BUDGET MANUAL

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CHANGE RECORD

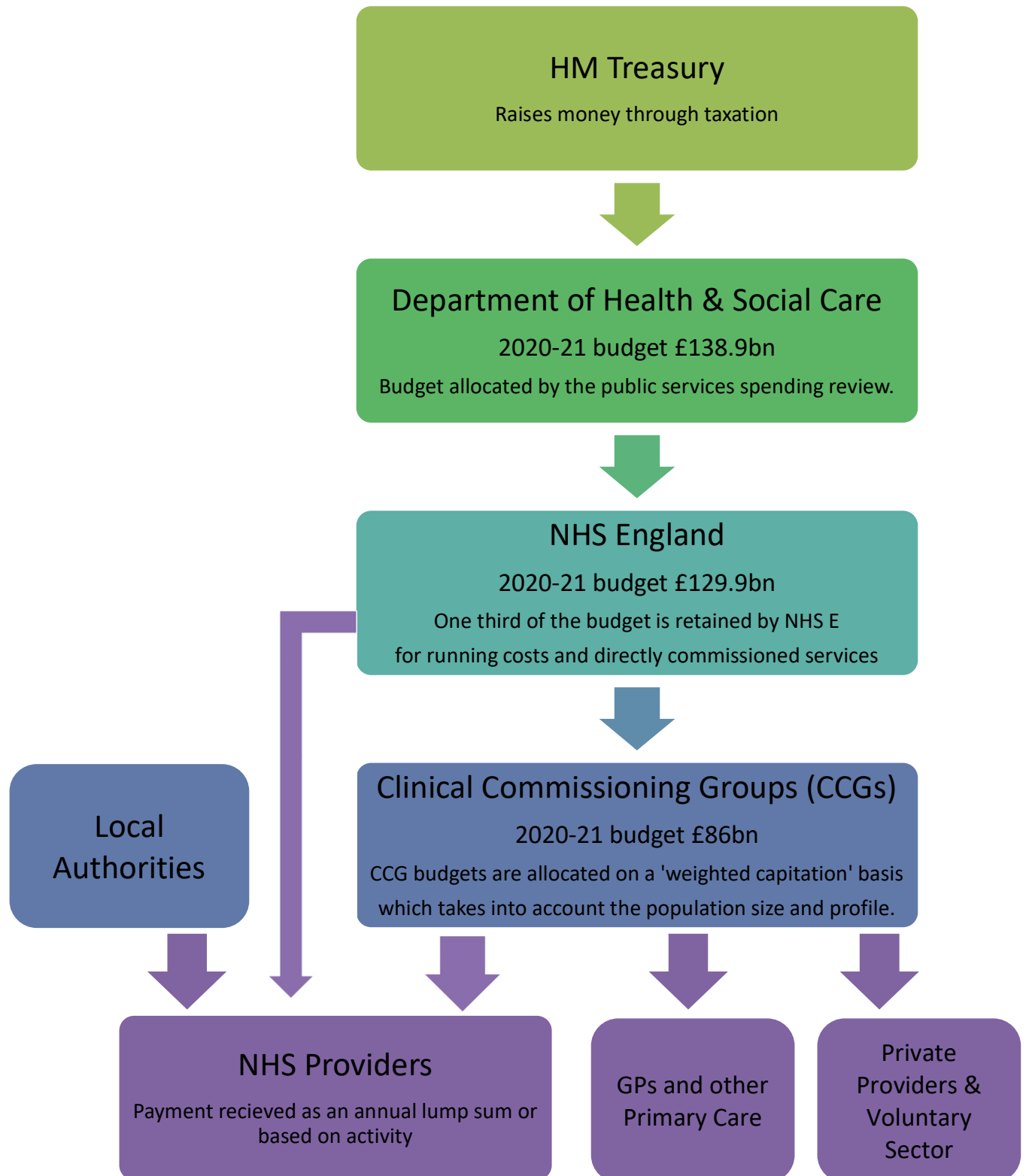| Version	Date	Change details
1.0		
2.0	Nov 2012	Reviewed
3.0	Oct 2014	Reviewed and minor additions made
4.0	May 2018	Reviewed and updated
5.0	March 2021	Reviewed and Updated
6.0	June 2022	Review and Updated after Audit Recommendations

Contents

1. Introduction

The purpose of this document is to assist budget holders in their role; it is designed to be used as a guide to help manage budgets within Humber Teaching NHS Foundation Trust. It sets out the rules and processes of budget management to be adhered to.

Budget setting and control is fundamental to the organisation's management of financial risk. Ensuring the most effective use of our financial resources will contribute to better service provision and patient care.

For any further information and advice please contact the finance team who will be happy to offer support. Details can be found in section 9.

2. A brief overview of NHS Finance

The chart below shows how the money flows in the NHS.

HM Treasury

Raises money through taxation

Department of Health & Social Care

2020-21 budget £138.9bn

Budget allocated by the public services spending review.

NHS England

2020-21 budget £129.9bn

One third of the budget is retained by NHS E

for running costs and directly commissioned services

Clinical Commissioning Groups (CCGs)

2020-21 budget £86bn

CCG budgets are allocated on a 'weighted capitation' basis
which takes into account the population size and profile.

Local Authorities

NHS Providers

Payment recieved as an annual lump sum or
based on activity

GPs and other Primary Care

Private Providers & Voluntary Sector

3. Budgetary Control

The organisation's budget is a representation of Humber Teaching NHS Foundation Trust's annual financial plan; it shows the level of resources that have been allocated to each area.

Budgetary control is the means by which that plan is managed to ensure financial targets are achieved. NHS Improvement is responsible for overseeing Foundation Trusts and NHS Trusts and holds the organisation to account for meeting the financial plan.

Financial performance of the organisation as a whole and its component parts are formally reported on a monthly basis. It is expected that spend against each area of the budget will be within budgeted levels.

The process of budget monitoring is illustrated below as a periodic cycle
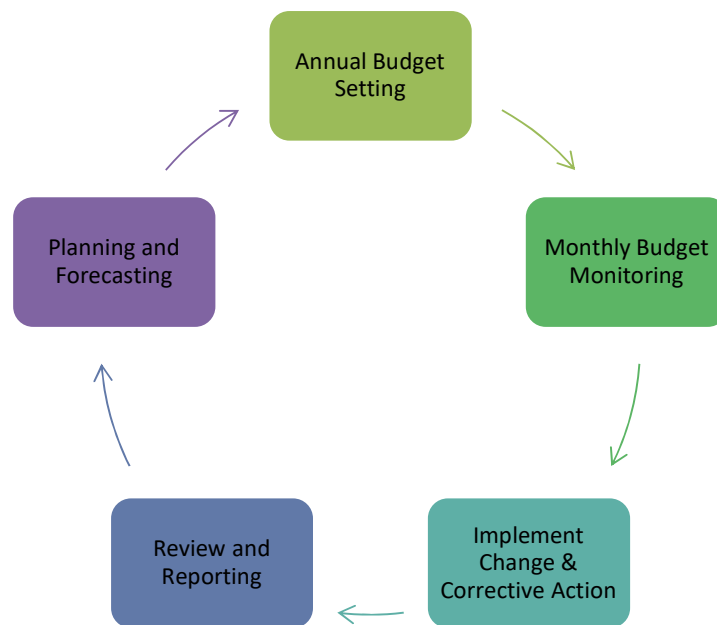
4. Budget Holders

Budget holders are those within the management structure who are responsible for the delivery of an assigned budget. They are accountable for financial performance of that budget against the financial plan and duty bound to support the organisation in achieving the financial duties.

The responsibilities of budget holders include the following:

- To keep expenditure within budget and ensure value for money

- To review budgetary information on an on-going basis (at least monthly) and undertake corrective action if required.

- To highlight and explain any likely overspend or income reduction as soon as it is identified

- To ensure all expenditure attributed to the budget is requisitioned correctly and invoices for payment are checked and authorised appropriately

- To liaise with management accounts to assist with the setting of budgets on an annual basis.

- To sign off annual budgets to acknowledge the level of resource to be managed in the year.

It is essential that budget holders and their designated Finance Business Partner /Management Accountant meet on a regular basis. This communication is essential to ensure that the budget holder clearly understands the budget, can inform the financial forecast position and provide any reasons behind any variances. Additional savings to mitigate against any overspends should be proposed by Budget Holders and agreed with the relevant Management Accountants.

5. Scheme of Delegation

The scheme of delegation sets out the limits of financial authority delegated by the board to employees to commit or approve expenditure on behalf of Humber Teaching NHS Foundation Trust.

Full details can be found in the Scheme of Delegation on the Trust Intranet. The key areas relating to managing budgets include:

- **The ordering of goods and payment of invoices**.
  The table below shows who can authorise at what level of expenditure. Budget holders can spend up to their total budget but the maximum amount that can be spent on an individual item is £9,999.

Up to £9,999	Senior Manager/other staff on authorised signatory list up to their delegated limit
£10,000 to £24,999	Deputy Director
£25,000 to £49,999	Director subject to quotes
£50,000 to £249,999	Director Of Finance
£250,000 to £750,000	Chief Executive subject to tenders

Above £750,000 requires Board Approval.

- **Appointment of staff**.
  A budget holder can request to recruit to their funded establishment. Director authorisation is required to increase the establishment in a cost centre and vacant posts need to be identified from elsewhere in the directorate to fund them. All authorisations to recruit need to be approved by Finance and the Divisional General Manager Director of the Corporate department before being advertised. Budget holders can book bank and agency clinical and administrative staff but must ensure that the most cost effective staff resources should be used.

6. Budget Setting

The Director of Finance has the responsibility to ensure a Trust budget is set annually. Ownership of setting individual budgets within the organisations financial constraints sits with the budget holder and there is an annual audit requirement that Divisional Managers and Corporate Directors sign off their budgets to acknowledge the level of resource they have been allocated to manage for the year. The management accounts team will prepare the figures on behalf of the Director of Finance with the assistance and agreement of budget holders.

Budgets are calculated taking into account the following factors:

- Existing budget and establishment
- The impact of inflation and pay increments
- Changes in commissioned services
- Cost improvement plans and efficiency savings
- Known pressures relating to the service
- The overall Trust resource

An annual budget has three main components; income, pay and non pay. Each of these areas is then broken down by subjective description or expense type. The budget lines in the pay budget will also have a funded establishment which is the maximum number of whole time equivalent (wte) posts by band that can be appointed.

Budgets are set for individual cost centres, one for each ward or team within the organisation. These are then amalgamated to directorates and departments reflecting the structure of Humber Teaching NHS Foundation Trust.

The financial year starts on 1st April and work commences on a 3 year financial plan in the July preceding it. Following the receipt of the planning guidance towards the end of the calendar year the detailed financial plan is put in place. Final budgets are approved by the Trust Board prior to the start of the relevant Financial Year

The formulation of annual budgets has been coordinated through Integrated Care Systems (ICS) which means that the Trust budget is set as part of the overarching ICS. This can affect the timetable for completion and approval through the Trust's Finance and Investment Committee and Board. A specific annual timetable will be communicated through the Trust's Finance and Investment Committee and the Board.

Annual budget reductions are required to ensure the achievement of the financial position imposed by NHS Improvement. The Trust receives a financial incentive if our targets are met.

7. Budget Monitoring

At each accounting period end the finance team go through a month end close down process where expenditure and income are checked for accuracy and any required adjustments are made to ensure a true reflection of the Trust's spend is shown.

The budget reports will consist of:

- Income for invoices raised through the debtors system. Income from our main block contracts does not show on the budget reports of individual services. To see the full amount of income for a service and all associated costs please refer to the service line reports.
- Salaries; expenditure based on actual payments through the payroll.
- Actual payments made for goods or services during the month
- Manual estimates of the cost of goods or services used during the month where payment has not yet been made. These are called accruals.
- Journals may be undertaken on a monthly basis which move costs and budgets between financial codes. The maximum amount of a journal that can be posted by a band 5 management accountant is £1m. Any value above this would need approval by the Finance Business Partner.

Budget reports are usually available by the 10th day of each month. They show the actual expenditure and income compared to what was budgeted and highlight any variances. A negative number in the variance column depicts an underspend and a positive number is an overspend. The reports are required to be reviewed on a monthly basis using the budget holder dashboard. Budgets can be viewed at summary cost centre level, but this can be drilled down to individual transaction details and shows scanned copies of invoices where applicable.

From June on a monthly basis Finance Managers will assist with the financial forecast to inform the Board of the likely year end position. It is the responsibility of the budget holder to advise the likely outturn and instigate any required action to avoid being overspent.

8. Year End Accounting Process

The NHS financial accounting year runs from April to March and for each financial year end the Trust has to produce a set of Audited statutory accounts for inclusion in the Annual Report, submission to NHS Improvement and to be laid before Parliament.

Whilst the year end accounting process mirrors the monthly process, some of the deadlines are brought forward to meet national timescales and the Trust has to take part in the national Agreement of Balances exercise to agree all NHS transactions enacted in the year with other NHS bodies.

The Trust also needs to ensure that all costs and revenue are correctly captured within the accounts.

Revenue & Sales Invoices
The national deadline for sales invoices to be raised for February and earlier activity is around the 20th March. This is to ensure that they are part of the Agreement of Balances exercise and listed on the statements sent to corresponding NHS bodies.

A further deadline of the 5th working day of April is used as a cut off for all March activity invoices. These invoices are then included on an "accrual" statement which is sent to the relevant bodies.

Please Note: it is important that the deadlines for raising invoices are adhered to, the NHS have timescales relating to the raising and payment of invoices. If an invoices raised later that 3 months from the activity or is not included on the Agreement of Balance statements, it can result in non-payment. Therefore income should always be invoiced as soon as possible after the activity and sales accruals should be avoided if possible and only included in the annual accounts in exceptional circumstances.

Expenses & Purchase Invoices
Purchase Orders
Any good received up to and including the 31st March should be receipted in a timely manner, to ensure their inclusion in the correct financial period. Failure to do this may result in the costs being missed in March and having to be charged against April budgets, potentially causing a cost pressure to budgets.

Non Purchase Order Invoices
Where possible, all non purchase order invoices in workflows should be coded and approved by the 31st March. This will ensure that they are included in the correct period

Accruals
An accrual needs to be included in the accounts where a service or goods have been received before the 31st March, but there is a delay in the receipt of the invoice.

Budget Holders should pay particular attention to accruals, to ensure that the value is accurate. Any invoices received after the accounts close where an

accrual has not been provided will result in a cost pressure in the following financial year, therefore Budget Holders need to work closely with Finance to review and agree the level of accruals included in the position.

9. Finance Glossary

Accrual
The inclusion of a missing cost. The monthly finance report must reflect all transactions that occurred, not only those that were paid. For example a ward will have used electricity in the month but might not yet have been invoiced so finance will add an estimation of the cost.

Agreement of Balances
An exercise done at the end of December and the end of the financial year to agree all NHS transactions enacted in the year with other NHS bodies.

Annual Leave Accrual
As part of the year end accounting process an estimate is made of the cost of any outstanding leave so it can be included in the year it relates to and the financial obligation is captured in the accounts.

Budget
A summary of intended income and expenditure for a given period.

Budget Holder
The employee accountable for the budgets delegated to them. This includes managing income and expenditure and the financial stewardship of the budget. A budget holder will be expected to monitor income and expenditure and liaise with the finance department to understand if any underspends or overspends are expected. A budget holder is responsible for authorising expenditure against the budget and ensuring that the best value for money is obtained.

Budget Virement
The transfer of resources from one budget to another. This should be approved by all affected budget holders.

Capital Expenditure
Expenditure on items that have a useful life over one year and are greater than £5000 in value. Approval by the capital board is required before purchase to ensure the Trust's capital budget is not exceeded.

Cost Improvement/Budget Reduction
A scheme identified by the Trust to reduce costs or improve efficiency. Achievement of cost improvement is required to meet financial targets.

EBITDA
Earnings before interest, taxation, depreciation and amortisation. This is the operating surplus or deficit.

Forecast
A prediction of the organisations financial performance for the end of the financial year. The finance team update the forecast on a monthly basis with the input of budget holders. Also referred to as the FOT (forecast outturn).

Income and Expenditure Report
This shows all the income and expenditure incurred in the period, the difference between them is the surplus or loss made by the Trust.

Journal
The finance team produce journals as part of the month end close down process to make corrections to the allocation of expenditure and add estimates for missing costs.

Non Recurrent Costs
One off costs

Overhead Costs
The cost of the Corporate Directorates required to support the clinical services. For example the Finance Team.

Prepayment
To ensure the finance reports only transactions occurred in the month items that are paid for future periods are taken out. For example a supplier might invoice for rent quarterly, finance will spread this cost over 3 months.

Revenue Expenditure
Spending on day-to-day items such as salaries and running costs

Scheme of Delegation
Tells employees where responsibility lies for decision making within the organisation.

Service Line Reporting
Shows the Trust's profitability by service, it compares the income we receive for a service against the total cost of providing it.

Standing Financial Instructions
This is a document detailing the financial responsibilities, policies and procedures adopted by the Trust. It is designed to ensure our financial transactions are carried out within the law and government policy. This can be found on the Trust intranet by following the below link:
https://intranet.humber.nhs.uk/Standing%20Orders%20and%20Standing%20Financial%20Instructions.htm

Variance
The difference between the budget for a period and the actual income generated or expenditure incurred. A positive number is an overspend and a negative number highlights an underspend. The negative number may be signified by the use of brackets.

10. Finance Staff and Contact Details

Name	Position	Phone No.	Email Address
Peter Beckwith	Director of Finance	01482 89215	peterbeckwith@nhs.net
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Mark Headspith	Senior Finance Manager	01482 389140	mark.headspith@nhs.net
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Emmanuel Armah	Management Accountant	01482 389140	earmah@nhs.net
Lorraine Atkin	Management Accountant	01482 389331	Lorraineatkin@nhs.net
Stephen Hirst	Finance Services Manager	01842389303	stephenhirst@nhs.net
Una Thompson	P2P Administrator		Una.thompson@nhs.net
Ella Beech	Finance Officer		Ella.beech@nhs.net

11.   Using Oracle

Humber Teaching NHS Foundation Trust uses the Shared Business System (SBS) Oracle Application (Financial Ledger) to maintain its Financial Accounts. This system records the Trusts annual allocation, monthly expenditure budgets and daily transactions on invoices received or raised and any additional finance adjustments.

As a Budget Holder you should familiarise yourself with the Oracle system and be registered with an Oracle log in giving access to an invoice inbox and also the facilities to check transactions to be coded against the budgets and authorise relevant invoices.

Basic Guidance on the use of Oracle can be found in this document. For more details and videos visit https://nww.sbs.nhs.uk/training-zone/home, browse training for providers and select "budget manager" in the role box.

Accessing Oracle:
To access oracle log in by using the below link in your internet browser:
http:/nww.sbs.nhs.uk/

This opens a screen as below. Under the Provider heading in the centre of the page are the two options that would normally be used: Oracle & Business Intelligence.

Click on the green Oracle button (top left)
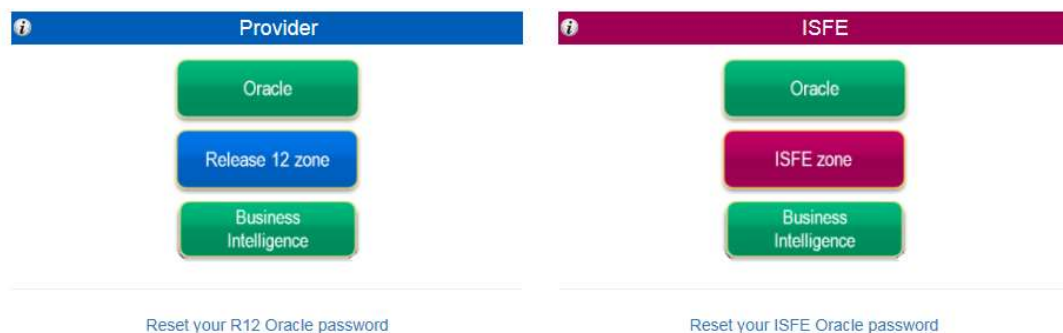
This opens up the screen shown below. Please enter your username & password (Please note the user name & password are case sensitive).

Once signed in to the system, there will be a navigator menu on the left hand side with the options available to you. Your screen will look similar to below, but you will probably have fewer options than this. As a budget holder the main area you will use is NON PO APPROVAL which is where you approve invoices for payment.
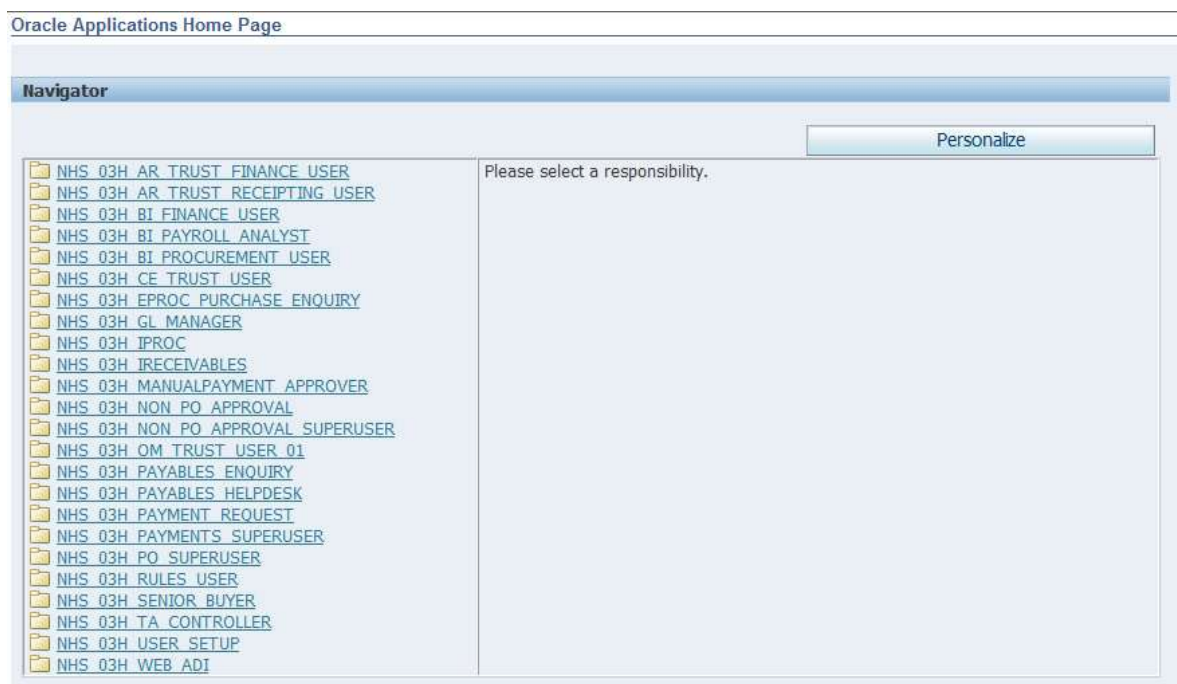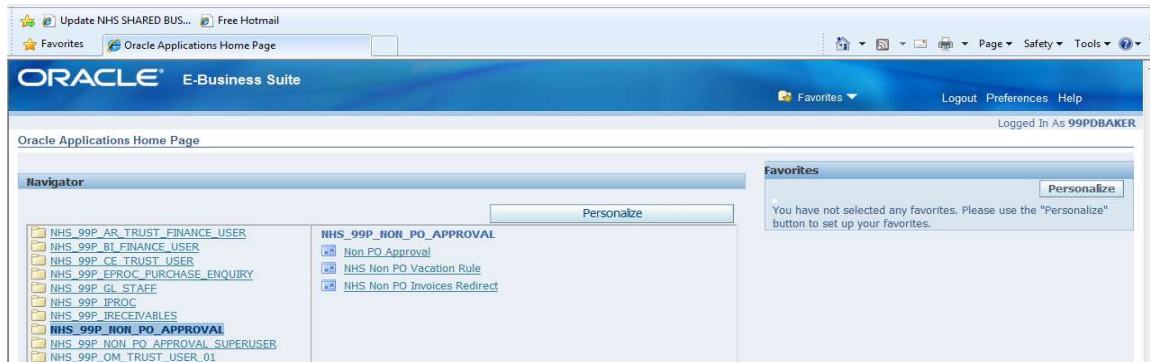

Invoice Review:

As a Budget Holder it is your responsibility to double check invoice details and if they are correct approve them for payment. This process is done in the Oracle system and a comprehensive guide can be followed by following the below link

R12_non_po_invoice_approval_trust_user_guide

To access your Oracle inbox to view your invoices for review click on the NON PO APPROVAL responsibility on the Oracle home page.


You will now be logged in to your Oracle inbox homepage which will look similar to the below example:

The main page (as above), provides you with an overview of all the invoices currently awaiting action from you. You can sort them how you wish by clicking on any of the dark blue headings.

From this screen you can access each individual invoice and action as is necessary. This can be done by clicking on the blue button on the left of each line (see diagram above). This will bring up the detailed information for the selected invoice as illustrated below.
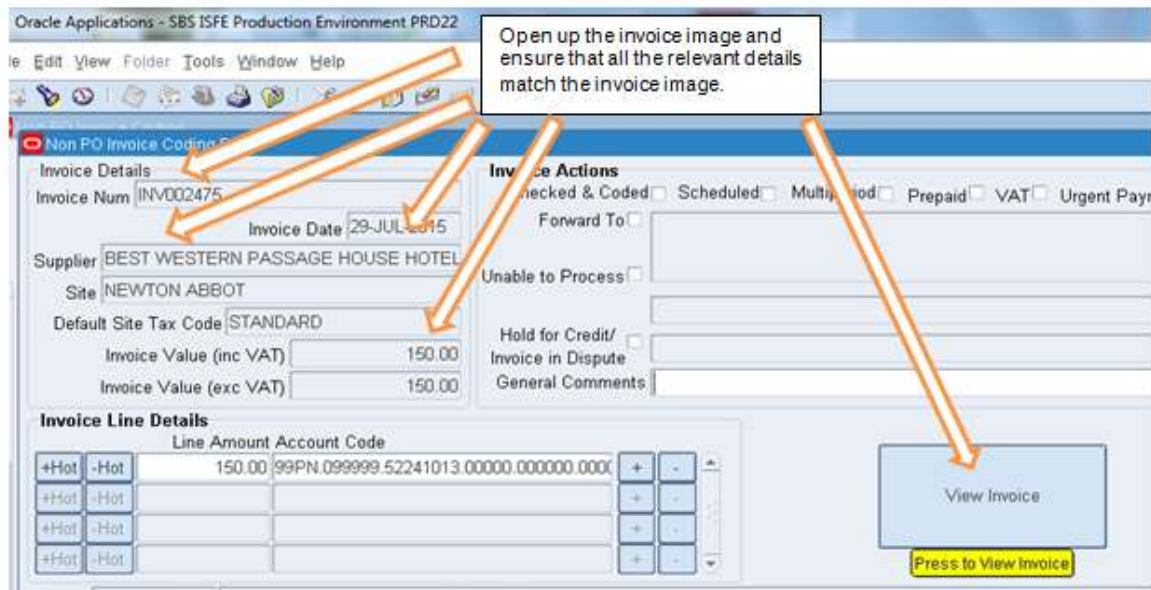
To view the invoice, click on the "view invoice" box which will open up a copy of the invoice image in a web browser. It is then necessary to check that the details on the invoice image match the details showing on the database record page.

If you are not happy with the invoice, then please contact the supplier directly to either resolve the dispute or request a credit note. Place the invoice on hold by ticking the box under invoice actions and enter any relevant information in the comments box.

Usually invoices will come to you uncoded and it is the budget holder's responsibility to ensure that the correct code is in place when the invoice is approved. The accuracy of the financial reports is dependent on the accuracy of the coding at the outset so please liaise with finance if you are unsure. To code an invoice click into the invoice coding line on the '…' button as shown below.
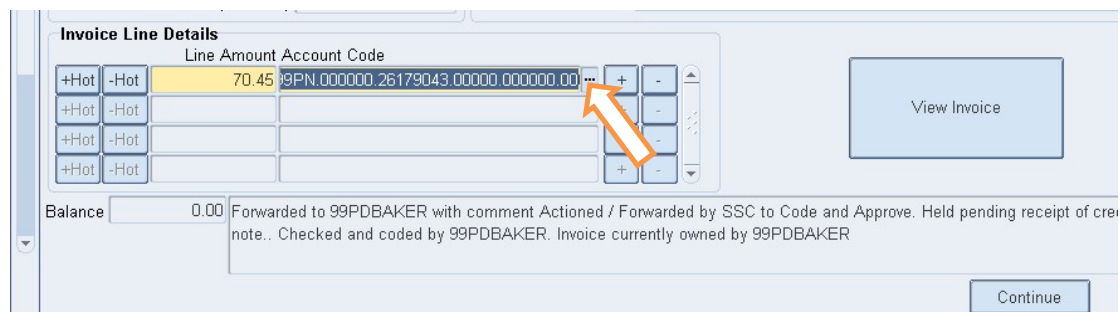
This will bring up the invoice coding menu. You can then manually type in the correct codes or use the search functions by clicking on the '…' button to the right of each input box. If you do not have one ask your finance contact to provide you with a list of codes that you maintain responsibility for.

Once you are happy with the invoice, tick the approve box under invoice actions, you then need to press continue to exit the invoice record and then press save on the next screen. This will remove the invoice from your inbox and send it for payment on the next available payment run. Once you have selected save, you will be unable to make any changes to the invoice again. Invoices need to be authorised for payment as soon as possible to achieve the NHS payment terms and maintain good relationships with suppliers.

Credit notes are approved in the same way that an invoice is approved. Ideally at the same time as the invoice it relates to.

12.   Budget Holder Dashboard

Business Intelligence is an area of the SBS Oracle system which provides useful standard reports and a reporting tool called the Budget Holder Dashboard. It is a tool to aid Budget Holders in viewing the financial information held within Oracle and can be personalised to your preference of viewing information in tables or graphs.

Your budgets can be viewed at summary cost centre level, but this can be enquired upon, drilling down to individual transaction detail, even down to viewing the scanned invoices.

The information shown on the dashboard will be up to date as at the close of play from the previous day, as information is updated from the live Oracle database overnight.
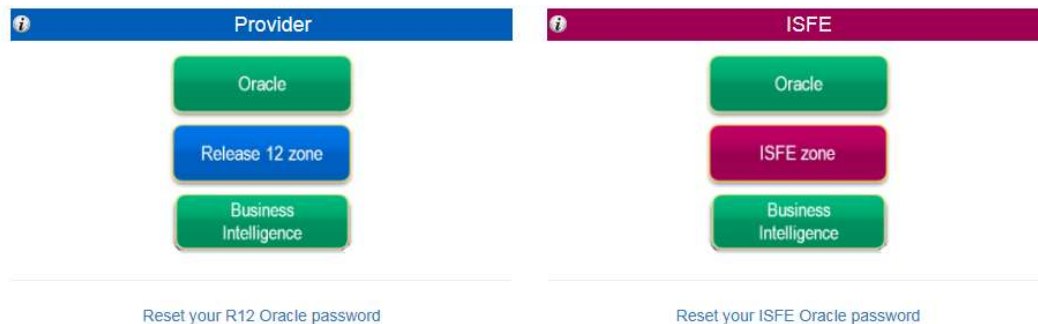
The full training guidance can be found by following the below link and an overview is given in this document.

BI New Budget Holder Dashboard User Guide v1.1

### *Budget Holder Dashboard & Business Intelligence Guidance*

To access the Dashboard click on the following link, http:/nww.sbs.nhs.uk/

Select "Business Intelligence" from the list on the left under "Provider".

This opens a Business Intelligence Login screen. Login using your usual User ID and Password.

Once you have logged on click on the **'Dashboards'** drop down from the blue section across the top of the screen and select **'Budget Holder New'**
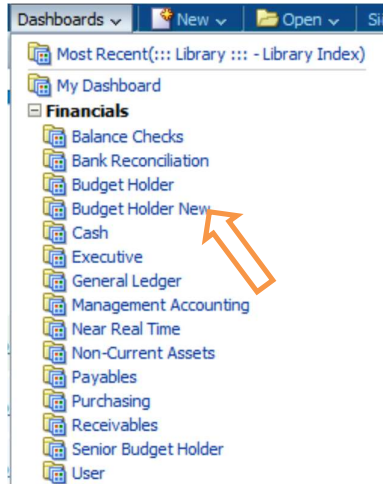
Use the 'Prompt' fields to make your selections to show the relevant financial information.

The Budget Holder dashboard has 6 different tabs on it. The subjective overview tab gives the budget report by cost centre in the familiar format.
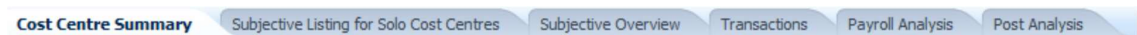
Each of these tabs will show you different information at different levels. If required please liaise with your finance contact for guidance on how to understand the reports.

Business Intelligence will allow you to drill into lower levels of information by clicking into certain figures. You can only drill into a figure that is blue, when you hoover your mouse cursor over the figure it will also become underlined.

If you drill down on a balance in the "subjective overview" tab you will be taken to the transaction details. Scrolling across to the right to the "reference 8" column will give the hyperlink to the invoices that the balance relates to.

13.   Finance Training

Please contact the finance team for any help with your budgets. In addition the Skills Development Network has some online learning modules. The link to their website and an outline of what is covered is below:

www.skillsdevelopmentnetwork.com

The first time you use the skills development website you need to register as a new user
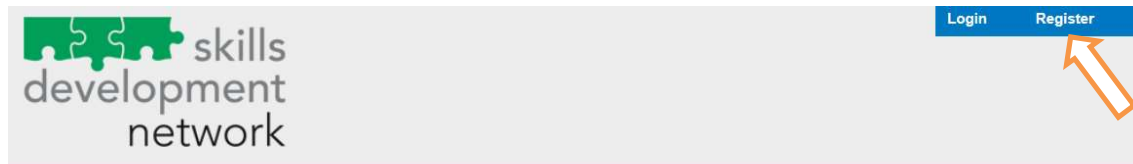
Once registered to access the courses click on personal development then online learning

Useful areas to explore are

Widening Finance Skills

Widening Finance Skills
This short course gives non finance staff a clear and simple introduction to NHS finance. It seeks to demystify the financial language and help you to understand how it works. It is suitable for both budget holders and people that are new to finance.

View the Modules

Finance Basics

Finance Basics
An introduction to NHS finance aimed at junior finance staff and those new to the NHS to help them understand the range of activities that take place in NHS finance. They are a useful tool for anyone who would like to refresh their knowledge and insight.

View the Modules

Humber Teaching NHS Foundation Trust
Budget Setting and BRS Standard Operating Procedure Note

1. Purpose

As part of the Trust's annual planning cycle the Trust needs to set its budgets for the year. The purpose of this paper is to describe the methodology and timetable for budget setting.

2. Background

The budget setting timetable is set around the Trust's financial year i.e. from April to March and is an integral part of the annual business planning exercise. The budget setting process will underpin the production of the Trust's financial annual plan submitted to NHSI. Good practice dictates that managers, in consultation with the finance department, review budgets on an ongoing basis. The budget setting process is a formal opportunity to revise the allocation of resources and ensure they are used in the most effective manner.

Clear parameters are set for budget setting and therefore it is not a bidding process. It is a review of the utilisation of both existing and new resources and whether they are being used in the most effective manner.

3. Budget Setting Timetable

The timetable for budget setting (the planning cycle) will vary slightly from year to year, as it will be in line with the Business planning cycle which reflects the NHSI's Annual Plan submission deadline.

The Deputy Director of Finance and Contracting will establish a written timetable of budget setting processes and guidance on the mechanisms which ensures that final budgets can be presented to the Trust Board in advance of the commencement of the financial year.

Broadly speaking the timetable will reflect the following:

- August to September - Review Long term financial models : set indicative Budget Reduction Strategy (BRS) targets for up to 4 years ; review and refresh capital and activity plans; and engage with Divisions as the start of business planning. High level assumptions are presented to the ODG, EMT and then Finance and Investment Committee
- November - Agree draft strategies and plans between finance staff and Budget Holders for consolidation into a Trust wide Business Plan for incorporation into the Trust's overall Business Plan.
- January - Draft Business Plan is produced and presented to Finance & Investment Committee

- February - Agree final Business Plan at Finance & Investment Committee following final agreement with Divisions taking into account income assumptions from contract negotiations
- March - Business Plan approved by the Trust Board, income contracts signed and budgets formally notified, agreed and signed by Budget Holders and Managers
- September – March – Processes and Procedures are in place to ensure triangulation of financial, activity and workforce planning activities

4. Calculation of BRS value

The Trust is currently supported by NHSI sustainability funding to enable it to meet an agreed financial control total target. Providers are expected to reach a break-even point without the need for any sustainability funding by 2023/24.

The control total target up until 2020/21 has been a deficit value ie the Trust has been allowed to spend more than it receives in both income from operational activities and sustainability funding. This, together with any non recurrent cost savings and income generation found to achieve the control total in the previous year, is the underlying deficit that the Trust needs to incrementally reduce through the BRS to break even by 2023/24.

The overall value of BRS is determined by the agreed control total which, from 2020/21, became an STP wide arrangement rather than one which the Trust would agree direct with NHSI. Each NHS organisation in the area was asked to submit achievable financial trajectories for the next 4 years with an STP wide submission to NHSI giving a break even position by 2023/24. The Trust submitted a financial plan which included prudent BRS figures for cost reduction or income generation for the next 4 years. The deficit control total target is then funded through the Financial Recovery Fund (FRF) allocated by NHSI on an STP wide basis.

The Trust has 2 elements to the BRS;

- Trust Wide Schemes - these are often of high value and are related to newly commissioned services. The Trust can make efficiency savings providing central support through the existing corporate base.
- Operational BRS targets – these are savings made on existing services through restructuring and transformation to a more efficient model of delivery or through income generation. These are generally set at 1.5% of net budget to ensure they are achievable.

An example of the calculation of the BRS is shown in Table 1

Table 1

Overall Position	£m
2019/20 Forecast	0.350
PSF/FRF	1.343
Net Effect of Planning	1.511
2019/20 BRS Shortfall (Major Schemes)	0.764
Structural Defict	1.111
Run Rate Benefit	0.800
Pressures (Greentrees and Training)	0.850
Total	**6.729**
Target Control Total	0.950
BRS Target	**5.779**
1.5% Divisions and Corporate	1.517
Major Schemes Target	4.262

The process is to start with the previous year's position in terms of the control total and the PSF / FRF which the Trust has received in the previous year.

The Net Effect of Planning takes account of tariff deflator and the effect of inflation including the pay award, it should be noted that the tariff uplift doesn't fully cover the effect of inflation and pay award.

The BRS shortfall regarding Major schemes relates to the underachievement of savings compared to the target.

The Trust has a structural deficit which includes the savings gap of £0.711m and the £0.400m non recurrent funding received from NHSI to cover Local Authority pay award.

The run rate benefit of £0.800m has been treated as a non-recurrent scheme and therefore this is required to be included in the calculation.

Finally any known pressures going into the following year

The control total is a deficit of £0.951m which is the position the Trust is required to operate at which gives the overall BRS target for 2020/21 of £5.778m.

The Trust has made a decision to use 1.5% BRS savings targets for Divisions and Corporate Services, based on net budgets, which gives a savings figure of £1.517m leaving a target from Major Schemes of £4.261m

5.   Monitoring of BRS

The BRS schemes are monitored at Divisional level and are reported through the Divisional Meetings and then ODG, EMT and Finance and Investment Committee.

Individual schemes are monitored and reported on monthly by the Senior Management Accountants with approval at the Divisional ODG meetings. A summary is then produced for Reporting as follows:

Care Group / Corporate	Total Savings Required	YTD Profile	YTD Actual	YTD Variance	Forecast Achieve-ment	FOT Variance
	£m	£m	£m	£m	£m	£m
Childrens and LD	0.335	0.187	0.175	(0.012)	0.335	0.000
Community and PC	0.430	0.209	0.209	0.000	0.430	0.000
Mental Health	0.645	0.161	0.124	(0.037)	0.645	0.000
Secure Services	0.128	0.093	0.082	(0.011)	0.128	0.000
Corporate Services:						
Chief Executive	0.028	0.007	0.010	0.003	0.028	0.000
Finance	0.135	0.005	0.005	0.000	0.135	0.000
Director Of Nursing	0.027	0.027	0.027	0.000	0.027	0.000
Human Resources	0.041	0.000	0.000	0.000	0.041	0.000
Chief Operating Officer	0.057	0.057	0.057	0.000	0.057	0.000
Medical Director	0.027	0.027	0.027	0.000	0.027	0.000
	1.853	**0.773**	**0.716**	**(0.057)**	**1.853**	**0.000**

An explanation of variances is provided with the analysis.
Any forecast underachievement that is not met in year will be carried forward into the following year.