future.	
10. If we do not continually support, lead and prioritise improved quality, operational and financial performance, we will not provide safe, efficient and effective cancer services.	X

### Equality & Diversity Impact Assessment

Are there concerns that the policy/service could have an adverse impact on:	YES	NO
Age		X
Disability		X
Gender		X
Race		X
Sexual Orientation		X
Gender Reassignment		X
Religion/Belief		X
Pregnancy and Maternity		X

If YES to one or more of the above please add further detail and identify if a full impact assessment is required.

**Trust Board**  
**26<sup>th</sup> June 2019**

**Financial Performance**






**1. Introduction**

- 1.1 This paper provides a summary of the Trust's financial performance for May 2019, which is the second month of the 2019-20 year.

As this is only the second time this newly formatted Finance report has been presented to the Trust Board, comments are invited from colleagues regarding the content and structure

**2. Summary Financial Performance**

- 2.1 For May the key financial headlines are:

Metric	YTD Actual	YTD Plan	Variance	May Actual	May Plan	Variance	Risk RAG
NHSI SoF	2	1	1	2	1	1	
NHSI Control Total	727	534	193	567	459	108	
Cost Improvement Programme	300	300	0	155	155	0	
Cash holding	59,654	54,644	5,010	59,654	54,644	5,010	
Capital Expenditure	12,870	8,408	4,462	4,386	4,204	182	

- 2.2 The key drivers of the positions are:

- **Income has overachieved plan by £2.339m (£1.277m in month).** This is primarily due to clinical income being £2.129m over plan, of which £1.961m relates to drug income, which is matched by expend.
- **Expenditure is over plan by £2.295m (£1.196m in month).** Consistent with the income position, mostly due to drug expend being £1.768m (£0.967m in month) above plan. Other non-pay variances are due to budget phasing.
- **Cash held is now ahead of plan by £5.01m.** The increase in cash in month (was £4.93m below plan at month 1) has been due to a reduction in debtors in month of £9.46m.
- **Capital expenditure remains £4.46m above plan.** As noted in month 1, this all relates to TCC and a catch up in expenditure slipped from 2018/19.

**3. Regulator Profile (Strategic Outcomes Framework)**

- 3.1 The Trust is regulated by NHS Improvement, and a series of financial metrics are used every month to determine financial risk (Strategic Outcomes Framework assessment). The Trust plans to achieve an overall financial risk assessment of at least a 2.

- 3.2 For May, the Trust's performance against these metrics are detailed in the following table. The only metric that is adverse relates to plan is the agency expenditure criteria. This is due to the operational requirement to employ locum medical consultants to deliver patient care. All of the main Trust service areas have issue with covering medical vacancies and are using agency / locums (i.e. clinical oncology, haemato-oncology, medical oncology and radiology). Due to the costs incurred in month 2, the agency rating has worsened to a 4 (highest risk). The Trust is currently reassessing its forecast agency usage and will present an update to the July Board.
- 3.3 The table below summaries the elements of the risk rating. It should be noted that there is a risk that NHSI will apply an 'override' as one of the ratings is a 4, which would cap the Trusts overall rating as a 3. However correspondence with NHSI has clarified that they are not currently planning to reduce their overall assessment that CCC remains in the SOF segment rating of 1. NHSI will continue to closely monitor the Trusts agency usage and costs.

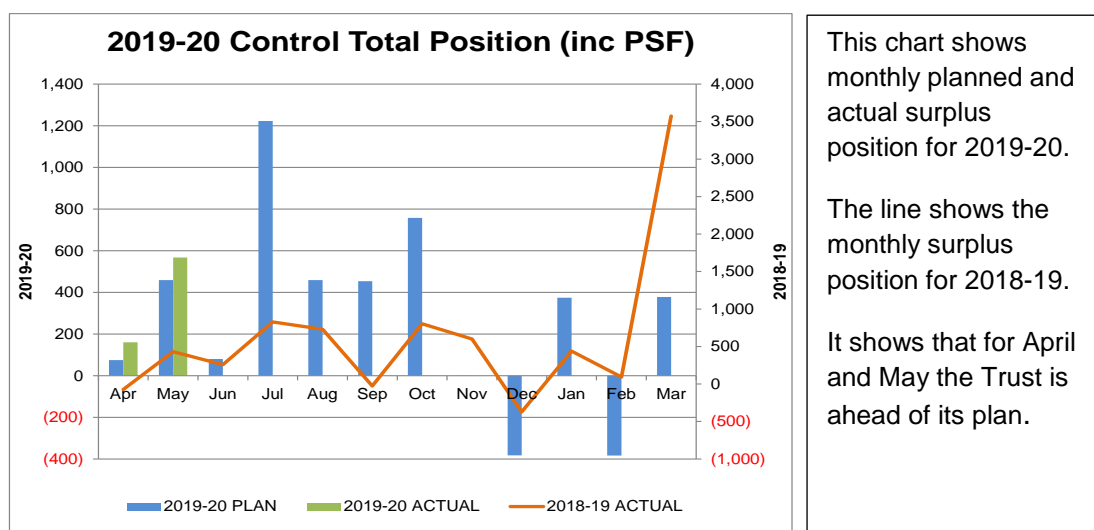
Metric	May Actual	May Plan	Comment	Previous Period
Overall Rating	2	1	Risk Rating worse than planned - due to agency	1
Capital Service Cover Ratio	3	3	Debt repayment in month reduces metric as planned	1
Liquidity	1	1	Based on Trust cash holding	1
I&E Margin	1	1	Increased from a 2 to a 1 in month as expected	2
Variance from Control Total	1	1	Delivering Control Total	1
Agency	4	1	Spend of £300k against ceiling cap of £190k	2

## 4. Operational Financial Profile – Income and Expenditure

### 4.1 Overall Income and Expenditure Position

- 4.1.1 The consolidated surplus of Trust and Subsidiaries for May 2019 is above the NHSI control total by £193k (an increase of £108k in month). The Trust's I&E margin is now 1.6% (was 0.4% in month 1), which moves the metric rating from a 2 to a 1. The table below summarises. Please see Appendix 1 for the more detailed I&E.

Metric (£000)	May Actual	May Plan	Variance	YTD Actual	YTD Plan	YTD Variance	Annual Plan
Clinical Income	13,792	12,528	1,264	26,581	24,456	2,125	151,596
Other Income	1,488	1,475	13	2,587	2,373	214	20,613
<b>Total Operating Income</b>	<b>15,280</b>	<b>14,003</b>	<b>1,277</b>	<b>29,168</b>	<b>26,829</b>	<b>2,339</b>	<b>172,209</b>
Total Operating Expenditure	(14,244)	(13,049)	(1,195)	(27,868)	(25,573)	(2,295)	(164,369)
<b>Operating Surplus</b>	<b>1,036</b>	<b>954</b>	<b>82</b>	<b>1,300</b>	<b>1,256</b>	<b>44</b>	<b>7,840</b>
Finance Costs	(217)	(397)	180	(834)	(794)	(40)	(4,764)
<b>Surplus/Deficit</b>	<b>819</b>	<b>557</b>	<b>262</b>	<b>466</b>	<b>462</b>	<b>4</b>	<b>3,076</b>
<b>NHSI Control Total</b>	<b>567</b>	<b>459</b>	<b>108</b>	<b>727</b>	<b>534</b>	<b>193</b>	<b>3,492</b>



4.1.2 The Annual Plan turnover and expenditure have been increased to reflect the recently notified funding for the Cancer Alliance, which is hosted by CCC, of £8.5m. Although neutral to the financial bottom line surplus (as income is matched by expend), the increased allocation has increased Trust planned turnover from £163.67m to £172.21m. Whilst hosting the Alliance is considered to be positive for the Trust, and attracts additional income to fund support services provided to the Alliance, the increased turnover with no additional margin does make it marginally more challenging for the Trust to deliver its target of a surplus of 1% of total turnover.

4.1.3 The Board is asked to note the change of plan, which will be factored into the forecast outturn going forward.

4.1.4 The plan and surplus for the Trust NHS Control Total and Trust group position are different because the NHSI Control Total includes subsidiaries and excludes donated asset depreciation. The following table reconciles the two positions for May.

Year to Date: May	Actual (£000)
<b>Trust Surplus</b>	<b>466</b>
Add back Donated Depreciation	76
Add back CPL Profit	67
Add back PropCare Profit	118
<b>NHSI Control Total Delivered</b>	<b>727</b>
<b>Control Total Plan</b>	<b>534</b>
<b>Variance to NHSI Control Total</b>	<b>193</b>

4.1.5 The Trust has assumed that it will receive its notified Provider Sustainability Funding for the year to date period of £42k, (£412k total for 2019-20).

## 4.2 Income and Activity

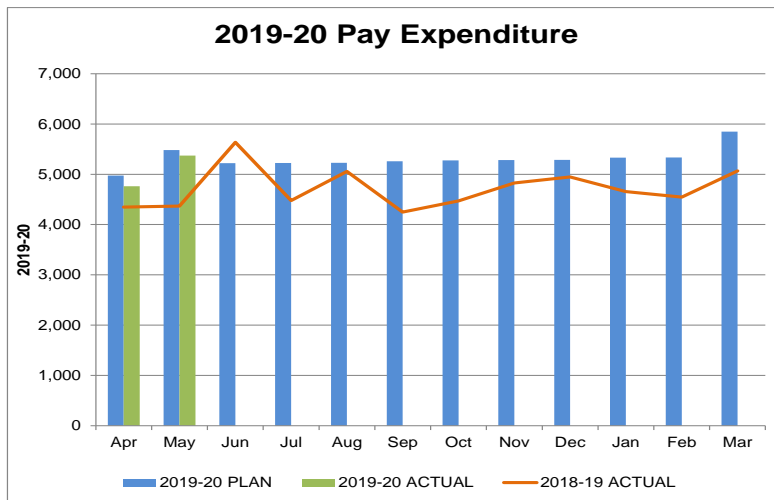
- 4.2.1 For 2019-20, the Trust has agreed a block contract arrangement with NHS England Specialist Commissioning Team. This represents 80% of clinical income. The Trust has a cost and volume contract for CCG commissioned activity, which relates to inpatient services and some outpatient activity. For non-English commissioners (e.g. Wales and Isle of Man) the Trust has a cost per case contract for all activity. Activity and income values are monitored through the year.
- 4.2.2 Overall, for the 2 months to date, Trust has generated £26.665m of clinical income (in month £12.841m). This is cumulatively ahead of plan by £2.179m (in month £1.293m). The primary driver for this performance is drug income above plan of £1.774m (in month £955k).
- 4.2.3 The financial position is based on actual activity data for April and May for Drugs and BMT, actual activity data for 1 month (April) for solid tumour (e.g. Chemotherapy, Radiotherapy, etc). All other activity (May solid tumour and April and May HO) is based on plan. Using 1<sup>st</sup> Out-patient appointments as a proxy for future demand in the short term, forecasting to plan seems reasonable, as actual 1<sup>st</sup> attends were very close to plan in April. The Trust is reviewing data flows with the aim to bring forward the reporting timeline for clinical activity to remove the need for estimates.
- 4.2.4 The majority of the overperformance in Chemotherapy (£154k or 4.1%), and Radiotherapy (£248k or 7.6%) is not financially realisable due to the block nature of the contract with Specialised Commissioning. However, the Trust is also financially protected from the underperformance in BMTs (£162k or -17.5%). A driver for the current net overperformance position is that the plan is based on working days, with an expected reduction in patient treatments because of the bank holidays. However, services were maintained through the period due to clinical demand.

## 4.3 Expenditure Profile

### 4.3.1 Pay

Pay is underspent to plan by £324k (in month £111k). The underlying Trust pay variance excluding hosted services (e.g. Cancer Alliance, R&D and Charity) is £385k. This is primarily driven by approved workforce investments not being recruited to by the end of May.

The graph below summaries the total pay spend to date against the monthly plan (compared to 2018-19 actuals).

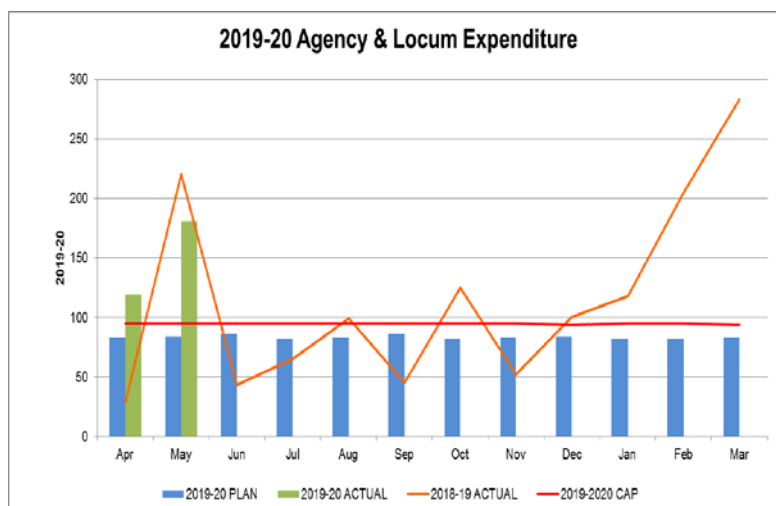


This chart shows monthly planned and actual pay spend for 2019-20.

The line shows the monthly pay spend for 2018-19.

It shows that for April & May the Trust is underspent against its plan, despite Agency expend.

Agency expend will continue to be a key focus for the Trust. In month 2 total expend was £181k, giving a cumulative position of £300k expend for 2 months, against a cap of £190k. Although the agency expend is contained within the overall pay budget, there is a non-financial risk of the potential adverse impact on the NHSI risk assessment of the Trust.



This chart shows monthly planned and actual agency position for 2019-20.

The red line shows the 2019-20 agency cap.

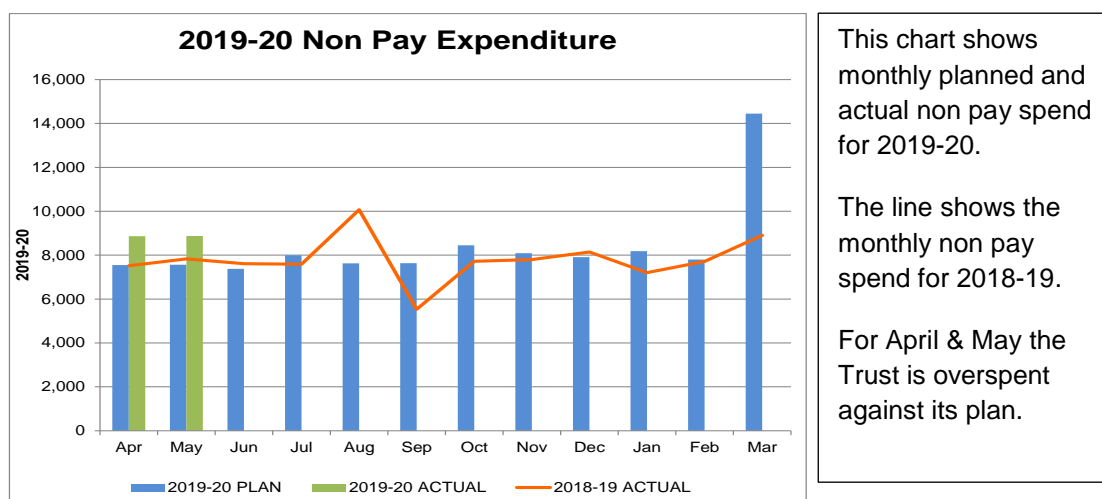
It shows that for April & May the Trust is over against plan and cap.

#### 4.3.2 Non Pay

Non-pay is overspent by £2.619m (in month £1.307m). Of this £1.768m is drug related (in month £967k), and matched by additional income.

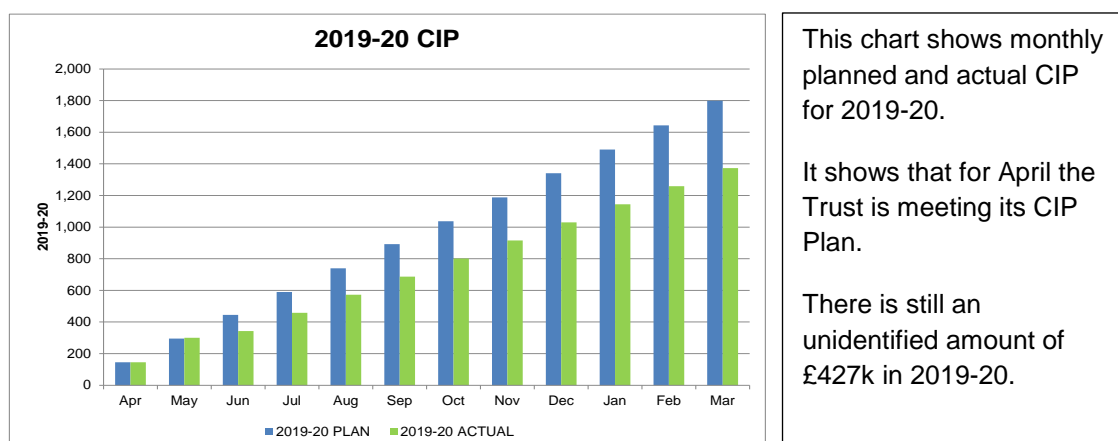
Of the balance of £851k, the most significant non-drug variance relates to IM&T expend (£179k over, or £73k in month) which is due to phasing of expenditure against budget. Unidentified CIP is contributing £127k to the adverse variance, and £190k is due to the phasing of reserves. All of these adverse variances are anticipated to be neutralised over the full year.

Depreciation and amortisation is also contributing £164k to the adverse variance. The Trust is currently reassessing its calculation of asset lives, specifically for IM&T.



#### 4.4 Cost Improvement Programme (CIP)

4.4.1 As part of the Trust's financial plan, a cost improvement plan of £1.8m is required to meet target financial performance. The organisation has delivered 16% of its CIP requirement at the end of May. The Trust is planning to achieve the CIP target by Q3 in the financial year. At this stage, this is not considered a significant risk.



4.4.2 Areas under current review for efficiency improvements include:

- Chemotherapy – currently the Directorate have identified CIP to deliver their target, but it is all drug related. The Directorate have been tasked with identifying areas for further, non-drug, CIP opportunities.
- Drugs – there are likely to be further CIP opportunities due to significant anticipated expend on new immunotherapy drugs.
- Haemato-Oncology & Radiation Services – both Directorates have unidentified CIP to deliver and have been tasked with identifying a further £250k in total.

#### 5. Cash and Capital

5.1.1 For 2019-20 the Trust has a capital programme that supports investment in the new Liverpool hospital, replacement of clinical equipment and IT infrastructure.



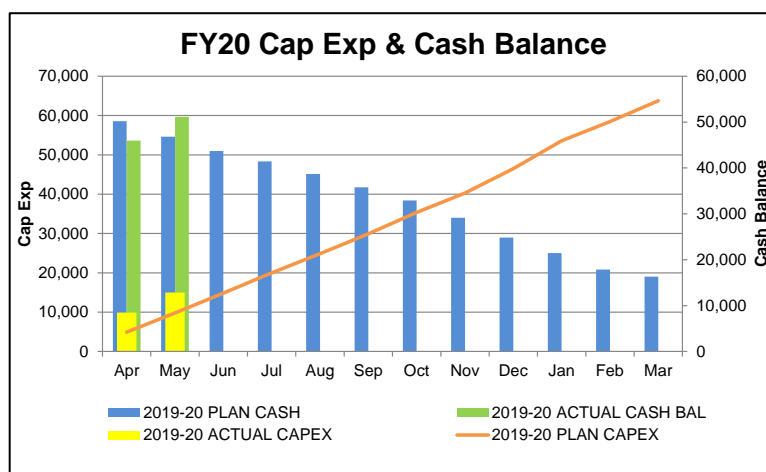
5.1.2 Capital expenditure of £12.87m has been incurred to the end of May against a year to date plan of £8.408m (of which £4.386m was incurred in May against the in month plan of £4.204m). The key variance relates to TCC, with a catch up of expend in April slipped from 2018/19.

5.1.3 The Forecast Capital expenditure for the year has been updated to reflect the latest potential time line for installing new equipment in the Centre in Liverpool. This has increased the overall planned spend in year by £7.13m from £54.66m to £61.79m, but has not increased the overall cost in the Board approved 5 year plan. As the majority of this equipment will be funded from the Charity the revised timing of this expend is not expected to have an adverse impact on Trust cashflow. The forecast excludes potential additional spend on IM&T infrastructure as that will be the subject of a separate Business Case to the Board.

5.1.4 The capital programme is supported by the organisation's cash position. The Trust has a current cash position of £59.66m, which is a positive variance of £5.01m (8.4%) to the cashflow plan of £58.64m. The positive movement in month is primarily driven by a reduction in debtors.

5.1.5 In addition to the Trust cash holding of £59.66m, the subsidiaries were holding £6.88m and the Charity £7.68m at the end of May. Total Group Cash was therefore £74.22m

5.1.6 The Balance Sheet (Statement of Financial Position) is included in Appendix B and Cashflow in Appendix C.



This chart shows monthly planned and actual Cash Balances and Planned Capital Expenditure for 2019-20.

It shows that for May the Trust has more cash than planned due to reductions in debtors.

## 6. Financial Risks

6.1 The Trust is currently reviewing its integrated approach to risk. As part of this process financial risks will be re-assessed so that they are consistent with the Trust framework. It is expected that this will be completed during Q2, following the revision to the Board Assurance Framework (BAF).

6.2 The current risk profile is captured in the following analysis.

Issue	Reason	Risk / Mitigation
Risk of non-delivery of CIP	The Trust has started the year with unidentified CIP of £0.43m (24% of the total).	Directorates and departments have been tasked with identifying further CIP. Non-recurrent slippage can support CIP achievement in the short term.
Risk of non-delivery of CQUIN	The Trust could lose income if CQUIN targets not delivered (£1m).	Improved internal processes, coupled with a national reduction in CQUIN dependent income have reduced this risk for 2019-20.
Data Quality & Timeliness-possible loss of income	There remain issues with data timeliness and accuracy, particularly for HO (from RLUH).	In year risk is mitigated in part by block contracts.
Agency spend and the NHSI risk rating	The Trust anticipates breaching the NHSI agency cap in 2019/20 due to use of locum and agency medical staff.	Although the financial risk is anticipated to be contained within the overall Trust budget, there is likely to be an adverse impact on the Trusts NHSI Financial Risk Rating.

## 7. Recommendations

7.1 The Performance Committee is asked to note the contents of the report, with reference to:

- Delivery of a financial risk rating of 2, which is below the plan of 1. Applying an NHSI 'override' (due to one metric (Agency) being rated as 4) would cap the overall Trust rating at a maximum of 3. However NHSI have confirmed that their overall assessment of CCC continues to keep the Trust in risk segment 1, the lowest risk rating.
- Overachievement against the Control Total.
- Increase in the I&E planned turnover and expenditure to reflect approved additional Cancer Alliance funding.
- Risks identified and potential mitigations.

## Appendix A – Income & Expenditure (Statement of Comprehensive Income)

	Plan (£000)	MAY 19 Actual (£000)	Variance (£000)	Plan (£000)	Cumulative YTD Actual (£000)	Variance (£000)	%	Previous Annual Plan (£000)	Revised Annual Plan (£000)
<b>Clinical Income:</b>									
Elective	363	429	66	708	774	66	9.3%	4,386	4,386
Non-Elective	507	467	(40)	989	950	(39)	-3.9%	6,129	6,129
Out-patient Attends	2,182	2,291	109	3,988	4,097	109	2.7%	24,705	24,705
Radiotherapy Attends	1,667	1,918	251	3,254	3,505	251	7.7%	20,160	20,160
Chemotherapy Attends	1,927	2,081	154	3,762	3,916	154	4.1%	23,308	23,308
Drugs	5,121	5,965	844	9,997	11,661	1,664	16.6%	61,935	61,935
Diagnostic Imaging	200	233	33	391	424	33	8.4%	2,421	2,421
Bone marrow transplants	470	304	(166)	918	766	(152)	-16.6%	5,688	5,688
Other Currencies	(71)	(61)	10	128	102	(26)	-20.3%	915	915
Private Patients / External Drug Sales	162	165	3	321	386	65	20.4%	1,949	1,949
<b>Sub-Total: Total Clinical Income</b>	<b>12,528</b>	<b>13,792</b>	<b>1,264</b>	<b>24,456</b>	<b>26,581</b>	<b>2,125</b>	<b>8.7%</b>	<b>151,596</b>	<b>151,596</b>
Other Income	542	625	83	1,145	1,409	264	23.1%	8,534	8,536
Hosted Services	933	863	(70)	1,228	1,177	(50)	-4.1%	3,543	12,078
<b>Total Operating Income</b>	<b>14,002</b>	<b>15,279</b>	<b>1,277</b>	<b>26,829</b>	<b>29,168</b>	<b>2,339</b>	<b>8.7%</b>	<b>163,673</b>	<b>172,209</b>
Pay: Trust (excluding Hosted)	(4,728)	(4,555)	173	(9,444)	(9,059)	385	-4.1%	(57,308)	(57,159)
Pay: Hosted	(753)	(815)	(62)	(1,012)	(1,073)	(60)	6.0%	(3,119)	(6,593)
Drugs expenditure	(4,812)	(5,778)	(967)	(9,442)	(11,210)	(1,768)	18.7%	(58,100)	(58,100)
Other non-pay: Trust (excluding Hosted)	(2,581)	(3,048)	(467)	(5,469)	(6,421)	(952)	17.4%	(36,925)	(37,076)
Non-pay: Hosted	(175)	(48)	127	(207)	(105)	102	-49.1%	(380)	(5,441)
<b>Total Operating Expenditure</b>	<b>(13,049)</b>	<b>(14,245)</b>	<b>(1,196)</b>	<b>(25,573)</b>	<b>(27,868)</b>	<b>(2,295)</b>	<b>9.0%</b>	<b>(155,833)</b>	<b>(164,370)</b>
<b>Operating Surplus</b>	<b>953</b>	<b>1,035</b>	<b>81</b>	<b>1,256</b>	<b>1,300</b>	<b>44</b>	<b>3.5%</b>	<b>7,839</b>	<b>7,839</b>
Profit /(Loss) from Joint Venture	52	48	(4)	104	100	(4)	-3.8%	624	624
Interest receivable (+)	8	352	344	16	621	604	3699.5%	98	98
Interest payable (-)	(57)	(217)	(160)	(114)	(755)	(641)	560.6%	(686)	(686)
PDC Dividends payable (-)	(400)	(400)	0	(800)	(800)	0	0.0%	(4,800)	(4,800)
<b>Retained surplus/(deficit)</b>	<b>556</b>	<b>818</b>	<b>261</b>	<b>462</b>	<b>466</b>	<b>4</b>	<b>0.9%</b>	<b>3,076</b>	<b>3,076</b>
<b>NET I&amp;E Margin (%)</b>	<b>4.0%</b>	<b>5.4%</b>	<b>1.4%</b>	<b>1.7%</b>	<b>1.6%</b>	<b>-0.1%</b>	<b>-7.2%</b>	<b>1.9%</b>	<b>1.8%</b>
<b>Operating Surplus Margin (%)</b>	<b>6.8%</b>	<b>6.8%</b>	<b>0.0%</b>	<b>4.7%</b>	<b>4.5%</b>	<b>-0.2%</b>	<b>-4.8%</b>	<b>4.8%</b>	<b>4.6%</b>

## Appendix B – Balance Sheet (Statement of Financial Position)

	Post Audit 2019 (£000)	NHSI Plan 2020 (£000)	Apr-19			May-19		
			YTD Plan (£000)	Actual YTD (£000)	Variance (£000)	YTD Plan (£000)	Actual YTD (£000)	Variance (£000)
<b>Non-current assets</b>								
Intangible assets	1,673	485	597	1,652	1,055	587	1,833	1,246
Property, plant & equipment	158,340	220,606	174,760	166,390	(8,370)	178,544	170,082	(8,462)
Investments in associates	1,174	1,920	1,348	1,226	(122)	1,400	1,274	(126)
Other financial assets	78,815	140,261	96,515	88,670	(7,845)	100,515	94,169	(6,346)
Trade & other receivables	1,667	277	4,612	1,655	(2,957)	4,387	106	(4,281)
Other assets	-	-	-	-	-	-	-	-
<b>Total non-current assets</b>	<b>241,669</b>	<b>363,549</b>	<b>277,832</b>	<b>259,593</b>	<b>(18,239)</b>	<b>285,433</b>	<b>267,464</b>	<b>(17,969)</b>
<b>Current assets</b>								
Inventories	1,263	1,000	1,000	1,669	669	1,000	913	(87)
Trade & other receivables								
NHS receivables	10,215	4,860	5,000	17,350	12,350	5,000	24,484	19,484
Non-NHS receivables	24,216	5,000	5,000	27,176	22,176	5,000	10,580	5,580
Cash and cash equivalents	72,963	19,035	58,563	53,628	(4,935)	54,646	59,656	5,010
<b>Total current assets</b>	<b>108,658</b>	<b>29,895</b>	<b>69,563</b>	<b>99,823</b>	<b>30,260</b>	<b>65,646</b>	<b>95,633</b>	<b>29,987</b>
<b>Current liabilities</b>								
Trade & other payables								
Non-capital creditors	36,043	15,000	15,000	36,422	21,422	15,000	37,705	22,705
Capital creditors	97	1,952	2,020	462	(1,558)	2,020	462	(1,558)
Borrowings								
Loans	1,730	1,829	1,829	1,730	(99)	1,829	1,730	(99)
Obligations under finance leases	53	53	53	53	0	53	53	0
Provisions	267	489	489	267	(222)	489	267	(222)
Other liabilities:-								
Deferred income	2,402	4,000	4,000	2,306	(1,694)	4,000	2,599	(1,401)
Other	-	700	700	-	(700)	700	-	(700)
<b>Total current liabilities</b>	<b>40,592</b>	<b>24,023</b>	<b>24,091</b>	<b>41,239</b>	<b>17,148</b>	<b>24,091</b>	<b>42,815</b>	<b>18,724</b>
<b>Total assets less current liabilities</b>	<b>309,734</b>	<b>369,421</b>	<b>323,304</b>	<b>318,177</b>	<b>(5,127)</b>	<b>326,988</b>	<b>320,282</b>	<b>(6,706)</b>
<b>Non-current liabilities</b>								
Trade & other payables								
Capital creditors	-	301	301	-	(301)	301	-	(301)
Borrowings								
Loans	37,280	35,550	37,280	37,280	-	36,540	36,540	-
Obligations under finance leases	56	5	56	56	(0)	56	56	(0)
Other liabilities:-								
Deferred income	1,156	1,156	1,156	1,156	0	1,156	1,156	0
PropCare liability	83,567	140,261	96,515	91,959	(4,556)	100,515	94,388	(6,127)
<b>Total non current liabilities</b>	<b>122,059</b>	<b>177,273</b>	<b>135,308</b>	<b>130,451</b>	<b>(4,857)</b>	<b>138,568</b>	<b>132,140</b>	<b>(6,428)</b>
<b>Total net assets employed</b>	<b>187,675</b>	<b>192,148</b>	<b>187,996</b>	<b>187,726</b>	<b>(270)</b>	<b>188,420</b>	<b>188,142</b>	<b>(278)</b>
<b>Financed by (taxpayers' equity)</b>								
Public Dividend Capital	55,364	57,158	56,042	55,364	(678)	56,042	55,364	(678)
Revaluation reserve	8,493	7,839	7,839	8,493	654	7,839	8,493	654
Income and expenditure reserve	123,818	127,151	124,115	123,868	(247)	124,539	124,284	(255)
<b>Total taxpayers equity</b>	<b>187,675</b>	<b>192,148</b>	<b>187,996</b>	<b>187,726</b>	<b>(270)</b>	<b>188,420</b>	<b>188,142</b>	<b>(278)</b>

## Appendix C – Cash Flow

<b>Movement from 1st April 2019</b>	<b>Plan (£000)</b>	<b>Actual (£000)</b>	<b>Variance (£000)</b>
<b>Cash flows from operating activities:</b>			
Operating surplus	1,258	1,300	42
Depreciation	818	926	108
Amortisation	42	42	0
Impairments	0	0	0
Movement in Trade Receivables	12,061	927	(11,134)
Movement in Other Assets	(8,000)	(15,354)	(7,354)
Movement in Inventories	0	351	351
Movement in Trade Payables	205	106	(99)
Movement in Other Liabilities	8,000	11,019	3,019
Movement in Provisions	0	0	0
CT paid	0	0	0
<b>Net cash used in operating activities</b>	<b>14,384</b>	<b>(682)</b>	<b>(15,066)</b>
<b>Cash flows from investing activities</b>			
Purchase of PPE	(8,408)	(12,304)	(3,896)
Purchase of Intangibles	0	(202)	(202)
Interest received	16	621	605
Investment in associates	0	0	0
<b>Net cash used in investing activities</b>	<b>(8,392)</b>	<b>(11,885)</b>	<b>(3,493)</b>
<b>Cash flows from financing activities</b>			
Public dividend capital received	1,289	0	(1,289)
Public dividend capital repaid	0	0	0
Loans received	0	0	0
Loans repaid	(740)	(740)	0
Capital element of finance lease	0	0	0
Interest paid	0	0	0
Interest element of finance lease	0	0	0
PDC dividend paid	0	0	0
Finance lease - capital element repaid	0	0	0
<b>Net cash used in financing activities</b>	<b>549</b>	<b>(740)</b>	<b>(1,289)</b>
<b>Net change in cash</b>	<b>6,541</b>	<b>(13,307)</b>	<b>(19,848)</b>
<b>Cash b/f</b>	<b>48,105</b>	<b>72,963</b>	<b>24,858</b>
<b>Cash c/f</b>	<b>54,646</b>	<b>59,656</b>	<b>5,010</b>