Ashford and St. Peter's Hospitals
NHS Foundation Trust

Report title:	Finance Report M7		
Report to:	**Public Council of Governors**		
Date of meeting:	Wednesday, 17 December 2025	**Agenda item:**	7.1
Report summary:	This report was shared with Trust Board on 11 December 2025.		
Recommendation:	To note		
Report lead:	Andy Brooks, Chair of Finance and Performance/NED		
Report author:	Paul Doyle, Director of Operational Finance		

Purpose of report:	**For Noting** ☒	**For Decision** ☐	**For Assurance** ☐

Assurance level:	**Significant** ☐ High level of confidence / evidence in delivery	**Acceptable** ☒ General confidence / evidence in delivery	**Partial** ☐ Some confidence / evidence in delivery	**No Assurance** ☐ No confidence / evidence in delivery

Link to Strategic Objectives:	Modern Healthcare
Link to CQC Domains:	WELL LED
Link to BAF risk:	SR1: We may not operate effectively, and our finances may become unsustainable over the short and long term
Potential impact on stakeholders:	As noted with the attached report.
Next steps	Ongoing monthly review at TEB and Finance & Performance Committee.
Appendices:	See attached report

Ashford and St. Peter's Hospitals NHS Foundation Trust

Report title:	Finance Report M7		
Report to:	**Public meeting of the Trust Board**		
Date of meeting:	Thursday, 11 December 2025	**Agenda item:**	6.2
Report summary:	This report summary provides an update on the Trust's financial position as at 31st October 2025. It shows that the Trust is currently on track with its YTD plan for revenue and ahead of the CIP plan. The current forecast is that the Trust will meet its full year plan but significant risks to delivery are highlighted in the slides which means that this position is being closely reviewed and actions being taken.		
Recommendation:	For assurance		
Report lead:	Chief Finance Officer		
Report author:	Paul Doyle, Director of Operational Finance		

Purpose of report:	**For Noting** ☐	**For Decision** ☐	**For Assurance** ☒

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NHS
Ashford and St. Peter's Hospitals
NHS Foundation Trust

Finance Report
31st October 2025

Patients first • Personal responsibility • Passion for excellence • Pride in our team

Executive Summary - 31st October 2025

	Plan to 31 March 2026	Mth 7 YTD Plan	Mth 7 YTD Actual	Mth 7 YTD Variance	Forecast
Income	498,166	289,443	288,255	(1,188)	499,707
Pay	(328,464)	(194,465)	(191,160)	3,305	(327,240)
Non-Pay	(161,102)	(94,494)	(97,135)	(2,641)	(164,827)
Operating Surplus/(Deficit)	8,600	485	(39)	(524)	7,640
Operating Surplus (Deficit) %	*1.7%*	*0.2%*	*0.0%*		*1.5%*
Finance Costs	(6,988)	(4,076)	(3,554)	522	(6,028)
Overall Surplus (Deficit)	**1,612**	**(3,592)**	**(3,594)**	**(2)**	**1,612**
Excluded from Control Total					
Impairments	0	0	0	0	0
Net Donated Assets	(1,612)	95	97	3	(1,612)
NHSE Control Total Surplus (Deficit)	**0**	**(3,497)**	**(3,496)**	**1**	**(0)**

The plan figures presented in this report reflect the approved budget, uplifted for the final pay awards and associated income tariff uplifts.

The Trust met its planned deficit of £3.5m at month 7 YTD on an NHSE control total basis and has also held the forecast at the planned level. However, the Committee should be aware of the risks facing the Trust over the remaining months of the year as set out in slide 8, and the challenge in delivering the year end breakeven position.

CIP performance was £1.4m ahead of plan this month, however it should be noted that the forecast still includes some schemes that are within the Plans in Progress categories, although the number and value of these has reduced. Various actions are ongoing to address this, with new schemes being added continuously and grip and control continuing and being reinforced.

Whilst the actions taken to date have assisted in the delivery of the financial position, it has had an impact on operational performance. Some of those actions are being reversed in a controlled manner to ensure operational delivery alongside financial delivery.

Income and Expenditure YTD Variance

The main variances are:

Income

- Income is £1.2m adverse to plan, of which £2.6m relates to Commissioner income; this predominantly relates to two areas (i) the £3.9m additional elective activity income, of which £0.9m has now been identified, (£1.7m YTD), as well as (ii) lower income for Woking CDC (£2.0m YTD), offset by areas of over-recovery; Other operating income streams (non-activity) are £1.4m higher than plan, which includes education & training and private patient income.

Pay

- Pay is £3.3m favourable to plan, with favourable variances across many staff groups, but mainly in nursing and infrastructure teams – this is despite unfunded Industrial Action costs in July 2025 of £0.3m;
- Pressures from the cost of RMN's to support patients presenting with mental health conditions (c£1.1m YTD agency only), £0.5m over plan and forecast to be £1m over plan at year end; and
- Agency costs have now fallen by £1.3m (23%) compared to the same period in 2024/25. The Trust continues to drive this down further in line with the revised targets set by NHSE. Bank/locum costs fell by £5.4m (23%) over the same period with this being mainly in Urgent & Emergency Care, General & Specialist Medicine and Estates & Facilities.

Non-Pay

- Non-pay – £2.6m adverse to plan. Clinical & General Supplies were underspent by £3.6m and there were underspends in other areas, but these were offset by Drugs budgets overspends (£1.2m), Estates and Facilities overspends and unallocated CIP targets within Divisions (net £6.4m within Other).

CIP's

CIP performance was £1.4m ahead of the YTD plan due to the acceleration of schemes. There are now no unidentified CIP's, although £1.2m of CIP's within the programme remain as high-risk.

Risks

There were two main risks identified when the Board approved the plan, namely the CIP programme and identifying another £3.9m of income for the Surrey Elective Centre. Both of these remain live and current risks.

Summary

Overall, the Trust was on plan at month 7. However as previously advised to the Board, the rest of the financial year requires monthly surpluses to be delivered. Trust actions to deliver this are geared to grip and control and to accelerating CIP delivery.

Cost Improvement Programme (CIP's)

YTD Month 7

The CIP plan focuses on national priorities, including productivity, temporary staffing, corporate services, medicines management, and exploring potential commercial opportunities. As set out to the Board, the CIP profile in the plans starts at relatively low values for quarter 1 (£3.4m), before stepping up in quarters 2 (£8.6m) and 3 & 4 (£10.5m). The Trust was ahead of plan at month 7 by £1.4m.

Efficiency Status at M7

Fully Developed	£30.053m
Plans in Progress	£2.875m
Opportunities	-
Unidentified	-
Total Planned Efficiencies	£32.927m

Further actions being undertaken are described below.

Actions to ensure full delivery

The following actions have been taken and are aimed at ensuring full CIP delivery and mitigating any risks:

- Review of CIP processes, tracking, monitoring and reporting;
- Operational Financial Recovery meetings held bi-weekly, to include the Improvement Programme;
- Enhanced PMO in place – this includes quality, information, operations and strategy, along with existing PMO support;
- Senior Leadership Forums and financial engagement sessions held with staff – a number of ideas were received following these and we have developed a webform to capture further new ideas;
- Monthly CIP (weeks 1 and 2) and budget spend review (weeks 3 and 4) meetings with Divisions; and
- Opportunities and difficult decisions are being worked up to see what the scope of these might be if deliverable. These have initially been discussed at Trust Executive Board and now a number are being taken forward through the Executive Financial Recovery Board.

QSIA

All CIPs are required to go through the panel. Weekly QSIA panel meetings have been taking place since 2nd April 2025 and to date over 70 schemes have been presented to the Panel. The Panel decides whether a scheme needs to come back for periodic review. Teams have been chased requesting that they submit outstanding QSIA's to the panel.

Pay Expenditure

	Mth 7 2025/26 Actual	Mth 7 2024/25 Actual	Variance to Prior Year	Mth 7 2025/26 Budget	Mth 7 2025/26 Variance
Pay Expenditure:					
Medical Staff (incl locum)	60,354	58,385	3.4%	60,861	507
Medical Agency	851	788	8.0%	106	(745)
Nursing Staff (incl bank)	67,502	62,830	7.4%	71,250	3,747
Nurse Agency	2,656	3,373	-21.3%	1,205	(1,451)
PAM's, Prof & Tech and Scientific	21,316	19,592	8.8%	23,264	1,948
PAM's, Prof & Tech and Scientific Agency	814	994	-18.1%	163	(651)
NHS Infrastructure Support	36,984	37,021	-0.1%	39,953	2,968
Other Agency	62	520	-88.1%	1	(61)
Apprenticeship Levy	772	749	3.0%	763	(8)
Other employee expenses	0	17	-100.0%	0	0
Recoveries	(152)	0	0.0%	(3,102)	(2,950)
	191,160	184,269	3.7%	194,465	3,305

Overall, there has been a £6.9m (3.7%) increase in year on year pay costs. Within this the pay award of 3.6% has been paid to Agenda for Change staff, and c 4% for Medical staff, in total £4.8m. There has also been an increase in employers NI from April 2025 which has added c£2.9m to pay costs YTD.

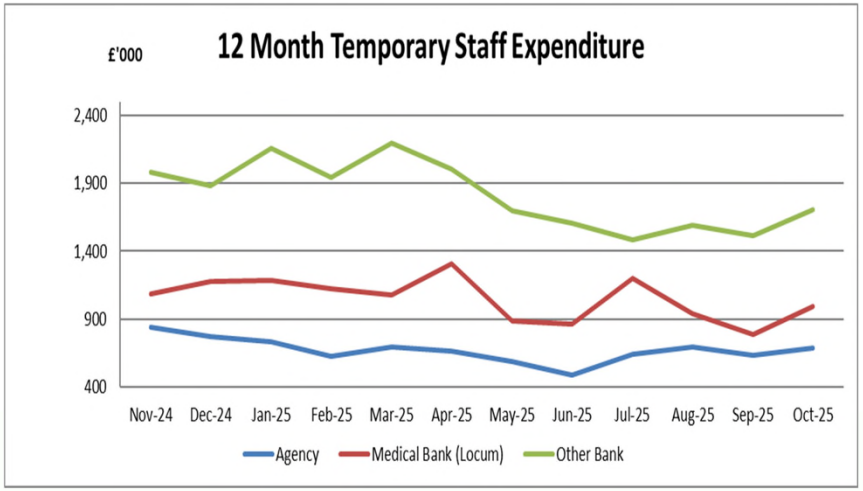
Total medical pay costs have increased by £2.0m (3.4%), nursing has increased by £3.9m (6.0%) compared to last year and other staff groups increased by £1.1m (1.8%). As well as the medical pay awards, the medical costs in 2024/25 will include differing levels of additional payments made to provide cover during industrial action, and in July 2025 also. Given that the Agenda for Change pay in 2024/25 increased between 3-4% over and above the 2% in the July 2024 figures, that 3.6% has been paid for the 2025/26 pay award and the increase in employers NI, nursing spend overall has seen a real terms increase over the last 12 months, despite further reductions in nurse bank and agency spend. Some of this will be linked to opening areas such as the Elective Centre and Woking CDC.

Reported WTE data is as follows, with significant falls in bank and overall WTE's compared to April in line with spend reductions, although picking up again in October, mainly through newly qualified nurses and additional activity.

	Apr-25		May-25		Jun-25		Jul-25		Aug-25		Sep-25		Oct-25	
	Plan	Actual	Plan	Actual	Plan	Acual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual
Substantive Staff	4,778.24	4,779.35	4,777.24	4,765.56	4,776.25	4,758.48	4,775.26	4,724.14	4,774.27	4,739.66	4,743.27	4,757.18	4,742.28	4,803.04
Bank Staff	539.84	518.53	518.26	429.28	496.68	393.26	475.10	406.23	453.52	400.54	431.94	389.02	410.36	413.54
Agency Staff	90.45	107.21	86.85	94.71	83.26	82.19	79.67	106.85	76.07	122.90	72.48	114.13	68.89	123.76
	5,408.52	5,405.09	5,382.35	5,289.56	5,356.19	5,233.93	5,330.02	5,237.22	5,303.86	5,263.10	5,247.69	5,260.33	5,221.52	5,340.35

Pay Expenditure – Temporary Staffing

	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
Medical Staff					
Agency	108	136	99	90	87
Locum	864	1,202	942	784	990
	972	1,338	1,041	873	1,076
Nursing Staff					
Agency	246	370	467	424	451
Bank	1,249	1,180	1,231	1,136	1,335
	1,495	1,550	1,698	1,560	1,786
Other Staff					
Agency	131	136	127	117	147
Bank	353	300	360	380	371
	484	435	487	497	517
Total	**2,951**	**3,323**	**3,226**	**2,930**	**3,380**
Agency	485	641	693	631	685
Locum	864	1,202	942	784	990
Bank	1,602	1,480	1,591	1,516	1,706
Total	**2,951**	**3,323**	**3,226**	**2,930**	**3,380**
Total Pay Bill	**26,801**	**27,777**	**26,865**	**27,259**	**27,611**
% all Temp staff of Pay Bi	11.0%	12.0%	12.0%	10.7%	12.2%
% Agency of total temp sta	16.4%	19.3%	21.5%	21.5%	20.3%
% Agency of total Pay Bill	1.8%	2.3%	2.6%	2.3%	2.5%



Temporary staff expenditure for the financial year 2024/25 was 15.5% of total pay expenditure (excluding Notional Pension expenditure). For October 2025 YTD this has fallen to 12.0%. Agency costs have now fallen by £1.3m (23%) compared to the same period in 2024/25 against a target of 30%. At M7 YTD the Trust was £0.6m over the NHSE plan for agency costs; the Trust continues to drive this down further, although this will be challenged by operational pressures and activity performance recovery. Bank/locum costs fell by £5.4m (23%) over the same period against a target of 10%, and were £1.8m under the NHSE target.

Nursing agency expenditure increased by £27k (6%) month on month. Factors driving agency expenditure included annual and sickness leave, bank holidays, increased activity, including business continuity, specialling for patients with a mental health diagnosis and awaiting care elsewhere and capacity cover within A&E. Agency controls have had an impact with YTD nurse agency spend is £717k (21%) lower compared to the same point in 2024/25. Bank nursing spend decreased by £199k (17.0%) compared to the previous month, and year to date is £1.4m (14%) lower than the same period last year.

Medical staffing agency costs were £87k in October; £3k lower than the previous month. Spend YTD shows an increase of £63k against the same period in 2024/25, with the largest spend being in Anaesthetics. The locum spend for July 2025 included £387K in respect of the resident doctors strike. The spend for October YTD is £2.3m (25%) lower than the same period last year.

Non-Pay Expenditure

	Mth 7 2025/26 Actual	Mth 7 2024/25 Actual	Variance to Prior Year	Mth 7 2025/26 Budget	Mth 7 2025/26 Variance
Non-Pay Expenses:					
Purchase of healthcare from NHS bodies	2,254	2,257	-0.1%	2,359	105
Purchase of healthcare from non-NHS bodies	6,596	7,389	-10.7%	7,488	893
Supplies and services - Drugs	19,043	17,700	7.6%	17,796	(1,246)
Supplies and services - Clinical & General	29,548	28,422	4.0%	33,184	3,636
Other Non Pay	39,694	38,835	2.2%	33,666	(6,028)
	97,135	94,602	2.7%	94,494	(2,641)

Non-pay expenditure was budgeted at £94.5m, but actuals are £2.6m above this at £97.1m - £2.6m variance. Spend in 2024/25 was £94.6m, so costs have increased by £2.5m year on year. The drivers of this increase are as follows:

Drugs costs have increased by £1.3m year on year (7.6%) and are £1.2m above plan. Some of this is driven by Tariff excluded Drugs and these are being discussed with ICB's.

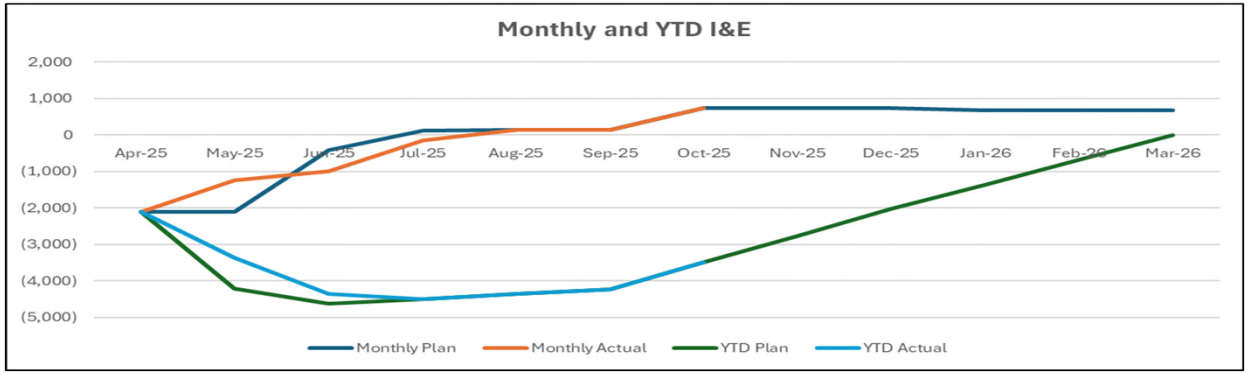
Clinical & General Supplies expenditure has increased by £1.1m (4.0%) against last year, some of which relates to the commencement of joint procurement services and higher activity. However, it is £3.6m under budget with £1.4m of this being within main theatres and day surgery.

The year on year increase of £0.8m in Other non-pay relates to Premises costs. The variance to budget includes Electricity and Gas costs, catering costs (due to the Catering supplier stopping trading and emergency menus having to be sourced) and under delivery against CIP targets.

Forecast and Risks

The actual monthly (deficits)/surpluses, including deficit support funding, have been as follows:

	In-Month	YTD
M1	(2,111)	(2,111)
M2	(1,254)	(3,364)
M3	(990)	(4,354)
M4	(152)	(4,506)
M5	140	(4,366)
M6	137	(4,229)
M7	733	(3,496)



If the Trust were to continue to deliver a monthly surplus at the month 7 actual value of £0.73m, then the forecast surplus would be £0.16m. However the Trust is facing cost pressures over the remainder of the year.

At the mid year review meeting with NHSE, the straightline forecast was £8.14m deficit. Compared to the breakeven plan we highlighted £6.5m of risks (plus loss of Deficit support funding in Q4 of £1.67m). We anticipated mitigating £2m which left £4.5m unmitigated.
Risks and mitigations then were:

- Downsides/Risks: winter pressures (£1.0m), income under-performance (£1.5m), CIP under-delivery (£4.0m) and loss of Q4 system deficit support funding (£1.7m) = £8.2m; and
- Mitigations: theatre costs generate additional income (£0.5m) and balance sheet opportunities (£1.5m) = £2.0m. If the Trust receives the Q4 deficit support funding (£1.7m) then there will be an unmitigated risk or stretch of £4.5m.

The latest position at the end of October is that we are still facing these risks – around £7.5m. Namely:

- Winter pressures (£1.0m)
- Income under-performance (£1.5m)
- CIP under-delivery (£2.0m)
- Cost pressures from RMNs (£1m), catering costs (£0.5m), Industrial action (c£0.5m), Electricity and Gas (£1m)

We are looking at grip and control and balance sheet actions to try to mitigate these costs.

Underlying Position

NHSE have continued to collect the underlying positions from Trusts which will feed into the medium-term planning work. Below is a summary of the M7 submission.

The main adjustments fall into four categories:

1. impact of the CIP programme going into 2026/27 – non-recurrent CIP's dropping out and full year effect of schemes going in;
2. the loss of the deficit support funding;
3. increased growth allocation for 2025/26 being put into the Trust's baseline with its host commissioner; and
4. non-recurrent income from 2024/25 received in 2025/26.

	Income	Pay	Non-Pay	Non-Operating Items	Adjusted Financial Performance	Comments
	£'000	£'000	£'000	£'000	£'000	
2025/26 Forecast	499,707	(327,240)	(164,827)	(7,640)	0	
Adjustments:					0	
Forecast non-recurring efficiencies	(827)	(7,839)	(1,960)	0	(10,625)	Large value of non-recurrent CIP schems in the £32.9m CIP programme for the year
Forecast deficit support funding	(6,684)	0	0	0	(6,684)	Deficit support funding
FYE of forecast recurring efficiencies	1,722	1,004	2,582	0	5,308	FYE of schemes that have commenced during 2025/26
FYE of forecast investments	0	0	0	0	0	
Gains and losses and donations	(2,194)	0	582	1,612	0	
Other impacts - 1	(1,000)	0	0	0	(1,000)	Non Recurrent growth funding allocation (host commissioner)
Other impacts - 2	6,747	0	0	0	6,747	Recurrent growth funding for 2025/26 applied wef 01/04/26 (host commissioner)
Other impacts - 3	(1,220)	0	0	0	(1,220)	NR NHS income from 2024/25
	496,251	(334,075)	(163,623)	(6,028)	(7,474)	

Surrey Heartlands System – 31st October 2025

As at 31st October 2025, the Surrey Heartlands system as a whole was reporting being favourable to plan by £0.1m. This is caused by SASH being behind plan YTD by £6.6m, which is mainly being offset by a favourable variance for the ICB which is £6.5m favourable to plan.

Following regional and national review in September 2025, the system was awarded its deficit support funding for quarter 3. The decision of the award of funding for quarter 4 is expected during December based on M8 results.

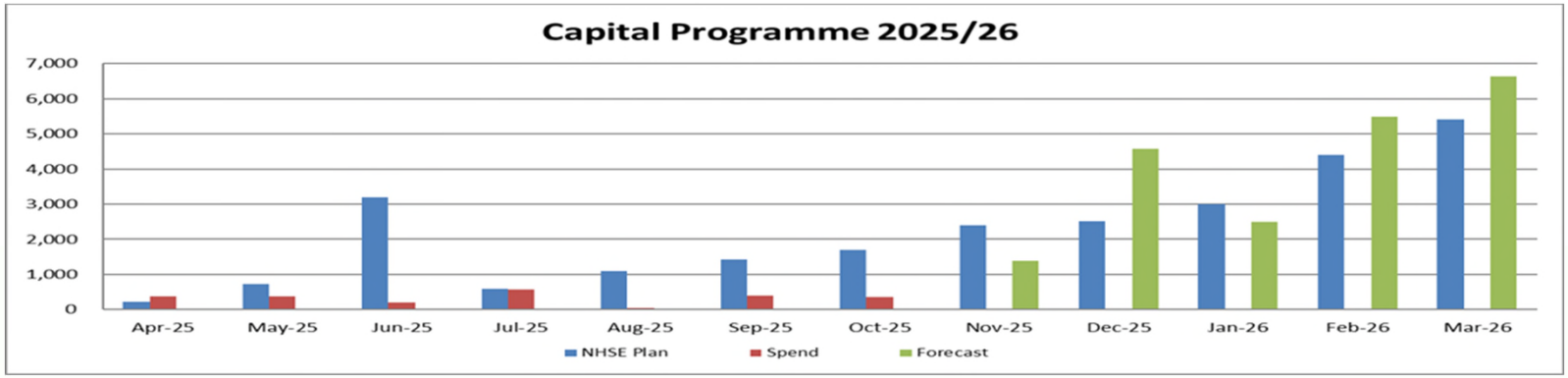
£m			M7 v Plan				YTD v Plan		
ORG	FY Plan		M7 Act	M7 Plan	M7 Var		YTD	Plan	YTD Var v Plan
ASPH	0.0		0.7	0.7	0.0		-3.5	-3.5	0.0
RSH	0.0		0.0	0.1	-0.1		-3.1	-3.2	0.1
SASH	-9.1		-2.8	-0.4	-2.4		-13.9	-7.3	-6.6
SABP	0.0		0.0	0.0	0.0		-0.5	-0.7	0.1
SECAMB	0.0		0.3	0.3	0.0		-2.6	-2.6	0.0
Provider	**-9.1**		**-1.7**	**0.8**	**-2.5**		**-23.7**	**-17.3**	**-6.4**
ICB	9.1		3.4	1.5	1.9		8.0	1.5	6.5
ICS	**0.0**		**1.7**	**2.3**	**-0.6**		**-15.7**	**-15.7**	**0.1**

Capital

	Annual Plan (Board Approved)	Mth 7 YTD Plan	Mth 7 YTD Actual	Mth 7 YTD Variance	Forecast (Full Year)	Forecast Variance
Operational Capital Allocation (incl IFRS 16)	13,180	8,643	2,004	(6,639)	13,180	0
PDC - Op Standards:Urology & Vascular Rooms	1,500	0	0	0	1,500	0
PDC - ED & Assessment Unit	1,500	100	78	(22)	1,500	0
PDC - CDC Pathways	112	0	1	1	112	0
PDC - CIR - SPH Theatre	2,500	0	0	0	2,500	0
PDC - CIR - Theatre & OPD Chiller	700	0	0	0	700	0
PDC - Estates Safety Phase II	0	0	0	0	1,114	1,114
PDC - Estates Safety Phase II - Maternity	0	0	0	0	100	100
Purchased Capital Programme	**19,492**	**8,743**	**2,083**	**(6,660)**	**20,706**	**1,214**
Donated & Granted Assets	2,194	224	224	0	2,194	0
Total Capital Programme reported to NHSE	21,686	8,967	2,307	(6,660)	22,900	1,214

The Trust submitted its capital programme to NHSE in April 2025 totalling £26.7m. The spend at 31st October 2025 was £2.3m which represents a £6.7m underspend against the year to date plan. The underspend is related to the Operational Capital Allocation and in particular the replacement of endoscopes which has been delayed to Q3. The Board has now formally signed off the capital plan for 2025/26 at £21.7m, following £5.0m of the original £6.5m ED funding being reprofiled into 2026/27.

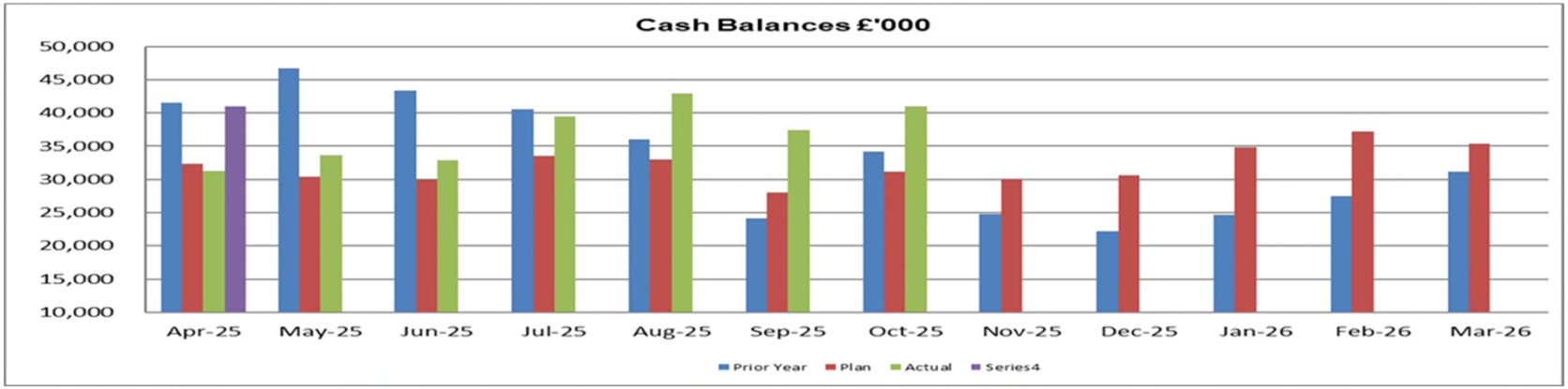
The Trust has received confirmation of the award of £7.526m of PDC funding, which includes £4.8m for Critical Infrastructure Risk, Constitutional Standards and Physiological Science equipment, £1.2m for Estates Safety Risks Phase II and £1.5m for the ED/Assessment Unit scheme. The Trust has been advised that the latter scheme is nationally supported, and fees funding has been agreed.



Balance Sheet and Cash

BALANCE SHEET
POSITION AS AT 31ST OCTOBER 2025

	Nov-24 Actual £'000	Dec-24 Actual £'000	Jan-25 Actual £'000	Feb-25 Actual £'000	Mar-25 Actual £'000	Apr-25 Actual £'000	May-25 Actual £'000	Jun-25 Actual £'000	Jul-25 Actual £'000	Aug-25 Actual £'000	Sep-25 Actual £'000	Oct-25 Actual £'000
Non Current Assets												
Property, Plant and Equipment, Intangibles & RoU Assets	267,972	268,474	268,555	267,428	254,467	253,541	252,601	251,491	250,689	249,371	248,409	247,360
Receivables > 1 Year	1,437	1,491	1,382	1,433	1,351	1,388	1,388	1,310	1,329	1,425	1,460	1,512
Total	269,409	269,965	269,937	268,861	255,818	254,929	253,989	252,801	252,018	250,796	249,869	248,872
Current Assets												
Inventories (Stocks)	5,049	5,117	4,886	4,954	5,216	5,245	5,118	5,153	5,218	5,460	5,316	5,484
Receivables < 1 Year	36,890	32,041	32,075	29,794	20,309	21,098	19,693	21,265	22,413	20,464	19,610	21,525
Cash in Hand and at Bank	24,779	22,186	24,630	27,447	31,144	31,274	33,685	32,923	39,481	42,971	37,450	41,010
Total	66,718	59,344	61,591	62,195	56,669	57,617	58,496	59,341	67,112	68,895	62,376	68,019
Current Liabilities	(58,331)	(52,207)	(54,998)	(53,056)	(48,893)	(51,151)	(52,438)	(52,983)	(60,181)	(60,684)	(53,334)	(53,827)
Net Current Assets/ Liabilities	8,387	7,137	6,593	9,139	7,776	6,466	6,058	6,358	6,931	8,211	9,042	14,192
Total Assets less Current Liabilities	277,796	277,102	276,530	278,000	263,594	261,395	260,047	259,159	258,949	259,007	258,911	263,064
Leases Non Current	(7,133)	(7,037)	(6,990)	(6,953)	(6,938)	(6,894)	(6,861)	(6,829)	(6,796)	(6,763)	(6,567)	(6,461)
Provisions Non-Current	(1,155)	(1,155)	(1,137)	(1,137)	(1,168)	(1,168)	(1,150)	(1,150)	(1,131)	(1,131)	(1,131)	(1,113)
Net Assets	**269,508**	**268,910**	**268,403**	**269,910**	**255,488**	**253,333**	**252,036**	**251,180**	**251,022**	**251,113**	**251,213**	**255,490**
Public Dividend Capital (PDC)	142,744	142,744	142,744	143,888	144,163	144,162	144,162	144,162	144,162	144,162	144,162	144,162
Income & Expenditure Reserve	58,385	57,787	57,280	57,644	50,236	48,082	46,785	45,929	45,771	45,862	45,962	50,239
Revaluation Reserve	68,379	68,379	68,379	68,378	61,089	61,089	61,089	61,089	61,089	61,089	61,089	61,089
Capital and Reserves	**269,508**	**268,910**	**268,403**	**269,910**	**255,488**	**253,333**	**252,036**	**251,180**	**251,022**	**251,113**	**251,213**	**255,490**

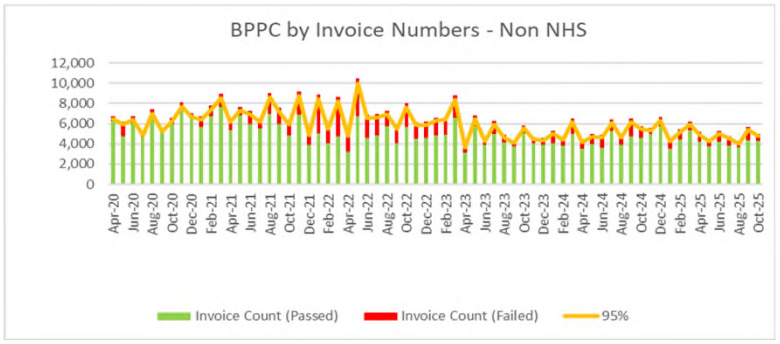


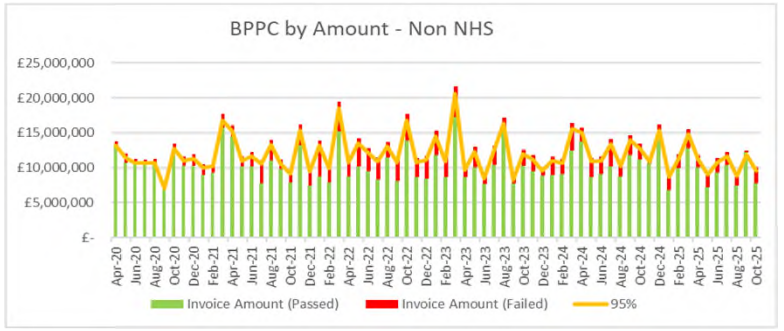
Cashflow

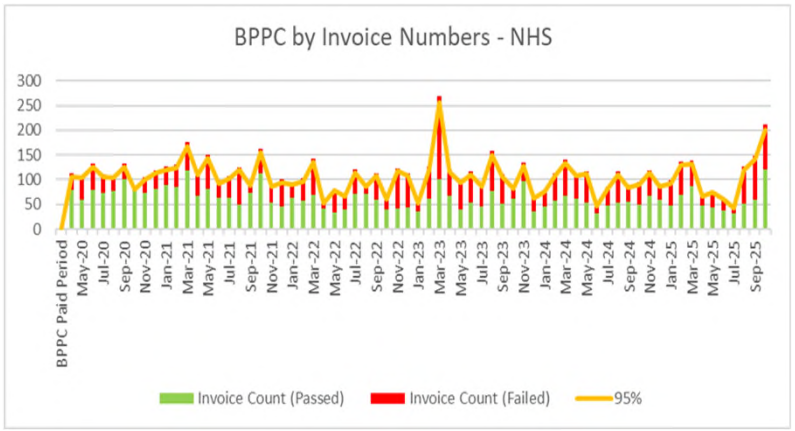
Set out below is the YTD cashflow as at 31st October 2025. At the end of October 2025, cash balances were at £41.0m versus the plan of £31.2m. Higher brought forward cash and delays in the capital programme have led to increased cash balances at the end of the month.

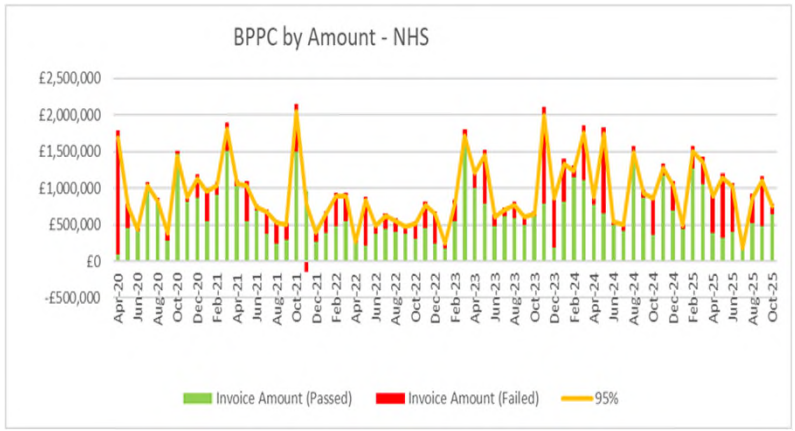
Statement of cash flows	Annual Plan	YTD Plan M7	YTD Actual M7	YTD Variance M7
		£'000	£'000	£'000
Cash flows from operating activities				
Operating surplus/(deficit)	8,600	482	(39)	(521)
Non-cash income and expense:				
Depreciation and amortisation	16,602	9,416	9,416	0
Income recognised in respect of capital donations (cash and non-cash)	(2,194)	(224)	(224)	0
(Increase)/decrease in receivables	8,298	6,316	(1,552)	(7,868)
(Increase)/decrease in other current assets	0	0	2,836	2,836
(Increase)/decrease in inventories	0	0	(268)	(268)
Increase/(decrease) in trade and other payables	(3,000)	(3,000)	(2,766)	234
Increase/(decrease) in other liabilities	0	2,371	8,591	6,220
Increase/(decrease) in provisions	0	0	(169)	(169)
Net cash generated from / (used in) operations	28,306	15,361	15,825	464
Cash flows from investing activities				
Interest received	1,200	700	900	200
Purchase of property, plant and equipment and intangible assets	(21,127)	(5,428)	(2,483)	2,945
Net cash generated from/(used in) investing activities	(19,927)	(4,728)	(1,583)	3,145
Cash flows from financing activities				
Public dividend capital received	11,312	100	0	(100)
Capital element of lease liability repayments	(1,253)	(533)	(520)	13
Interest element of lease liability repayments	(80)	(45)	(55)	(10)
PDC dividend (paid)/refunded	(8,108)	(4,054)	(3,801)	253
Net cash generated from/(used in) financing activities	1,871	(4,532)	(4,376)	156
Increase/(decrease) in cash and cash equivalents	10,250	6,101	9,866	3,765
Cash and cash equivalents at start of period	25,084	25,084	31,144	6,060
Cash and cash equivalents at end of period	**35,334**	**31,185**	**41,010**	**9,825**

Better Payment Practice Code (BPPC)









The Better Payment Practice Code (BPPC) requires the Trust to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later. NHSE takes an interest in Trust performance given the amount of cash within organsations, and the Trust is aware that it does not benchmark well against the BPPC. For non-NHS invoices, measured performance at YTD M7 was 82.0% by number and 83.9% by value, whilst for NHS the corresponding figures were 53.1% by number and 46.6% by value.

The data above is presented on a monthly basis. YTD M7 2024/25 was 77.9% by number and 79.2% by value, and we will continue to work on the underlying reasons for the performance levels and address them. These continue to relate in the main to Pharmacy and agency invoices.

National cost collection 2024/25

The Trust makes an annual national cost collection submission along with other NHS organisations. NHSE then collate all of the submissions and issue the national cost collection index annually. The index is a measure of the relative cost difference between NHS providers.

An index of 100 would be the national average and anything lower than 100 being seen as lower cost. The Trust's index for 2024/25 was 92 against an index of 95 for 2023/24.

2024-25 National Cost Collection Index - MFF Adjusted

Org Code	Org Name	Market Forces Factor	Org-Wide Index	Elective Inpatient And Day Case	Non-Elective Inpatient	Critical Care	Outpatient Services	Other Acute Services	Community Services	Mental Health	Emergency Care	Unbundled
RTK	Ashford And St Peters Hospitals NHS Foundation Trust	1.056	92	90	99	102	86	78	83		100	85
RVR	Epsom And St Helier University Hospitals NHS Trust	1.079	100	98	118	96	86	97	87		115	77
RDU	Frimley Health NHS Foundation Trust	1.050	92	90	106	88	83	96	76		81	64
RHW	Royal Berkshire NHS Foundation Trust	1.055	89	96	89	99	79	113			70	113
RA2	Royal Surrey County Hospital NHS Foundation Trust	1.043	84	73	85	87	98	101	129		82	33
RTP	Surrey and Sussex Healthcare NHS Trust	1.042	89	101	81	151	80	129	*		104	93

2023-24 National Cost Collection Index - MFF Adjusted

Org Code	Org Name	Market Forces Factor	Org-Wide Index	Elective Inpatient And Day Case	Non-Elective Inpatient	Critical Care	Outpatient Services	Other Acute Services	Community Services	Mental Health	Emergency Care	Unbundled
RTK	Ashford And St Peters Hospitals NHS Foundation Trust	1.058	95	91	100	105	89	82	70		98	106
RVR	Epsom And St Helier University Hospitals NHS Trust	1.081	96	91	112	98	73	92	84		106	236
RDU	Frimley Health NHS Foundation Trust	1.052	94	89	104	90	85	109	83		84	87
RHW	Royal Berkshire NHS Foundation Trust	1.056	89	96	89	89	76	114			64	130
RA2	Royal Surrey County Hospital NHS Foundation Trust	1.045	72	61	78	165	284				113	27
RTP	Surrey and Sussex Healthcare NHS Trust	1.044	79	89	71	91	77	141	80		83	100