

| Title of meeting : Governing Body | | | | | | | | | |
|---|--|--------------------------------|--|----------------|--|-------------|--|-----|--|
| Date of Meeting | | 22 nd November 2017 | | | Paper Number | | | 3.1 | |
| Title | | | | | Financial Performance report for September 2017 (M6) | | | | |
| Sponsoring Director (name and job title) | | | | | Nigel Foster – Director of Finance and Performance | | | | |
| Sponsoring Clinical / Lay Lead (name and job title) | | | | | N/A | | | | |
| Author(s) | | | | | Jonathan Pettit – Head of Financial Management and Reporting | | | | |
| Purpose | | | | | To inform the Governing Body of the financial performance at Month 6 (Sep 2017). | | | | |
| The Governing Body is required to (please tick) | | | | | | | | | |
| Approve | | Receive | | Discuss | | Note | | | |
| | | | | ✓ | | ✓ | | | |
| Risk and Assurance <i>(outline the key risks / where to find mitigation plan in the attached paper and any assurances obtained)</i> | | | | | The key risks are listed below and in the paper on the risk page. | | | | |
| Legal implications/regulatory requirements | | | | | None | | | | |
| Public Sector Equality Duty | | | | | Not applicable | | | | |
| Links to the NHS Constitution (relevant patient/staff rights) | | | | | None | | | | |
| Strategic Fit | | | | | Not Applicable | | | | |
| Commercial and Financial Implications <i>(Identify how the proposal impacts on existing contract arrangements and have these been incorporated?</i> <i>Include date Deputy CFO has signed off the affordability and has this been incorporated within the financial plan. Include details of funding source(s)</i> | | | | | As outlined in the report | | | | |
| Quality Focus <i>(Identify how this proposal impacts on the quality of services received by patients and/or the achievement of key performance targets</i> <i>Include date the Director of Nursing has signed off</i> | | | | | Not Applicable | | | | |



| | |
|---|--|
| <p>the quality implications)</p> | |
| <p>Clinical Engagement <i>Outline the clinical engagement that has been undertaken</i></p> | <p>Not Applicable</p> |
| <p>Consultation, public engagement & partnership working implications/impact</p> | <p>Not Applicable</p> |
| <p>NHS Outcomes <i>Please indicate (highlight) which Domain this paper sits within by highlighting or ticking below. Please note there may be more than one Domain.</i></p> | <p>Domain 1 Preventing people from dying prematurely;</p> <p>Domain 2 Enhancing quality of life for people with long-term conditions;</p> <p>Domain 3 Helping people to recover from episodes of ill health or following injury;</p> <p>Domain 4 Ensuring that people have a positive experience of care; and</p> <p>Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm.</p> |
| <p><u>Executive Summary</u></p> <p>At month 6 the CCG reported a year to date surplus in line with plan and continues to forecast achievement of the planned surplus.</p> <p>The forecast for month 6 has been updated to reflect the Month 5 acute position. Overall for Bracknell and Ascot CCG the expenditure forecast has increased by £0.4m. This is primarily the result of a deterioration to the acute position (£0.9m) and an increase to Mental spend of (£0.2m) which has been partially offset by reductions of £0.6m across property costs, funded nursing care and other savings.</p> <p>The position for Slough CCG and Windsor, Ascot and Maidenhead CCG saw a slight improvement this month. It may be necessary to consider a risk share if the position for Slough CCG and Windsor, Ascot and Maidenhead CCG deteriorates further.</p> <p>It is important to note that a ‘straight line’ projection of activity would give a much higher level of acute performance. This is moderated by the expected impact of our QIPP schemes as they start to take effect later in the year. If schemes slip, or other mitigations don’t occur, then our outturn will be worse than forecast here.</p> <p>The key risks to the reported position are:</p> <ul style="list-style-type: none"> • The agreed Frimley contract for 2017/18 is set at a lower value than the final agreed position for 2016/17. The contract value reflects our 2017/18 QIPP programme, but careful monitoring will be required to ensure we remain on a trajectory to deliver our | |



commitments this financial year.

- Further risks may also arise with the changes to specialist commissioning Identification Rules (IR rules) and the move to the HRG4+ coding methodology. The CCG allocations for 2017/18 were adjusted to reflect some of the impact of this, but the calculations were based on a historical analysis and the final impact will only be known once actual data starts coming through for 2017/18. Frimley Health and Royal Berkshire are still operating to 16/17 IR Rules until the 2017/18 position is agreed with both the Trust and NHS England.
- We have recently been made aware that some generic drugs purchased centrally are in short supply, meaning that we would have to buy branded products. The position is under review, but if it were to continue for the rest of the year the cost impact would be £367k for Bracknell and Ascot CCG (Berkshire East £982k.) It was previously announced that Category M price savings (nationally negotiated) will not be passed through to CCGs as in previous years. This is to enable NHS England to create an additional risk reserve.
- We are aware of further CHC packages for high cost LD patients that have been approved, but do not yet appear in this financial forecast, £0.3m.

In addition I would particularly like to highlight:

- The forecast for the acute provider data is based on 5 months of activity and, as indicated above, is going through a period of change as consolidation and re-coding takes place.
- Across the Frimley Health & Care STP footprint, Bracknell & Ascot has received the £3.4m funding in October 2017 as our share of national funding to support rapidly developing Accountable Care Systems. This is non-recurrent funding and the STP System Leaders Group and Programme Delivery Board have been overseeing a process of internal bidding from the STP work-streams against the £3.4m. Of this, approximately £2m has been allocated on non-recurrent spend across the following work-streams
 - Diabetes - £107k
 - Integrated Care Hubs - £186k
 - GP Transformation £929k
 - Variation - £196k
 - Social Care Market £127k
 - Prevention - £75k
 - Central Programme Support - £407k
- As part of the STP wide Integrated Frailty fund, Slough received £449k funding for Urgent & Emergency care in October 2017. This is non-recurrent funding and needs to be spent in the next 6 months.
- We have recently concluded discussions with Specialist Commissioning about the need to return to the CCGs the day care budget which had been transferred when the Berkshire Adolescent Unit funding transferred. They are not commissioning day care (apart from some specific admission avoidance and supported discharge). The CCGs have however commissioned the Crisis Service, and this money will be used to fund the Crisis Service. The amount being returned is £190k pa for East Berkshire CCGs and this is expected in M7.



- A table of key movements between month 5 and 6 forecast outturn is shown below:

| Movements in Forecast expenditure from M5 to M6 | | |
|---|------------------------------|--|
| Expenditure category | £k (adverse)/ improved | Comments |
| Frimley Health | (512) | Frimley park has moved adverse by (£473k), of which (£485k) is driven by non elective, partially offset by favourable outpatient spend. Heatherwood and Wexham (£38k). |
| Royal Berkshire NHS Foundation Trust | (324) | Adverse movement on non elective, largely driven by the Observartion Ward and Respiratory medicine. |
| Royal Surrey County NHS Foundation Trust | (230) | Adverse variance largely caused by a budget adjustment of £247k following contract settlement. Underlying performance improved by £31k |
| London Trust - Acute | (125) | Chelsea and Westminster (£47k), St Georges (£62k), Royal Marsden (£11k) |
| Independents | 101 | CIRCLE £43k, Princess Margaret (BMI) £39k, Berkshire Independent £14k, Spire £5k |
| Acute Other | 197 | Ashford & St Peters £105k, Oxford University Hosptials £94k, Buckinghamshire Healthcare (£11k), Other £9k. |
| Mental Health | (184) | Adverse movement on placements, driven by patient numbers (£79k), Healthmakers cost (£82k) |
| Non Recurrent Projects | 180 | Reversal of adverse variance from last month. |
| NHS Property Services | 158 | NHS PS have completed their reconciliation of actual costs for 1617, which has resulted in a reduced cost for Berkshire East. |
| Funding Nursing Care | 121 | Reduction in client costs and numbers |
| Other | 180 | South Central Ambulance service £78k, Prescribing £92k |
| Total increase in expenditure | (437) | |
| Drawdown from reserves | 437 | |

Recommendation(s)

The Governing Body is requested to note this report.



FINANCIAL PERFORMANCE TO September 2017

MONTH 6 2017/18

Section A1 – Finance Dashboard

| Indicator | Target | Actual £'000 | Actual %age | Rating this month | %age DFT | Explanation of target measure |
|--|---|-----------------|----------------|-------------------------|----------|---|
| Financial Position Actual Outturn | Planned YTD in-year surplus | 0 | | ✓ | 0.00% | Variance against Plan |
| Financial Position Forecast Outturn | Planned FOT in-year surplus | 6 | | ✓ | 0.00% | Variance against Plan |
| Running Costs Actual YTD | Running Costs YTD Plan | 1,506 | | ✓ | 0.00% | Variance against Plan |
| Running Costs Forecast Outturn | Running Costs Annual Plan | 3,018 | | ✓ | 0.00% | Variance against Plan |
| QIPP Forecast Outturn | QIPP Annual Plan | 3,170 | | ! | 99.06% | Projecting 100% achievement |
| Creditors - Better Payment Practice Code | Target of 95% | | 96.40% | ✓ | 1.40% | %age variance against target number of Non NHS invoices paid in 30 days |
| Monthly Cash Drawings | 1.25% bank balance or no greater than £250k | 928 | 6.63% | X | (5.38%) | %age of balance in bank at end of month compared to cash drawn down |

Key:

On Plan
Take Note
Action Required



Note:

+ve £ = positive performance (underspend against budget),
-(ve) £ = negative performance (overspend against budget)

Section A2 – Key Issues and Actions in Financial Position

| Actions | Issue | Key Drivers | Action | Owner | Timeline |
|--------------|--|---|---|--|---------------|
| CSU | Contract development for 2017- within the Frimley 2019 | Work on key items within the Frimley documentation. | Work continues to generate the final adjustments required for the Indicative Activity Plan (IAP) which are largely about removing activity for planned QIPP schemes. The tripartite continue to meet to discuss the output from the 1718 IR - Although elements of the conversation have been escalated to Medical Directors for input. The outcome will require a further adjustment to the IAP (via contract variation). Data and AdHoc challenges continue to be submitted to the Trust in line with the agreed process and timelines. | Brian Day (CSU) | Update for M6 |
| Joint | Interpreting the acute position for 17/18 | Budget Management | Work continues to develop an understanding of the movements against plan and understand the sources of variation. We are trying to isolate the impacts of: Identification rules (IR), Tariff impacts, pathway changes as a result of QIPP schemes from general over-performance. | Debbie Fraser/Ian Murdock/Sarah Murray (CSU) | Update for M6 |
| CCG | Delivering 17-18 QIPP plans | Budget Management | There is now a process in place to review progress against QIPPs monthly with PMs. Highlight reports are produced and sent to the PMO which include mitigation. The Committee receives a monthly report on progress and deep dives as per the forward planner and by exception as required. | Fiona Slevin-Brown/Ian Murdock/Debbie Fraser | Update for M6 |
| | Premises Costs | Budget Management | A non-recurrent allocation has been received which offsets the increase in accommodation costs. The allocation has been re-apportioned across the CCGs in the same proportions as the rental charges. Non recurrent funding was also received last year to mitigate this additional cost. | Debbie Fraser | Update for M6 |

Section B – Contents

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B1 – Abbreviations and acronyms used

| | |
|------------------------|---|
| 2015/16 | Financial Year from 1 April 2015 – 31 March 2016 |
| 2016/17 | Financial Year from 1 April 2016 – 31 March 2017 |
| A&E | Accident and Emergency |
| AT | Area Team |
| BCF | Better Care Fund |
| BFFA | Better Futures for All |
| BHFT | Berkshire Healthcare NHSFT |
| BPPC | Better Payment Practice Code – target (currently 95%) of invoices to be paid within 30 days of receipt of invoice or goods/service. |
| Break-even | Position where actual costs are same as planned i.e. not in deficit or surplus |
| Budget | A sum of money allocated for a specific purpose |
| CCG | Clinical Commissioning Group |
| CHC | Continuing Health Care |
| CQUIN | Commissioning Quality & Innovation |
| Deficit | Financial variance where overall net costs are more than planned |
| ESD | Early Supported Discharge |
| Excess Bed Days | Term used in acute contracts to describe days chargeable under PBR in excess of the standard tariff (for example a tariff might set 5 days as standard stay and days above this are charged to the CCG) |
| FHFT | Frimley Health NHS FT. Frimley Health – South covers the Frimley Park Site, and Frimley Health - North covers the Heatherwood & Wexham Park sites |
| FNC | Funded Nursing Care |
| FOT | Forecast Outturn |
| K | Thousand |
| m | Million |

| | |
|-------------------------------------|--|
| NEL | Non Elective |
| NHSE | NHS England |
| NHS FT | NHS Foundation Trust |
| ORCP | Operational Resilience & Capacity Planning |
| PBR | Payment By Results – payment system (based on Healthcare Resource Groups) used mainly in acute contracts |
| PLCV | Procedures of Limited Clinical Value |
| POD | Point of Delivery – area of acute care activity of similar type (e.g. Inpatient or Outpatient) |
| PUPoC | Previously unassessed periods of care |
| QIPP | Quality, Innovation, Prevention and Productivity – plans and associated savings / changes in financial costs |
| Reserves | Monies set aside for a specific purpose e.g. Contingency reserves for unforeseen spend in year. |
| RTT | Referral to Treatment is the definition by which patients waiting to be treated are measured |
| Revenue Resource Limit (RRL) | Total funding allocated for the year set by the Department of Health |
| RBH | Royal Berkshire NHSFT |
| SCAS | South Central Ambulance Service NHSFT |
| SLAM | Service Level Agreement Monitoring – i.e. contract monitoring information |
| Surplus | Financial variance where overall net costs are less than planned |
| Variance (Adverse) | Difference against plan (overspend) |
| Variance (Favourable) | Difference against plan (underspend) |
| YTD | Year-to-date (1 April-end of reported month) |

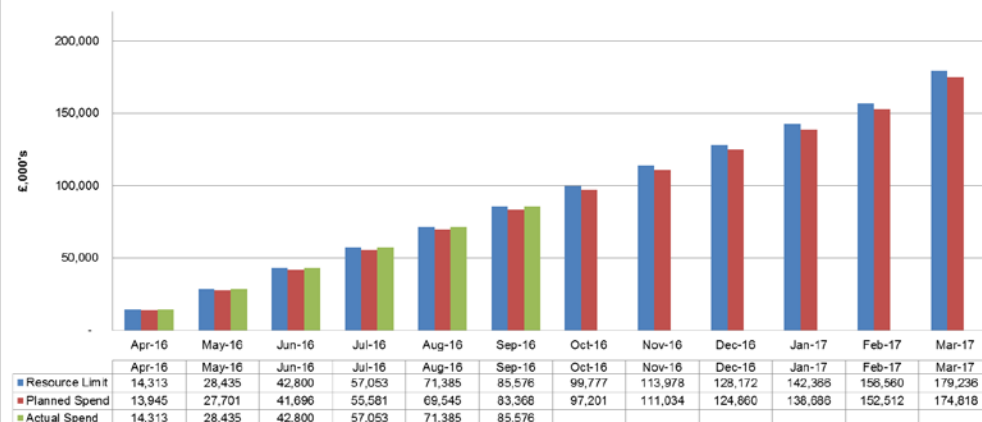
Section C – Financial Performance

| Summary of position (variance against plan) | Month 6 September 2017 | | | Previous month | | Forecast | | Previous month |
|---|------------------------|---------------|------------------|------------------|----------------|------------------|-------------------|-------------------|
| | YTD Plan | YTD Actual | Variance to plan | Variance to plan | Annual Plan | Forecast outturn | Forecast Variance | Forecast Variance |
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| Commissioning | | | | | | | | |
| Planned and Unscheduled Care | 43,328 | 43,222 | 106 | 186 | 86,118 | 86,701 | (583) | 237 |
| Mental Health, Joint & CHC | 14,190 | 14,125 | 65 | 287 | 28,223 | 27,268 | 955 | 1,039 |
| Community | 5,807 | 5,741 | 65 | 57 | 11,574 | 11,566 | 8 | 8 |
| Primary Care & Prescribing | 18,127 | 17,845 | 282 | 293 | 36,581 | 36,296 | 284 | 191 |
| Reserves | (703) | 0 | (703) | (663) | 7,284 | 8,151 | (866) | (1,303) |
| Other Services | 3,321 | 3,137 | 184 | (158) | 6,438 | 6,236 | 202 | (172) |
| Commissioning sub-total | 84,070 | 84,070 | (0) | 1 | 176,218 | 176,218 | 0 | 0 |
| Running Costs | 1,506 | 1,506 | 1 | 1 | 3,018 | 3,018 | 0 | 0 |
| Actual Spend sub-total | 85,576 | 85,576 | 0 | 2 | 179,236 | 179,236 | 0 | 0 |
| In-year Surplus | 0 | 0 | 0 | 0 | 6 | 6 | 0 | 0 |
| Total CCG Allocation | 85,576 | 85,576 | 0 | 2 | 179,242 | 179,242 | 0 | 0 |

Memo: Cumulative Surplus breakdown: £'000

| | |
|---|-------|
| 2016-17 planned surplus | 3,304 |
| Release of 2016-17 1% non-recurrent reserve | 1,534 |
| 2016-17 Reported Surplus carried forward | 4,838 |
| Drawdown of brought forward surplus for 2017-18 | (426) |
| 2017-18 in-year surplus | 6 |
| 2017-18 cumulative planned surplus | 4,418 |

Resource Limit Compared to Planned Spend & Actual (Cumulative)



Key Points

- Reporting requirements have changed for 2017-18. We are required to report our in-year surplus rather than the cumulative surplus, which is shown as a memo below the main table opposite.
- Our in-year surplus is £6k for the year, which we are forecasting to meet.
- The Planned & Unscheduled care has deteriorated to show £106k underspend year to date and an overspend of (£583k) by year end, which is a deterioration of (£820k). This is largely due to a cost pressure on the Frimley Health acute contract.
- Mental Health, Joint & CHC YTD and forecast underspend has reduced in Month 6 due to increased MH placement costs.
- This adverse movement has been funded from the release of reserves into the forecast.

D – Revenue Resource Allocation and Changes to the Plan

| Confirmed Resource Limit to Current Budget | £'000 |
|--|----------------|
| Initial Resource Limit | |
| - Commissioning Costs | 157,298 |
| - Running Costs | 3,003 |
| Confirmed Initial Resource Limit | 160,301 |
| Surplus/Deficit Carry Forward - Drawdown | 426 |
| Frimley HCD Final adjustment | 4 |
| HCD error included within the T3 Neurology | (18) |
| Chemo Activity Tfr from CCGs to NHSE | (256) |
| PMS Review 1st year premium transfer | 18 |
| IR Changes | 208 |
| HRG4+ changes | (266) |
| Primary Care Transfer | 1,000 |
| Reception and clerical training | 24 |
| NHS WiFi | 72 |
| Market rents adjustment | (12) |
| Paramedic Rebanding Additional Funding 2017-18 | 36 |
| £36,270 - HSCN - GP funding | 36 |
| Acute hospital urgent & emergency liaison MH Svces | 45 |
| Infrastructure funding for STPs | 210 |
| Market Rent - Federated adjustment across Berkshire East | 365 |
| Market Rents Admin adjmt Federated across Berkshire East CCGs | 15 |
| Adult IAPT Wave 1 - Federated across Berkshire East CCGs | 157 |
| Acute hospital urgent and emergency liaison mental health services | 45 |
| Maternity Transformation – LMS Funding 17/18 (Frimley Health FT LMS) | 77 |
| Assistive Technology transfer | (18) |
| GP Resilience Funding 2017/18 | 19 |
| DWP Employment Advisors | 15 |
| Additional month 5 IR Changes - agreed by J Stalker Booth | 218 |
| Perinatal - National Funding - Tranche 1 of 2 | 55 |
| Allocation In Year | 162,776 |
| 2017-18 Primary Care Delegated budget | 16,466 |
| Allocation in Year, including delegated budgets | 179,242 |

Key Points

- Current resource limit received from NHS England.
- Delegated GP (co-commissioning) budgets are now included.
- NHS England reporting requirements have now changed to focus attention on the In-Year surplus.
- The Non recurrent allocation for Market rent impact has been apportioned across Berkshire East.
- National funding for Perinatal has been received.

Changes to In-Year Plan – analysis of adjustments Month 5 to Month 6

| Month 6 September 2017 | Planned and Unscheduled Care | Joint & Continuing Care | Community Care | Primary care & Prescribing | Other | Running Costs | Reserves | In-year Surplus | Total |
|---|------------------------------------|-------------------------------|-------------------|----------------------------------|--------------|------------------|--------------|--------------------|----------------|
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| Month 5 Plan | 86,181 | 28,224 | 11,574 | 36,553 | 6,338 | 3,018 | 7,294 | 6 | 179,187 |
| Month 6 Adjustments | | | | | | | | | |
| M6 Perinatal allocation - redistributed from WAM | | | | | | | 55 | | 55 |
| Ashford & St Peter's Contract agreement | | 97 | | | | | (97) | | 0 |
| Royal Surrey County Hospital contract agreement | | (248) | | | | | 248 | | 0 |
| OUHT contract agreement | | 28 | | | | | (28) | | 0 |
| LCS GP Outcomes Framework - Referral Mgt | | | | 28 | | | (28) | | 0 |
| Drawdown the Palliative Care service transferred to Frimley from BHFT | | 60 | | | | | (60) | | 0 |
| Programme Projects - Integration costs | | | | | 100 | | (100) | | 0 |
| Month 6 Plan | 86,118 | 28,224 | 11,574 | 36,581 | 6,438 | 3,018 | 7,284 | 6 | 179,242 |
| Month 6 Plan vs Month 5 Plan | 63 | 0 | 0 | (28) | (100) | 0 | 10 | 0 | (55) |

Section E – Treasury Management

Statement of Financial Position at 30 September 2017

| Statement of Financial Position as at: 30-Sep-17 | As at 31st March 17 £000 | As at 31st August 17 £000 | Movement £000 | As at 30th September 17 £000 |
|---|--------------------------------|---------------------------------|------------------|------------------------------------|
| Non Current Assets | 56 | 34 | (5) | 29 |
| Total Non Current Assets | 56 | 34 | (5) | 29 |
| NHS Receivables - Revenue | 882 | 306 | (27) | 279 |
| NHS Prepayments and Accrued Income | 736 | 673 | 8 | 681 |
| Non-NHS Receivables - Revenue | 126 | 18 | 6 | 24 |
| Non-NHS Prepayments and Accrued Income | 161 | 411 | (74) | 337 |
| Other Receivables | 5 | 6 | (5) | 1 |
| Total Trade and Other | 1,911 | 1,414 | (91) | 1,323 |
| Cash | 32 | (361) | 812 | 451 |
| Total Assets | 1,999 | 1,087 | 717 | 1,804 |
| NHS Payables - Revenue | (2,560) | (1,449) | 324 | (1,125) |
| NHS Accruals and Deferred Income | (5,148) | (2,617) | (966) | (3,583) |
| Non-NHS payables - Revenue | (4,954) | (5,557) | 1,305 | (4,252) |
| Non-NHS payables - Capital | 0 | 0 | 0 | 0 |
| Non-NHS Accruals and Deferred Income | (7,637) | (8,345) | 23 | (8,322) |
| Other Payables | (471) | (966) | (232) | (1,198) |
| Provisions | (1,457) | (1,218) | 0 | (1,218) |
| Total Current Liabilities | (22,227) | (20,152) | 453 | (19,699) |
| Total non Current Liabilities | 0 | 0 | 0 | 0 |
| Total Assets Employed | (20,227) | (19,065) | 1,170 | (17,895) |
| General Fund | (20,227) | (19,065) | 1,170 | (17,895) |
| Total Taxpayers Equity | (20,227) | (19,065) | 1,170 | (17,895) |

Key Points:

- Total Trade and Other decreased by £91k. Cash balance has increased by £812k to £451k but the actual bank balance at 30 September 2017 was £928k. The difference between the cash balances was due to timing difference between payment runs being posted to the ledger and cash leaving the bank account at month end. This has resulted in an overall increase in total assets of £717k.
- Total current liabilities have decreased by £453k over the month to £19.7m largely due to decrease in Non NHS payables resulting in an overall decrease in Total Taxpayers Equity of £1.2m to £17.9m as at 30th September 2017.

Debtors

| Aged Debtors | NHS Debtors | | Non NHS Debtors | | Total | |
|-----------------------------|--------------|------------|-----------------|-----------|--------------|------------|
| | Value (£000) | Number | Value (£000) | Number | Value (£000) | Number |
| Less than 31 days (Not Due) | 143 | 82 | 13 | 13 | 156 | 95 |
| Between 31 - 60 days | 252 | 79 | 2 | 7 | 254 | 86 |
| Between 61 - 90 days | 9 | 1 | 0 | 1 | 9 | 2 |
| Greater than 90 days | 194 | 222 | 10 | 28 | 204 | 250 |
| Total | 598 | 384 | 25 | 49 | 623 | 433 |

Key Points:

- At the end of month 6 the CCG has debtors totaling £623k (of which £204k is more than 90 days overdue but is considered recoverable).

Cash

| Main Cash | Drawdown To Date £000 | Prescribing Cash Charge To Date £000 | Total Cash Drawings To Date £000 | Current Allocation £000 | Drawings to Date as a % of Allocation £000 |
|-----------|--------------------------|--|--|-------------------------------|---|
| | 80,649 | 7,261 | 87,910 | 178,841 | 49.16% |

Key Points:

- The CCG processed a cash draw down of £14m in September. The charge against the prescribing stands at £7.3m giving a total year to date drawing of £87.9m against the current allocation of £178.8m.
- At the end of September cash in the bank was £928k, which is 6.63% of cash drawn down for the month and above the 1.25% and £250k targets

considered to be good practice by NHS England. Largely due to variance in GP payments £163k, Urgent care September 2017 SLA invoice not received £143, NHS other variance £191k,

Creditors

| Aged Creditors - value | Not Due £000 | Overdue 1-30 days £000 | Overdue 31-60 days £000 | Overdue 61-90 days £000 | Overdue 90+ days £000 | Total £000 |
|------------------------|-----------------|------------------------------|-------------------------------|-------------------------------|-----------------------------|---------------|
| At 31st July | 7,672 | 826 | 263 | 245 | 703 | 9,709 |
| At 31st August | 9,477 | 336 | 218 | 182 | 790 | 11,003 |
| At 30th September | 7,882 | 472 | 271 | 88 | 717 | 9,430 |

| Aged Creditors - volume | Nos | Nos | Nos | Nos | Nos | Total |
|-------------------------|-----|-----|-----|-----|-----|-------|
| At 31st July | 296 | 142 | 60 | 39 | 382 | 919 |
| At 31st August | 287 | 95 | 62 | 34 | 375 | 853 |
| At 30th September | 345 | 129 | 57 | 45 | 344 | 920 |

Key Points:

- Creditors (unpaid invoices on the system) stand at £9.4m, an increase of £1.6m over the previous month. Creditors over 90 days stand at £717k.

BPPC

| Better Payment Practice Code - payment within 30 days (cumulative YTD) | NHS Invoices | | Non NHS Invoices | | Total | |
|--|------------------------------|--------------|------------------------------|--------------|------------------------------|--------------|
| | Value of invoice (YTD) £'000 | Number (YTD) | Value of invoice (YTD) £'000 | Number (YTD) | Value of invoice (YTD) £'000 | Number (YTD) |
| Total invoices paid | 58,380 | 917 | 13,490 | 3,075 | 71,870 | 3992 |
| Total invoices paid within 30 days | 58,054 | 879 | 12,300 | 2,964 | 70,354 | 3843 |
| % Paid within 30 days | 99.4% | 95.9% | 91.2% | 96.4% | 97.9% | 96.3% |
| Rating | Amber | Amber | Amber | Green | Amber | Green |

- The above position relates to the average total performance year to date of invoices paid within a 30 day period, in comparison to the DH target of paying 95% supplier invoices within 30 days.

Key Points

- In September both NHS and Non NHS invoices by value and volume achieved the 95% target.

