

Title of meeting: Governing Body in Common										
<b>Date of Meeting</b>			19th July 2017		<b>Paper Number</b>				3.5	
<b>Title</b>					Financial Performance report for May 2017 (M2)					
<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 2 (May 2017).					
<b>The Governing Body is required to (please tick)</b>										
<b>Approve</b>		<b>Receive</b>		<b>Discuss</b>		<b>Note</b>		<b>Recommend</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>Has an equality impact screening been undertaken? If so please attach</b>					Not applicable					
<b>Links to the NHS Constitution (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 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 2 the CCG reported a year to date surplus in line with plan and continues to forecast achievement of the planned surplus.</p> <p>NHS England has changed the reporting requirements this year. CCGs are now required to report the in-year surplus rather than the cumulative surplus. The key difference being that the funding allocation under the cumulative surplus method includes the return of surplus from the prior year. There are 2 key concerns with the use of the cumulative surplus:</p> <ul style="list-style-type: none"> <li>• it leads to CCG performance being misinterpreted - the carry forward of a cumulative surplus (which cannot be spent) is misinterpreted as an in year surplus, available for investment; and</li> <li>• the financial position of providers is reported on an in-year basis, so aligning CCG reporting with provider reporting will facilitate system-wide financial reporting.</li> </ul> <p>The Cumulative Surplus will still be relevant in applying business rules going forward; CCGs that have a cumulative deficit will still be required to repay that deficit over time and likewise CCGs with a surplus in excess of 1% will be able to drawdown on historic surpluses subject to approval.</p> <p>The Finance reports have now been revised to reflect this change. The cumulative surplus is shown as a memo below the financial summary on page 5 of the main report.</p> <p>The forecast for month 2 has been reviewed now that acute data has been received. Overall for Windsor, Ascot and Maidenhead CCG the expenditure forecast has reduced. This is primarily as a result of low activity levels in M1 acute data, largely at Royal Berkshire and Ashford and St Peter's, offset by an unfavourable movement at Frimley Health.</p>	



Although the acute forecast has been reduced based on a favourable movement in month 1, at this stage the data should be treated with caution. Frimley Health are consolidating their data across the north and south sites, this has caused a known understatement in the non-elective activity, so in our data we are assuming this is an 'on plan' position, but there may be other unidentified errors in the data. The HRG4+ tariff has been adopted, which has resulted in many changes which does complicate any comparison to last year. Also some trusts have adopted the new specialist commissioning Identification Rules (IR rules) for 17-18 while some have not yet transitioned are still working to 16-17 rules. Lack of a consistent approach across providers creates a risk of misinterpreting the numbers.

The key risks that are emerging are listed below:

- 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.
- We have been made aware of a significant elective treatment backlog at Oxford University Hospitals Foundation Trust. This will have financial implications this financial year as they recover the position, estimated at £350k for Berkshire East.
- We have been notified that funding for Health and Social Care Network (HSCN) connectivity (N3 GP connectivity) will soon transfer from NHS England budgets to CCG budgets. There is a concern that there may be inherent risks in the level of funding available and that a re-procurement will be necessary to secure a sustainable cost position.

I would particularly like to highlight:

- The forecast for the acute provider data is based on 1 month of activity and as indicated above is going through a period of change as consolidation and re-coding takes place.
- As indicated last month, Primary care (GP) budgets have now been fully delegated to the CCGs. We are working closely with the NHS England area team and are now in a position to break down these costs in more detail, which can be seen on page 13 of the main report.
- Across the Frimley Health & Care STP footprint, we have submitted a number of bids for additional investment in 2017-18. We now have funding approvals confirmed for: (Berkshire East "share")
  - o Diabetes c£750k
  - o Mental Health Liaison c£600k
  - o Learning Disabilities c£250k
  - o Cancer (this has been awarded to the Thames Valley Cancer Alliance and we are currently awaiting a geographical split)
- Across the Frimley Health & Care STP footprint we are anticipating £3.4m of



uncommitted funding in 2017/18 as our share of national funding to support rapidly developing Accountable Care Systems. A further £2.6m is anticipated in 2018/9 (ie £6m in total over the two years). This is in addition to the targeted transformation monies referred to above. The STP System Leaders Group and Executive Delivery Group have been overseeing a process of internal bidding from the STP workstreams against the £3.4m. This process has been helpful in refining specifically what the financial ‘asks’ are from the workstreams and the deliverables during this financial year. The primary focus for investments are Integrated Hubs, Primary Care Transformation and the enabling support to develop and implement the plans

- We have also recently been notified of funding to support Patient Wi-fi in Primary Care £236k. All CCGs are receiving funding to support this national priority. We funded Wi-fi access for clinicians in practices last year.
- 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.

A table of key movements between month 1 and 2 forecast outturn is shown below:

Movements in Forecast expenditure from M1 to M2		
Expenditure category	£k (adverse)/ improved	Comments
Frimley Health	(300)	High activity levels although uncertainty over the non-elective data.
Royal Berkshire NHS Foundation Trust	347	Low activity levels across all inpatient and outpatient areas.
Ashford & St Peters Hospital NHS Foundation Trust	322	Favourable position for non elective
Acute other	(244)	London Trusts (£116k), Oxford University Hospitals (£98k), Other £45k
Mental Health	(169)	Costs for IAPT expansion received in advance of the agreed allocation. Funds are expected in Month 3.
Continuing Healthcare	391	Lower client numbers has reduced the expenditure forecast following a year end audit of the client database
Funding Nursing Care	(124)	Increased client numbers has increased the expenditure forecast following a year end audit of the client database
Other	(40)	
<b>Total Movement</b>	<b>183</b>	
Return to Reserves	(183)	

**Recommendation:**

The Governing Body is requested to note this report.



## FINANCIAL PERFORMANCE TO MAY 2017

### MONTH 2 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		✓	0.00%	Variance against Plan
Financial Position Forecast Outturn	Planned FOT in-year surplus	5		✓	0.00%	Variance against Initial Plan
Running Costs Actual YTD	Running Costs YTD Plan	532		✓	0.00%	Variance against Plan
Running Costs Forecast Outturn	Running Costs Annual Plan	3,191		✓	0.00%	Variance against Plan
QIPP Forecast Outturn	QIPP Annual Plan	4,920		X	94.54%	Achievement against Plan
Creditors - Better Payment Practice Code	Target of 95%		95.00%	✓	0.00%	%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		0.22%	✓	(1.03%)	%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

Issue	Key Drivers	Action	Owner	Timeline
Contract development for 2017- within the Frimley 2019	Work on key items documentation.	The Commissioners and Trust have agreed a year end financial position. The detailed activity and finance plan is under development. M1 data must be treated with caution due to problems with data submission, the move to HRG 4+ including coding changes. Challenges have been rolled over and M1 and 2 will be run together. The latest IR tool is being run by the Trust with the impact to be shared by the end of the month and 2 meetings have been scheduled with the Trust and NHS E on the 28 June and 4 July 2017 to discuss the outcome.	Brian Day (CSU)	Update for M3
Funded Nursing Care	Budget Management	Following the 40% increase in FNC rates from £112.00 to £156.25 in July 2016, the government requested Mazars LLP to undertake a further review on agency staff costs in nursing homes. As a result of this review, the NHS Funded Nursing Care national standard rate has been reduced to £155.05 from 1 April 2017 (a saving of 0.77%). The Department of Health plans to consult on the introduction of a regional rate of NHS-funded nursing care ahead of future rate change announcements, but at present it is unclear if any changes will be implemented in the current financial year or deferred until 2018/19.	Lorraine Charlton / Kathy Neville (CSU)	Update for M3
Premises Costs	NHS Property Services	Accommodation costs have increased in 16-17 following a change to the rental charges for NHS properties. Non recurrent funding was received from NHSE last year to mitigate this additional cost, which is partially reflected in the baseline for 2017-18. Further funding is expected to be available this financial year but is not currently assumed in our position.	Debbie Fraser	Update for M3
Primary Care Extended Access Budgets	Budget Management	Extended access funding has been confirmed, but will not be transferred until June, so the expenditure and income are not currently built into our position.	Nigel Foster / Alex Tilley	Update for M3
Access to 1% Non-recurrent budget	Budget Management	NHS England have requested that 0.5% of this budget be set aside to provide a system wide risk reserve (last year we set aside the full 1%). The remaining 0.5% is available for local non recurrent investments.	Nigel Foster	Update for M3

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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)

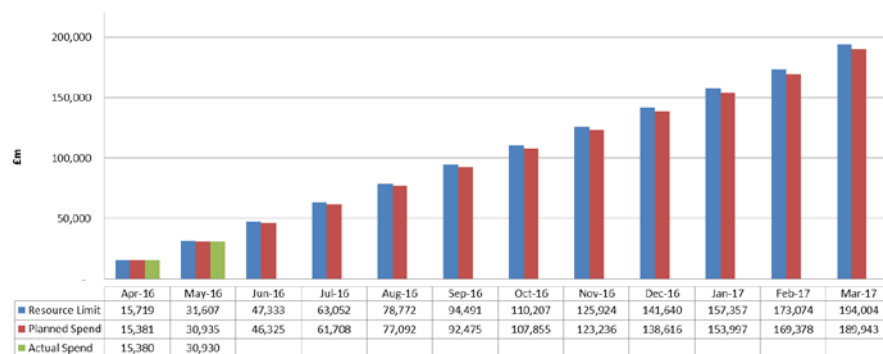


## Section C – Financial Performance

Summary of position (variance against plan)	Month 2 May 2017			Previous month Variance to plan £'000	Annual Plan £'000	Forecast outturn £'000	Forecast Variance £'000	Previous month Forecast Variance £'000
	Plan	Actual	Variance to plan					
	£'000	£'000	£'000					
<b>Commissioning</b>								
Planned and Unscheduled Care	15,851	15,739	112	0	95,105	94,987	118	0
Mental Health, Joint & Continuing Care	5,017	5,277	(260)	0	30,100	30,018	82	0
Community	1,996	1,992	4	0	11,869	11,887	(18)	0
Primary Care & Prescribing	6,553	6,559	(7)	0	39,319	39,319	0	0
Reserves	150	0	150	0	5,367	5,550	(183)	0
Other Services	832	831	1	0	4,993	4,993	0	0
<b>Commissioning sub-total</b>	<b>30,399</b>	<b>30,398</b>	<b>0</b>	<b>0</b>	<b>186,752</b>	<b>186,753</b>	<b>(1)</b>	<b>0</b>
Running Costs	532	532	0	0	3,191	3,191	0	0
<b>Planned/Actual Spend Sub Total</b>	<b>30,930</b>	<b>30,930</b>	<b>0</b>	<b>0</b>	<b>189,943</b>	<b>189,944</b>	<b>(1)</b>	<b>0</b>
In-year Surplus	0	0	0	0	5	5	0	0
<b>Total CCG Allocation</b>	<b>30,930</b>	<b>30,930</b>	<b>0</b>	<b>0</b>	<b>189,948</b>	<b>189,949</b>	<b>(1)</b>	<b>0</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	5
2017-18 cumulative planned surplus	4,061

Resource Limit Compared to Planned Spend & Actual (Cumulative)



## 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 below the main table opposite.
- Our in-year surplus is £5k for the year, which we are forecasting to meet.
- The overall Planned Care underspend is due to a £22k underspend within Acute Contracts and £97k within Patient Transport. There are small overspends such as the Walk in Center, that would reduce the overall underspend marginally.
- Mental Health has a forecast of (£286k) overspend, with a slight underspend of £26k in Continuing Care. The primary overspend is on IAPT Waiting Time Initiative cost and is a temporary pressure of (£169k) caused by a funding timing issue. Placements is adverse by (£81k) which is forecast to come back to plan when QIPP savings are factored in.

## 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
<b>Allocation In Year</b>	<b>171,456</b>
<b>2017-18 Primary Care Delegated budget</b>	<b>18,493</b>
<b>Allocation in Year, including delegated budgets</b>	<b>189,949</b>
2016-17 Reported surplus	4,286
Drawdown on prior year surplus for 2017-18	(230)
Memo: Month 2 Cumulative Surplus	194,005

### Key Points

- Current resource limit received from NHS England.
- Delegated GP (co-commissioning) budgets are now included.
- NHE 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

## Changes to In-Year Plan – analysis of adjustments Month 1 to Month 2

Month 2 May 2017	Planned and Unscheduled Care	Joint & Continuing Care	Community Care	Primary Care & Prescribing	Other Services	Running Costs	Reserves	In-year Surplus	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b>Month 1 Plan</b>	<b>95,146</b>	<b>30,102</b>	<b>11,952</b>	<b>39,262</b>	<b>4,949</b>	<b>3,158</b>	<b>5,374</b>	<b>6</b>	<b>189,949</b>
<b>Month 2 Adjustments:</b>									
Delegated Primary Care Allocation - Expenditure				4			(4)		0
NVOC budget moved from reserves to NVOC					19		(19)		0
Contract Adjustments to align to final agreed values	(41)						41		0
Adjustment to Henley Suite budget			(83)				83		0
GP Prescribing Incentive scheme				125			(125)		0
Excess Scriptswitch budget moved to reserve				(20)			20		0
Out of Hours contract - budget Drawdown				(62)			62		0
Nursing & Quality budget		(25)			25				0
Medicines Mangement - budget alignment				11			(11)		0
CHC Admin Team - budget alignment		23					(23)		0
Correction to running cost allowance						33	(33)		0
<b>Month 2 Plan</b>	<b>95,105</b>	<b>30,100</b>	<b>11,869</b>	<b>39,319</b>	<b>4,993</b>	<b>3,191</b>	<b>5,367</b>	<b>6</b>	<b>189,949</b>
Month 2 Plan vs Month 1 Plan	(41)	(2)	(83)	57	44	33	(7)	0	0

## Section E – Treasury Management

### Statement of Financial Position as at 31 May 2017

	As at 31st March 17 £000	As at 30th April 17 £000	Movement £000	As at 31st May 17 £000
<b>31-May-17</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Non Current Assets	87	81	(6)	75
<b>Total Non Current Assets</b>	<b>87</b>	<b>81</b>	<b>(6)</b>	<b>75</b>
NHS Receivables - Revenue	1,951	693	1,951	2,644
NHS Prepayments and Accrued Income	3,760	2,611	624	3,235
Non-NHS Receivables - Revenue	85	18	60	78
Non-NHS Prepayments and Accrued Income	139	408	99	508
Other Receivables	15	32	(12)	20
<b>Total Trade and Other</b>	<b>5,950</b>	<b>3,763</b>	<b>2,720</b>	<b>6,483</b>
Cash	51	(1,494)	717	(777)
<b>Total Assets</b>	<b>6,088</b>	<b>2,349</b>	<b>3,432</b>	<b>5,781</b>
NHS Payables - Revenue	(3,317)	(5,227)	(400)	(5,627)
NHS Accruals and Deferred Income	(5,102)	(3,583)	1,381	(2,202)
Non-NHS payables - Revenue	(6,942)	(3,934)	(2,978)	(6,912)
Non-NHS payables - Capital	0	0	0	0
Non-NHS Accruals and Deferred Income	(1,478)	(1,217)	1,218	1
Other Payables	(713)	(259)	(240)	(499)
Provisions	(2,026)	(2,026)	0	(2,026)
<b>Total Current Liabilities</b>	<b>(19,578)</b>	<b>(16,247)</b>	<b>(1,019)</b>	<b>(17,267)</b>
Total non Current Liabilities	0	0	0	0
<b>Total Assets Employed</b>	<b>(13,490)</b>	<b>(13,898)</b>	<b>2,412</b>	<b>(11,486)</b>
General Fund	(13,490)	(13,898)	2,412	(11,486)
<b>Total Taxpayers Equity</b>	<b>(13,490)</b>	<b>(13,898)</b>	<b>2,412</b>	<b>(11,486)</b>

#### Key Points:

- Current Trade and Other have increased by £2.7m largely due to higher levels of invoicing in M2.
- Cash balance has increased by £717k to overdrawn £777k but the actual cash balance at bank was £36k at the end of May. This was due to timing difference between payment journals hitting the ledger and cash leaving the bank account at month end.
- Total Current Liabilities have increased by £1m and now stand at £17,267k.

#### Debtors

Aged Debtors	NHS Debtors		Non NHS Debtors		Total	
	Value (£000)	Number	Value (£000)	Number	Value (£000)	Number
Less than 31 days (Not Due)	2,141	20	75	10	2,216	30
Between 31 - 60 days	283	1	-	-	283	1
Between 61 - 90 days	-	-	-	-	-	-
Greater than 90 days	220	15	3	7	223	22
<b>Total</b>	<b>2,644</b>	<b>36</b>	<b>78</b>	<b>17</b>	<b>2,722</b>	<b>53</b>

#### Key Points:

- At the end of month 2 the CCG has debtors totalling £2,722k (of which £223k 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
	30,149	2,784	32,933	193,580	17.01%

#### Key Points:

- The CCG processed a cash draw down of £16.4m in May. The charge against prescribing stands at £2.8m giving a total charge for the year of £32.9m against current cash allocation of £193.6m.
- At the end of the month in May the CCG had a bank balance of £36k which is 0.22% of cash drawn down for the month and below 1.25% target considered to be good practice.

### 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 March	11,235	2,385	1,336	323	1,842	17,121
At 30th April	12,498	1,409	1,241	902	962	17,012
At 31st May	4,434	1,822	2,039	1,190	1,619	11,104

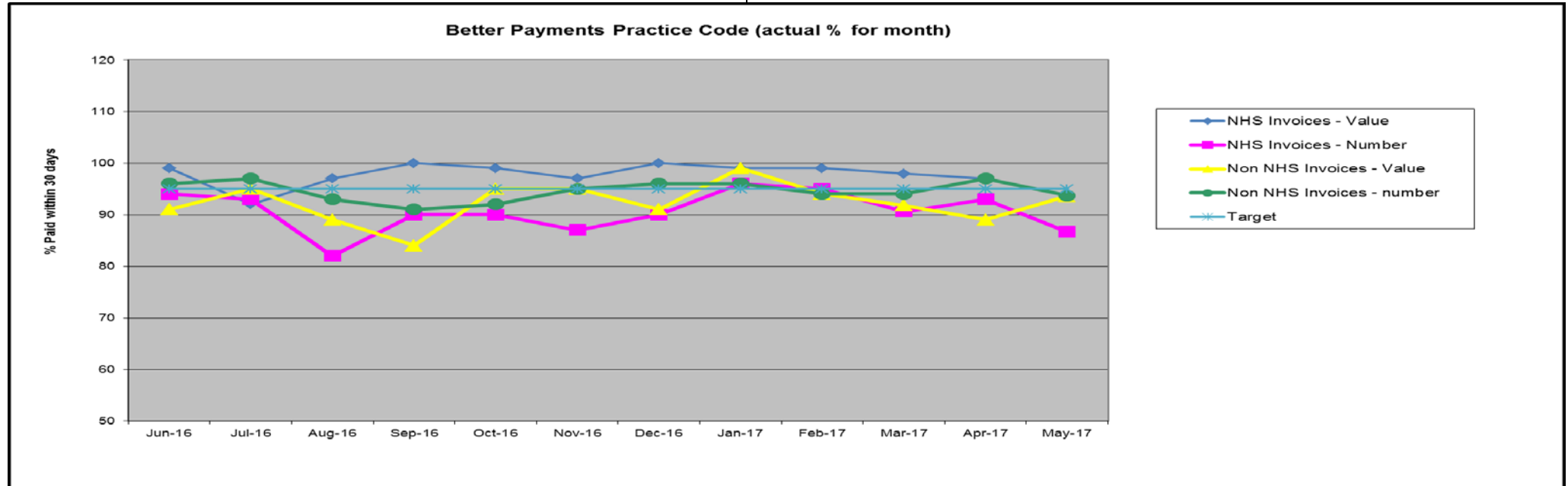
  

Aged Creditors - volume	Nos	Nos	Nos	Nos	Nos	Nos
At 31st March	841	211	204	61	762	2,079
At 30th April	523	278	132	155	723	1,811
At 31st May	619	224	145	154	803	1,945

#### Key Points:

- Creditors (unpaid invoices on the system) stand at £11m on 31 May a decrease of £6m from the previous month.
- Creditors over 90 days stand at £1,619k.

### 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 invoices (YTD) £'000	Number (YTD)	Value of invoice (YTD) £'000	Number (YTD)
Total invoices paid	21,255	351	6,448	1414	27,703	1765
Total invoices paid within 30 days	20,201	314	5,855	1355	26,056	1669
% Paid within 30 days	95.0%	89.5%	90.8%	95.8%	94.1%	94.6%
Rating	Green	Amber	Amber	Amber	Green	Amber

The above position relates to the average total performance in year of invoices paid within a 30 day period at the end of Month 2, compared to the DH target of paying 95% supplier invoices within 30 days.

#### Key Points

- In May NHS invoices by value and both Non NHS invoices by value and number were slightly below the 95% target.
- NHS invoices by volume is well below target because 4 BHFT invoices were pulled off payment run due to cash shortages and another 4 other invoices were not approved on time.
- Year to date only NHS Invoices by value achieved the 95% target.