

Title of meeting: Governing Body							
<b>Date of Meeting</b>		22 <sup>nd</sup> November 2017		<b>Paper Number</b>		3.1	
<b>Title</b>				Financial Performance report for September 2017 (M6)			
<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 6 (Sept 2017).			
<b>The Governing Body is required to (please tick)</b>							
<b>Approve</b>	<input type="checkbox"/>	<b>Receive</b>	<input type="checkbox"/>	<b>Discuss</b>	<input checked="" type="checkbox"/>	<b>Note</b>	<input checked="" type="checkbox"/>
<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> (relevant patient/staff rights)				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 the quality implications)</i>				Not Applicable			



<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 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 Windsor, Ascot and Maidenhead CCG the expenditure forecast has reduced by £0.2m. This is the result of reduced acute contract expenditure £0.1m and various other improvements £0.2m partially offset by mental placements (0.1m) which has increased due to new patients.</p> <p>Contingency has been fully released already and a small amount (£0.2m) of reserves remain uncommitted but if the position deteriorates further we may have to consider a risk share across the three CCGs.</p> <p><b>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.</b></p> <p>The key risks to the reported position are:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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</li> </ul>	



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 £264k for WAM 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, £0.1m.

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, which is expected in Month 7.



- 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	(187)	Heatherwood and Wexham £128k, largely daycase, elective and outpatient procedures. Frimley Park £58k
Ashford & St Peters Hospital NHS Foundation Trust	385	Variance largely driven by budget adjustment from settling the contract value, £285k. The remaining variance largely driven by non elective.
Buckinghamshire Healthcare NHS Trust	(142)	Increased spend, largely driven by non elective and stroke. The contract is still underperforming by £161k.
Oxford University Hospitals NHS Trust	107	Variance largely driven by budget adjustment from settling the contract value.
Acute other	(63)	Royal Berkshire £78k, Royal Surrey (£88k), London (£83k), Other £30k
Mental Health	(138)	Increased number people being of placed (£85k) and increase in non contracted activity spend (£44k)
Prescribing	196	Improvement in the underlying GP Prescribing costs, excluding the cost pressure associated with supply shortages, which is reported as a risk only at this stage.
NHS Property Services	169	NHS PS have completed their reconciliation of actual costs for 1617, which has resulted in a reduced cost for Berkshire East.
Other	(177)	Funded Nursing care (£96k), Programme projects (£48k), Acute NCAs PY (£34k)
<b>Total reduction in expenditure</b>	<b>151</b>	
Transfer to Reserves	(151)	

**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	Explanation of target measure
Financial Position Actual Outturn	Planned YTD in-year surplus	0		✓	#DIV/0!	Variance against Plan
Financial Position Forecast Outturn	Planned FOT in-year surplus	6		✓	0.00%	Variance against Initial Plan
Running Costs Actual YTD	Running Costs YTD Plan	1,580		✓	0.00%	Variance against Plan
Running Costs Forecast Outturn	Running Costs Annual Plan	3,207		✓	0.00%	Variance against Plan
QIPP Forecast Outturn	QIPP Annual Plan	4,510		X	86.66%	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	495	3.41%	X	2.16%	%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 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.	Debbie Fraser/Ian Murdock/Fiona Slevin-Brown	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
	Primary Care Extended Access Budgets	Budget Management	Extended access funding has been confirmed and the first tranche was received in month 4, with the remainder of the funding received in Month 5.	Nigel Foster / Alex Tilley	Complete

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## 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

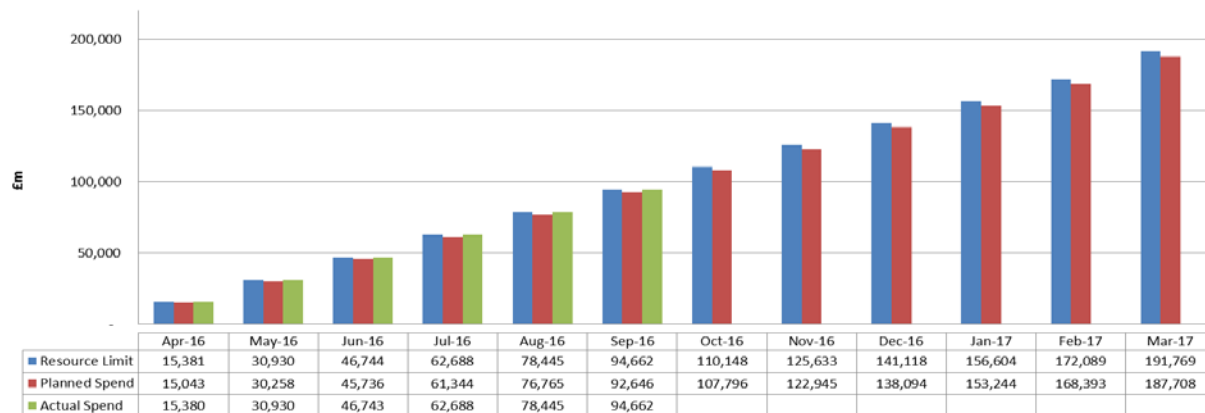
Summary of position (variance against plan)	Month 6 September 2017			Previous month	Annual Plan	Forecast	Forecast	Previous month
	Plan	Actual	Variance to plan					
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b>Commissioning</b>								
Planned and Unscheduled Care	47,637	48,881	(1,244)	(636)	95,475	96,525	(1,050)	(1,130)
Mental Health, Joint & Continuing Care	15,232	15,674	(442)	(215)	30,258	30,632	(374)	(139)
Community	5,882	5,830	52	(75)	11,722	11,761	(39)	(29)
Primary Care & Prescribing	20,281	20,104	177	72	40,571	40,296	276	79
Reserves	1,278	0	1,278	838	4,986	3,955	1,031	1,182
Other Services	2,772	2,593	179	17	5,549	5,394	155	35
<b>Commissioning sub-total</b>	<b>93,082</b>	<b>93,082</b>	<b>0</b>	<b>0</b>	<b>188,562</b>	<b>188,562</b>	<b>0</b>	<b>(1)</b>
Running Costs	1,580	1,580	(0)	0	3,207	3,207	0	0
<b>Planned/Actual Spend Sub Total</b>	<b>94,662</b>	<b>94,662</b>	<b>0</b>	<b>0</b>	<b>191,769</b>	<b>191,769</b>	<b>0</b>	<b>(1)</b>
In-year Surplus	0	0	0	0	6	6	0	0
<b>Total CCG Allocation</b>	<b>94,662</b>	<b>94,662</b>	<b>0</b>	<b>0</b>	<b>191,775</b>	<b>191,775</b>	<b>0</b>	<b>(1)</b>

Memo: Cumulative Surplus breakdown:	£'000
2016-17 planned surplus	2,635
Release of 2016-17 1% non-recurrent reserve	1,651
2016-17 Reported Surplus carried forward	4,286
Drawdown of brought forward surplus into 2017-18	(230)
2017-18 in-year surplus	6
2017-18 cumulative planned surplus	4,062

## Key Points

- Reporting requirements have changed for 2017-18 and we have now received the guidance. We are required to report our in-year surplus rather than the cumulative surplus, which is shown as a memo in the main table opposite.
- Our in-year surplus is £6k for the year, which we are forecasting to meet.
- The overall Planned & Unscheduled care YTD overspend of (£1,244k), moving to an overspend of (£1,050k) by year end is largely due to a cost pressure on the Frimley Health contract expected to be offset by efficiencies later in the year.
- Mental Health, Joint & Continuing Care YTD is reporting an overspend of (£442k), (£552k) of which relates to Mental Health, which is partially offset by an underspend of £103k in Continuing Care. The increase between Month 6 and Month 5 is due to the adverse variance within Mental Health Placements, which is causing a (£418k) overspend. This is driven by increased patient levels and reduced levels of QIPP reported elsewhere to the committee.
- This adverse movement has been funded from the release of reserves and from non recurrent savings released into the forecast.

Resource Limit Compared to Planned Spend & Actual (Cumulative)



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

Confirmed Resource Limit to Current Budget	£'000
<b>Initial Resource Limit</b>	
- Commissioning Costs	168,695
- Running Costs	3,191
<b>Confirmed Initial Resource Limit</b>	<b>171,886</b>
Surplus/Deficit Carry Forward - Drawdown	230
Frimley HCD Final adjustment	18
HCD error included within the T3 Neurology	(14)
Chemo Activity Tfr from CCGs to NHSE	(549)
PMS Review 1st year premium transfer	4
IR Changes	(161)
HRG4+ changes	41
Reception and clerical training - (Training Care Navigators and Medical Assistants)	26
NHS WiFi	82
Market Rents - Admin adjustment	47
Market rents adjustment	920
Paramedic Rebanding Additional Funding 2017-18	41
£42,021 - HSCN - GP funding	42
Perinatal Community Services Development Payment 1	295
Adult IAPT Wave 1	502
Acute hospital urgent & emergency liaison mental health services	49
Market Rent - Federated adjustment across Berkshire East	(365)
Market rent - Federated adjustment across Berkshire East	(177)
Market Rents Admin adjmt Federated across Berkshire East CCGs	(15)
Market Rents Admin Adjmt Federated across Berkshire East CCGs	(16)
Adult IAPT Wave 1 - Federated across Berkshire East CCGs	(157)
Adult IAPT Wave 1 - Federated across Berkshire East CCGs	(176)
Acute hospital urgent and emergency liaison mental health services	49
PMCF - GP Access Fund and TA Improving Access Allocations	224
Assistive Technology Transfer	(19)
GP Resilience Funding 2017/18	21
Additional month5 IR Changes - agreed by J Stalker Booth	16
PMCF - GP Access Fund and TA Improving Access Allocations	673
Perinatal - National Funding - Tranche 1 of 2	(55)
Perinatal - National Funding - Tranche 1 of 2	(62)
Perinatal - National Funding - Tranche 1 of 2	(59)
Perinatal - National Funding - Tranche 1 of 2	59
Perinatal - National Funding - Tranche 1 of 2	(27)
Perinatal - National Funding - Tranche 1 of 2	(27)
Perinatal - National Funding - Tranche 1 of 2	(31)
Perinatal - National Funding - Tranche 1 of 2	(34)
<b>Allocation In Year</b>	<b>173,282</b>
<b>2017-18 Primary Care Delegated budget</b>	<b>18,493</b>
<b>Allocation in Year, including delegated budgets</b>	<b>191,775</b>

## Key Points

- Current resource limit received from NHS England.
- Delegated GP (co-commissioning) budgets are now included.
- NHS England reporting requirement have now changed to focus attention on the In-Year surplus. The cumulative surplus, which includes prior year surplus is detailed on page 5
- GP Access Fund (formerly PMCF) funding relating to the first quarter was received in Month 4, and the balance has been received in Month 5.
- WAM is the host for national perinatal funds across Berkshire, which have been redistributed in month 6.

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

Month 6 September 2017	Planned and	Joint &	Community	Primary Care	Other	Running	Reserves	In-year	Total
	Unscheduled Care	Continuing Care	Care	& Prescribing	Services	Costs		Surplus	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b>Month 5 Plan</b>	95,112	30,258	11,723	40,539	5,249	3,207	5,918	6	192,011
Ashford & St Peter's Contract agreement	277							(277)	0
Royal Surrey County Hospital contract agreement	(77)						77		0
OUHT contract agreement	100							(100)	0
Drawdown to SLA Exclusions budget the Palliative Care service transferred to Frimley	64							(64)	0
LCS GP Outcomes Framework - Referral Mgt				32				(32)	0
Programme Projects - Integration costs					300			(300)	0
Redistribution of perinatal allocation (295k) received in M3								(236)	(236)
									0
<b>Month 6 Plan</b>	95,475	30,258	11,723	40,571	5,549	3,207	4,987	6	191,775
Month 6 Plan vs Month 5 Plan	363	0	0	32	300	0	(932)	0	(236)

## Section E – Treasury Management

### Statement of Financial Position as at 30 September 2017

	As at 31st March 17 £000	As at 31st August 17 £000	Movement £000	As at 31st August 17 £000
<b>30-Sep-17</b>				
Non Current Assets	87	56	(6)	50
<b>Total Non Current Assets</b>	<b>87</b>	<b>56</b>	<b>(6)</b>	<b>50</b>
NHS Receivables - Revenue	1,951	1,740	(801)	939
NHS Prepayments and Accrued Income	3,760	2,211	835	3,046
Non-NHS Receivables - Revenue	85	(16)	27	11
Non-NHS Prepayments and Accrued Income	139	652	(17)	635
Other Receivables	15	33	(19)	14
<b>Total Trade and Other</b>	<b>5,950</b>	<b>4,620</b>	<b>25</b>	<b>4,645</b>
Cash	51	(68)	538	470
<b>Total Assets</b>	<b>6,088</b>	<b>4,608</b>	<b>557</b>	<b>5,165</b>
NHS Payables - Revenue	(3,317)	(3,157)	777	(2,380)
NHS Accruals and Deferred Income	(5,102)	(481)	(1,780)	(2,261)
Non-NHS payables - Revenue	(6,942)	(5,709)	465	(5,244)
Non-NHS payables - Capital	0	0	0	0
Non-NHS Accruals and Deferred Income	(1,478)	(494)	(749)	(1,243)
Other Payables	(713)	(1,459)	488	(971)
Provisions	(2,026)	(1,818)	0	(1,818)
<b>Total Current Liabilities</b>	<b>(19,578)</b>	<b>(13,118)</b>	<b>(799)</b>	<b>(13,917)</b>
Total non Current Liabilities	0	0	0	0
<b>Total Assets Employed</b>	<b>(13,490)</b>	<b>(8,510)</b>	<b>(242)</b>	<b>(8,752)</b>
General Fund	(13,490)	(8,510)	(242)	(8,752)
<b>Total Taxpayers Equity</b>	<b>(13,490)</b>	<b>(8,510)</b>	<b>(242)</b>	<b>(8,752)</b>

### Key Points:

- Current Trade and Other have increased by £25k.
- Cash balance has increased by £538k to £470k but the actual cash balance at bank was £494.6k at the end of September. This was due to timing difference between payment journals being posted to the ledger and cash leaving the bank account at month end.
- Total Current Liabilities have increased by £799k and now stand at £13,917k.

### Debtors

Aged Debtors	NHS Debtors		Non NHS Debtors		Total	
	Value (£000)	Number	Value (£000)	Number	Value (£000)	Number
Less than 31 days (Not Due)	121	4	8	8	129	12
Between 31 - 60 days	209	11	-	-	209	11
Between 61 - 90 days	135	3	-	-	135	3
Greater than 90 days	475	15	3	12	478	27
<b>Total</b>	<b>940</b>	<b>33</b>	<b>11</b>	<b>20</b>	<b>951</b>	<b>53</b>

### Key Points:

- At the end of month 6 the CCG has debtors totalling £951k (of which £478k 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 as a % of Allocation £000
	90,828	8,571	99,399	191,357	51.94%

### Key Points:

- The CCG processed a cash draw down of £14.5m in September. The charge against prescribing stands at £8.6m giving a total charge for the year of £99.4m against current cash allocation of £191.4m.
- At the end of the month in September the CCG had a bank balance of £494.6k which is 3.41% of cash drawn down for the month and above the 1.25% and £250k targets considered by NHSE to be good practice. This was largely due to out of hours September 2017 SLA invoice not paid £127k and another payment moved to Oct from Sept 2017 £112k.

### 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	9,645	645	445	511	1,427	12,673
At 31st August	9439	743	380	220	1586	12,368
At 30th September	9327	522	429	95	1543	11,916

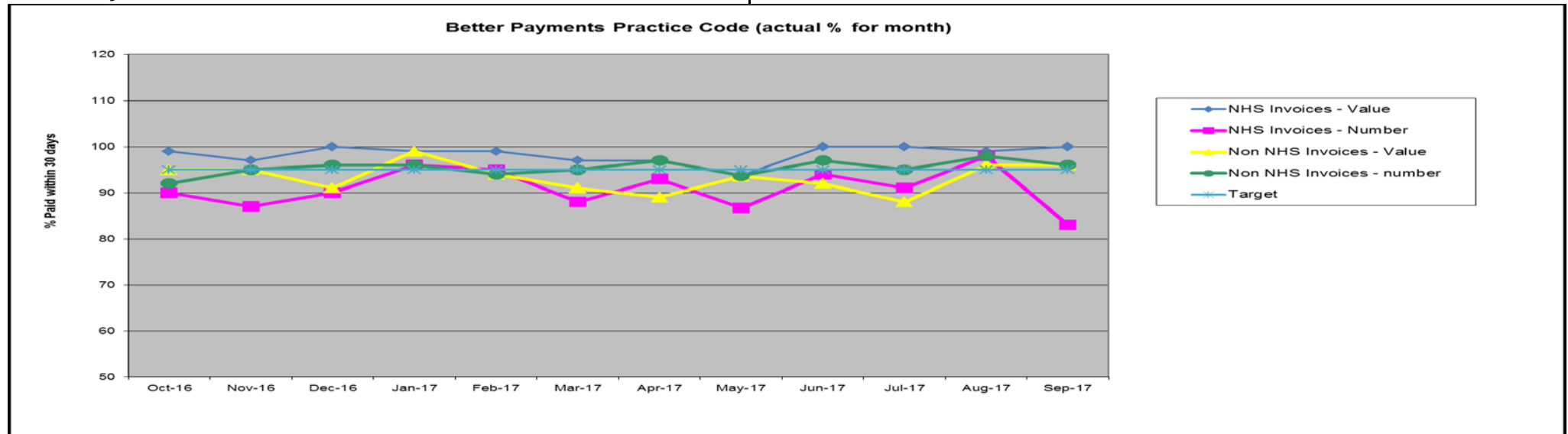
  

Aged Creditors - volume	Nos	Nos	Nos	Nos	Nos	
At 31st July	489	231	81	62	549	1,412
At 31st August	442	191	96	61	503	1,293
Ar 30th September	432	98	67	50	471	1,118

#### Key Points:

- Creditors (unpaid invoices on the system) stand at £11.9m on 30 September a decrease of £0.5m from the previous month.
- Creditors over 90 days stand at £1,543k.

### 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 invoices (YTD) £'000	Number (YTD)	Value of invoice (YTD) £'000	Number (YTD)
Total invoices paid	65,242	1,187	19,078	5035	84,320	6222
Total invoices paid within 30 days	63,975	1,082	17,501	4854	81,476	5936
% Paid within 30 days	98.1%	91.2%	91.7%	96.4%	96.6%	95.4%
Rating	Green	Amber	Amber	Green	Green	Green

The above position relates to the average total performance year to date of invoices paid within a 30 day period at the end of Month 6, compared to the Department of health target of paying 95% supplier invoices within 30 days.

#### Key Points

- In September both Non NHS invoices by value and volume and NHS invoices by value achieved the 95% target.
- NHS invoices by number are well below target due to 29 NCA invoices which were approved on 15/09/2017 and therefore missed the deadline for the payment run.