

Integrated Performance Report

M10 2015–16 Executive Summary

Risk ratings

Financial Sustainability Risk Rating:

15/16 Plan:	YTD	FY	Performance:	YTD
	3	3	Current	3
			Previous Mth	2

Summary Performance:

- The Trust has recorded an Underlying Loss of £15.0M, which is £0.9M less than the planned loss of £15.9M
- FSRR : a rating of 3 against a plan of 3.
- Main drivers of current performance are Unidentified Savings of £31.9M, offset by CCG / NHSE income over performance of £21.6M and the release of Reserves of £8.2M
- The cash balance of £113M is an increase of £17M from last month.

Summary Income & Cash Flow vs Plan

£m	2015/16 - M10			Previous Month	
	Plan	Actual	Variance	Actual	Variance
Operating Income for EBITDA	1,040.8	1,069.5	28.7	962.1	25.4
Employee Expenses	(581.1)	(606.5)	(25.3)	(546.8)	(25.0)
All other operating expenses	(409.2)	(413.6)	(4.4)	(373.5)	(4.0)
EBITDA	50.5	49.4	(1.0)	41.7	(3.7)
Surplus/(Deficit) pre exceptionals	(15.9)	(15.0)	0.9	(16.0)	(1.7)
Net Surplus/(Deficit)	6.8	(2.6)	(9.4)	(5.6)	(11.7)
EBITDA %	100.0%	98.0%	(2.0%)	91.9%	(8.1%)
Capital Expenditure ¹	140.3	90.9	49.4	87.2	39.3
Net Cash Flow ¹	(22.3)	17.0	39.3	0.0	0.0
Cash & Cash Equivalents ¹	77.0	113.0	36.0	96.0	(3.3)
CoSRR Liquidity Days	0.1	(0.4)	(0.5)	(1.0)	(2.8)
CIP Performance %	100.0%	65.1%	(34.9%)	66.7%	(33.3%)
Net Current Assets ¹	9.0	21.9	12.9	18.7	(7.1)
Borrowings ¹	(193.9)	(155.8)	38.1	(155.8)	27.3

1. Plan is set Quarterly with Monitor - Monthly plan is extrapolated

Key risks

Financial performance

- Clinical Directorates are £24.0M overspent, driven by Unidentified CIPs of £24.7M and CIP slippage of £2.9M
- Total CIPs achieved are £38.8M, 35% below plan.
- FSRR of 3 is reported against a plan of 3
- January pay bill £59.6M, a reduction of £2.2M, includes prior period adjustments
- An assessment of commissioning income has been made using draft January data which indicates that whilst income to January is £22.5M ahead of plan, once adjustments have been made for block contracts, potential fines and penalties, this reduces YTD performance to being £21.6M above plan
- The cash balance of £113.0M is an increase of £17M from last month

Action taken / committed

- The Trust is implementing a recovery plan to ensure we deliver this year's financial plan. To support this work, a new multi-disciplinary financial recovery team has been created which is led by Hannah Coffey (director of operations, hospital services) and Chris Bowler (associate director financial planning), with strong clinical input.
- New central measures have been introduced which will combine with local actions to control and reduce spend. These include
 - A freeze on non-essential job vacancies
 - Further restrictions on the use of agency and other temporary staff
 - Tighter controls on all non-pay expenditure, particularly discretionary spend
 - Ensuring we deliver planned levels of clinical activity
- The Trust holds monthly performance review meeting with all clinical directorates to ensure progress towards targets are on track and actions are in place to close any shortfalls
- Monthly finance summits have been held with the most financially challenged clinical directorates.
- Additional support is being identified to support the most financially challenged directorates

Gaps and residual concerns

- The Fit For the Future programme (FFF) is developing further programmes for 2015/16
- All CIPs are mapped to Fit For the Future programmes which will help support their delivery.



showing
we care

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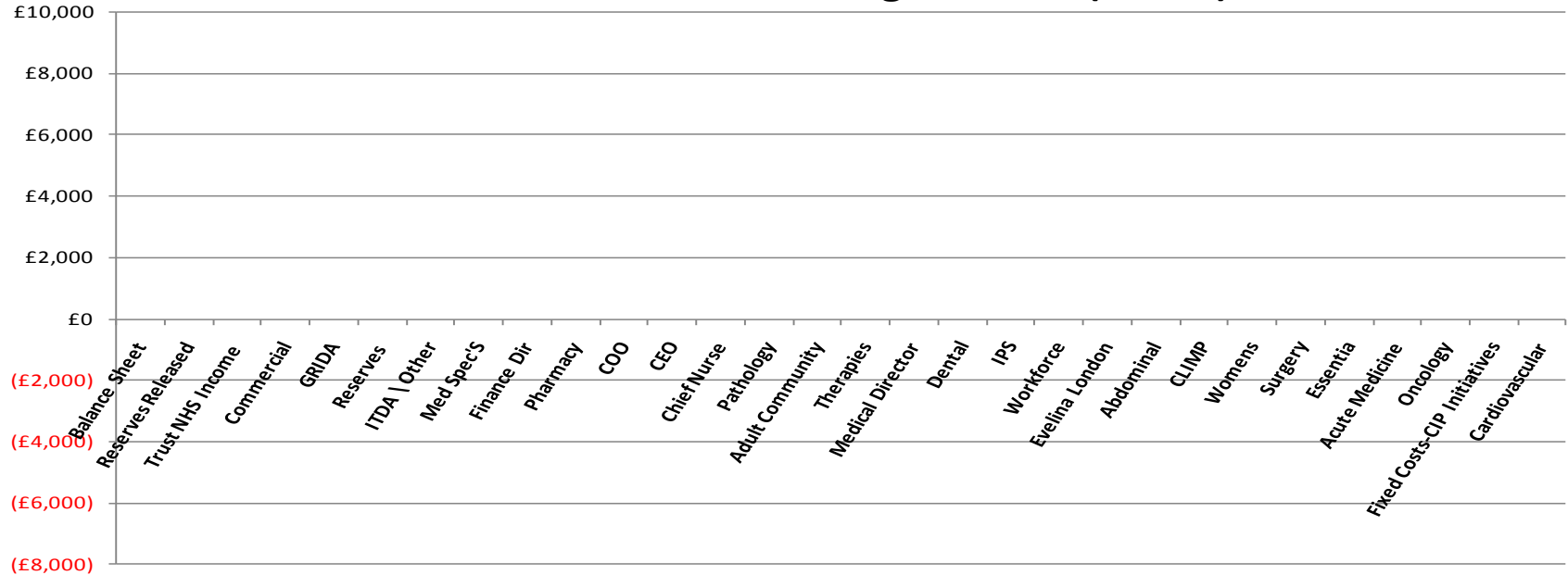
M10 2015–16 Monitor Risk Rating

Area of review	Key Highlights	Financial Sustainability Risk Rating (FSRR)		
		Month 10 Plan	Month 10 YTD	Previous Month
OVERALL Financial Sustainability Risk Rating (FSRR)	<ul style="list-style-type: none"> ◆ The overall Weighted Risk Rating is calculated as an average of the four metrics below, each having an equal weighting ◆ YTD the Overall rating recorded is three, rounded from 2.5 	3	3	2
Capital Service Cover (25%)	<ul style="list-style-type: none"> ◆ The degree to which the income generated by the Trust covers its financial obligations ◆ Current performance of 1.6 times Capital Service Cover is in line with the plan, and achieves the planned rating of two 	2	2	2
Liquidity (25%)	<ul style="list-style-type: none"> ◆ The number of days of operating costs that are held in cash or cash equivalents forms, including committed lines of credit available to be drawdown ◆ Current performance of -0.41 days is below the plan of 0.1 days, resulting in a rating of three 	4	3	3
Underlying Performance (25%)	<ul style="list-style-type: none"> ◆ The degree to which the Trust is operating a surplus \ (deficit). This is calculated before impairments, gains \ losses on disposal and restructuring costs ◆ YTD performance is measured as -0.2% 	3	2	2
Variance from Plan (25%)	<ul style="list-style-type: none"> ◆ The variance between the planned I&E margin and its actual I&E margin in the current year ◆ YTD performance give a measure of -0.8%. To obtain the planned rating of 4 would require the Trust to be in excess of plan 	4	3	2

Integrated Performance Report

M10 2015–16 Directorate Performance

YTD Performance against Plan (£'000s)



Year to Date Financial Performance: £0.9M favourable to plan

- The Trust has recorded a YTD loss of £15.0M, which is £0.9M better than the planned loss of £15.9M
- This chart records the YTD performance of each directorate against its agreed target. The performance will comprise the directorates performance against its CIP programme as well as in year variances to plan associated with its service delivery.
- A more detailed analysis of the underlying causes is provided to the Trust Management Executive for their consideration through the monthly finance report
- The performance of clinical directorates is reviewed on a monthly basis with the COO, and senior representatives from Finance, the Chief Nurse, the Medical Director and Workforce. Any required actions are discussed and agreed at those meetings
- The performance of corporate directorates is reviewed on a quarterly basis with the Executive Directors.

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M10 2015–16 Directorate Commentary

	Month 10 YTD Variance	Prior Month YTD Variance	
Abdominal Med. & Surgery	(£1,437)	(£1,154)	<p>YTD: The unidentified CIP contributes £1,236k toward the adverse position. NHS income is £3.7m ahead of plan. Non pay and internal charges are £4.1m over spent, in part due to activity. This total includes drugs £2.9m (covered by pass through income), clinical supplies £477k, theatres & anaesthetics £68k, pathology £127k and dialysis fluids £489k (includes prior year invoices £80k). Medical Pay is £303k adverse due to continuing vacancies.</p> <p>Actions: The Directorate continue to monitor activity against plan and review the non-pay positions. Weekly meetings are focusing on improvements to operational throughput.</p>
Acute Medicine	(£2,693)	(£2,930)	<p>YTD: The unidentified CIP accounts for £2.7m of the adverse position. Internal recharges are £390k adverse to plan due to bed usage and activity related expenditure including Pathology and Therapies. NHS income is £620k ahead of plan, primarily driven by Stroke and A&E.</p> <p>Actions: The directorate is committed to delivering its financial target and focus on CIP delivery continues along with identifying further opportunities to improve its financial performance in year and for the new financial year.</p>
Adult Community Services	(£109)	(£505)	<p>YTD: The unidentified CIP contributes £986k towards the position. Pay is overspent by £19k and internal recharges are overspent by £410k across both service areas. In Adult Community Services, non-pay is under spent by £393k and income is favourable by £700k. In Community Management, a balance of £223k under spend relating to a prior year benefit completes the picture.</p> <p>Actions: The directorate continues to identify and action CIP actions plans. Commissioners are being approached for monies where patients treated are outside of service specifications. As part of the nursing trajectory, stringent actions have been implemented in respect of minimising agency usage. Early weekly monitoring via Huddles confirms that managers are coping in a tough environment. Maximising capacity of current staff via rosters especially on the inpatient units.</p>
Cardio-vascular	(£6,721)	(£5,404)	<p>YTD: The unidentified CIP contributes £4,593k to the reported adverse position. Income is £1,479k ahead of plan, primarily due to Cardiology over-performance on pass-through activity. Pay is £892k over-spent, primarily due to medical overspends of £705k. Non-Pay is £2,430k over-spent, due to over 50% growth in pass-through device expenditure in Cardiology and Vascular.</p> <p>Actions: A barcode scanning system has been introduced in early November to ensure that all pass-through income is captured by the vascular team and billed to commissioners within deadlines. The Directorate will continue to monitor pay and non-pay expenditure run rates and CIPs through weekly huddles.</p>
CLIMP	(£1,545)	(£1,277)	<p>YTD: The unidentified CIP contributes £1,691k to the reported position. CCG income is £993K ahead of plan, whilst operating income is £379k behind plan. The overspend on non-pay has increased by £154k to £1,095k due to increased activity. The cost of nuclear medicine inputs have contributed to the adverse YTD position.</p> <p>Actions: (i) Working closely with Cardiovascular to establish if CLIMP gets internal recharge for CT scans through SLR (ii) Review of Nuclear Medicine costs (iii) Implementation of recruitment plans to reduce agency spend.</p>
Dental	(£287)	(£499)	<p>YTD: NHS income is £239k behind plan, pay is £265k over spent with operating income £179k over performing & non-pay / internal recharges being £37k under spent. The unidentified CIP contributes £129k to the adverse position.</p> <p>Actions: The Directorate Management Team is reviewing options to address the £150k unachieved Pathology PA CIP. There is an ongoing review of medical pay, and the directorate is also reviewing clinical supplies spend.</p>

Variance: Favourable \ (Adverse)

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M10 2015–16 Directorate Commentary

	Month 10 YTD Variance	Prior Month YTD Variance	
Evelina London Children's Healthcare	(£1,173)	(£2,022)	<p>YTD: NHS income is £2.7m behind plan, mainly reported under PICU, ENT and Neurosciences. Private patient income is £440k behind plan. Pay is £3.5m under spent due to high Health Visitor and School Nursing vacancies within Community along with slippage in recruitment to Business Planning posts. Non-pay is £720k over spent mainly as a consequence of pass-through drugs expenditure and bad debt provision for private patients. The unidentified CIP adds a further £900k to the adverse position.</p> <p>Actions: Activity is being monitored to deliver the current projections and all Directorates are currently in the process of working up plans to mitigate any slippage to the delivery of forecast.</p>
GRIDA	£4,192	£3,430	<p>YTD: NHS income, excluding pass through drug income, is £1,835k favourable and the EB labs block contract increase is £293k favourable. Pay is £1,232k under spent, with vacancies across existing and new posts throughout the year. Drug costs are under spent by £441k excluding pass-through drugs, particularly in Allergy due to seasonal spending and Reproductive and Sexual Health due to low activity.</p> <p>Actions: The Directorate continue to review activity levels, establishment and pathology charging.</p>
Inpatient Services	(£584)	(£609)	<p>YTD: The unidentified CIP contributes £823k to the adverse position. Pay is £246k under spent, non-pay spend is broadly in line with plan.</p> <p>Action: The Directorate Management Team continue to develop strategies for addressing the unidentified CIP value of £988k.</p>
Medical Specialties	£631	£530	<p>YTD: NHS Income, excluding pass through income, is £820k ahead of plan. Pay is overspent by £190k and non-pay is achieving plan, driven in part by recognising prior year benefits of £200k for pay and £830k for non-pay.</p> <p>Action: The Directorate Management Team continue to develop strategies for addressing the unidentified CIP total of £333k with weekly meetings focussing on improvements to operational throughput.</p>
Onc, Haem & Cell Path	(£3,587)	(£3,114)	<p>YTD: The unidentified CIP contributes £3.4m to the adverse position. NHS income, excluding drug and blood pass through income, is on £1.7m behind plan. Pay is £1.9m under spent, explained by vacancies against posts agreed at the end of 2014-15 and new posts introduced for 2015-16. Non pay reports both pathology and drug cost (net of pass through income) to be under spent by £52k and £500k respectively, clinical supplies £498k under spent and bed days over spent by £195k.</p> <p>Actions: The Directorate Management Team meets weekly to review progress against plan, sanction recruitment requests and consider strategies for addressing the unidentified CIP total of £4.1m</p>
Pathology	(£90)	(£26)	<p>YTD: Costs associated with charges for external work show an over spend of £250k, net of NHS activity income. Activity related payments made to Viapath show an over spend of £290k. This is partly offset by internal Pathology income for testing services provided to clinical directorates which is £200k ahead of plan. The position includes prior year benefits of £420k.</p> <p>Actions: Resolution of outstanding commercial issues with Viapath. Transfer Community services Pathology expenditure to the correct directorates.</p>

Variance: Favourable \ (Adverse)

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M10 2015–16 Directorate Commentary

	Month 10 YTD Variance	Prior Month YTD Variance	
PCCP	(£7,715)	(£6,944)	<p>YTD: The unidentified CIP contributes £4.86m to the adverse position. NHS Income is £2.2m favourable due to Critical Care and Lane Fox over performance, partially offset by Pain Management underperformance. Theatre SLM income is £127k adverse, the Surgical Directorates are not delivering the planned levels of activity through theatres. Nurse pay is £1,140k overspent and Medical pay £1,332k overspent, both due to temporary staffing requirements. Non Pay in overspent by £2,312k, which primarily relates to the Lane Fox Remeo contract (which is offset by income) and Clinical Supplies, driven by activity.</p> <p>Actions: The Directorate will continue the innovative recruitment campaign for nurses and keep temporary staffing expenditure under weekly review. Non-pay expenditure and CIPs will be monitored by the Directorate, Procurement and Financial Management. The Directorate are monitoring pay and non-pay expenditure, and activity, on a weekly basis .</p>
Pharmacy and Medicines M'gmt.	£458	£454	<p>YTD: The underperformance of Operating Income is £189k adverse due to lower than planned income for clinical services. The pay under-spend of £819k is driven by continued vacancies and vacancy factor. The non-pay under-spend decreased by £10k to £105k favourable. The unidentified CIP contributes £311k towards the position.</p> <p>Actions: Detailed review of (i) Pharmacy Income projection and (ii) Production net impact for 2015/16. The unidentified CIP totals £373k and will continue to be reviewed in order to identify recurrent schemes.</p>
Surgery	(£2,164)	(£1,638)	<p>YTD: The unidentified CIP contributes £487k to the reported adverse position. NHS Income is £2,333k behind plan, due to a reduction in elective and outpatient activity. Operating income is £199k favourable due to the billing of SLAs for Plastic Surgery. Medical pay is £600k overspent, because of agency staff used to cover vacancies and long term sickness at the junior grade. Non-pay cost is under spent by £29k explained in part by current activity being behind plan.</p> <p>Actions: The directorate aims to recover some lost activity by setting internal booking targets, arranging group booking sessions to increase admissions and consultants performing extra Saturday theatre lists and clinics. A large number of income CIPs are red rated, and the Directorate are working closely with the coding team to achieve these.</p>
Therapies	(£129)	(£229)	<p>YTD: Activity Income is reported at £53k adverse which is due to the LIMs Community income target loaded in M06 to CCG income. Excluding the LIMs Community Income target, Therapies would be favourable to plan by £420k. The rate of pay overspend has been steadily improving since M03. The unidentified CIP contributes £539k to the adverse total. Internal Recharges improved as Therapies is now recovering SLR recharges for Stroke activity, with a contribution to date of £450k.</p> <p>Actions: Efforts have been made in clinical procedure coding education and improvements have been notice. The Directorate Management Team have identified growth in Private Patient activity to improve the Directorates position as Therapies are [a] now back on the BUPA network, [b] also gaining Private Patient activity from Women's Services with clinical sessions booked.</p>
Women's Services	(£1,840)	(£1,169)	<p>YTD: The Unidentified CIP contributes £1.8m to the adverse position. NHS income is £570k behind plan reported by a) Maternity due to low Antenatal Pathways partly offset by high acuity / case-mix deliveries and b) ACU due to a delayed start to East of England growth and low cycles in previous months. Private patient income is £870k favourable covering both ACU and Westminster due to high activity and backdated billing for storage. Pay is £140k under spent with prior month vacancies in Admin & Clerical. Non-Pay is £200k over spent mainly due to drugs over spends partly offset by an under spend in Establishment due to outstanding fees for the domestic violence project. Internal recharges are £170k over spent reported across pathology and microbiology.</p> <p>Actions: The Directorate is working on (i) recovery of historic bad debt within ACU, (ii) continuation of the marketing strategy for the ACU East of England activity & (iii) reducing the midwifery bank and agency spend.</p>
Chief Executive	£70	£67	<p>YTD: under spend driven by vacancies and slippage on cost pressures within the Strategy department; the large under spends against pay and non pay budgets are attributable to Hosted Services, and are off-set by reductions in income and internal recharges</p> <p>Actions: Of the Cost Pressures totalling £227k, £89k have now been approved, but will not be fully spent this year</p>
Chief Nurse	£41	£58	<p>YTD: The Unidentified CIP totals £380k and accounts for £317K of the reported position; to date this has been off-set by vacancies across a number of departments and additional income.</p> <p>Actions: Cost Pressures in respect of the revalidation if nurses (£78K) have been approved, additional funding in relation to CQUIN schemes have also been funded in month eight</p>

Variance: Favourable \ (Adverse)

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M10 2015–16 Directorate Commentary

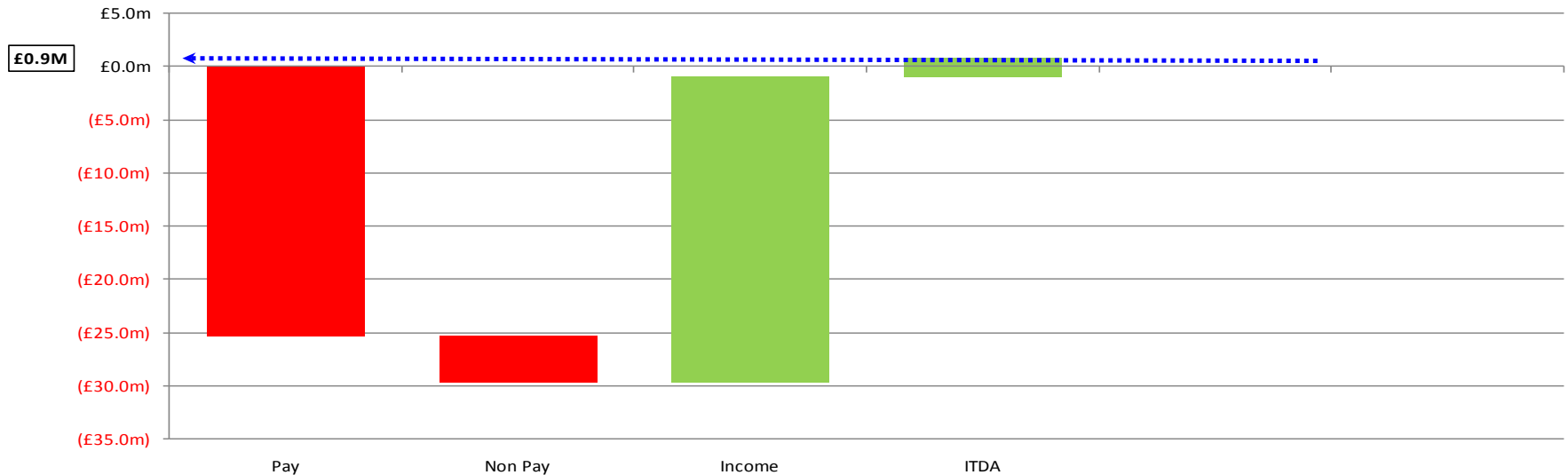
	Month 10 YTD Variance	Prior Month YTD Variance	
Chief Operating Officer	£108	£50	<p>YTD: Under spends within the Transformation Board and FFF programme have to date off-set over spends against non pay budgets and income shortfalls within Informatics.</p> <p>Actions: Cost Pressures in respect of Cancer waits, coding support and Information management of £431K have been approved and funded. The remaining £202K were not approved and should not proceed</p>
Director of Essentia	(£2,522)	(£2,517)	<p>YTD: Bad debt provisions for unpaid invoices total £700k. Over 80% of such bills relate to non settlement by KCL for energy and utilities services provided. Slippage against 2015/16 CIP schemes contributes a further £1M to the adverse total. An estimate for increased rental costs for York road has also been included in the position totalling £750k.</p> <p>Actions: Conduct detailed variance analysis to ensure that cost and income drivers are recorded accurately and reflected in the position. Liaise with Income & Treasury to ensure that improvements in the bad debt position are realised.</p>
Reducing Fixed Costs-CIP Initiatives	(£6,288)	(£5,437)	<p>YTD: The unidentified element pertaining to the Fixed Cost Challenge CIP contributes £6.1M to the adverse total. Prior year benefits of £375k flowing from KCL's contribution toward the Tower cladding project, and £666k of rental income from the HCA has been recognised in the position.</p> <p>Actions: The current plan has identified £2M following the business planning process, which is mainly on track to be delivered. Essentia Trading undertook a high level analysis during the summer of 2015 and presented a number of opportunities for the Trust to consider which would contribute towards delivery of this Trust wide target.</p>
Director of Finance	£535	£368	<p>YTD: in month improvement due to receipt of supplier rebates and credit notes, performance is ahead of plan due to VAT recovery and vacancies.</p> <p>Actions: Whilst the Directorate has a balanced budget Cost Pressures totalling £70k have not been approved.</p>
Medical Director	(£224)	(£534)	<p>YTD: in month improvement due to receipt of income for costs already incurred by the Simulation centre and from research over heads. The Unidentified CIP totals £430k and accounts for £358K of the current over spend, other adverse variances include medical training costs and additional expenditure in relation to Assurance. These have been partly off-set by the recovery of prior year income and an under spend against leasing costs</p> <p>Actions: Cost Pressures in respect of risk investigation and Schwartz rounds (£79K) have been approved and funded. The remaining £260K were not approved and should not proceed</p>
Commercial Director	£5,445	£4,707	<p>YTD: A significant element of current performance relates to activities from last financial year and include the receipt of a prior year income rebate of £433K, recompense for costs incurred of £920K over the last two financial years and settlement of outstanding private patients debts of £600K. Other performance relates to the current financial year</p> <p>Actions: review required with respect to assumptions made on overseas visitors income and payments</p>
Director of Workforce	(£788)	(£740)	<p>YTD: The Unidentified CIPs total £433k and accounts for £365K of the current performance; further over spends are driven by the Directorate being unable to fully achieve its planned staffing levels due to service demands and the costs of employee re-checks.</p> <p>Actions: Cost Pressures totalling £248K have been approved and funded. The remaining £653K of cost pressures were either not approved (£594K) and should not proceed, or are still under review (£59K)</p>

Variance: Favourable \ (Adverse)

Integrated Performance Report

M10 2015–16 Bridge Analysis

Bridge Analysis of Outturn Variance



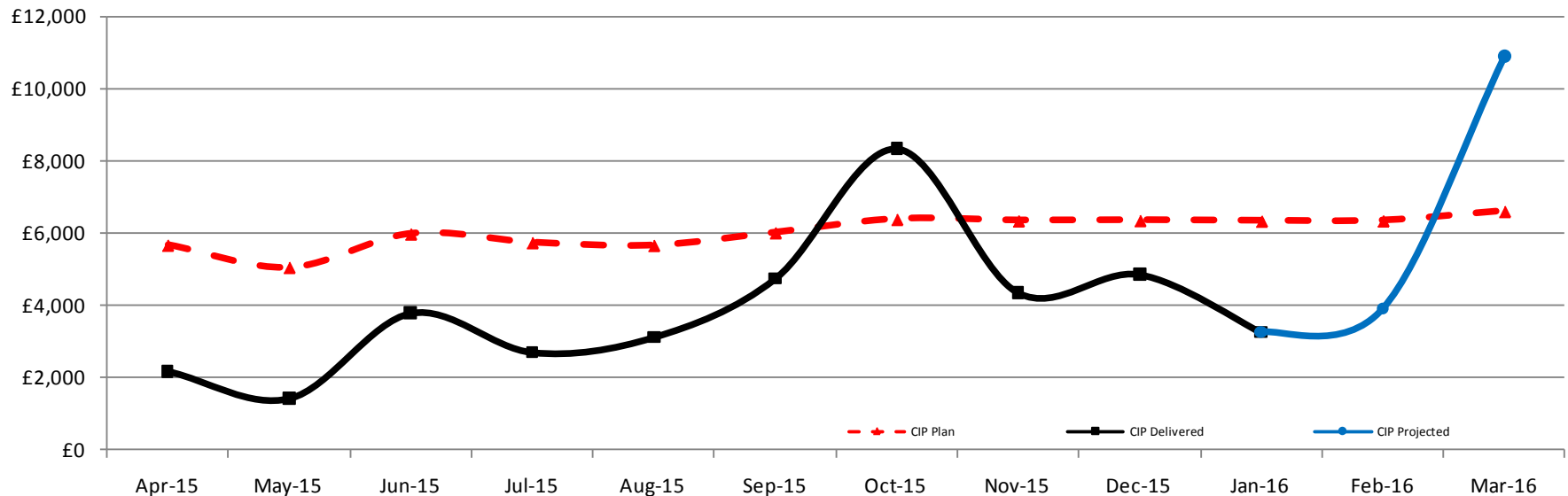
Bridge Analysis

- the Trust has recorded a YTD loss of £15.0M, which is £0.9M better than the planned loss of £15.9M; this excludes donated capital income of £13.1M and an impairment charge of £0.7M
- Pay £25.3M over spent:** Includes unidentified savings of £31.9M. A significant reduction in the pay run rate to £59.6M. This includes some retrospective adjustments relating to revenue to capital transfers and salary recharges, but also includes some significant agency reductions compared to previous months
- Non Pay £4.4M over spent:** In month over spend driven by increased costs of clinical supplies and drugs, due to income performance. £9.9M of earmarked reserves have been released to partly mitigate Unidentified savings, £8.2M is included in the YTD position. An in month increase in Premises relates to transfers from capital to revenue
- Income £28.7M above plan:** Commissioning income is been reported £21.6M above plan, having adjusted for over performance against block contracts, and fines. Prior year income above that accrued at year end of £4.6M is now recognised. R&D income is £4.0M below plan and Charity income £0.9M, both of which will have compensatory expenditure under spends.
- ITDA £1.9M under spent:** Depreciation £2.2M less than plan

Integrated Performance Report

M10 2015–16 CIP Performance

CIP Monthly Performance (£'000s)



CIP Performance

- The Trust CIP plan for the year is £72.5m, with an average monthly run rate of £6.0m
- Local plans of £53.7M have been identified, in addition the allocation of the Local Incentive Scheme funding of £5.0M and benefits to be released from the balance sheet of £15.9M has helped mitigate the current shortfall.
- The monthly performance review meetings (PRMs) with the clinical directorates review the CIP programme, identify blockages and agree actions required to recover any slippage.

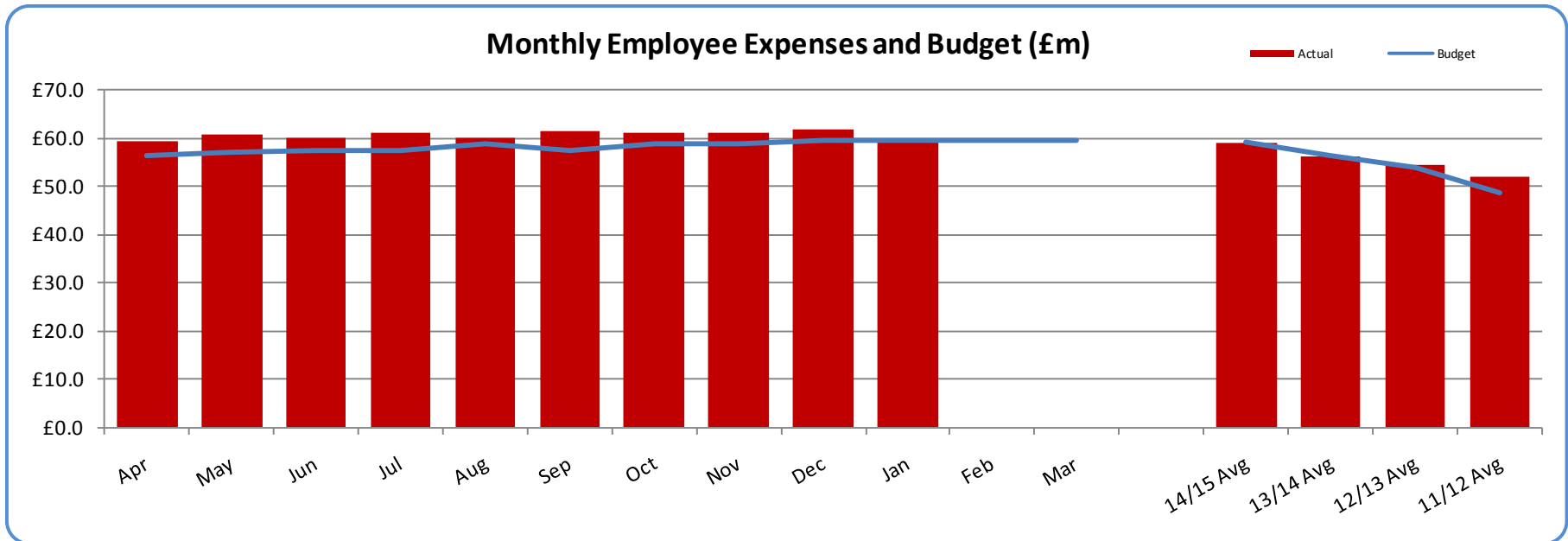
Integrated Performance Report

M10 2015–16 FFF CIP Delivery

Year to Date			By Theme:	Annual Plan		
CIPs Required	CIPs Delivered	CIPs Variance		CIPs Required	Projected Total CIPs	CIPs Projection VAR
£2,076	£701	(£1,375)	Temporary staffing	£2,492	£848	(£1,644)
£846	£870	£24	Medical workforce transformation	£1,002	£1,014	£12
£419	£333	(£86)	Nursing productivity	£503	£383	(£120)
£320	£183	(£137)	AHP productivity	£408	£228	(£180)
£513	£384	(£129)	Pharmacy for the future	£616	£461	(£155)
£1,239	£1,342	£103	Surgical productivity	£1,518	£1,833	£315
£849	£742	(£107)	Clinical pathways	£939	£925	(£14)
£473	£212	(£261)	Private patients	£588	£295	(£293)
£1,000	£343	(£657)	Outpatients	£1,291	£576	(£716)
£937	£816	(£120)	GP & tertiary pathways	£1,126	£981	(£145)
£76	£65	(£11)	Service line management	£91	£71	(£20)
£176	£150	(£26)	Imaging	£211	£183	(£28)
£10	£10	£0	Work practices	£13	£13	£0
£0	£0	£0	Work places	£0	£0	£0
£254	£223	(£31)	Space review team	£307	£270	(£37)
£2,456	£1,935	(£522)	Fixed cost challenge	£3,257	£2,734	(£523)
£190	£211	£22	End user technology	£228	£269	£42
£950	£594	(£356)	Improving patient access service	£1,185	£934	(£251)
£3,582	£3,470	(£113)	Clinical coding	£4,460	£4,506	£46
£1,083	£986	(£97)	Medicines optimisation	£1,356	£1,254	(£102)
£4	£4	£0	Busting bureaucracy	£6	£6	£0
£4,467	£3,478	(£988)	Procurement	£5,441	£4,530	(£911)
£1,877	£1,638	(£240)	Pathology	£2,145	£1,888	(£257)
£31,901	£4,066	(£27,835)	Unallocated CIPs	£38,276	£4,879	(£33,397)
£3,910	£16,068	£12,158	Directorate Initiatives Outside of Themes	£5,107	£24,566	£19,460
£59,606	£38,822	(£20,784)	Total All Themes	£72,567	£53,648	(£18,918)

Integrated Performance Report

M10 2015–16 Employee Expenses



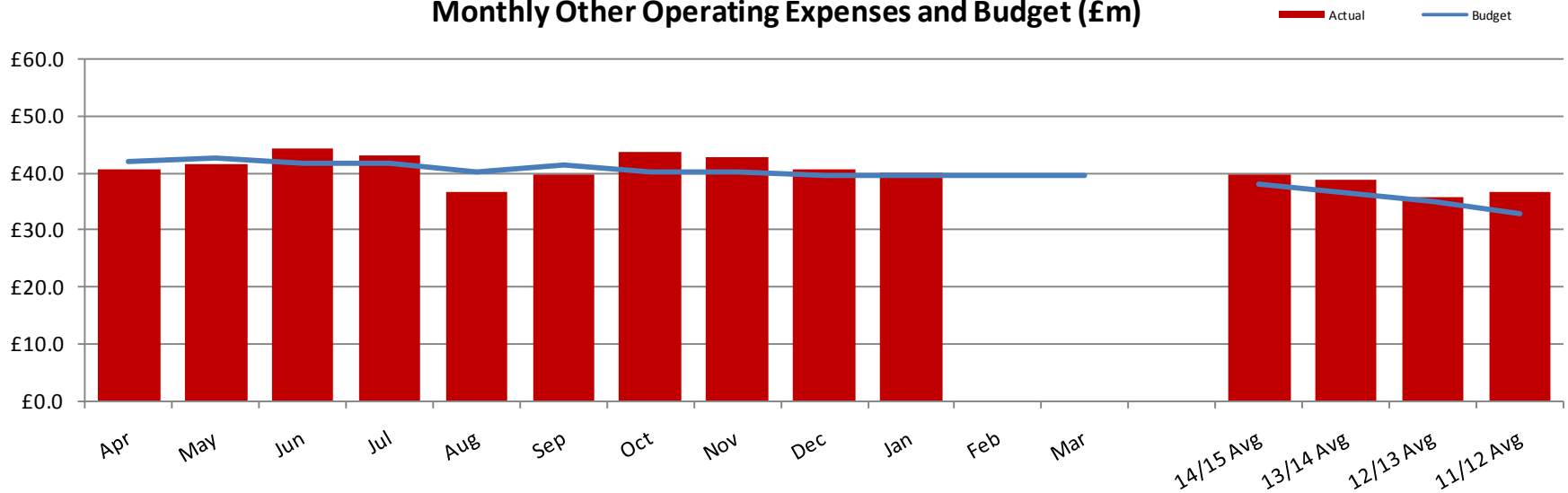
Monthly Employee Expenses

- January pay bill £59.6M, a reduction of £2.2M, includes prior period adjustments
- Unidentified savings of £38.3M are recorded under Other pay groups; £31.9M of which is included in the YTD position

Integrated Performance Report

M10 2015–16 Other Operating Expenses

Monthly Other Operating Expenses and Budget (£m)



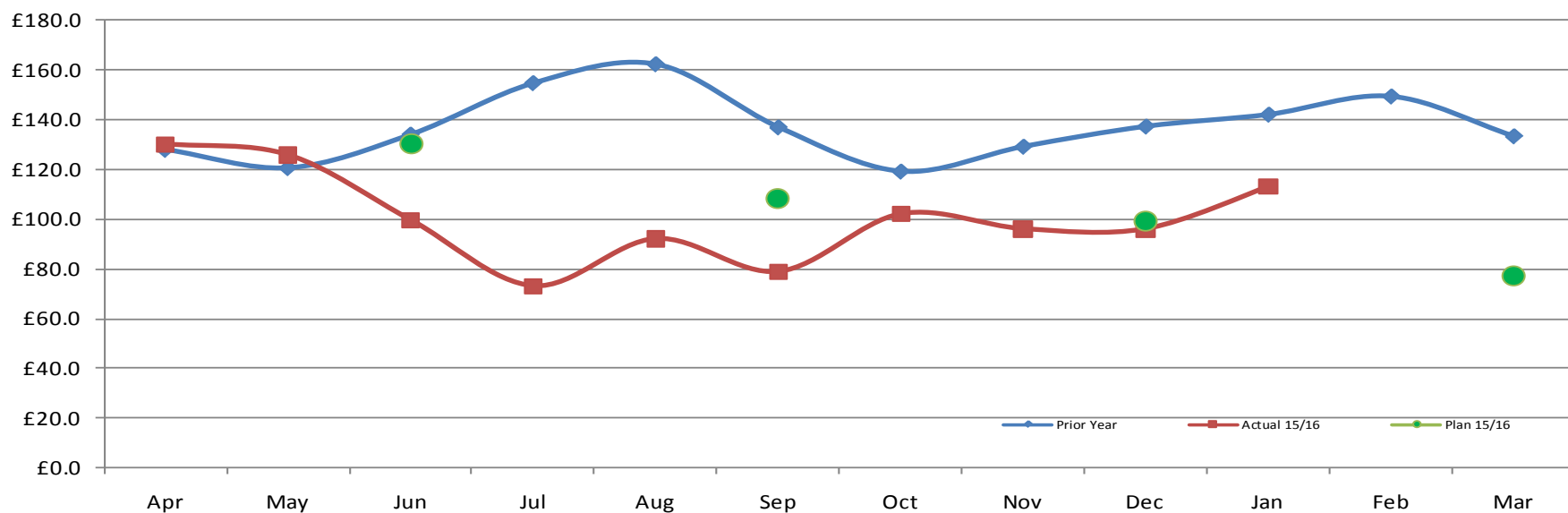
Monthly Other Operating Expenses

- Operating Expenses at January were £413.6M, which is £4.4M above plan
- In month over spend of £0.4M driven by increased costs of clinical supplies and drugs, premises and transport costs, these are partly off-set by improvements in provisions and the release of Reserves
- Bad debt provisions are now better than plan, the in month improvement due to payment of invoices relating to Essentia and prior period CCG invoices. YTD however the delays in recovering other payments from Essentia core customers is masked by payment of CCG invoices

Integrated Performance Report

M10 2015–16 Cash Flow

Cash - Actual Cash vs Plan and Prior Year (£m)



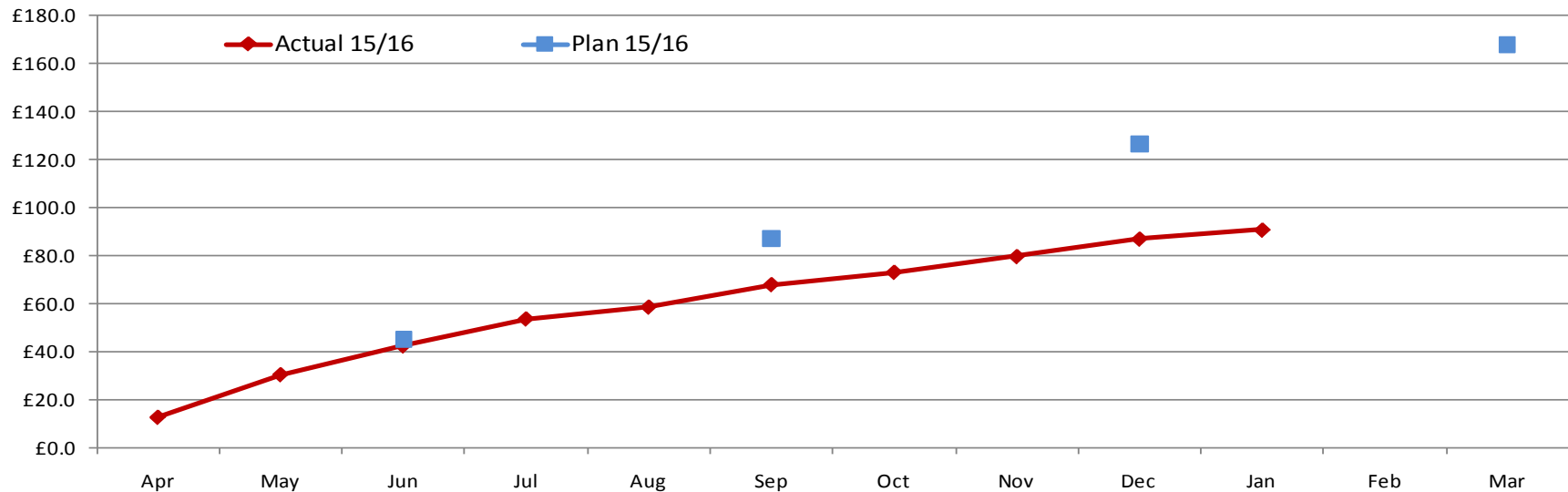
Cash Flow

- The graph above shows the actual cash and cash equivalents held by the trust. The plan is set Quarterly with Monitor.
- The cash balance at the end of January is £113M, which has increased by £17.0M from last month, and is £39.3M ahead of plan, mainly due to payments received from Health Education England.
- The finance team monitor the cash balances on a daily basis and on a weekly basis the payment of supplies, also liaising with capital projects to identify when large contractual payments are due.

Integrated Performance Report

M10 2015–16 Capital Expenditure

Capital - Cumulative Spend Monitor Plan (£m)



Capital Expenditure

- The trust monitor plan is for £167.9m of funding available for capital projects for the year 2015/16
- The capital spend as at the end of January (Month 10) is £90.9M, which is £49.4M below plan.
- The capital schemes in the trust are monitored monthly by the IPB who also review additional capital schemes.
- A 5 year capital plan has been submitted to Monitor laying out plans and aspirations for the trusts capital expenditure and development of the trusts estate.