Oxford University Hospitals
NHS Foundation Trust

Finance, Procurement and Contracting

Financial Performance Report: Month 10

Jason Dorsett: Chief Finance Officer

Financial Performance Report

Integrated themes and issues from Month 10 (January 2024)

Oxford University Hospitals
NHS Foundation Trust

Finance

Overall

Income and Expenditure (I&E) performance in January was a £1.1m deficit. The underlying deficit worsened in January to £7.7m. This is a further deterioration from the trend on the underlying deficit seen in Q3, (which averaged £6.3m deficit a month), driven by underlying pay worsening by £1.0m in month. Divisions are implementing actions to deliver the forecast; further details are in appendix 2

Income

Commissioning income, including passthrough income, was £7.4m better than plan in January. Passthrough drugs and devices were £2.1m better than plan. Commissioning income was £5.3m better than plan due to income from non-BOB ICBs (£1.7m), where the Trust has finalised contracts, CDC (£1.4m) reflecting activity delivery and API performance above plan (£1.3m).

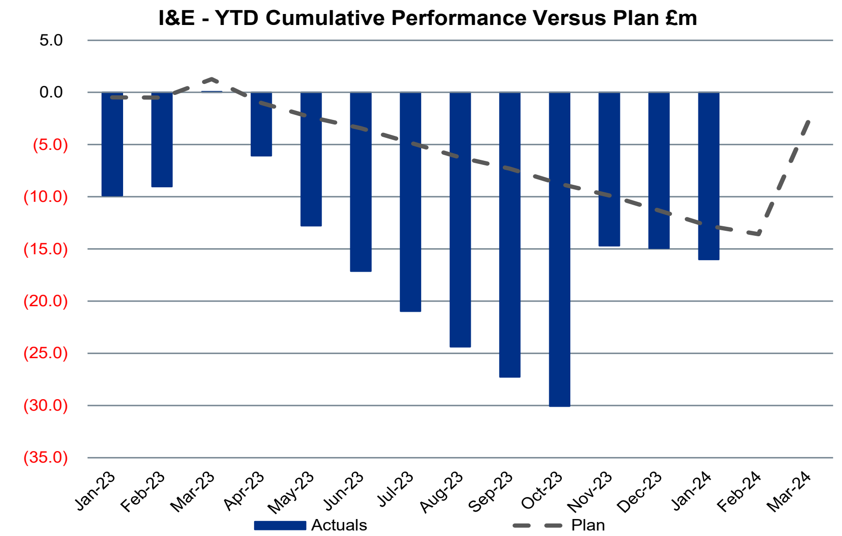
Non-NHS income (PP, Overseas, RTA and other) was £0.9m better than plan driven by R&D income.

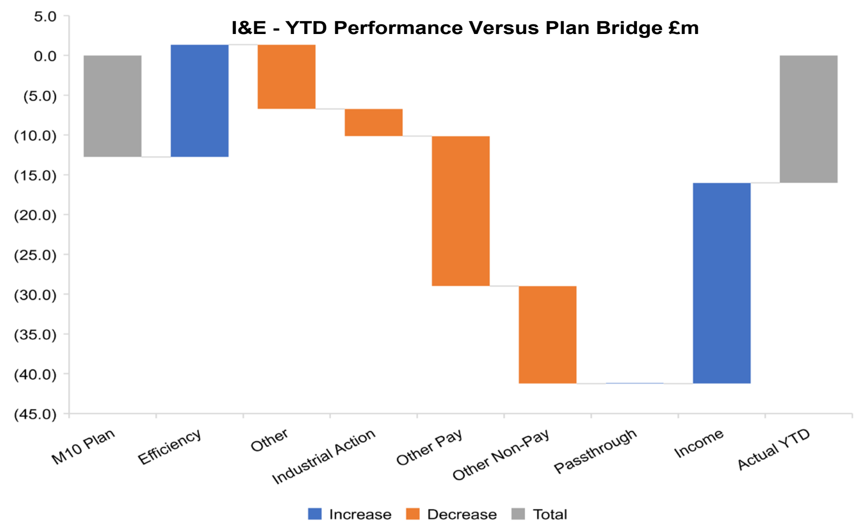
Pay Expenditure

Pay costs were £4.5m worse than plan in-month (£4.3m excluding R&D). Overall WTEs increased by 144 in month on top of large increases in the previous four months, driven by bank and agency WTE. Underlying pay costs increased by £1.0m in January with trends on substantive and temporary staffing costs both worsening. The Trust Executive has agreed to target a reduction in temporary staffing WTE. An action plan is being developed to reduce significantly temporary staffing WTE.

Non-Pay Expenditure

Non-pay costs were £4.3m worse than plan in January (£5.0m excluding R&D). Passthrough costs were £2.1m worse than plan, clinical supplies costs were £1.0m worse than plan and premises expenditure was £0.9m worse than plan. The underlying non-pay expenditure is £0.5m worse this month than the average to Q2.





Financial Performance Report

Integrated themes and issues from Month 10 (January 2024)

Oxford University Hospitals
NHS Foundation Trust

Finance

Adjusted Run Rate

The underlying deficit was £7.7m in January, this is £1.7m worse than December and worse than Q3 overall, which was running at an average underlying deficit of £6.3m a month. This level is £3.7m a month worse than the average underlying deficit to Q2 (see bottom right chart). The most significant deterioration is on pay expenditure, since Q3 it has been £1.8m a month worse than up to Q2, while non-pay is £1.2m a month worse than up to Q2.

Cash

Cash was £19.8m at the end of January, £8.0m lower than the previous month. Supplier payments continue to be actively managed and lower capital expenditure has helped to mitigate the position to date. The forecast indicates low cash balance by the year-end but finance are continually reviewing the position and have arrangements for cash support if required.

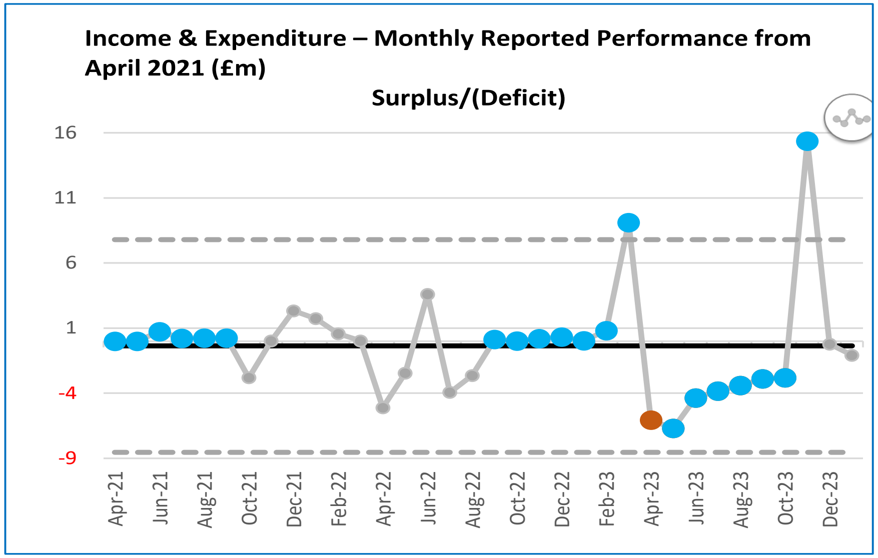
Productivity & Efficiency Savings

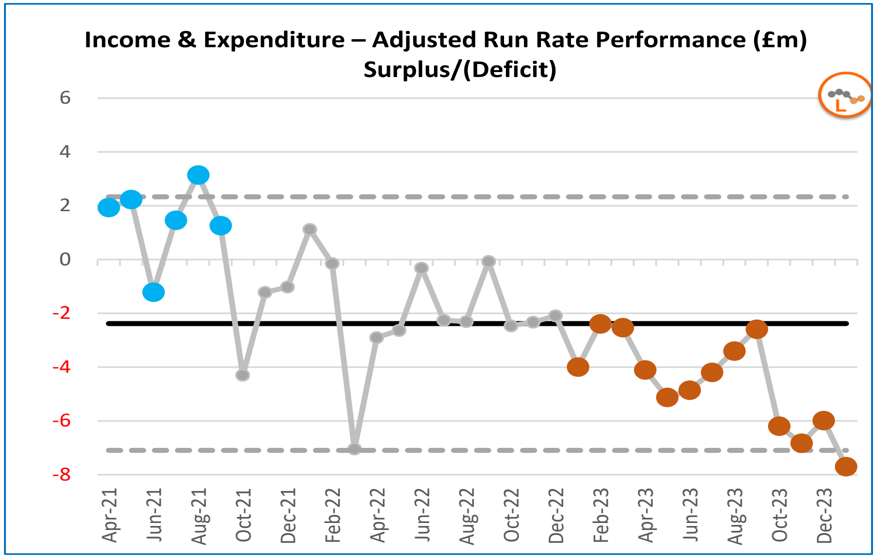
Productivity KPIs continue to track below planned levels with theatre activity levels and sickness levels all contributing to an estimated £2.7m negative productivity impact in the financial position for January which is one of the underlying causes of the pay overspend. Theatre activity levels and face-to-face appointments are the primary driver of this, with an estimated £1.2m impact from each in January. Industrial action is continuing to have a significant impact on productivity

Efficiency savings. YTD efficiency delivery is £14.1m better than plan (including non-cash releasing efficiencies). £62.7m of efficiencies have been delivered YTD, which represents 129% of the YTD plan and 89% of the plan for the financial year.

Capital

Gross Capital expenditure was £3.9m for January, £5.3m less than plan, principally due to ICS CDEL spend (£0.8m), national funded schemes (£1.9m) and spend on PFI Life-cycling (£1.1m) being behind plan. YTD gross capital expenditure is £41.3m, £26.1m behind plan.





Financial Performance Report

Integrated themes and issues from Month 10 (January 2024)

Oxford University Hospitals NHS Foundation Trust

Forecast

Summary

The Trust Board has approved an **I&E** forecast outturn mid-case of £15.3m deficit, £12.5m worse than the £2.8m full year plan. Scenarios have been prepared showing a worst-case of £45.2m deficit and best-case £2.5m surplus. The **capital** forecast for the year is an underspend of £5.2m. As a consequence of the deteriorating, I&E forecast the **cash** forecast is negative £3.5m at the end of March, which potentially requires cash support without mitigation. Additional income notified since should void this.

I&E

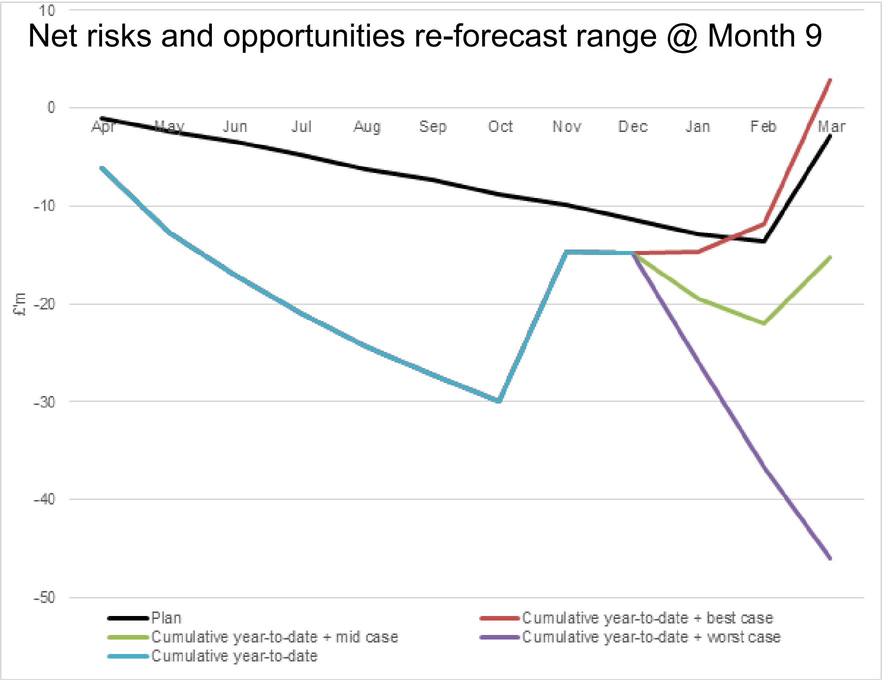
I&E The Trust forecast was completed using the month 9 underlying run rate, adjusted for one-off items, extrapolated to the end of the year. This was compared to divisional forecasts to assess the risk or opportunity in the central forecast position and found to be broadly consistent. It is therefore essential that divisions maintain their actions to meet their forecast position. Further details of these are in appendix 2. Further risks and opportunities were layered onto this forecast to obtain a mid-case position of £15.3m deficit. These are mainly one-off items which means the underlying run rate is not improving into 2024/25.

Capital

Capital The corporate finance team has reforecast capital expenditure, primarily for the purpose of the cash forecast, and forecast a year end underspend of £5.2m predominantly in estates schemes (£4.1m) against a revised plan of £84.9m.

Cash

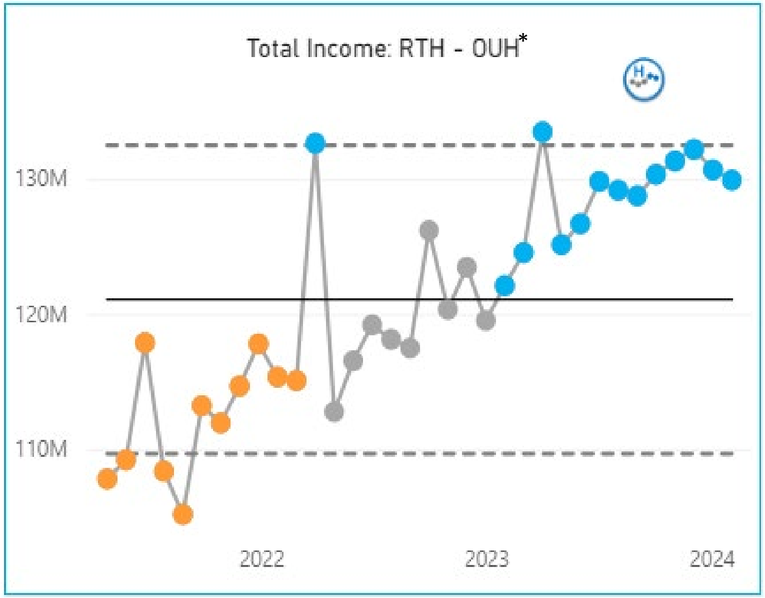
Cash The cash forecast has been reviewed based on the updated capital and I&E forecast. The review anticipated that the cash position would be a shortfall of £3.5m at the end of March 2024. Based on this the Trust would need to make an application for cash support; cash balances are being reviewed constantly, and support will only be requested if required.



Income Overview

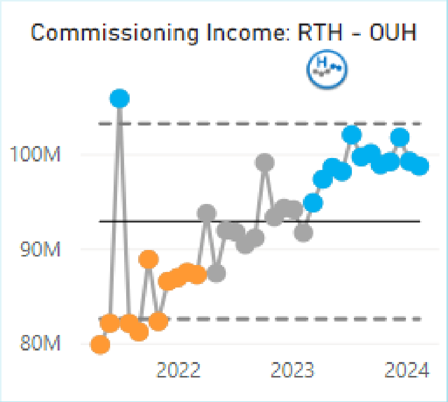
Source: Finance Ledger

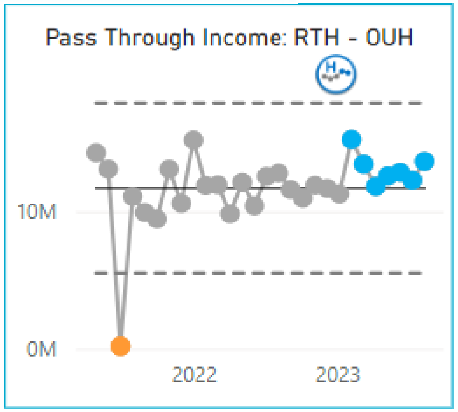
*Income in the charts below were adjusted to remove the FY22 and FY23 (month 12) year-end pension and annual leave accruals. FY23 was also adjusted to remove the non-consolidated AFC pay bonus funding accrual and to smooth the FY24 AFC and medical pay awards over the YTD. RTA Catch up £0.7m M7 FY24 smoothed over YTD. API performance in M8 and M10 FY2024 has been smoothed over YTD.

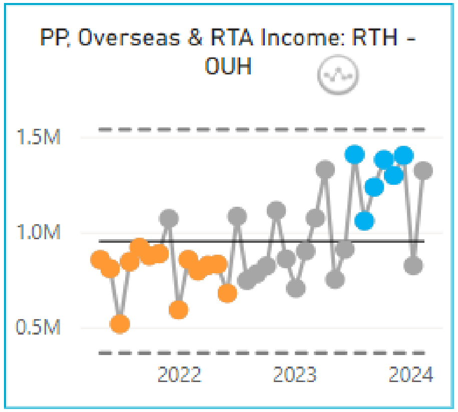


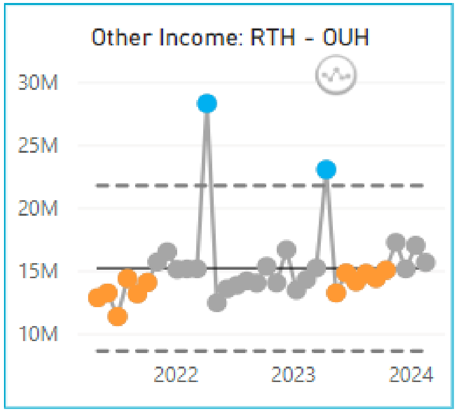
January 2024 (Month 10) - Total in-month Income of £134.6m

- Total income was £3.0m higher in January compared to December.
- Commissioning income was £3.8m higher in January. This is mainly due to additional income from other ICB contracts (£1.7m), CDC (£1.4m), API performance (£1.3m) and BOB ICB (£0.7m) offset by the fallout of the depreciation funding recognised in December (-£1.2m). Passthrough income was £0.6m higher in January compared to December.
- £3.5m of income has been assumed in relation to the API element of commissioner contracts up to January. Value weighted elective activity was 106% in April, 111% in May, 101% in June, 102% in July, 102% in August, 105% in September, 99% in October, 103% in November, 103% in December and 101% in January of 2019/20 levels. The activity for the year-to-date is 103%.
- Other income was £1.4m lower in January mainly due to R&D income being £1.3m lower than December. This is matched by a drop in expenditure.
- Private patient, Overseas and RTA income was £0.5m higher in January at £1.3m, with small increases in each category.









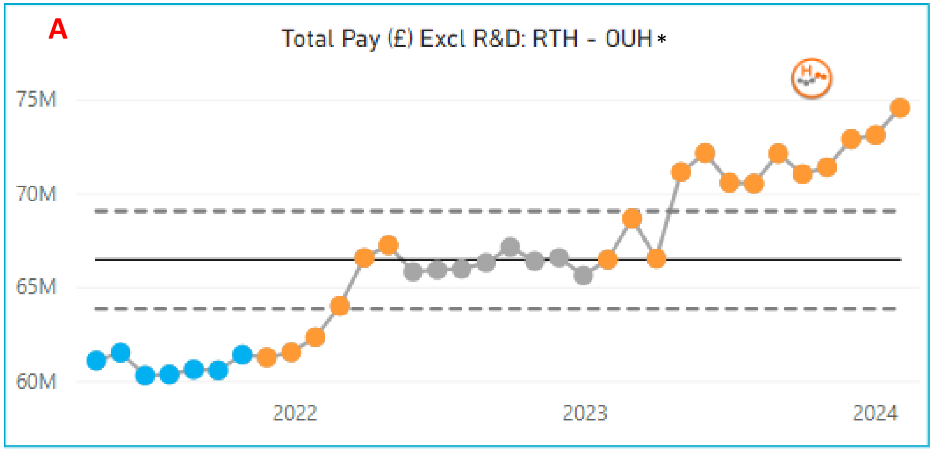
SPC Trend Analysis

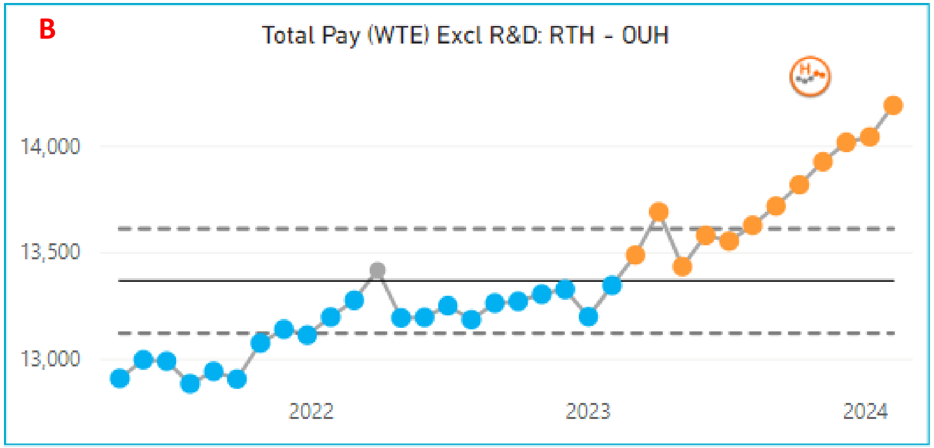
Total Income has consistently increased over the last financial year, driven by commissioning income (also seen in the 'Commissioning Income' chart above). This a result of the pay award funding as well as the recognition of additional non-recurrent commissioner funding in the second half of 2022/23.

- Total Income in March 2022 and March 2023 were all significantly high as a result of year-end adjustments and R&D income.
- Other Income during 2021/22 was lower than in 2020/21 as a result of top-up funding switching from being Other Income to Commissioning Income in 2021/22.

Pay: Run Rate Overview

Source: Finance Ledger, excluding R&D costs, including COVID and recovery costs.





*Pay spend in the chart above was adjusted to remove the FY22 and FY23 (month 12) pension and annual leave accruals. The pay awards in September 2021 and September 2022 were spread across month 1 to month 6, respectively, on a straight-line basis. The additional FY23 non-consolidated AFC pay bonus accrual has been removed. The FY24 AFC and medical pay awards have been smoothed over the YTD. The annual leave accrual releases throughout the year were removed. FY22 pay spend was not adjusted for inflation.

Jan 2024 (Month 10) **£77.6m (£73.9m excl. R&D)** **14,188 WTE**	• Total pay was £0.7m higher in January compared to December. Excluding R&D, pay costs were also £0.7m higher in January. • Substantive staffing costs were £0.1m higher in January compared to December. There was a £0.7m increase in consultants and medics costs in January mainly due to additional sessions for consultants to cover the junior doctor industrial action days (the position includes £0.9m of net industrial action costs compared to £0.3m in December). There was also an increase of £0.3m in nursing and midwives, offset by £0.9m decrease in healthcare assistants, scientific and other staff groups. The run rate on substantive pay expenditure continues to be higher (after discounting the pay award and employers' NI increase), this is seen across all staff groups, but is primarily driven by consultant and junior doctor expenditure and nurses and midwives expenditure. • Temporary staff in-month expenditure was £0.6m higher in January compared to December. Bank staff expenditure increased by £0.5m from December while agency staff costs increased by £0.1m due to the additional winter and escalation beds being staffed with temporary staffing. Temporary staff spend in January is £0.5m above last year's monthly average of £7.0m per month, both agency and bank expenditure continue to be a 'special cause variation', even though the sickness trend has been improving for more than nine months. The level of agency and bank spend continues to be significantly higher than in 2021/22 and as high as 2022/23. Plans are being developed to reduce temporary spending looking at both reducing price and WTE • WTE increased in month by 148 to 14,188 (excluding R&D) and are a special cause variation again this month. WTEs have increased in month across MRC (56 WTE), NOTSSCAN (58 WTE) and SUWON (39 WTE). Substantive staff decreased by 6 WTE in January. Health care assistants have increased by 4.0% (80 WTE), scientific and therapeutic staff have increased by 4.4% (80 WTE) and nurses and midwives have increased by 5.3% (198 WTE) in the last five months, compared to the average WTE for April to August. Bank staff increased by 121 WTE and agency staff increased by 33 WTE.
Trend Analysis	• Pay spend and WTEs continue to be on an upward trend (both are a special cause variation again), this trend is seen in Chart A and B above. Overall, the trend is in-part driven by the annual pay awards, alongside other increases in pay relating to approved business cases, overall pay increase for Junior Doctors and use of temporary staffing to backfill high sickness rate. Trend by staff group and type are shown in the additional detail provided in the Diligent Reading Room.

Non-Pay Run Rate Overview

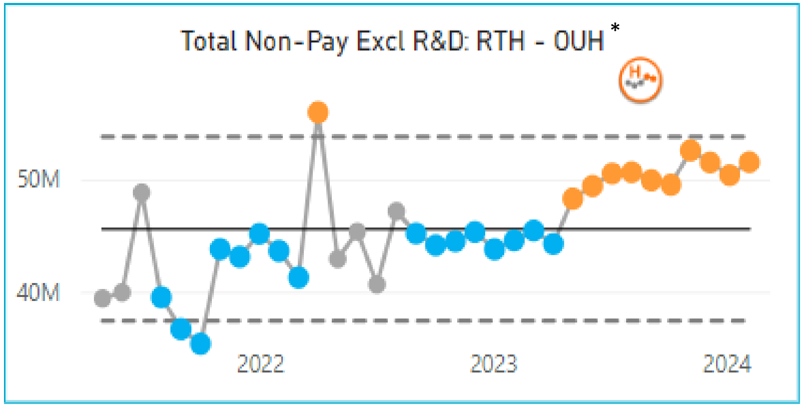
NHS
Oxford University Hospitals
NHS Foundation Trust

Source: Finance Ledger, excluding R&D costs, including COVID and recovery costs.
* FY23 non-pay spend in the charts below has been adjusted to remove the ROE staff non-consolidated AFC pay bonus accrual.

January 2024 (Month 10) – Total Non-Pay £51.4m (£50.3m excl. R&D)

- Total non-pay was £0.1m lower in January than December. Excluding R&D, non-pay costs were £0.8m higher in January compared to December. Non-pay costs continue to be near the upper control limit and have triggered an adverse special cause variation indicating a worsening trend.

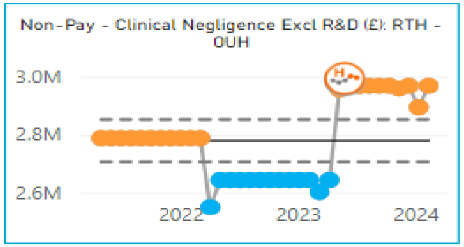
- This increase was driven by clinical supplies costs being £0.8m higher in January compared to December mainly due to general medical equipment being £0.4m higher. A £1.5m increase in premises costs in January, mainly due to electricity and gas costs (£1.1m), was offset by drug costs being £1.6m lower in January.

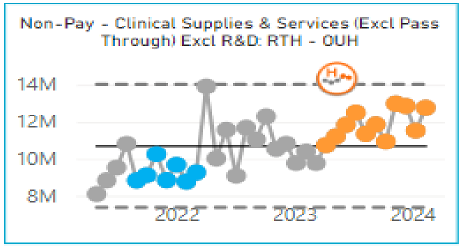


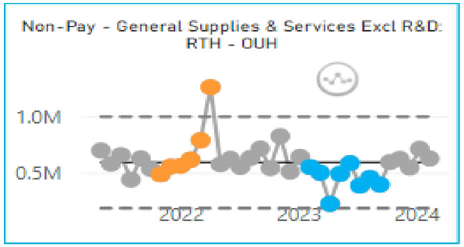
SPC Trend Analysis

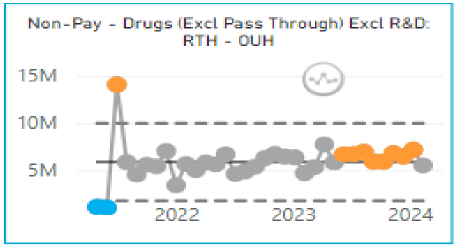
Non-pay spend during the financial year 2021/22 had been significantly lower compared to 2022/23 and the spend this financial year. March 2022 non-pay spend includes year end technical adjustments for PPE (Clinical Supplies & Services), estates related accruals (Premises & Fixed Plant) and staff bonus and travel incentive scheme which were announced on 31st March 2022. Non-pay expenditure has been near the upper control limit in this financial year, reflecting persistently high inflation, and has triggered an adverse special cause variation.

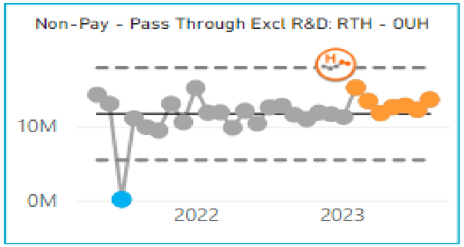
- Clinical negligence costs are an adverse special cause variation, driven by a £3.9m cost pressure this financial year (net of maternity incentive rebate).
- Clinical supplies and services costs are an adverse special cause variation, driven by high inflation over the last year.
- Premises and fixed plant costs are an adverse special cause variation, driven by the high inflation increases applied to the PFI contracts and energy costs.

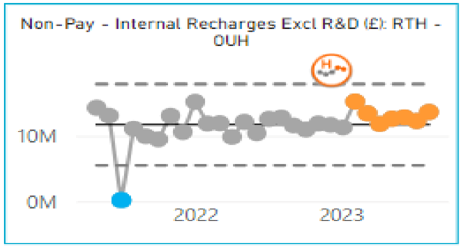


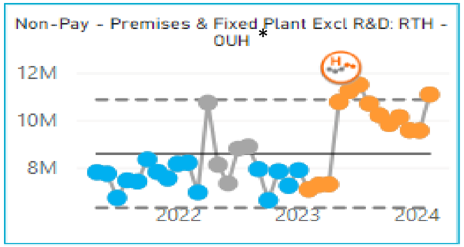


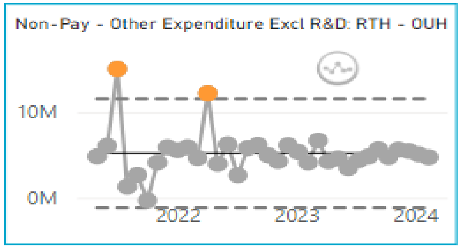












Productivity Dashboard Summary

Oxford University Hospitals
NHS Foundation Trust

Indicator	Currency	Target	£/unit	Actual Vs Target - Indicative financial Impact (£)				
				Q1 FY24	Q2 FY24	Q3 FY24	Jan-24	FY24 YTD
Elective ALOS	**Days**	**4** *(FY23 Avg)*	**1 day = £0.6m/month**	£0.4m	£0.3m	£0.1m	£0.3m	£1m
Non-elective ALOS	**Days**	**4** *(FY23 Avg)*	**1 day = £3.3m/month**	(£1.6m)	£0m	(£0.3m)	(£0.7m)	(£2.6m)
Theatre session units (Planned)	**Sessions**	**1,782** *(Dec-22 to May-22 Monthly Avg)*	**£12.1k income per session**	(£5.9m)	(£9.7m)	(£8.2m)	(£1.2m)	(£25.1m)
Face to Face Appts	**Appt**	**81,363** *(FY23 Monthly Avg)*	**1 Appt = £100**	(£0.7m)	(£1m)	(£1.7m)	(£1.2m)	(£4.6m)
Staff sickness rate	**% of staff**	**3.1%** *(Trust target)*	**1% = £0.8m/month**	(£2.5m)	(£2m)	(£1.8m)	(£0.6m)	(£6.9m)
Staff turnover rate	**% of staff**	**12%** *(Trust target)*	**1% = £440k/month**	£1.1m	£1.7m	£2.2m	£0.7m	£5.7m
Total adverse impact				(£9.4m)	(£10.7m)	(£8.9m)	(£2.7m)	(£32.6m)

Impact of key indicators

The selected productivity key indicators above represent the drivers to performance and the financial impact of movements versus the Trust's planning assumptions. The approach seeks to join up the operational data with the financial run rate.

The Trust's run rate deficit is driven by the estimated negative impact of reductions in productivity. In Jan-24, the negative impact (estimated £2.7m) was driven by:

- **£0.7m** from an increase in ALOS for non-elective admission and the medically fit patients. **£1.2m** from planned Theatres sessions in Jan-24, linked to industrial action.
- **£0.6m** from sickness rate increase (across all staff groups) which drives the use of temporary staffing to fill staffing gaps.
- **£0.7m** from decrease in F2F appointments (despite the increase in Outpatients activity)

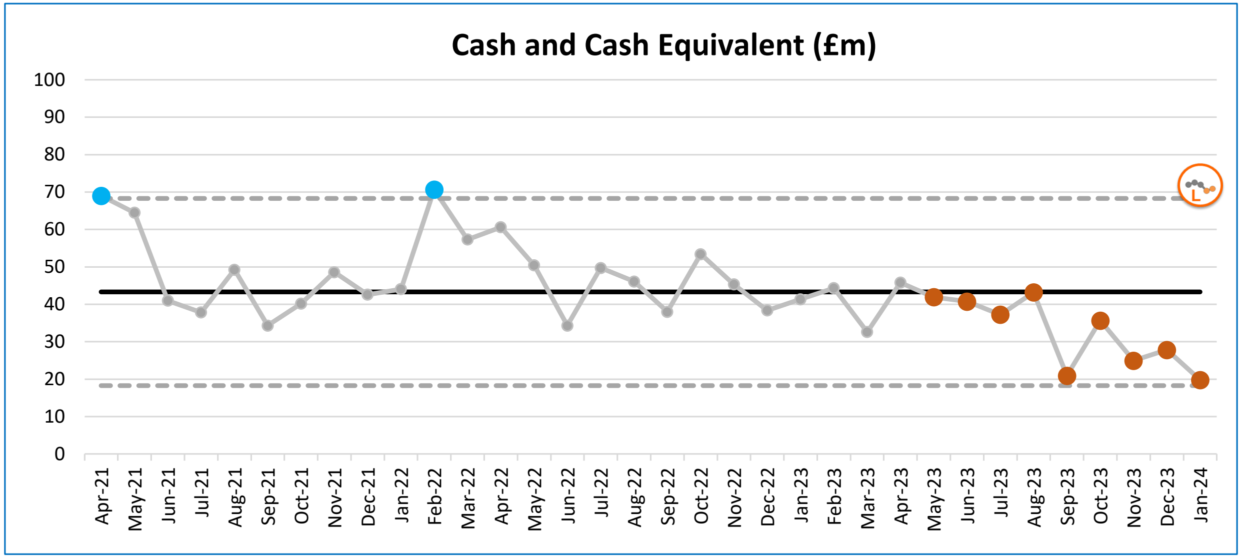
Elective ALOS and staff turnover estimated financial impact was favourable (**£0.3m** and **£0.7m** respectively) achieved through recruitment of international nurses and programmes targeting hospital discharges.

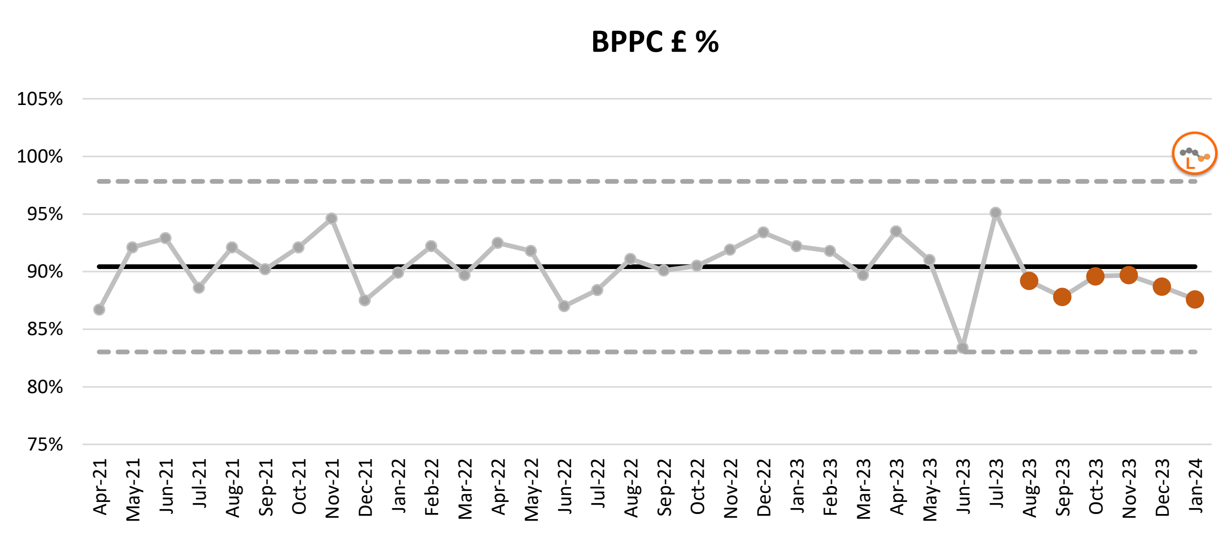
Efficiency Plans

Division	Plan 2023/24 (£m)	Plan YTD (£m)	Identified 2023/24 (£m)	Percentage Identified 2023/24	Forecast 2023/24 (£m)	Percentage Forecast 2023/24	Delivered YTD (£m)	Variance to Plan YTD (£m)	Percentage Delivered YTD	Delivered YTD			
										Recurrent		Non-Recurrent	
										Cash Releasing £m	Non-Cash Releasing £m	Cash Releasing £m	Non-Cash Releasing £m
CSS	8.0	6.7	7.6	94%	6.2	78%	4.7	-2.0	69%	2.2	1.8	0.6	0.1
MRC	8.4	7.0	7.6	90%	6.9	82%	5.7	-1.3	81%	1.4	4.2		
NOTSSCaN	11.3	9.4	9.7	86%	5.9	52%	4.3	-5.1	45%	3.2	0.7	0.4	
SuWOn	10.0	8.3	12.6	126%	10.8	109%	8.9	0.6	107%	3.3	2.1	3.4	
Corporate	3.8	3.2	10.5	276%	10.5	276%	7.7	4.5	241%	4.3	1.1	2.3	
Operational Services	0.5	0.4	3.2	687%	3.2	687%	2.8	2.4	733%	1.1	0.8	0.9	
Education	0.6	0.5		0%		0%		-0.5	0%				
Estates	1.5	1.3	5.7	379%	5.7	379%	3.4	2.2	276%			3.4	
Central - recurrent	7.1	5.9	9.7	136%	9.7	136%	7.6	1.7	128%	7.1	0.5		
Central - non-recurrent	19.3	5.8	40.2	208%	30.5	158%	17.7	11.9	304%			12.6	5.1
TOTAL £m	**70.5**	**48.5**	**106.6**	**151%**	**89.3**	**127%**	**62.7**	**14.2**	**129%**	**22.6**	**11.2**	**23.7**	**5.2**

Efficiency savings

- The year-to-date efficiencies are £14.2m better than plan, as set out in the summary table above.
- The Month 10 (January) year-to-date efficiencies performance is £62.7m which represents 129% of the YTD plan and 89% of the plan for the financial year.
- The identified efficiencies now stand at £106.6m for the year which represents 151% of the annual plan of £70.5m.
- The recurrent savings account for 51% of the identified efficiencies compared to 72.6% in the plan.
- The identified efficiencies have decreased by £5.0m from last month with some items removed during the re-forecast exercise.
- The forecast efficiencies for the full year now sit higher than the planned level at £89.3m, also a £5.0m decrease from last month, mainly within central schemes.



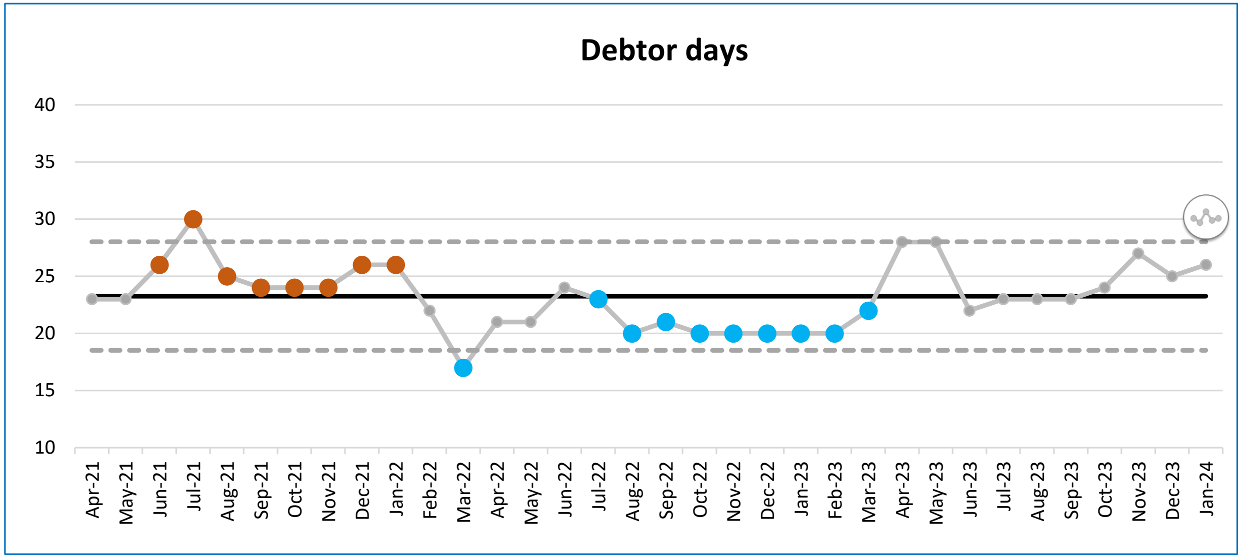


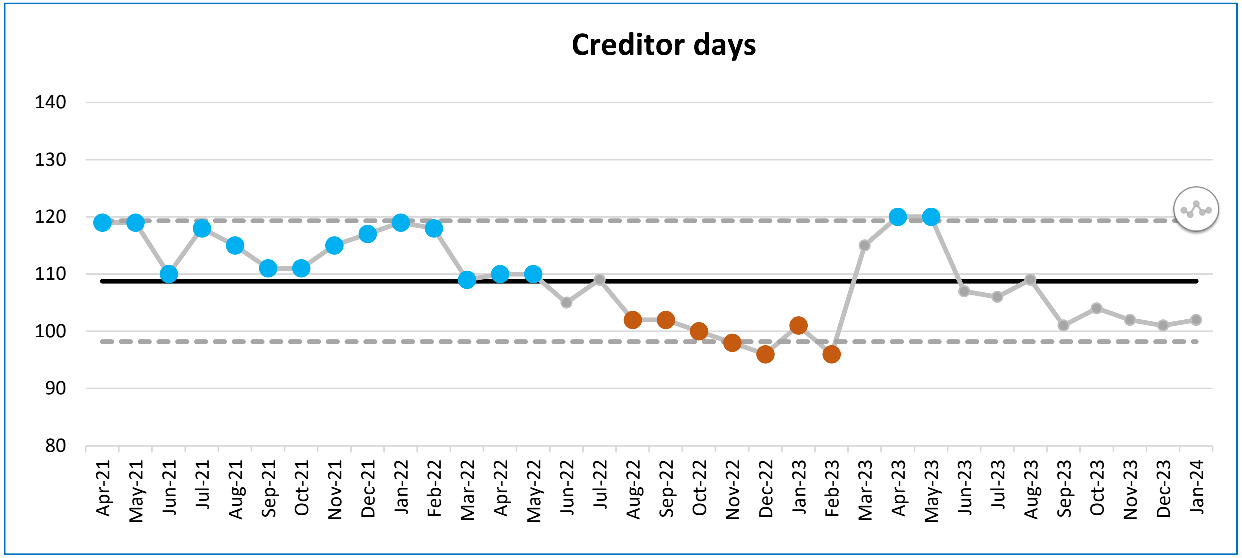
Cash

- Cash has decreased in month by £8.0m compared to last month and there is an overall decrease of £12.8m compared with last year-end. Based on the I&E position the cash position should be worse, but for the active management of supplier payments, and management of internally funded capital expenditure being lower than originally planned. The forecast indicates low cash balance by the year-end but finance are continually reviewing the position and have arrangements for cash support if required.

Better Payment Practice Code (BPPC)

- This is a measure of the Trust's achievement of the DHSC target to pay suppliers within 30 days of a valid invoice. The Trust averages a delivery of 90%, with a range between 85%-95%. There was a dip to below 85% in June due to paying some old invoices, but we are now within our normal range, although trending downwards linked to active supplier management to support the cash position.





Debtor Days

- This is a measure of how many days on average our customers take to pay our invoices, so an increase means it takes longer to receive the money. Debtor days are in line within our average range of 25 days.

Creditor Days

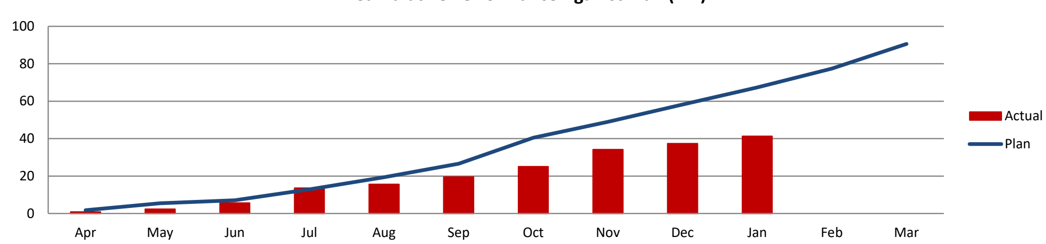
- This is a measure of how many days on average the Trust takes to pay supplier invoices. Creditor days increased in April and May but are now in line with average of 101 days. Creditor days is a high figure because the formula includes accruals and HMRC payroll deductions which are not invoices. Invoices received but not paid account for around 15% of total creditors. The Trust aims to pay creditors within 30 days in line with the BPPC.

Capital

Capital Expenditure - by funding source	IN MONTH 10			YEAR TO DATE			FULL YEAR
£m	Plan	Actual	Variance	Plan	Actual	Variance	PLAN
ICS CDEL	2.9	2.1	0.8	20.9	8.5	12.4	28.5
Less disposals and other adjustments	0.0	0.0	0.0	0.0	(0.2)	0.2	0.0
ICS CDEL per PFR submission	2.9	2.1	0.8	20.9	8.3	12.5	28.5
Add back disposals and other adjustments	0.0	0.0	0.0	0.0	0.2	(0.2)	0.0
National Funding PDC	1.9	0.1	1.9	8.0	0.1	7.9	12.4
Government grants	2.3	1.1	1.1	16.0	19.6	(3.6)	20.6
Charitable and other donations	0.5	0.2	0.3	3.7	0.9	2.9	4.7
PFI Life-cycling (IFRIC 12)	1.5	0.4	1.1	14.6	7.1	7.5	17.7
RoU/Leases (IFRS 16)	0.0	0.0	0.0	4.1	5.1	(1.0)	6.5
Gross Capital Expenditure	9.2	3.9	5.3	67.4	41.3	26.1	90.5

Capital Expenditure - by strategic theme	IN MONTH 10			YEAR TO DATE			FULL YEAR
£000s	Plan	Actual	Variance	Plan	Actual	Variance	PLAN
JR Theatres	2.3	0.2	2.1	10.1	1.9	8.2	15.1
Estates Compliance (CIR)	0.8	0.4	0.4	4.4	1.4	3.0	6.0
Other Estates	1.1	0.2	0.8	10.3	5.6	4.7	14.2
Public Sector Decarbonization Schemes (PSDS)	2.3	1.1	1.2	16.0	19.6	(3.6)	20.6
PFI life-cycling (excluding MES)	0.3	0.4	(0.1)	3.3	4.0	(0.8)	3.9
Subtotal - Estates	6.7	2.3	4.4	44.0	32.5	11.5	59.9
MEPG/MERRP Programme	0.5	0.6	(0.0)	5.2	3.2	2.1	6.3
Other Equipment	0.1	0.2	(0.1)	2.0	1.7	0.4	4.5
PFI MES Equipment replacement	1.2	0.0	1.2	11.4	3.1	8.3	13.8
Subtotal - Equipment	1.8	0.8	1.0	18.6	7.9	10.7	24.6
Safe Digital Environments (SDE)	0.3	0.5	(0.2)	1.9	0.5	1.4	2.5
Other Digital Programme	0.3	0.2	0.1	1.9	0.3	1.6	2.5
Non-programme Digital	0.1	0.1	(0.0)	0.9	0.1	0.9	1.1
Subtotal - Digital	0.6	0.8	(0.2)	4.8	0.9	3.9	6.1
Gross Capital Expenditure	9.2	3.9	5.3	67.4	41.3	26.1	90.5

Cumulative Performance Against Plan (£m)



The plan included in this table matches the plan submission of 15 May, totalling £90.5m gross capital expenditure with £28.5m against the ICS Capital Allocation (ICS CDEL). The ICS CDEL has been key metric against which the Trust's performance is measured.

The base plan also included £11.3m for the Elective Surgical Hub (JR Theatres) and £1.1m for Digital Diagnostics. The Surgical Hub funding has not been secured but the total value (£12.4m) remains as the plan that was submitted. As a result of this and other changes to the plan, the Trust is now to be measured to a plan of £84.9m, and the latest forecast is a spend of £79.7m, thus an underspend of £5.2m.

The gross capital expenditure plan also includes provision for grants and donations, IFRS 16 (lease accounting), and PFI life-cycling.

Expenditure against ICS CDEL to January totalled £8.3m, £12.5m behind plan.

Variances making up the underspend include: Medical Equipment £2.1m, resulting from holds on order placements earlier in year; Digital including SDE, £3.1m pending finalisation of detailed plans; Estates CIR, £3.0m; gamma camera, £1.9m following review of financing options (lease–buy).

Spend against planned national funding is £0.1m against a plan of £8.0m, of which £7.1m is the plan for Elective Surgical Hub (JR Theatres).

Spend to January on grant-funded PSDS is £19.6m, £3.5m ahead of the YTD plan, profiled evenly from July.

Handover of the Whitehouse MK lease occurred late November at £4.3m. This, with other RoU leases realised to date, brings the total against IFRS 16 to £5.1m.

The overall gross capital expenditure reported to January was £41.3m against a plan of £67.4m.

Appendix 1 – Other Supporting Analysis: Month 10 2023/24

Income and Expenditure: Subjective Analysis

Source: Finance Ledger (Includes COVID-19 and Recovery)

I & E Subjective £m	IN MONTH 10				YEAR TO DATE				FULL YEAR
	Plan	Actual	Var	Var %	Plan	Actual	Var	Var %	Plan
Income									
Commissioning Income	98.1	103.4	5.3	5.4%	980.4	1,011.2	30.8	3.1%	1,176.5
Passthrough Drugs & Devices	12.1	14.2	2.1	17.3%	121.5	135.0	13.5	11.1%	145.8
Other Income	14.8	15.6	0.9	5.9%	149.6	151.8	2.1	1.4%	179.6
PP, Overseas and RTA Income	1.3	1.3	(0.0)	-1.5%	13.5	11.6	(1.9)	-13.9%	16.1
Total Income	126.3	134.6	8.3	6.5%	1,264.9	1,309.5	44.6	3.5%	1,518.0
Pay									
Consultants and Medics	(24.0)	(26.3)	(2.3)	-9.5%	(236.4)	(250.8)	(14.4)	-6.1%	(283.6)
Health Care Assistants & Support	(6.6)	(7.0)	(0.4)	-6.1%	(65.9)	(67.2)	(1.2)	-1.9%	(79.1)
Nurse and Midwives	(20.1)	(22.7)	(2.5)	-12.5%	(209.3)	(218.8)	(9.6)	-4.6%	(251.1)
Other Staff	(12.1)	(10.8)	1.3	10.5%	(117.4)	(112.9)	4.5	3.8%	(140.9)
Scientific, Therapeutic and Technical	(10.3)	(10.8)	(0.5)	-5.3%	(100.5)	(104.6)	(4.1)	-4.1%	(120.6)
Total Pay	(73.1)	(77.6)	(4.5)	-6.1%	(729.5)	(754.3)	(24.8)	-3.4%	(875.3)
Non-Pay									
Clinical negligence	(3.0)	(3.0)	0.0	0.0%	(29.7)	(29.2)	0.5	1.7%	(35.6)
Clinical Supplies & Services	(11.1)	(11.9)	(0.8)	-7.3%	(111.5)	(119.8)	(8.3)	-7.4%	(133.8)
Drugs & Devices	(17.7)	(19.7)	(2.0)	-11.4%	(177.0)	(198.7)	(21.7)	-12.2%	(212.4)
Passthrough Drugs & Devices	(12.1)	(14.2)	(2.1)	-17.3%	(121.5)	(135.0)	(13.5)	-11.1%	(145.8)
Drugs	(5.6)	(5.5)	0.1	1.4%	(55.5)	(63.7)	(8.2)	-14.7%	(66.6)
General Supplies & Services	(0.3)	(0.6)	(0.3)	-97.0%	(3.2)	(5.4)	(2.2)	-70.3%	(3.8)
Internal Recharges	0.0	0.0	(0.0)	-100.0%	0.1	0.0	(0.1)	-100.0%	0.2
Premises & Fixed Plant	(10.2)	(11.1)	(0.9)	-8.7%	(101.9)	(103.0)	(1.1)	-1.1%	(122.0)
Other Expenditure	(4.8)	(5.1)	(0.3)	-5.7%	(49.8)	(54.0)	(4.2)	-8.4%	(59.8)
Total Non-Pay	(47.1)	(51.4)	(4.3)	-9.1%	(472.9)	(510.0)	(37.2)	-7.9%	(567.3)
Operational EBITDA	6.1	5.6	(0.5)	-8.5%	62.6	45.2	(17.4)	-27.8%	75.4
Financing and Capital Charges (Excl Tech Adj)	(7.6)	(6.7)	0.9	11.9%	(75.4)	(61.2)	14.2	18.8%	(78.3)
Operational Surplus / (Deficit)	(1.5)	(1.1)	0.4	25.7%	(12.8)	(16.0)	(3.2)	-25.2%	(2.9)

Income

- Commissioning income, including passthrough, is £44.3m better than plan to date. £13.5m is due to passthrough drugs and devices (offset by increased expenditure) and £13.0m is income to cover the impact of the industrial action and £5.0m is mostly from a one-off benefit for the settlement of the last financial year in commissioning income.
- Other income is £2.1m better than plan to date, £0.1m worse than plan excluding R&D. In CSS Division income ceased since April from ONS and UKHSA, with a combined £3.8m impact.
- PP, Overseas and RTA income is £1.9m worse than plan to date, principally due to the additional efficiency target on private patient income (aiming for a 34% increase in private income this financial year).

Pay

- Pay is £24.8m worse than plan to date, £26.1m excluding R&D. This is driven by a shortfall against the efficiency target (£2.6m), pay cost pressures (£12.6m), recovery and COVID-19 pay costs (£5.0m), £3.4m net cost impact from the pay cover costs for industrial action and £1.2m impact from the medical pay award.

Non-Pay

- Non-pay is £37.2m worse than plan to date, £34.0m excluding R&D and £20.5m worse if passthrough expenditure is excluded. This is driven by the shortfall against the efficiency target (£4.4m) and other pressures on clinical supplies, drugs and premises costs (£17.5m). Recovery and COVID-19 non-pay costs are £1.4m better than plan.

Income and Expenditure: Subjective Analysis (R&D, Recovery and COVID-19)

Oxford University Hospitals NHS Foundation Trust

I & E Subjective £m	IN MONTH 10 - ACTUAL Excl R&D, RECOVERY & COVID	R&D	RECOVERY	COVID	Total	YEAR TO DATE - ACTUAL Excl R&D, RECOVERY & COVID	R&D	RECOVERY	COVID	Total
Income										
Commissioning Income	99.8	0.0	2.7	0.9	103.4	975.2	0.3	26.6	9.1	1,011.2
Passthrough Drugs & Devices	14.2	0.0	0.0	0.0	14.2	135.0	0.0	0.0	0.0	135.0
Other Income	10.5	5.0	0.0	0.1	15.6	105.0	45.3	0.0	1.4	151.8
PP, Overseas and RTA Income	1.3	0.0	0.0	0.0	1.3	11.6	0.0	0.0	0.0	11.6
Total Income	125.9	5.0	2.7	1.1	134.6	1,226.8	45.6	26.6	10.5	1,309.5
Pay										
Consultants and Medics	(25.4)	(0.5)	(0.4)	(0.0)	(26.3)	(241.8)	(5.7)	(3.2)	(0.2)	(250.8)
Health Care Assistants & Support	(6.9)	(0.1)	(0.0)	(0.0)	(7.0)	(66.5)	(0.3)	(0.1)	(0.3)	(67.2)
Nurse and Midwives	(21.2)	(1.3)	(0.2)	0.0	(22.7)	(204.4)	(12.4)	(1.5)	(0.5)	(218.8)
Other Staff	(10.0)	(0.8)	(0.0)	0.0	(10.8)	(104.1)	(8.3)	(0.2)	(0.4)	(112.9)
Scientific, Therapeutic and Technical	(9.8)	(1.0)	(0.0)	(0.0)	(10.8)	(95.5)	(8.6)	(0.3)	(0.2)	(104.6)
Total Pay	(73.2)	(3.7)	(0.7)	(0.0)	(77.6)	(712.2)	(35.2)	(5.3)	(1.6)	(754.3)
Non-Pay										
Clinical negligence	(3.0)	0.0	0.0	0.0	(3.0)	(29.2)	0.0	0.0	0.0	(29.2)
Clinical Supplies & Services	(11.4)	(0.4)	(0.1)	(0.0)	(11.9)	(117.0)	(2.2)	(0.5)	(0.1)	(119.8)
Drugs & Devices	(19.7)	(0.0)	0.0	(0.0)	(19.7)	(198.7)	0.0	0.0	0.0	(198.7)
General Supplies & Services	(0.6)	(0.0)	0.0	(0.1)	(0.6)	(4.9)	(0.0)	0.0	(0.5)	(5.4)
Internal Recharges	0.3	(0.3)	0.0	0.0	0.0	1.6	(1.6)	0.0	(0.0)	0.0
Premises & Fixed Plant	(11.0)	(0.0)	(0.0)	(0.0)	(11.1)	(102.2)	(0.4)	(0.2)	(0.1)	(103.0)
Other Expenditure	(4.1)	(0.4)	(0.6)	(0.0)	(5.1)	(41.3)	(5.5)	(7.1)	(0.0)	(54.0)
Total Non-Pay	(49.5)	(1.1)	(0.7)	(0.1)	(51.4)	(491.5)	(9.9)	(7.8)	(0.8)	(510.0)
Operational EBITDA	3.3	0.1	1.3	1.0	5.6	23.0	0.5	13.5	8.2	45.2
Non-EBITDA (Excl Tech Adj)	(6.7)	0.0	0.0	0.0	(6.7)	(61.2)	0.0	0.0	0.0	(61.2)
Operational Surplus / (Deficit)	(3.4)	0.1	1.3	1.0	(1.1)	(38.2)	0.5	13.5	8.2	(16.0)

Source: Finance Ledger

- COVID-19 costs total £0.1m for January, £0.3m lower than December. Compared to December, pay costs were £0.5m lower at £0.0m. Non-pay costs were £0.2m higher than December at £0.1m. COVID-19 expenditure for December is £0.1m below plan.
- £0.1m of income has been accrued in-month for COVID-19 testing costs.
- Recovery costs in January were £1.4m, £0.1m lower than December. The recovery costs included are the incremental costs of delivering additional elective activity and some independent sector outsourcing costs (these costs are subject to further review against the agreed expenditure in the recovery plans).
- R&D reported a £0.1m surplus position in January and a £0.5m surplus for the year-to-date contributing to the overall Trust position due to the release of deferred income.

Adjusted Run Rate and Underlying Position

Oxford University Hospitals
NHS Foundation Trust

2023/24 Reported Position excl. Pass-through and R&D £m	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	YTD
Income	106.2	109.3	111.2	109.4	112.9	110.6	113.6	128.4	111.8	115.4	**1,128.9**
Pay	(69.3)	(72.2)	(70.0)	(69.7)	(74.3)	(72.2)	(71.5)	(73.0)	(73.2)	(73.9)	**(719.1)**
Non-Pay	(35.9)	(36.8)	(38.5)	(36.6)	(34.9)	(34.5)	(38.6)	(37.6)	(35.9)	(36.0)	**(365.2)**
Operational EBITDA	1.1	0.4	2.8	3.1	3.6	4.0	3.5	17.9	2.8	5.5	44.7
Financing and Capital Charges (Excl Tech Adj)	(7.1)	(7.1)	(7.1)	(6.9)	(7.0)	(6.9)	(6.3)	(2.5)	(3.5)	(6.7)	**(61.2)**
Operational Surplus / (Deficit)	(6.1)	(6.7)	(4.4)	(3.8)	(3.4)	(2.9)	(2.8)	15.4	(0.6)	(1.2)	(16.5)

Smoothing Adjustments	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	YTD
Income	3.2	1.4	2.7	1.4	(1.6)	0.1	(1.6)	(2.2)	0.4	(3.9)	**(0.0)**
Pay	(2.2)	0.4	(0.9)	(0.4)	2.2	1.4	(0.1)	0.0	0.3	(0.7)	**(0.0)**
Non-Pay	0.7	(0.5)	0.5	0.4	(0.3)	(0.8)	0.3	(0.8)	0.7	(0.1)	**0.0**
Financing and Capital Charges	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	(3.4)	0.0	**0.0**
Smoothing Adjustments Total	2.1	1.6	2.7	1.8	0.7	1.1	(0.9)	(2.6)	(2.0)	(4.6)	(0.0)

2023/24 'Smoothed' Position excl. Pass-through and R&D £m	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	YTD
Income	109.5	110.7	113.9	110.7	111.3	110.7	112.0	126.3	112.3	111.5	**1,128.9**
Pay	(71.5)	(71.8)	(70.9)	(70.1)	(72.1)	(70.8)	(71.5)	(72.9)	(72.8)	(74.5)	**(719.1)**
Non-Pay	(35.2)	(37.3)	(38.0)	(36.1)	(35.2)	(35.3)	(38.2)	(38.4)	(35.2)	(36.1)	**(365.2)**
Operational EBITDA	2.8	1.6	5.0	4.5	4.0	4.7	2.2	14.9	4.2	0.8	44.7
Financing and Capital Charges (Excl Tech Adj)	(6.7)	(6.7)	(6.7)	(6.5)	(6.6)	(6.5)	(5.9)	(2.1)	(6.8)	(6.7)	**(61.2)**
Operational Surplus / (Deficit)	(3.9)	(5.1)	(1.7)	(2.0)	(2.7)	(1.8)	(3.7)	12.8	(2.6)	(5.8)	(16.5)

Run Rate Adjustments	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	YTD
Income	0.0	(0.0)	(3.5)	(1.2)	0.0	0.5	(1.0)	(15.3)	(1.6)	(1.4)	**(23.6)**
Pay	0.3	0.2	0.5	0.3	0.5	(0.2)	(0.2)	0.2	0.1	0.9	**2.6**
Non-Pay	(0.5)	(0.2)	(0.1)	(1.2)	(1.2)	(0.7)	(0.6)	0.1	(2.0)	(1.3)	**(7.7)**
Financing and Capital Charges	(0.0)	0.0	(0.0)	(0.1)	0.0	(0.4)	(0.7)	(4.5)	0.1	0.0	**(5.6)**
Run Rate Adjustments Total	(0.2)	(0.0)	(3.1)	(2.2)	(0.7)	(0.8)	(2.5)	(19.6)	(3.4)	(1.8)	(34.4)

2023/24 Run Rate Position excl. Pass-through and R&D £m	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	YTD
Income	109.5	110.7	110.4	109.5	111.3	111.2	111.0	110.9	110.7	110.1	**1,105.3**
Pay	(71.1)	(71.6)	(70.5)	(69.8)	(71.6)	(71.0)	(71.8)	(72.8)	(72.7)	(73.7)	**(716.5)**
Non-Pay	(35.7)	(37.6)	(38.1)	(37.3)	(36.4)	(35.9)	(38.8)	(38.4)	(37.2)	(37.4)	**(372.9)**
Operational EBITDA	2.6	1.6	1.9	2.4	3.2	4.2	0.4	(0.2)	0.8	(1.0)	15.9
Financing and Capital Charges (Excl Tech Adj)	(6.7)	(6.7)	(6.7)	(6.6)	(6.6)	(6.8)	(6.6)	(6.6)	(6.7)	(6.7)	**(66.8)**
Operational Surplus / (Deficit)	(4.1)	(5.1)	(4.8)	(4.2)	(3.4)	(2.6)	(6.2)	(6.8)	(6.0)	(7.7)	(50.9)

- This table shows the run rate for the year-to-date adjusted for timing differences and the position when in-year one-off costs and benefits are removed from the reported position.
- The average run rate deficit for the last financial year was £2.2m a month. (This still includes the benefit of the annual leave accrual release, COVID-19 and recovery underspends). The run rate deficit year-to-date is an average of £5.1m a month, this is a deterioration of £2.9m from the average underlying deficit last financial year. This underlying deficit continues to trigger an adverse special cause variation.

Statement of Financial Position (SOFP)

Oxford University Hospitals
NHS Foundation Trust

Statement of Financial Position £m	MONTH 12 2023	MONTH 3 2024	MONTH 6 2024	MONTH 9 2024	MONTH 10 2024	MOVEMENT 202312 - 202410
Non Current Assets:						
Property, Plant and Equipment	741.9	737.4	738.5	744.0	744.1	2.2
Intangible Assets	14.7	13.7	13.6	13.4	13.3	(1.4)
Investment Property	34.4	34.4	34.4	39.7	40.3	5.9
Other investments/financial assets	13.3	13.3	13.3	13.2	13.2	(0.1)
Other property, plant and equipment (excludes leases)	0.7	0.7	1.1	1.1	1.1	0.4
Trade and Other Receivables	6.6	6.9	6.8	6.8	6.8	0.2
Total Non Current Assets	**811.7**	**806.4**	**807.7**	**818.3**	**818.9**	**7.2**
Current Assets:						
Inventories	29.1	30.1	31.2	30.4	30.6	1.5
Trade and Other Receivables	97.9	85.0	92.2	100.1	105.6	7.7
Credit Loss Allowances	(15.4)	(16.1)	(15.6)	(15.6)	(15.6)	(0.3)
Cash and Cash Equivalents	32.6	40.8	20.9	27.8	19.8	(12.8)
Total Current Assets	**144.2**	**139.8**	**128.7**	**142.7**	**140.3**	**(3.9)**
Total ASSETS	**955.9**	**946.2**	**936.4**	**960.9**	**959.2**	**3.3**
Current Liabilities:						
Trade and Other Payables	(171.3)	(175.9)	(166.0)	(167.9)	(169.4)	1.9
Borrowings	(12.7)	(12.8)	(12.9)	(20.7)	(13.4)	(0.7)
Commercial Loans	(0.4)	(0.5)	(0.5)	(0.4)	(0.5)	(0.1)
DH Capital Loan	(0.7)	(0.7)	(0.7)	(0.7)	(0.7)	0.0
Provisions	(2.2)	(2.2)	(1.1)	(1.1)	(1.1)	1.1
Other Liabilities	(3.5)	(9.6)	(13.2)	(16.0)	(13.6)	(10.0)
Total Current Liabilities	**(190.9)**	**(201.6)**	**(194.4)**	**(206.9)**	**(198.7)**	**(7.8)**
Net Current Assets/(Liabilities)	**(46.7)**	**(61.8)**	**(65.8)**	**(64.2)**	**(58.4)**	**(11.6)**
Total Assets Less Current Liabilities	**765.0**	**744.7**	**741.9**	**754.1**	**760.5**	**(4.5)**
Non Current Liabilities:						
Borrowings	(212.1)	(208.9)	(206.1)	(345.2)	(351.1)	(139.0)
Commercial Loans	(5.7)	(5.5)	(5.4)	(5.3)	(5.3)	0.4
DH Capital Loan	(14.6)	(14.2)	(14.2)	(13.9)	(13.9)	0.7
Provisions	(7.7)	(7.7)	(7.7)	(7.7)	(7.7)	0.0
Other Liabilities	(5.1)	(5.0)	(5.6)	(5.5)	(5.5)	(0.4)
Total Non Current Liabilities	**(245.1)**	**(241.4)**	**(239.0)**	**(377.6)**	**(383.4)**	**(138.3)**
Assets Less Liabilities (Total Assets Employed)	**519.9**	**503.2**	**503.0**	**376.5**	**377.1**	**(142.8)**
Public Dividend Capital	310.8	310.8	310.8	310.8	310.8	0.0
Revaluation Reserve	226.4	223.1	219.8	216.6	215.1	(11.2)
FV Assets Reserve	(9.9)	(9.9)	(9.9)	(9.9)	(9.9)	0.0
Other Reserves	1.7	1.7	1.7	1.7	1.7	0.0
Retained Earnings reserve	(9.2)	(22.5)	(19.5)	(142.8)	(140.8)	(131.5)
Total Taxpayers Equity	**519.9**	**503.2**	**503.0**	**376.5**	**377.1**	**(142.8)**

- There has been very little movement in PPE in year with depreciation offsetting new expenditure. The increase from M12 2023 is the effect of the year-end revaluation and VAT correction at the end of 2022/23 financial year.
- Current assets are a similar level to last year-end, with an increase in receivables matched by a reduction in cash.
- Current liabilities have increased, largely due to trade and other payables.
- Non-current liabilities have increased by £138.3m this is the impact of restating PFI liabilities on an IFRS16 basis which all NHS Trusts were required to do in M9, partly offset by the usual PFI, leases and loan liability reductions due to scheduled repayments.
- The change in cash over the last 10 calendar months is a reduction of £12.8m, this is reflecting the performance on the I&E.

Cashflow

Oxford University Hospitals
NHS Foundation Trust

Cash flows from operating activities £m	MONTH 10 2023	MONTH 11 2023	MONTH 12 2023	MONTH 1 2024	MONTH 2 2024	MONTH 3 2024	MONTH 4 2024	MONTH 5 2024	MONTH 6 2024	MONTH 7 2024	MONTH 8 2024	MONTH 9 2024	MONTH 10 2024
Cash Flows from Operating Activities													
Operating Surplus/(Deficit)	2.9	3.3	10.0	(3.0)	(5.3)	(1.4)	1.0	4.1	4.0	3.8	16.0	0.9	3.0
Depreciation and Amortisation	5.0	3.9	6.3	4.2	4.1	4.1	4.1	4.1	4.3	3.4	4.0	4.3	4.1
Impairments and Reversals	0.0	0.0	1.1	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0
Donated Assets received credited to revenue but non-cash	0.0	(0.0)	(0.6)	(0.1)	(0.1)	0.0	(2.4)	(4.6)	(4.3)	(3.7)	(2.2)	(2.0)	(1.1)
Interest Paid	(2.6)	(2.1)	(2.2)	(2.3)	(2.4)	(2.4)	(2.3)	(2.3)	(2.4)	(2.3)	(2.4)	3.1	(1.7)
Dividend Paid	0.0	0.0	(5.1)	0.0	0.0	0.0	0.0	0.0	(9.6)	0.0	0.0	0.0	0.0
Release of PFI/deferred credit	0.0	0.0	0.0	(0.0)	(0.0)	(0.0)	(0.0)	0.6	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)
(Increase)/Decrease in Inventories	0.6	(0.2)	(1.2)	(0.4)	(0.2)	(0.4)	0.1	(0.3)	(0.9)	0.2	0.9	(0.4)	(0.2)
(Increase)/Decrease in Trade and Other Receivables	(0.2)	(3.1)	(9.0)	1.6	(11.6)	23.3	(7.1)	1.4	(4.2)	(3.1)	(14.8)	9.3	(4.8)
Increase/(Decrease) in Trade and Other Payables	4.7	(7.9)	17.3	15.2	20.2	(21.2)	(4.5)	8.3	(7.0)	2.2	(0.8)	2.3	0.2
Increase/(Decrease) in Other Current Liabilities	(2.3)	5.4	(13.8)	9.7	(3.1)	(0.5)	9.9	(2.8)	(3.6)	14.3	(6.1)	(5.4)	(2.4)
Provisions Utilised	(0.8)	0.0	(0.8)	(0.0)	0.0	(0.1)	(0.0)	0.0	(0.1)	0.0	(0.0)	(0.1)	0.0
Increase/(Decrease) in Movement in non Cash Provisions	(1.0)	0.0	(2.5)	0.0	0.0	0.0	(0.7)	(0.3)	0.0	0.0	0.0	0.0	0.0
Net Cash Inflow/(Outflow) from Operating Activities	6.3	(0.6)	(0.5)	24.9	1.7	1.5	(1.5)	8.3	(23.8)	14.8	(5.4)	12.0	(3.1)
CASH FLOWS FROM INVESTING ACTIVITIES													
Interest Received	0.2	0.2	0.3	0.3	0.3	0.3	0.4	0.4	0.4	0.4	0.3	0.3	0.3
(Payments) for Property, Plant and Equipment	(1.5)	(0.4)	(10.9)	(10.9)	(4.5)	(1.8)	(1.6)	(1.4)	2.8	0.9	(5.2)	(2.3)	(3.7)
(Payments) for Intangible Assets	(0.3)	(1.5)	0.5	0.0	(0.1)	0.0	(0.1)	(0.4)	(0.5)	(0.3)	1.0	(0.1)	(0.1)
Net Cash Inflow/(Outflow) from Investing Activities	(1.6)	(1.7)	(10.2)	(10.6)	(4.2)	(1.5)	(1.3)	(1.4)	2.7	1.0	(3.9)	(2.1)	(3.4)
NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING	4.7	(2.3)	(10.7)	14.2	(2.5)	0.1	(2.8)	6.9	(21.1)	15.8	(9.3)	9.9	(6.5)
CASH FLOWS FROM FINANCING ACTIVITIES													
Public Dividend Capital Received	0.0	6.5	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Loans repaid to DH - Capital Investment Loans Repayment of Principal	(0.3)	0.0	0.0	0.0	(0.3)	0.0	0.0	0.0	0.0	0.0	(0.3)	0.0	0.0
Other Loans Repaid	0.0	0.0	(0.1)	0.0	0.0	(0.1)	0.0	0.0	(0.1)	0.0	0.0	(0.1)	0.0
Capital Element of Payments in Respect of Finance Leases and On-SoFP PFI and LIFT	(1.4)	(1.2)	(1.5)	(1.0)	(1.0)	(1.1)	(0.7)	(1.0)	(1.1)	(1.1)	(1.1)	(6.9)	(1.5)
Capital grants and other capital receipts	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Net Cash Inflow/(Outflow) from Financing Activities	(1.7)	5.3	(1.1)	(1.0)	(1.4)	(1.2)	(0.7)	(1.0)	(1.2)	(1.1)	(1.5)	(7.1)	(1.5)
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS	3.0	3.0	(11.7)	13.2	(3.9)	(1.1)	(3.6)	6.0	(22.3)	14.8	(10.7)	2.9	(8.0)
Cash and Cash Equivalents (and Bank Overdraft) at Beginning of the Period	**38.4**	**41.4**	**44.3**	**32.6**	**45.8**	**41.9**	**40.8**	**37.2**	**43.2**	**20.9**	**35.7**	**24.9**	**27.8**
Cash and Cash Equivalents (and Bank Overdraft) at YTD	41.4	44.3	32.6	45.8	41.9	40.8	37.2	43.2	20.9	35.7	24.9	27.8	19.8

- The cash balance decreased by £12.8m since the year end and reduced by £21.6m over the 12 calendar months. The Trust reported a YTD £24.6m operating cash surplus, £14.4m less than plan. This is the net cash inflow before accounting for capital spend or PFI debt and interest. The net movement in cash has largely been recovered by lower capital payments than originally planned and active management of supplier payments.

- Cash resilience is a priority and is being addressed through the cash committee and on a daily basis by the Operational Finance teams. The cash position is expected to deteriorate further in Q4 and beyond into next financial year. The latest forecast indicates low cash balance by the year-end.

Appendix 2 - Divisional Financial Performance and Further Supporting Analysis: Month 10 2023/24

Narrative: Divisional Finance Teams

Tables and Charts: Central Finance

Sources: Finance Ledger, SLAM and Commissioning Income Pack

Divisional Summary: Clinical Support Services

Performance versus budget

I & E Subjective £'m	IN MONTH 10 Plan	Actual	Variance	Variance %	YEAR TO DATE Plan	Actual	Variance	Variance %	FULL YEAR Plan
Income	9.2	10.6	1.4	15%	91.8	91.6	(0.3)	0%	110.2
Pay	(12.0)	(13.0)	(1.0)	-8%	(120.7)	(126.0)	(5.3)	-4%	(144.8)
Non-Pay	(0.5)	(1.1)	(0.6)	-111%	(5.4)	(6.9)	(1.5)	-27%	(6.5)
Surplus / (Deficit)	(3.4)	(3.5)	(0.1)	-4%	(34.2)	(41.3)	(7.1)	-21%	(41.0)

Directorate £'m	IN MONTH 10 Plan	Actual	Variance	Variance %	YEAR TO DATE Plan	Actual	Variance	Variance %	FULL YEAR Plan
CAPPRO	(1.6)	(1.7)	(0.1)	-6%	(15.9)	(16.8)	(0.9)	-5%	(19.1)
CSS Management	(0.1)	(0.3)	(0.2)	-397%	(0.5)	(1.1)	(0.6)	-115%	(0.6)
Path and Labs	0.5	0.2	(0.4)	-66%	5.2	0.4	(4.7)	-92%	6.2
Pharmacy	(1.1)	(1.2)	(0.1)	-12%	(10.9)	(10.8)	0.1	1%	(13.1)
Psych Meds	(0.5)	(0.5)	0.0	5%	(4.8)	(4.5)	0.3	6%	(5.8)
Radiology	(0.7)	(0.1)	0.6	87%	(7.2)	(8.5)	(1.3)	-18%	(8.6)
Surplus / (Deficit)	(3.4)	-353%	-14%	-4%	(34.2)	(41.3)	(7.1)	-21%	(41.0)

In Month

- Commissioning (activity) income updated for API payments +£1.3m. ONS/UKHSA contracts which stopped in March 23 give a cost pressure of £343k/mth.
- CDC showing a cost pressure of £210k and COVID testing £45k/month whilst income/expenditure budget are confirmed.
- IA costs -£162k. Increase in additional sessions seen in Radiology & Anaesthetics -£210k compared to run rate.
- Increase in clinical supplies in Diagnostics -£300k

Year to date

- API payments +£1.3m in month & YTD.
- Pathology's budget includes the 2 contracts that ceased in March 23; giving a cost pressure of -£3.4m YTD.
- Industrial Action costs were -£797k.
- Unachieved Cash releasing CIP -£2,547k YTD & -£410kYTD relating to old year targets.
- CDC Income and activity not finalised and shown a cost pressure of -£669k YTD. COVID testing -£320k YTD.
- Clinical supplies increase -£0.8m due to activity

Headline narrative:

- Commissioning activity Income shown as a block contract.
- Challenging cash releasing CIP Target of £6.2m
- Internal trading for Diagnostics is matched to budget, but currently running 7-9% higher than 22/23 levels, which would have generated +£2.0m
- Industrial Actions costs £0.8m.

Risks (R) and Opportunities (O):

- Contribution from Pathology contracts ceased in March 23 can't be offset (R).
- Challenging CIP targets (R).
- Industrial Action continues (R).
- OCC recruitment stalls and uses premium costs (R).
- Activity increases not funded.
- Plan to reduce Premium costs (O).

Efficiency Tracker	Plan 2023/24	Identified 2023/24	Unidentified 2023/24
Efficiency £m	8.0	7.6	0.5
% of budget	3.20%	3.01%	0.19%

*Plan CIP 1.1% of expenditure budget allocated. Overall value subject to change as further expenditure budget is allocated to divisions.

£m	Plan M10 YTD	Actual M10 YTD	Variance YTD M10
Income	2.0	1.1	(0.9)
Pay	2.9	2.2	(0.7)
Non-pay	1.4	1.4	(0.1)
Unidentified	0.3	0.0	(0.3)
Total	6.7	4.7	(2.0)

Commissioning by POD Year To Date	ACTIVITY Plan	Actual	Variance	FINANCE (£m) Plan	Actual	Variance
DC	1,724	1,849	125	1.8	2.0	0.2
Electives	165	201	37	1.0	1.0	0.0
Non Elective	218	264	45	1.9	2.2	0.3
Outpatient	31,027	40,521	9,494	5.6	7.0	1.3
Pass through	0	0	0	0.9	1.6	0.8
A&E	*0*	*0*	*0*	0.0	0.0	(0.0)
Chemotherapy	*0*	*0*	*0*	0.0	0.0	0.0
Critical Care	*6,986*	*7,559*	*574*	12.3	13.5	1.1
Diagnostics	*4,555,855*	*4,927,369*	*371,514*	31.0	33.9	2.8
Financial Adj - mainly Blended payment	*0*	*0*	*0*	(1.4)	(3.9)	(2.5)
Maternity Pathway	*0*	*0*	*0*	0.0	0.0	0.0
Other	*0*	*0*	*0*	21.5	21.9	0.5
Radiotherapy	*0*	*0*	*0*	0.0	0.0	0.0
Other Subtotal				74.6	79.2	4.6
Other Adj				0.5	(2.6)	(3.1)
Total				75.1	76.6	1.5

Actions to ensure forecast delivery:

- The divisional forecast is slightly worse over the last quarter compared to the run rate. As additional costs relating to clearing the Radiology reporting backlog and expected increases in activity.
- The division monitors premium costs and actively reviews these against current vacancies.
- The Division is expected to achieve its year end forecast.

Divisional Summary: Medicine Rehabilitation and Cardiac

Sources: Finance Ledger, SLAM and Commissioning Income Pack

Performance versus budget

I & E Subjective £'m	IN MONTH 10 Plan	Actual	Variance	Variance %	YEAR TO DATE Plan	Actual	Variance	Variance %	FULL YEAR Plan
Income	26.9	28.8	1.9	7%	269.6	274.4	4.8	2%	323.6
Pay	(14.9)	(17.3)	(2.4)	-16%	(149.1)	(162.2)	(13.1)	-9%	(178.9)
Non-Pay	(8.5)	(10.1)	(1.7)	-20%	(84.6)	(95.9)	(11.3)	-13%	(101.7)
Surplus / (Deficit)	3.6	1.4	(2.2)	-60%	35.8	16.3	(19.5)	-54%	43.0

Directorate £'m	IN MONTH 10 Plan	Actual	Variance	Variance %	YEAR TO DATE Plan	Actual	Variance	Variance %	FULL YEAR Plan
Specialist Medicine	1.2	1.5	0.3	24%	12.3	8.8	(3.5)	-28%	14.7
CCTS	1.0	0.6	(0.4)	-37%	10.1	6.8	(3.3)	-32%	12.2
AMR	2.1	0.1	(2.1)	-96%	21.6	9.4	(12.2)	-57%	25.9
MRC Management	(0.8)	(0.8)	(0.0)	-2%	(8.2)	(8.7)	(0.5)	-6%	(9.8)
Surplus / (Deficit)	3.6	144%	-215%	-60%	35.8	16.3	(19.5)	-54%	43.0

In Month

- **Pay** – key drivers -£0.9m, ED,EAU, Gen Med high premium costs for nursing & CSWs due to vacancies, sick leave, MH/challenging patients corridor nursing. Medics IA costs £0.4m. Escalation, additional capacity/winter pressure costs -£0.4m. CIP target -£0.4m.
- **Non-Pay** – Increase in pass thru costs -£0.4m, offset by income. Drugs overspend in Clinical Immunology & ID -£0.2m. Clinical supplies £0.7m which is activity driven in cardiac £0.4m, sleep and diabetes £0.2m
- Undelivered CIP target £0.1m.

Year to Date

•**Pay** – Medics £3.7m overspend of which £1.7m relates to IA, rota gaps and vacancy backfill ~£2m.
•Nursing & HCA overspends ~£6.9m driven by enhanced observations, corridor nursing, escalation/winter pressure costs.
Non-Pay – Pass thru overspend £4m, offset by income. Clinical supplies £3.9m overspend due to activity/inflation in Cardiac angiography, sleep devices & diabetes pumps.

- Drugs overspend £1.4m also linked to activity in Spec Med

Headline narrative:

- Commissioning Income is on a block basis.
- Income over recovery mainly linked to pass through income which partially offsets non pay overspends.
- Severe operational pressures in Urgent carewith additional capacity opening.
- Corrective Action Statement now introduced to support pay controls.

Risks (R) and Opportunities (O):

- COVID-19 costs (R) increasing sickness
- Continuing and increased pressure on urgent care.
- Income for sleep devices and diabetes pumps/consumables now payable via (C&V) basis (ICB)

Efficiency Tracker	Plan 2023/24	Identified 2023/24	Unidentified 2023/24
Efficiency £m	8.4	7.6	0.8
% of budget	3.20%	2.88%	0.32%

*Plan CIP 1.1% of expenditure budget allocated. Overall value subject to change as further expenditure budget is allocated to divisions.

£m	Plan M10 YTD	Actual M10 YTD	Variance YTD M10
Income	1.2	1.1	(0.0)
Pay	4.7	4.2	(0.5)
Non-pay	0.5	0.3	(0.1)
Unidentified	0.7	0.0	(0.7)
Total	7.0	5.7	(1.3)

Commissioning by POD Year To Date	ACTIVITY Plan	Actual	Variance	FINANCE (£m) Plan	Actual	Variance
DC	10,779	11,154	375	11.6	11.6	(0.0)
Electives	1,261	1,447	186	10.7	12.5	1.9
Non Elective	38,190	41,627	3,438	99.1	100.0	0.9
Outpatient	244,672	256,704	12,032	32.3	34.6	2.3
Pass through	0	0	0	38.2	40.5	2.4
A&E	*134,119*	*134,621*	*502*	29.2	29.1	(0.1)
Chemotherapy	*96*	*59*	*(37)*	0.0	0.0	(0.0)
Critical Care	*3,784*	*3,502*	*(282)*	7.0	6.5	(0.5)
Diagnostics	*15,996*	*17,855*	*1,859*	2.2	2.4	0.3
Financial Adj - mainly Blended payment	*0*	*0*	*0*	0.0	0.3	0.3
Maternity Pathway	*0*	*0*	*0*	0.0	0.0	0.0
Other	*0*	*0*	*0*	23.7	23.6	(0.1)
Radiotherapy	*0*	*0*	*0*	0.0	0.0	0.0
Other Subtotal				254.1	261.3	7.2
Other Adj				6.0	4.3	(1.6)
Total				260.1	265.6	5.6

Actions to ensure forecast delivery:

- Deep dive on temporary pay reduction. Divisonal focus on bank/agency reduction via CSU performance meetings (Corrective Action Plan).

Divisional Summary: Neuro, Ortho, Trauma, Specialist Surgery and Children

Sources: Finance Ledger, SLAM and Commissioning Income Pack

Performance versus budget

I & E Subjective	IN MONTH 10				YEAR TO DATE				FULL YEAR
£'m	Plan	Actual	Variance	Variance %	Plan	Actual	Variance	Variance %	Plan
Income	32.9	34.0	1.0	3%	329.3	330.4	1.1	0%	395.2
Pay	(17.8)	(19.4)	(1.6)	-9%	(176.4)	(185.8)	(9.4)	-5%	(211.7)
Non-Pay	(10.6)	(11.7)	(1.1)	-11%	(105.8)	(111.5)	(5.7)	-5%	(127.0)
Surplus / (Deficit)	4.6	2.9	(1.7)	-37%	47.1	33.0	(14.1)	-30%	56.5

Directorate	IN MONTH 10				YEAR TO DATE				FULL YEAR
£'m	Plan	Actual	Variance	Variance %	Plan	Actual	Variance	Variance %	Plan
JR and WW Theatres	(1.9)	(1.9)	0.0	1%	(18.7)	(18.1)	0.6	3%	(21.7)
Neurosciences	1.6	0.8	(0.8)	-50%	16.2	13.6	(2.6)	-16%	20.9
NOTSSCaN Management	0.7	0.0	(0.7)	-96%	4.3	(0.8)	(5.0)	-118%	(3.0)
Orthopaedics	1.4	0.1	(1.3)	-92%	13.7	12.5	(1.2)	-8%	18.5
Childrens	1.2	1.6	0.4	29%	15.8	11.1	(4.7)	-30%	21.0
Specialist Surgery	1.1	1.0	(0.2)	-16%	11.6	10.8	(0.8)	-7%	15.0
Ophthalmology	0.4	1.3	0.9	212%	4.2	3.8	(0.4)	-9%	5.8
Surplus / (Deficit)	4.6	291%	-168%	-37%	47.1	33.0	(14.1)	-30%	56.5

In Month

- Continued trend on growth in block drugs for Ophthalmology & Rheumatology.
- £612k Increases in Spinal Implants
- £260k transfer of private patient income to cryopreservation in CSS Division. 1.00 B5 Budget transferred back in return to resolve this issue.
- £75k adverse movement in plastic surgery SLA income

Year to date

- Efficiency target of £10.6m cash releasing savings. Target phased evenly in 12ths – YTD £5m higher than delivery.
- Year to date cost of industrial action - £1.2m
- Continued growth in block drugs for Ophthalmology (Aflibercept), Rheumatology and Cystic Fibrosis Home Care Drugs (Keystone NICE Guidance) - £2.7m.
- £113k adverse variance in winter pressures funded beds (Over three months)

Headline narrative:

- **£14.0m worse than budget**
- £8.8m efficiency delivery & phasing
- £1.2m consultant cover for Junior Doctor Industrial Action
- £2.7m in block drugs

Risks (R) and Opportunities (O):

- Ongoing impact of industrial action (R):
  - Cost c. £200k per strike
  - EL Activity – cancelations
  - Cont. engagement - Efficiencies (R)
- Action plan to reduce sickness rates (O)
- Admin staff retention and recruit (R).
- Impact of Winter Pressures & medical Outliers on cost and activity (R)
- Not meeting £13m Forecast (R)

Efficiency Tracker	Plan 2023/24	Identified 2023/24	Unidentified 2023/24
Efficiency £m	11.3	9.7	1.6
% of budget	3.20%	2.66%	0.54%

*Plan CIP 1.1% of expenditure budget allocated. Overall value subject to change as further expenditure budget is allocated to divisions.

£m	Plan M10 YTD	Actual M10 YTD	Variance YTD M10
Income	1.0	0.4	(0.6)
Pay	2.4	1.2	(1.2)
Non-pay	4.2	2.7	(1.5)
Unidentified	1.9	0.0	(1.9)
Total	9.4	4.3	(5.1)

Commissioning by POD Year To Date	ACTIVITY			FINANCE (£m)		
	Plan	Actual	Variance	Plan	Actual	Variance
DC	20,397	19,434	(962)	25.5	25.6	0.1
Electives	8,060	7,454	(606)	49.9	46.5	(3.4)
Non Elective	19,834	20,157	323	86.7	85.5	(1.1)
Outpatient	415,731	435,050	19,318	61.3	65.1	3.7
Pass through	0	0	0	44.9	46.5	1.5
A&E	*11,399*	*13,629*	*2,230*	1.6	1.9	0.3
Chemotherapy	*1,398*	*1,896*	*498*	0.5	0.6	0.2
Critical Care	*25,479*	*23,122*	*(2,357)*	32.6	29.8	(2.8)
Diagnostics	*4,390*	*4,632*	*242*	0.4	0.4	0.0
Financial Adj - mainly Blended payment	*0*	*0*	*0*	2.5	2.9	0.4
Maternity Pathway	*0*	*0*	*0*	0.0	0.0	0.0
Other	*0*	*0*	*0*	25.6	25.0	(0.7)
Radiotherapy	*0*	*0*	*0*	0.0	0.0	0.0
Other Subtotal				331.6	329.8	-1.8
Other Adj				(8.1)	(5.0)	3.1
Total				323.4	324.8	1.4

Actions to ensure forecast delivery:

- Targeted deep dive into worse performing directorates.
- Detailed work in conjunction with medical staffing on understanding directorate Junior Doctor base line.
- Divisional Pay panel reduced to bi weekly.
- Targeted trajectory for reduction in NHSP/Agency spend in worse performing directorates.

Sources: Finance Ledger, SLAM and Commissioning Income Pack

Divisional Summary: Surgery, Women's and Oncology

Performance versus budget

I & E Subjective £'m	IN MONTH 10 Plan	Actual	Variance	Variance %	YEAR TO DATE Plan	Actual	Variance	Variance %	FULL YEAR Plan
Income	31.4	34.3	2.9	9%	313.5	326.4	12.9	4%	376.2
Pay	(15.2)	(16.2)	(1.0)	-7%	(150.3)	(156.5)	(6.2)	-4%	(180.3)
Non-Pay	(11.4)	(12.7)	(1.3)	-12%	(114.6)	(131.9)	(17.3)	-15%	(137.5)
Surplus / (Deficit)	4.9	5.4	0.6	12%	48.7	38.1	(10.6)	-22%	58.4

Directorate £'m	IN MONTH 10 Plan	Actual	Variance	Variance %	YEAR TO DATE Plan	Actual	Variance	Variance %	FULL YEAR Plan
GET	(1.0)	(1.1)	(0.1)	-11%	(10.3)	(13.3)	(3.0)	-29%	(12.3)
Gynaecology	0.5	0.4	(0.1)	-23%	5.0	4.3	(0.7)	-13%	6.0
Maternity	1.2	0.9	(0.3)	-27%	12.1	10.2	(1.9)	-16%	14.6
Oncology	1.2	2.5	1.4	118%	11.8	11.7	(0.2)	-1%	14.2
Renal	2.0	2.1	0.1	4%	20.1	16.9	(3.2)	-16%	24.1
SuWOn Management	(0.5)	(0.4)	0.1	21%	(5.0)	(4.4)	0.7	13%	(6.0)
Surgery	1.5	1.1	(0.4)	-29%	14.9	12.6	(2.3)	-16%	17.9
Surplus / (Deficit)	4.9	543%	57%	12%	48.7	38.1	(10.6)	-22%	58.4

In Month

- £0.6m adverse due to pay costs linked to premium pay, internal recharges, additional non pass through drugs spend and CIP.
- Pay spend stable in month and at the average for 23/24
- Non-pay – Non pass through drug costs driving negative variance to plan. 3 'mab' drugs, existing NICE approvals

Year to date

- £11.3m overachievement on pass through drugs income.
- Pay overspend due to CIP and IA, £5.0m offset by vacancies not covered with NHSP/Agency
- Non-pay overspend on pass through drugs, £11.3m plus £6.0m of non pass through drugs spend, additional internal recharges for ITU and blood and CIP slippage

Headline narrative:

- M10 WTE of 3,296
- Pay spend on average up at 15.6m M1-10.
- High use of temporary medical staffing to cover rota gaps and on calls
- Pressure around drugs spend (Non-Chemo)
- No medical agency staff but continued reliance to additional sessions

Risks (R) and Opportunities (O):

- Insufficient budget for Swindon Radiotherapy Centre (R)
- Insufficient budget for existing clinical engineering contracts (R)
- Reliance on additional hours for junior medical rotas (R)
- Admin staff retention and ability to attract (R)
- Slippage on Ockenden funding (O)

Efficiency Tracker	Plan 2023/24	Identified 2023/24	Unidentified 2023/24
Efficiency £m	10.0	12.6	- 2.6
% of budget	3.20%	4.03%	-0.83%

*Plan CIP 1.1% of expenditure budget allocated. Overall value subject to change as further expenditure budget is allocated to divisions.

£m	Plan M10 YTD	Actual M10 YTD	Variance YTD M10
Income	0.9	0.2	(0.6)
Pay	1.9	1.2	(0.7)
Non-pay	7.5	7.4	(0.1)
Unidentified	(2.0)	0.0	2.0
Total	8.3	8.9	0.6

Commissioning by POD Year To Date	ACTIVITY Plan	Actual	Variance	FINANCE (£m) Plan	Actual	Variance
DC	31,850	32,369	519	22.9	24.1	1.1
Electives	4,386	4,413	27	25.8	25.9	0.1
Non Elective	22,212	23,214	1,002	75.8	75.1	(0.7)
Outpatient	252,406	254,694	2,288	43.3	45.2	1.9
Pass through	0	0	0	72.1	83.5	11.4
A&E	*0*	*0*	*0*	0.0	0.0	0.0
Chemotherapy	*20,806*	*23,891*	*3,085*	6.6	7.4	0.7
Critical Care	*3*	*0*	*(3)*	0.0	0.0	(0.0)
Diagnostics	*37,423*	*34,634*	*(2,790)*	0.6	0.7	0.1
Financial Adj - mainly Blended payment	*0*	*0*	*0*	0.4	(0.1)	(0.5)
Maternity Pathway	*13,920*	*12,993*	*(927)*	14.5	13.9	(0.6)
Other	*0*	*0*	*0*	34.9	36.1	1.2
Radiotherapy	*46,584*	*38,398*	*(8,186)*	12.9	12.3	(0.6)
Other Subtotal				309.9	324.0	14.1
Other Adj				(8.6)	(10.5)	(1.9)
Total				**301.3**	**313.6**	**12.3**

Actions to ensure forecast delivery:

- Continue robust controls around temporary staffing spend across nursing, midwiferey and junior medical staff.
- All admin NHSP approved by HOF

Divisional Summary: Corporate Services

Sources: Finance Ledger, SLAM and Commissioning Income Pack

Performance versus Budget

I & E Subjective £'m	IN MONTH 10 Plan	Actual	Variance	Variance %	YEAR TO DATE Plan	Actual	Variance	Variance %	FULL YEAR Plan
Income	7.7	8.3	0.6	8%	78.7	80.3	1.6	2%	94.4
Pay	(8.2)	(8.6)	(0.4)	-4%	(81.7)	(85.0)	(3.3)	-4%	(98.1)
Non-Pay	(19.2)	(18.9)	0.3	2%	(192.1)	(186.0)	6.1	3%	(230.2)
Surplus / (Deficit)	(19.7)	(19.1)	0.5	3%	(195.1)	(190.7)	4.5	2%	(233.9)

Divisions £'m	IN MONTH 10 Plan	Actual	Variance	Variance %	YEAR TO DATE Plan	Actual	Variance	Variance %	FULL YEAR Plan
Corporate	(10.1)	(10.3)	(0.2)	-2%	(100.3)	(100.1)	0.2	0%	(120.4)
Operational Services	(1.0)	(0.9)	0.1	7%	(9.6)	(8.3)	1.4	14%	(11.6)
Education and Training	3.0	2.6	(0.5)	-16%	30.5	28.1	(2.4)	-8%	36.6
Estates	(12.5)	(11.5)	1.0	8%	(123.4)	(119.8)	3.6	3%	(147.7)
Hosting Services	0.0	0.0	(0.0)	-74%	0.1	0.0	(0.1)	-84%	0.2
Central COVID	0.8	1.0	0.2	31%	7.6	9.3	1.8	24%	9.1
Surplus / (Deficit)	(19.7)	(19.1)	0.5	3%	(195.1)	(190.7)	4.5	2%	(233.9)

In Month

- Income benefits in Estates due to utility recharges now completed across all tenants.
- Comparison of pay costs to previous month Corporate/Ops Serv £42K higher and Estates £4k higher.
- Education costs reflect LDA schedule.
- Non Pay costs in Estates lower by £500k Utility reductions

Year to date

Education & training income based on NHSE estimates. Education income reduced due to reduced tariff for students 22/23

Corporate and Estates budgets now more closely aligned to actuals and cost saving discussions happening across all corporate areas.

Efficiency Tracker	Plan 2023/24	Identified 2023/24	Unidentified 2023/24
Efficiency £m	32.8	26.4	6.4
% of budget	3.20%	2.57%	0.63%

*Plan CIP 1.1% of expenditure budget allocated. Overall value subject to change as further expenditure budget is allocated to divisions.

£m	Plan M10 YTD	Actual M10 YTD	Variance YTD M10
Income	4.2	13.0	8.8
Pay	1.3	6.9	5.6
Non-pay	5.9	10.7	4.8
Unidentified	5.8	0.0	(5.8)
Total	17.1	30.5	13.4

Headline narrative:

- High inflation impact on non pay contracts linked to automatic CPI / RPI increases
- Budgets across corporate areas amended.
- Reduction in PFI accruals and Churchill land rental costs.
- CHP Breakdown for 21 days.

Risks (R) and Opportunities (O):

- Need to have savings plans in place to achieve reductions in costs
- Budgets revised to reflect pay requirements in corporate areas.
- Ongoing recruitment in Estates to replace external suppliers
- Review of Education income with NHSE to understand changes.

Actions to ensure forecast delivery:

- Continued review of NHSP resource and recruitment to fixed term posts
- Regular meetings with areas to discuss progress on savings and future plans
- Implementation of Estates business case to reduce use of external companies providing maintenance support.
- Improvement of billing processes for Utility recharges
- Greater analysis of utility usage to control Gas / Electricity costs