

**Trust Board**

**26th November 2019**

**Finance Performance Report**

**Month 07 – period ended 31st October 2019**

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1. **SUMMARY AND KEY HEADLINES**

The in-month deficit, (£0.6m), is (£1.0m) worse than plan, generated by high activity with NHSE under restricted income due to the contract block, and pay expenditure (£550k) higher than the average for Quarter 1 & 2. The YTD deficit, (£9.3m), is £0.8m better than plan, and £0.4m better than Control Total, driven by the contribution from over performance on Private Patient Income and the under-spend on pay. In addition to the usual adjustment for income and expenditure relating to donated assets, the Trust’s performance against Control Total is adjusted for the additional £0.3m Incentive PSF relating to 2018/19.

The block contract with NHSE has been profiled over the financial year based on working days, and would have over-performed against plan YTD by £0.85m to October on a cost & volume basis. Within this there is under-performance of (£3.9m) for Highly Specialist activity, comprising ECMO (£0.8m), (£1.4m) Long-Term VAD devices, and (£1.6m) Transplant and Long-Term VAD procedures, more than offset by over-performance for Specialist activity £4.75m. For Quarters 1 & 2 on average Specialist activity over-performed by £600k per month, this doubled to £1.2m in October, whilst Highly Specialist activity had been under-performing by (£600k) per month, this halved to (£300k) in October.

The cash position decreased in-month by (£4.3m) to £8.9m, £4.9m lower than plan. The cashflow plan assumed we would have drawndown £11.9m of borrowing to finance the Imaging Centre by the end of Month 7; this has not happened, but is largely mitigated by £8.6m slippage on capital expenditure, principally the imaging centre itself. Trust has drawdown £10m of the Bridging Loan facility during November, and will also receive £4.1m for the Financial Recovery Fund (FRF) and Provider Sustainability Fund (PSF) relating to Quarter 2.

Pay is worse than plan by (£0.2m) in-month, the first month all year with an adverse variance, £2.7m better than plan YTD.
Pay expenditure increased by (£550k) compared to the average for Quarter 1 & 2, some generated by pay arrears relating to the medical pay award, (£0.1m), but there was a further (£0.2m) increase for substantive staff, (£0.1m) increase for agency, and (£150k) increase for bank.
There has been an increase of 96 wte substantive staff since the end of 2018/19, with agency and bank staff reducing by 64 wte over the same period. The most significant increase of substantive wte happened in October, 43 wtes, without a reduction of agency and bank staff – this may reflect higher activity during October, but may also reflect a supernumerary period for new clinical staff. It should be noted, the average number of inpatients during October was 25 higher than the average for Quarters 1&2, an increase of 17 at Brompton and 8 at Harefield.

Agency expenditure (£0.2m) above plan and NHSI ceiling in-month, YTD is (£0.9m). Bank expenditure was (£0.2m) higher in October than September, driven by an increase for consultant locums.

CIP delivery is £0.15m ahead of plan YTD, and £0.4m higher than in the same period of 2018/19. The CIP plan has been profiled to increase during the financial year. Schemes to deliver the full annual CIP plan of £13.7m have been identified.

The EBITDA position for October 2019 was positive £1.9m, (£1.0m) behind plan, YTD positive £8.4m, £0.9m better than plan. This compares to a positive EBITDA of £1.6m YTD at October 2018.



The Trust’s Single Oversight Framework (SOF) segmentation remains 2. SOF is a methodology used by NHSI to position providers into segments 1 to 4, reflecting an assessment of the level of support each provider requires – 1 is maximum autonomy, 4 is special measures. As a 2, the Trust will be provided with targeted support. SOF is an assessment across quality of care, finance & use of resources, operational performance, strategic change, and leadership & improvement capability.

Provider Sustainability Fund (PSF) and Financial Recovery Fund (FRF) have been earned and recognised YTD. It is planned that the Trust will achieve its control total in 2019/20 to earn £20.4m from PSF and FRF in-year. The most significant risks against achievement of the control total are a possible further downward valuation of Chelsea Farmers Market linked to local property values, non-delivery of the full CIP plan, and additional expenditure likely to be incurred should we deliver activity in excess of the block contract with NHSE.

The forecast deficit has improved by £336k compared to plan, reflecting unplanned additional Incentive PSF relating to 2018/19. Improvements to underlying performance relative to plan are at risk of being offset by a downward valuation of Chelsea Farmers Market.

The forecast underlying position has been calculated by removing PSF and FRF from the plan position although it is anticipated that this will be earned in full. The non-recurrent gain for the £0.3m additional 2018/19 Incentive PSF has been removed from the underlying position. In future months, any further significant non-recurrent gains or losses will also be removed from the forecast underlying position.

Capital expenditure of £9.0m YTD is £8.6m below plan, principally because of Imaging Centre slippage and KHP Consortium expenditure being charged to revenue . The capital forecast is £21.2m for 2019/20, £11.8m lower than the original plan, due to slippage on the Imaging Centre and KHP Consortium. The indicative capital plans for 2020/21 and 2021/22 have been correspondingly increased by £8.3m and £3.5m respectively, confirming the adjustment as slippage.

Please note, all Divisional Summaries are before the impact of the block agreement with NHSE, which is reflected centrally,

1. **TRUST INCOME AND EXPENDITURE**

The table below shows the Trust-wide income and expenditure to month 6, compared to both the Board approved budget and the same period in 2018/19.



The headlines driving the in-month M6 position against plan are as follows.

**NHS clinical income**:

* NHS clinical income is £0.3m ahead of plan in-month, £2.2m ahead of plan YTD after adjustment for the block contract with NHSE. Without adjustment for the block, NHS clinical income would have been £1.25m ahead of plan in-month, £3.0m YTD. Spells for NHSE increased by 217 in-month, 16.5%, compared to the average Quarters 1&2; there was also increased transplant activity, 7 lung transplants against a previous average of 3, and ECMO bed-days, an increase of 54 bed-days, 40%.
* NHS Inpatient spell activity was 244 ahead of plan at 3,804 spells, 178 spells higher than in October 2018, with the same number of working days. YTD spells are 565 above plan, and 612 spells higher than 2018/19, with one additional working day.
* Within the reported position for each month is an income accrual for as yet uncoded activity based on an average income per spell by POD by specialty. Within the reported position for month 7 is an accrual of £3.7m for 1,219 uncoded spells, an increase of £350k compared to September, but with 117 fewer spells. It should be noted that to charge commissioners we are required to have all activity coded by the Freeze Date, typically 6 weeks after the end of the month: to date the Trust has coded all activity by this deadline. Typically, there is a favourable variance between the income accrual and coded values.

**PP income:** £0.2m ahead of plan in-month, aligned with the overall trend for this financial year, £1.4m ahead of plan YTD.

**Non-clinical income:** This was behind plan by (£0.1m) in month, and £1.0m ahead of plan YTD.

**Pay costs:** (£0.2m) adverse to plan in-month, £2.7m better than plan YTD. Pay expenditure increase across substantive, bank, and agency staff. Agency expenditure (£200k) above ceiling in-month, (£880k) YTD. Average monthly agency expenditure YTD 2019/20 was £110k, 12.3%, lower than Quarter 3&4 2018/19.

**Non-pay costs:** Non-Pay is over-spent by (£1.2m) in-month, driven by an increased spend of (£1.0m) on Clinical Supplies compared to the average for Quarters 1&2. This was generated by the general increase in activity, but in particular an increase for ICDs. In addition, there was (£0.2m) in-month KHP Consortium expenditure accrual. KHP Consortium expenditure for 2018/19 has been agreed and invoiced, whilst invoices for Quarters 1&2 2019/20 are expected to be raised during November.

**Cost Improvement Programme:** The entire 2019/20 £13.7m CIP programme is identified and on plan. YTD of the £7.1m planned CIPs, £7.25m has been achieved, £0.15m favourable. This exceeds the £6.8m delivered YTD to M7 in 2018/19

Other headlines relating to the YTD position are:

**NHS Clinical Income:** £2.2m ahead of plan YTD, after (£0.85m) adjustment for the block contract with NHSE. £2.75m of the over-performance is excluded drugs, charged in addition to the block with NHSE, more than explaining the over-spend on drugs expenditure. NWL CCGs are under-performing against contract.

Both NHS clinical income and PP income have been profiled by working days, taking into account weekends, bank holidays, and periods with higher annual leave.

Across all commissioners, Inpatient and Day case activity is over-performing by £3.6m, both elective and non-elective activity. Critical Care activity is over-performing by £0.9m, but more than offset by ECMO under-performance (£1.1m).

**Non-pay costs:** Non-Pay is over-spent by (£6.5m) YTD, (£1.1m) of which is drug expenditure and more than offset by additional income as noted above. There is an adverse variance for clinical supplies (£2.5m) partly linked to increased patient care activity. The Trust is working with NHS Supply Chain to fully understand the pressure, and in particular compare purchasing patterns against those anticipated in the ‘super cardiology’ contract. There is a further cost pressure of (£1.4m) as we have to date included KHP Consortium expenditure as a revenue expense rather than as capital as was envisaged in the budget.

1. **DIVISIONAL PERFORMANCE**

The performance for the three clinical divisions in September and YTD is given below.



* 1. **Brompton Heart**

NHS clinical income is £1.0m ahead of plan in-month and (£0.7m) behind plan YTD.

The in-month position is driven by adult services who are £1.0m ahead of plan. This is partly from a £0.2m improvement for prior-months, following improved coding for inpatient spells and additional capture of PbR-excluded drugs, offset against paeds.

The underlying adults position is £0.8m ahead of plan in-month following high cardiology inpatient work, £0.3m ahead of plan, with ECMO and critical care contributing £0.2m driven by additional activity and case-mix respectively. Offset on non-pay, high-cost drugs and devices are £0.3m ahead of plan primarily from ICDs.

Paediatric services are on plan in-month with a £0.2m improvement for prior-months.

The overall YTD position is (£0.7m) behind plan split between adults £0.7m ahead of plan, and paeds (£1.4m) behind plan.

Adult inpatients £0.8m ahead of plan YTD driven by cardiac surgery and anaesthetics. Paeds critical care and associating excess bed days (£1.3m) behind plan YTD.

Pay is (£0.1m) overspent in-month and underspent by £0.4m YTD.

Medical pay (£0.2m) overspent in-month driven by arrears payments for consultants and prior-month costs for medical locum shifts.

On-going vacancies for non-medical staff generate a £0.4m underspend YTD, despite absorbing a (£0.3m) pressure from junior doctor agency.

Non-pay budgets are overspent in-month and YTD by (£1.0m) and (£4.0m) respectively.

The in-month position is driven by clinical supplies, (£1.0m) overspent. (£0.3m) of this is on HCDs, offset on NHS income, primarily for ICDs. The rest, (£0.7m) is driven by high-spend for cath lab and theatre consumables.

The YTD position is partly driven by (£0.7m) overspend on PbR-excluded drugs, and (£0.6m) PbR-excluded devices, mitraclips and ICDs. In addition, other clinical supplies are overspent YTD by (£2.0m) mainly on consumables across cath labs and theatres.

YTD, efficiency savings within non-pay are behind plan by (£0.4m). £0.7m has been achieved predominantly due to changes in paediatric long-term ventilation including termination of their previous contract for the provision of an online hosted patient pathway.

* 1. **Harefield Heart**

In October the overall reported NHS income is £0.3m ahead of plan; this is driven by overperformance in Inpatients, seen in cardiac surgery and cardiology which were both £0.1m ahead of plan, partially offset by lower than plan Transplant and VAD activity in the month. Drugs & devices income was behind plan in month by (£0.1m) due to only 2 VADs implanted in month partially offset by over performance in high cost drugs and ICDs. The Transplant & VAD contract stood behind plan by (£0.1m); activity in month equated to 2 Hearts, 7 Lung and 2 VADs, this represents an increase compared to Quarters 1&2.

YTD, NHS income is (£0.5m) behind plan. This is driven by lower than plan VAD implants impacting both drugs and devices and procedure income, and low transplant volumes. Inpatient income is ahead of plan by £0.5m, predominately seen in cardiac surgery. Critical care income is £1.3m ahead of plan. Drugs and devices income is behind plan by (£0.6m) due to low rates of VAD implants, (18) behind plan, partially offset by a higher than plan activity rate of ICDs and high cost drugs. The Transplant & VAD contract is behind plan by (£1.5m) due to lower than planned volumes of procedures. Long-term VADs at 8 verses a plan of 26, heart transplants at 13 compared to a plan of 24, and lung transplants at 29 are behind plan by (4).

Private patient income for the month is behind plan by (£0.2m) at £0.6m due to poor case mix and underperformance within outpatients and imaging. YTD income is behind plan by (£0.3m).

Pay is on plan in month and YTD underspent by £0.3m, 1.0%.

Non-pay costs are under plan in month due to increase in clinical supplies budget linked to activity. The YTD position is underspent by £0.1m, this is driven by an over spend on high cost excluded drugs & ICDs, which is offset by NHS clinical income overperformance of £0.5m and £0.2m respectively. Furthermore, overspends in non PBR clinical supplies of consumables within theatres and cath labs are offset by underspends in VAD implants.

* 1. **Lung**

NHS income is (£0.2m) behind plan in month driven by (£0.2m) underperformance in high-cost, contract-excluded drugs with a corresponding non-pay underspend

YTD NHS income is £2.2m ahead of plan driven by £1.7m overperformance in inpatient activity, £0.2m in critical care and £0.7m in high-cost, contract-excluded drugs with a corresponding non-pay overspend.

Private patient income is marginally ahead of plan in month and £0.2m ahead YTD, driven by thoracic surgery at the Royal Brompton.

Pay is (£0.1m) overspent in month and (£0.3m) YTD due to overspends on junior doctors and nursing agency. Non-pay is £0.2m underspent in month and (£0.6m) overspend YTD, with (£0.2m) of this being driven by high-cost, contract-excluded drugs, with a corresponding positive income movement. Clinical supplies are (£0.2m) overspent YTD and establishment (£0.2m) YTD: however, £0.2m is offset by commercial income.

* 1. **Private Patients**

**Total Private Patient Income**



With income at £4.0m the in-month position is ahead of plan by £155k. (excluding Wimpole St. NHS Income)

RBH Heart over achieved by £190k, this comprises of ECMO £148k, Paediatric £56k, Cardiology £132k, partly offset by under achievements within Imaging (£37k) and Cardiac Surgery (£139k). The over achievement is mainly driven by a rich case mix and volume including devices which include 5 ICD’s, 3 TAVI’s and 1 Mitra Clip.

RBH Heart inpatient activity is behind plan by (3) cases in month.

RBH Outpatient attendances are behind plan by (174). This consists of (120) new and (54) follow ups.

HH Heart has reported an under achievement of (£213k), this comprises of Cardiac Surgery (£140k), Imaging (£41k), Cardiology (£27k). This is partly driven by key consultants on leave resulting in a decline within insurance cases.

HH Heart Inpatient activity is behind plan by (9) cases. This consists of Cardiology (6) and Surgery (3).

HH Outpatients attendances are behind by (79), this consists of (8) new and (71) follow up.

Lung has over achieved by £18k, this consists of RBH £30k and partly offset by HH (£12k). This is mainly driven by over performance against activity at the RBH.

Lung inpatient activity is ahead of plan by 7. This consists of HH 1 and RBH 6.

Total PP in-month activity is behind of plan by (5) episodes, all at HH.



The YTD position is £1.4m ahead of plan, excluding Wimpole St. NHS. This has been driven mainly by over performance on both diagnostics and activity at Wimpole St, a rich case mix including high value devices and international cases for RBH Heart, a rich long staying international case mix at HH, and a rich Thoracic Surgery case mix for Lung on the Brompton site. This has been partly offset by under-performance within outpatients and imaging.

YTD Inpatient activity is behind by (123) cases, (21) at RBH and (105) at HH



In-month PP income has over achieved by £97k, this is driven by over performance and comprises predominantly of echo £22k, Imaging £45k, Lung Function £10k, and Non-Invasive £19k.

In-month NHS income under achieved by (£5k), this is mainly due under performance against Trust to Trust activity (£11k) relating to Imperial College NHST, offset partly by RBH referrals £6k.

In-month PP attendances are above plan by 384, of this 108 are new attendances and 276 are follow ups. YTD Activity is above by 2,064, of this 565 are new attendances and 1,449 are follow ups

Pay is (6k) over spent in month and underspent by £35k YTD due to various vacancies over the year within Imaging, admin and nursing.

In-month non-pay is over spent by (£12k) and under spent YTD by £68k primarily on clinicals supplies.

1. **BALANCE SHEET**
	1. **Trust balance sheet at 31 October 2019**



* 1. **Balance sheet comments**

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|  | **M07 vs.** **(M06)** | **Commentary** |
| **Cash****(Annex F)** | **£8.9m****(£13.2m)** | The cash level of £8.9m at 31 October is equivalent to 7.7 days operating costs (30 September: 11.4 days) and represents a £4.3m decrease from 30 September. The scale of this decrease is partly due to the £1.2m ITFF loan repayment and also a scaling up of payments to Supply Chain.To assist the cash position, the first £10m tranche of the £45m bridging loan in respect of the Imaging Centre has been drawn down in November. |
| **Loan Borrowings** | **£45.1m****(£46.7m)** | Total ITFF borrowing is now £39.29m after further repayments in April, June and October. Following the implementation of IFRS 9, accrued interest is now included within this loan principal figure.Monthly repayments on the loan for Wimpole Street continue, and the total outstanding balance is £5.85m. Loan borrowings include £1.87m of repayments due within 12 months which are shown in Borrowings – Current. |
| **Liquidity****(Annex G & H)** | **-2.6 days****(0.2 days)** | There was a reduction of 2.8 days in M07, driven by the decrease in cash held and an increase in stock. |
| **Trade Debtors****(Annex I & J)** | **£27.7m****(£26.3m)** | NHS debt totals £11.9m, a £0.8m increase on M06. Within this figure, £4.8m is CCG debt (M06 – £5.7m), £3.7m is NHSE debt (M06 – £1.8m) and £3.4m relates to other NHS organisations (M06 – £3.5m).There is an ongoing dispute with a CCG over payment for pre-transplant critical care (£0.35m in total); other CCGs have now paid the Trust for this service.Private patient debt totals £21.8m, a decrease of £2.1m since the beginning of the financial year. Also, within this position the > 60 days debt value decreased by £0.8m largely due to payments received from KMO and Qatar.Please see Annex J for Embassy Debt analysis for the last 12 months (noting that there are minor reconciliation differences due to self-funding elements).  |
| **Trade Creditors** | **-£12.5m****(-£9.0m)** | The approved creditor balance is £4.4m below plan. Approved creditor invoices are only paid in line with maximum payment terms. The balance at 31 October is equivalent to 25 (30 September – 18.0) days’ non-pay cost (based on the 2019/20 plan). |
| **Capital spend****(Annex L)** | **£9.0m YTD** | Expenditure to M07 is £9.0m, £8.2m behind original plan principally due to the delayed work on the new imaging centre. In addition, KHP spend is currently being expensed (£1.4m YTD) although this is in the capital budget. |

**Annex Ai – Detailed income and expenditure statement**



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| **Annex B – Cost Improvement Programme** |



**Annex Ci – Staffing (Permanent & Temporary) – Expenditure**



**Annex Cii – Staffing (Permanent & Temporary) – WTE**



**Annex D – Activity Reports**





**Annex E – Income per Spell**

**Annex F – Cash flow statement YTD**



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| **Annex G – Cash flow chart** |



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| **Annex H – Liquidity report** |



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| **Annex I – Debtors**  |



**Large value debt over 60 days (>£0.2m)**



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| **Annex J – Embassy Debt** |

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| **KMO** |   | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | **12 mth Sum** |
|  |   | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | **£'000** |
|  | Opening Debtors | 1,180 | 1,184 | 1,192 | 1,258 | 1,168 | 1,175 | 1,195 | 1,129 | 872 | 882 | 909 | 1,946 | **1,180** |
|  | Invoices | 5 | 8 | 66 | 10 | 8 | 19 | 7 | 1 | 10 | 28 | 1,004 | 85 | **1,251** |
|  | Payments | 0 | 0 | 0 | (100) | (101) | 0 | (72) | (260) | 0 | (1) | 0 | (431) | **(965)** |
|  | Closing Debtors | 1,184 | 1,192 | 1,258 | 1,168 | 1,175 | 1,195 | 1,129 | 872 | 882 | 909 | 1,946 | 1,600 | **1,600** |
| **KHO** | Opening Debtors | 6,057 | 5,478 | 6,289 | 6,510 | 6,784 | 8,151 | 9,304 | 8,127 | 7,937 | 8,211 | 6,987 | 7,099 | **6,057** |
|  | Invoices | 471 | 812 | 251 | 274 | 1,382 | 1,153 | 227 | 267 | 274 | 64 | 705 | 490 | **6,369** |
|  | Payments | (1051) | 0 | (30) | 0 | 84 | 0 | (1403) | (455) | () | (1287) | (559) | 0 | **(4702)** |
|  | Closing Debtors | 5,478 | 6,289 | 6,510 | 6,784 | 8,151 | 9,304 | 8,127 | 7,937 | 8,211 | 6,987 | 7,099 | 7,590 | **7,590** |
| **Qatar** | Opening Debtors | 3,843 | 3,486 | 3,870 | 4,851 | 5,371 | 5,268 | 3,595 | 3,679 | 2,863 | 2,958 | 2,821 | 2,785 | **3,843** |
|  | Invoices | 637 | 384 | 1,278 | 520 | 731 | 689 | 570 | 90 | 432 | 118 | 328 | 141 | **5,917** |
|  | Payments | (997) | 0 | (331) | 0 | (834) | (2363) | (486) | (905) | (327) | (224) | (363) | (582) | **(7410)** |
|  | Closing Debtors | 3,486 | 3,870 | 4,851 | 5,371 | 5,268 | 3,595 | 3,679 | 2,863 | 2,958 | 2,821 | 2,785 | 2,358 | **2,358** |
| **UAE Military** | Opening Debtors | 102 | 105 | 104 | 128 | 155 | 152 | 138 | 116 | 116 | 116 | 115 | 115 | **102** |
|  | Invoices | 4 | 1 | 24 | 30 | 1 | 6 | 6 | 1 | 1 | 0 | 4 | 2 | **78** |
|  | Payments | () | (2) | 0 | (3) | 0 | (20) | (28) | () | (1) | (1) | (4) | (9) | **(67)** |
|  | Closing Debtors | 105 | 104 | 128 | 155 | 152 | 138 | 116 | 116 | 116 | 115 | 115 | 109 | **109** |
| **UAE Medical** | Opening Debtors | 555 | 565 | 610 | 614 | 514 | 403 | 405 | 309 | 309 | 320 | 328 | 364 | **555** |
|  | Invoices | 10 | 129 | 4 | 4 | 4 | 2 | 8 | 0 | 11 | 9 | 35 | 5 | **220** |
|  | Payments | (1) | (85) | 0 | (104) | (115) | 0 | (105) | 0 | 0 | 0 | 0 | 0 | **(409)** |
|  | Closing Debtors | 565 | 610 | 614 | 514 | 403 | 405 | 309 | 309 | 320 | 328 | 364 | 369 | **369** |
| **Kuwait Oil** | Opening Debtors | 797 | 1,344 | 1,480 | 1,534 | 1,629 | 1,561 | 1,589 | 1,579 | 1,628 | 2,064 | 2,095 | 2,153 | **797** |
|  | Invoices | 555 | 137 | 71 | 105 | 7 | 76 | 45 | 51 | 437 | 34 | 247 | 4 | **1,769** |
|  | Payments | (7) | (1) | (17) | (10) | (76) | (48) | (56) | (2) | (1) | (2) | (190) | (102) | **(511)** |
|  | Closing Debtors | 1,344 | 1,480 | 1,534 | 1,629 | 1,561 | 1,589 | 1,579 | 1,628 | 2,064 | 2,095 | 2,153 | 2,055 | **2,055** |
| **other Embassies** | Opening Debtors | 578 | 595 | 684 | 692 | 647 | 873 | 887 | 910 | 892 | 938 | 916 | 884 | **578** |
|  | Invoices | 31 | 105 | 13 | 16 | 316 | 59 | 40 | 5 | 41 | 4 | 15 | 6 | **649** |
|  | Payments | (11) | (14) | (7) | (61) | (90) | (44) | (11) | (22) | (16) | (27) | (48) | (55) | **(406)** |
|  | Closing Debtors | 595 | 684 | 692 | 647 | 873 | 887 | 910 | 892 | 938 | 916 | 884 | 835 | **835** |
|  |  | **Nov-18** | **Dec-18** | **Jan-19** | **Feb-19** | **Mar-19** | **Apr-19** | **May-19** | **Jun-19** | **Jul-19** | **Aug-19** | **Sep-19** | **Oct-19** |  |
| **Total Embassies** |  | **£'000** | **£'000** | **£'000** | **£'000** | **£'000** | **£'000** | **£'000** | **£'000** | **£'000** | **£'000** | **£'000** | **£'000** | **£'000** |
|  | **Opening Debtors** | **13,112** | **12,757** | **14,230** | **15,587** | **16,270** | **17,583** | **17,112** | **15,848** | **14,618** | **15,488** | **14,172** | **15,346** | **13,112** |
|  | **Invoices** | **1,712** | **1,575** | **1,706** | **959** | **2,449** | **2,003** | **902** | **415** | **1,204** | **257** | **2,337** | **734** | **16,254** |
|  | **Payments** | **(2066)** | **(103)** | **(385)** | **(278)** | **(1132)** | **(2473)** | **(2160)** | **(1644)** | **(345)** | **(1541)** | **(1164)** | **(1178)** | **(14469)** |
|  | **Closing Debtors** | **12,757** | **14,230** | **15,587** | **16,270** | **17,583** | **17,112** | **15,848** | **14,618** | **15,488** | **14,172** | **15,346** | **14,914** | **14,914** |



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| **Annex K – Aged Debtor Profile: main overseas accounts** |



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| **Annex L – Better Payment Practice Code**  |



The target for BPPC is that 95% of all valid & undisputed NHS and non-NHS trade invoices (by both value and volume) sent to the designated payment address are paid within 30 days of receipt, or by the due date, whichever is later.

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| **Annex M – Capital report**  |



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| **Annex N – Finance Risk Register** |

