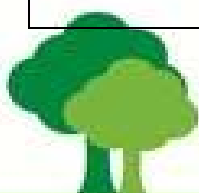


<b>Title of meeting : Governing Body</b>											
<b>Date of Meeting</b>			14 <sup>th</sup> March 2018			<b>Paper Number</b>			3.1		
<b>Title</b>					Financial Performance report for January 2018 (M10)						
<b>Sponsoring Director</b> (name and job title)					Nigel Foster – Director of Finance and Performance						
<b>Sponsoring Clinical / Lay Lead</b> (name and job title)					N/A						
<b>Author(s)</b>					Jonathan Pettit – Head of Financial Management and Reporting						
<b>Purpose</b>					To inform the Governing Body of the financial performance at Month 10 (Jan 2018).						
<b>The Governing Body is required to (please tick)</b>											
<b>Approve</b>			<b>Receive</b>				<b>Discuss</b>		✓	<b>Note</b>	✓
<b>Risk and Assurance</b> <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.						
<b>Legal implications/regulatory requirements</b>					None						
<b>Public Sector Equality Duty</b>					Not applicable						
<b>Links to the NHS Constitution</b> <b>(relevant patient/staff rights)</b>					None						
<b>Strategic Fit</b>					Not Applicable						
<b>Commercial and Financial Implications</b> <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						
<b>Quality Focus</b> <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><b>Clinical Engagement</b> <i>Outline the clinical engagement that has been undertaken</i></p>	<p>Not Applicable</p>
<p><b>Consultation, public engagement &amp; partnership working implications/impact</b></p>	<p>Not Applicable</p>
<p><b>NHS Outcomes</b> <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><b><u>Executive Summary</u></b></p> <p>At month 10 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 10 has been updated to reflect the Month 9 acute position. Overall for Bracknell and Ascot CCG the expenditure forecast has reduced by £0.4m and a further £0.6m variance is reported against SLA exclusions, which reverses the adverse variance last month now that the budget has been drawdown in month 10.</p> <p>The acute position has improved by £0.95m, driven by reduced activity at Frimley and Royal Berkshire. In addition the income forecast for the Brants Bridge Urgent Care Centre has improved by £0.15m reflecting increased charges to other CCGs this year.</p> <p>The position on CHC/FNC has deteriorated as indicated last month by (£0.7m) due to increased patient numbers in CHC (£0.9m) partially offset by a reduction in FNC patient numbers £0.2m.</p> <p>In addition I would particularly like to highlight:</p> <ul style="list-style-type: none"> <li>• The forecast for the acute provider data is based on 9 months of activity. The level of however in the month 10 acute position it has reduced significantly.</li> </ul>	



- Across the Frimley Health & Care STP footprint we have received £3.4m of funding in 2017/18 as our share of national funding to support rapidly developing Accountable Care Systems. In addition a further tranche of £0.4m was received for Frimley Primary Care development funding in Month 11. This funding is being hosted by Surrey Heath CCG on behalf of the STP.
- The STP System Leaders Group and Programme Delivery Board are 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
- The new external auditors KPMG have been onsite in February for their preliminary work ahead of the year end audit.
- CCG Merger - a Joint programme board has been set up across Thames Valley with Shared Business Services which meets monthly to ensure that the financial ledger and processes are set up and in place for the new organisation. The East Berkshire CCG merger project plan was presented to the Audit Committee in early February 2018 to provide assurance that the project is progressing and is on track for 1 April 2018.
- At the time of writing the draft version of the financial plan for 2018/19 is being finalised, which is due to NHS England on the 8<sup>th</sup> March.
- A table of key movements between month 9 and 10 forecast outturn is shown below:



Movements in Forecast expenditure from M9 to M10		
Expenditure category	£k (adverse)/ improved	Comments
Frimley Health	829	Reduced forecast activity, largely from critical care, non elective and outpatients.
Royal Berkshire NHS Foundation Trust	201	Reduced activity, largely from day case and outpatients
Acute Prior Year	(79)	Settlement of Prior year acute contracts; pressure largely from Ashford and St Peters (£31k) and Royal Surrey (£34k).
Acute Other	(2)	Independants (£17k), Oxford (£10k), Ashford and St Peter's £29k
Brants Bridge Income	150	Income for the Urgent Care centre from other CCGs higher than planned YTD and now reflected in the forecast.
Continuing Healthcare	(931)	Updated forecast following a refresh of the patient database. Software updates have delayed the update, so there are significantly more updates than normal. The cost pressure is driven by new patients that have been approved.
Funded Nursing Care	231	As above, a database refresh has reduced the cost as the number of patients receiving care has reduced.
Other	27	Frimley Integration payments (£74k), MH placements (£42k), MH NCA £33k, Locally Commissioned Services £30k, Prescribing £38k, Other £12k
<b>Total reduction in expenditure</b>	<b>427</b>	
SLA Exclusions Acute	600	Reflects the Frimley IR settlement for this year - reverses the adverse variance from last month now that budget has been drawn down.
<b>Total reported variance</b>	<b>1,027</b>	
Transfer to Reserves	(1,027)	
<b><u>Recommendation(s)</u></b>		
The Governing Body is requested to note this report.		



## FINANCIAL PERFORMANCE TO JANUARY 2018

### MONTH 10 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	2,514		✓	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	3,179		✓	99.3%	Projecting 100% achievement
Creditors - Better Payment Practice Code	Target of 95%		96.60%	✓	1.60%	%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	234	2.02%	✓	(0.77%)	%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
<b>CSU</b>	Contract development for 2017- within the Frimley 2019	Work on key items within the Frimley documentation.	The tripartite continue to meet to discuss the Specialised Identification Rules - NHSE are working to produce a schedule of Specialised Services using 16/17 activity - to work through 17/18 rules and determine allocations. Finance agreement for 17/18 using prior years rules and allocations agreed in principle, although the Vascular challenge for 16/17 - 17/18 remains outstanding and needs to be agreed by NHSE. Data and AdHoc challenges continue to be submitted to the Trust in line with the agreed process and timelines. Planning for 18/19 is underway - the focus being on an integrated, STP wide plan.	Iain McKenzie (CSU)	Update for M11
<b>Joint</b>	Interpreting the acute position for 17/18	Budget Management	Work continues to develop an understanding of the movements against plan and to correlate this movement with practice level referrals. Further analysis is taking place at the QIPP and Performance review groups. A review of local prices used by Frimley north and south is being reviewed.	Debbie Fraser/Ian Murdock/Sarah Murray (CSU)	Update for M11
<b>CCG</b>	Delivering 17-18 QIPP plans	Budget Management	Senior Responsible Owners and Project Managers report progress against QIPP schemes via an embedded monthly reporting process. The Finance and QIPP Committee receives a monthly report on progress, and deep dives into individual schemes are undertaken and then presented to the Committee, either by exception or in line with an agreed forward planner. As well as tracking savings, levels of investment are monitored tightly and are reduced where schemes are delayed or where it is felt that a reduced level of investment is appropriate.	Fiona Slevin-Brown/Ian Murdock/Debbie Fraser	Update for M11
<b>CCG</b>	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	Close

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## B1 – Abbreviations and acronyms used

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

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

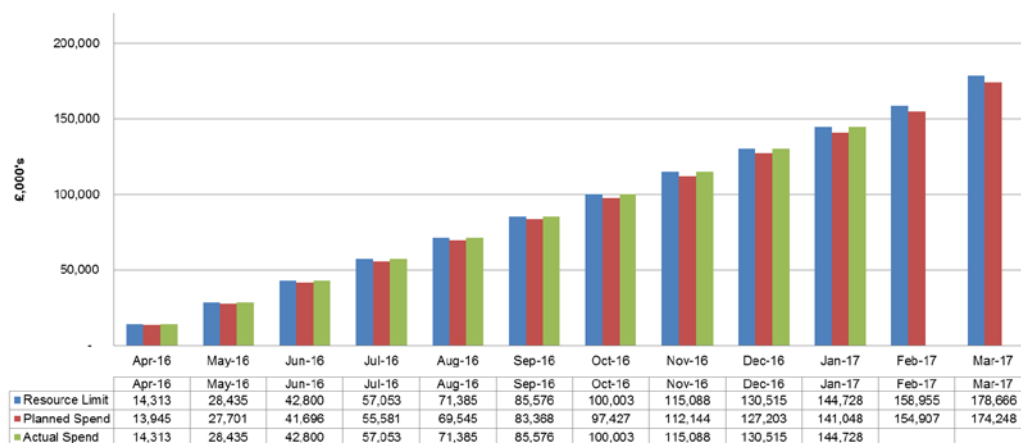


## Section C – Financial Performance

Summary of position (variance against plan)	Month 10 January 2018			Previous month		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
<b>Commissioning</b>								
Planned and Unscheduled Care	72,213	72,911	(697)	(1,602)	86,750	87,164	(414)	(2,149)
Mental Health, Joint & CHC	23,872	23,842	31	96	28,726	28,389	337	1,047
Community	9,762	9,734	28	44	11,707	11,590	117	123
Primary Care & Prescribing	30,338	30,227	110	75	36,676	36,596	80	12
Reserves	396	0	396	1,210	5,270	5,502	(232)	795
Other Services	5,632	5,500	133	179	6,520	6,408	112	173
<b>Commissioning sub-total</b>	<b>142,214</b>	<b>142,213</b>	<b>1</b>	<b>2</b>	<b>175,648</b>	<b>175,648</b>	<b>0</b>	<b>0</b>
Running Costs	2,514	2,514	0	0	3,018	3,018	0	0
<b>Actual Spend sub-total</b>	<b>144,728</b>	<b>144,727</b>	<b>1</b>	<b>2</b>	<b>178,666</b>	<b>178,666</b>	<b>0</b>	<b>0</b>
In-year Surplus	0	0	0	0	6	6	0	0
<b>Total CCG Allocation</b>	<b>144,728</b>	<b>144,727</b>	<b>1</b>	<b>2</b>	<b>178,672</b>	<b>178,672</b>	<b>0</b>	<b>0</b>

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 (£697k) overspend year to date and has improved to show an overspend of (£414k) by year end, which is an improvement of £1,735k since the previous forecast. This improvement is driven by improvement in activity £829k on the Frimley contract, as well as an increased budget on SLA Exclusions to improve the full year effect by £521K.
- Mental Health, Joint & CHC YTD and forecast underspend has deteriorated in Month 10 by (£710k), this is due to a further review of the CHC placements.

## D – Revenue Resource Allocation and Changes to the Plan

Confirmed Resource Limit to Current Budget	£'000
<b>Initial Resource Limit</b>	
- Commissioning Costs	157,298
- Running Costs	3,003
<b>Confirmed Initial Resource Limit</b>	<b>160,301</b>
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 (	15
Adult IAPT Wave 1 - Federated across Berkshire East CCGs	157
Acute hospital urgent and emergency liaison mental health se	45
Maternity Transformation – LMS Funding 17/18 (Frimley Healt	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
BAU Day-care Service	59
Armed Forces - OOH GP Funding	12
Frimley ACS Transformation Funds	3,417
Acute hospital urgent and emergency liaison mental health se	45
Early Implementers Wave 1 Second payment	157
Charge Exempt Overseas Visitor (CEOV) Adjustment	(209)
STP Funding transfer	(1,000)
Quality Premium 16/17 stage one payment	136
Additional Winter Funding - GP Winter Access Bid	130
Frimley ACS Transformation funds - Surrey Heath Trf	(3,417)
Perinatal - National Funding - Tranche 2 of 2	55
Acute hospital urgent & emergency liaison MH	45
<b>Allocation In Year</b>	<b>162,206</b>
<b>2017-18 Primary Care Delegated budget</b>	<b>16,466</b>
<b>Allocation in Year, including delegated budgets</b>	<b>178,672</b>

### 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.
- STP Funding to support the ACS from NHS England, £3.4m is currently hosted by Bracknell and Ascot CCG
- The annual allocation adjustment (reduction) for overseas visitors has been received (£209k), which was fully provided for in reserves.
- Frimley ACS transformation funds have been transferred to Surrey Heath in Month 10.

### Changes to In-Year Plan – analysis of adjustments Month 9 to Month 10

Month 10 January 2018	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
<b>Month 9 Plan</b>	86,114	28,604	11,647	36,646	6,507	3,018	9,448	6	181,989
<b>Month 10 Adjustments</b>									
Drawdown Paramedic Allocation		36					(36)		0
Frimley ACS Transformation funds - Surrey Heath Trf							(3,417)		(3,417)
Perinatal - National Funding - Tranche 2 of 2							55		55
Acute hospital urgent & emergency liaison MH							45		45
Diabetes QIPP resource						13	(13)		0
Quality Premium drawdown from SR to LCS					30		(30)		0
Frimley IR from Specific Reserves to Acute SLA exclusions		600					(600)		0
Creation of leg ulcer budget				62			(62)		0
Correct BHFT to align with SLA (MH)				(1)			1		0
Correct BHFT to align with SLA (Comm)				(2)			2		0
Income budget for pending NHSE bid money			13				(13)		0
Perinatal - National Funding			110				(110)		0
<b>Month 10 Plan</b>	<b>86,750</b>	<b>28,726</b>	<b>11,707</b>	<b>36,676</b>	<b>6,520</b>	<b>3,018</b>	<b>5,270</b>	<b>6</b>	<b>178,672</b>
Month 10 Plan vs Mth 9 Plan	636	122	60	30	13	0	(4,178)	0	(3,317)

## Section E – Treasury Management

### Statement of Financial Position at 31 January 2018

Statement of Financial Position as at:	As at 31st March 17 £000	As at 31st December 17 £000	Movement £000	As at 31st January 18 £000
31-Jan-18				
Non Current Assets	56	16	(5)	11
<b>Total Non Current Assets</b>	<b>56</b>	<b>16</b>	<b>(5)</b>	<b>11</b>
NHS Receivables - Revenue	882	408	(142)	266
NHS Prepayments and Accrued Income	736	821	69	890
Non-NHS Receivables - Revenue	126	32	(4)	28
Non-NHS Prepayments and Accrued Income	161	342	33	375
Other Receivables	5	2	(2)	0
<b>Total Trade and Other</b>	<b>1,910</b>	<b>1,605</b>	<b>(46)</b>	<b>1,559</b>
Cash	32	757	(761)	(4)
<b>Total Assets</b>	<b>1,998</b>	<b>2,378</b>	<b>(812)</b>	<b>1,566</b>
NHS Payables - Revenue	(2,560)	(1,145)	(1,617)	(2,762)
NHS Accruals and Deferred Income	(5,148)	(6,081)	1,041	(5,040)
Non-NHS payables - Revenue	(4,954)	(5,571)	926	(4,645)
Non-NHS payables - Capital	0	0	0	0
Non-NHS Accruals and Deferred Income	(7,637)	(9,645)	(792)	(10,437)
Other Payables	(471)	(564)	(139)	(703)
Provisions	(1,457)	(843)	0	(843)
<b>Total Current Liabilities</b>	<b>(22,226)</b>	<b>(23,849)</b>	<b>(581)</b>	<b>(24,430)</b>
Total non Current Liabilities	0	0	0	0
<b>Total Assets Employed</b>	<b>(20,227)</b>	<b>(21,471)</b>	<b>(1,393)</b>	<b>(22,864)</b>
General Fund	(20,227)	(21,471)	(1,393)	(22,864)
<b>Total Taxpayers Equity</b>	<b>(20,227)</b>	<b>(21,471)</b>	<b>(1,393)</b>	<b>(22,864)</b>

#### Key Points:

- Total Trade and Other decreased by £46k. Cash balance has decreased by £761k to overdrawn £4k but the actual bank balance at 31 January 2018 was £234k. 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 decrease in total assets by £812k.
- Total current liabilities have increased by £581k over the month to £24.4m largely due to increased non-NHS accruals resulting in an overall increase in Total Taxpayers Equity of £1.3m to £22.8m as at 31<sup>st</sup> January 2018.

#### Debtors

Aged Debtors	NHS Debtors		Non NHS Debtors		Total	
	Value (£000)	Number	Value (£000)	Number	Value (£000)	Number
Less than 31 days (Not Due)	316	6	-	-	316	6
Between 31 - 60 days	54	42	9	6	63	48
Between 61 - 90 days	17	27	1	2	18	29
Greater than 90 days	198	264	19	32	217	296
<b>Total</b>	<b>585</b>	<b>339</b>	<b>29</b>	<b>40</b>	<b>614</b>	<b>379</b>

#### Key Points:

- At the end of month 10 the CCG has debtors totaling £379k (of which £235k is over 90 days overdue but 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
129,864	12,229	142,093	178,657	79.53%

#### Key Points:

- The CCG processed a cash draw down of £11.6m in January. The charge against the prescribing stands at £12.2m giving a total year to date drawing of £142m against the current allocation of £178.6m for the year.
- At the end of January the CCG had bank balance £234k, which is 2.02% of cash drawn down for the month and lower than the the 1.25% target and £250k NHSE closing balance target

### 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 30th November	8,131	523	407	233	604	<b>9,898</b>
At 31st December	7,939	319	574	286	675	<b>9,793</b>
At 31st January	9,437	361	77	442	639	<b>10,956</b>

Aged Creditors - volume	Nos	Nos	Nos	Nos	Nos	Total
At 30th November	434	155	91	41	379	<b>1,100</b>
At 31st December	314	106	80	61	360	<b>921</b>
At 31st January	428	136	47	58	398	<b>1,067</b>

### Key Points:

- Creditors (unpaid invoices on the system) stand at £10.9m, an increase of £1.2m over the previous month. Creditors over 90 days stand at £639k.

### Better Payment Practice Code

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	92,509	1,583	22,894	5,241	115,403	6824
Total invoices paid within 30 days	91,983	1,521	21,613	5,064	113,596	6585
% Paid within 30 days	99.4%	96.1%	94.4%	96.6%	98.4%	96.5%
Rating	<b>Amber</b>	<b>Amber</b>	<b>Amber</b>	<b>Green</b>	<b>Amber</b>	<b>Green</b>

- 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

- Year to date, the CCG is achieving its target of paying NHS invoices by value and volume.
- Payment of non NHS invoices is below target by value and above target by volume.

