

<b>Title of meeting: Governing Body</b>										
<b>Date of Meeting</b>	14 <sup>th</sup> November 2018				<b>Paper Number</b>	5.1				
<b>Title</b>	Financial Performance report for September 2018 (M6)									
<b>Sponsoring Director</b> (name and job title)	Nigel Foster – Director of Finance									
<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 (September 2018).									
<b>The Governing Body is required to (please tick)</b>										
<b>Decision</b>		<b>Review</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.									
<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>	Date Deputy CFO sign off .....									

<p><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></p> <p><i>Include date the Director of Nursing has signed off the quality implications)</i></p>	<p>Date Director of Nursing sign off.....</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 6 the CCG reported a year to date surplus in line with plan and are forecasting to meet the planned surplus of £124k for the year.</p> <p>The updated forecast reflects additional cost pressures of (£920k) which have been accommodated in the position through the full release of the remaining contingency £1.4m. The key movements are shown below:</p> <ul style="list-style-type: none"> <li>• Acute contracts (£1,310k)</li> <li>• Mental Health placements (£150k)</li> <li>• Equipment (£120k)</li> <li>• Prescribing £102k</li> <li>• Primary care delegated £227k</li> <li>• Programme projects and non-recurrent programmes £291k</li> <li>• Other £39k</li> </ul> <p>The acute position has moved adverse due to a (£1.8m) increase in the Frimley forecast. This month's reported forecast reflects the movement in M4 &amp; M5 data. Elective has increased in this period, in part due to waiting list work that was undertaken in both July and August, particularly in T&amp;O. There are also increased levels of non-elective activity, particularly at Frimley Park however until M5 is frozen it is hard to identify clearly the type of activity that has driven this.</p> <p>The Buckinghamshire contract has also moved adverse, largely due to stroke activity (£213k). Mitigating these movements are improvements to the Royal Berkshire £220k, which is due to additional</p>	

IR funding and Ashford and St Peter's £172k contracts. In addition there is a non-recurrent benefit from the settlement of 1718 contracts for Royal Berkshire and Oxford University hospitals, total £410k.

Mental Health placements are showing a significant adverse movement from the inclusion of back-dated costs related to a single LD patient who has previously been billed to another CCG. This is an additional cost of (£350k), which has been mitigated by the release of accruals £200k leaving a net pressure of (£150k).

The equipment budget continues to be pressured and the forecast now fully reflects the year to date over-performance. This is caused by an increased level of prescriptions and a reduced recycling rate, currently 56.8%, below the target rate of 70%.

The underlying position in Prescribing has improved while further tariff pressures have been reflected in the performance. Primary care delegated is showing a small underspend which reflects reserves that have been released to offset a locally commissioned scheme (LCS). Programme projects and non-recurrent programmes have moved more favourable reflecting the alignment of budgets and forecasts.

The remaining contingency and uncommitted reserves have been released to mitigate the position. This leaves £0.7m of uncommitted reserves available to mitigate the position.

The key risks are listed below:

- Over-performance of acute contracts and QIPP delivery
- Contract values still being finalised; Royal Berkshire FT and Surrey and Borders partnership being the 2 contracts where values are not agreed.
- Continuing Care costs – further work is being carried out to review spend against the patient database, although early indications are that there may be a benefit from this exercise.

The CCG underlying surplus has reduced reflecting non recurrent benefits from finalising prior year contracts and releasing surplus actuals. These totalled £710k, which has reduced the underlying surplus from £1.3m to £0.7m.

I would like to highlight:

- The forecast for the acute provider data is based on 5 month of activity. The level of un-coded activity at Frimley has increased slightly at 2121 spells costed at £3.7m (an increase of £0.9m).
- As the Board are aware, for 2018/19 the CCG is being monitored against an ICS "System Control Total" rather than an individual organisational control total. (The system control total is made up of the sum of the control totals for the three CCGs in the ICS, 100% of the control total for Frimley Health, 40% of the control total for Berkshire Healthcare and 22% of the control total for Surrey & Borders). The ICS Board receive a monthly monitoring report on the delivery of the System Control Total. Based on Month 5 numbers, the ICS is showing a potential residual system risk of £3.4m after taking account of known actions and mitigations. The ICS Board are seeking to identify further mitigations, but if they are not found and the system does miss the control total by this amount, then the provider trusts in the ICS would lose £5.1m of "Provider Sustainability Funding" .
- The first ICS Executive Planning session took place on the 19<sup>th</sup> October 2019, where all ICS partners attended. The agenda covered the planning approach, engagement, and financial context.

- The planning timetable has been received from NHSE England and the key dates are shown below.

**Key dates:**

- Planning guidance – early December 2018
- Publication of 5 year allocations, near final tariff assumptions, contracting guidance and control total for 19/20 – mid December
- Initial plan submission for 19/20 – 14 January 2019
- Draft operating plans 19/20 – 12 February
- Deadline for 2019/20 contract signature
- Governing body approval of budgets – 29 March
- System 5 year budgets - Summer 2019

**Recommendation(s)**

The Governing Body is requested to note this report.

## FINANCIAL PERFORMANCE TO SEPTEMBER 2018

### MONTH 6 2018/19

#### 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	62		✓	0.00%	Variance against Plan
Financial Position Forecast Outturn	Planned FOT in-year surplus	124		✓	0.00%	Variance against Plan
Running Costs Actual YTD	Running Costs YTD Plan	4,630		✓	0.00%	Variance against Plan
Running Costs Forecast Outturn	Running Costs Annual Plan	9,499		✓	0.00%	Variance against Plan
QIPP Forecast Outturn	QIPP Annual Plan	8,513		X	81.7%	Projecting 100% achievement
Creditors - Better Payment Practice Code	Target of 95%		96.80%	X	1.80%	%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	161	0.37%	✓	0.88%	%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		Work on key items within the Frimley documentation.	Work plan being developed to agree 18/19 FOT with Trust. Joint 30th Sep commissioning intentions letter signed by ICS partners and circulated to all associate Commissioners. Plan models for 19/20 developed and discussions started on the forthcoming year	Iain McKenzie (CSU)	Update for M7
	Contract development for 2017-2019	Finalising the Royal Berkshire contract	Offer for 18/19 received from RBH which was greater than expected, rejected and counter offer being worked up in response	Iain McKenzie (CSU)	Update for M7
		Surrey and Borders Partnership contract	Revised offer for 18/19 received from SaBP, rejected as "block" offer with additional cost per day for inpatients not acceptable. Negotiations on-going to agree counter offer	Iain McKenzie (CSU)	Update for M7
CCG	Delivering 18-19 QIPP plans	Budget Management	Head of PMO has been seconded to the ICS PMO team full time - a one year fixed term contract/secondment has been successfully recruited to. Scoping of opportunities for 19/20 has started, along with identification of additional schemes to improve QIPP position during 18/19.	Fiona Slevin-Brown/Ian Murdock/Debbie Fraser	Update for M7

## 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
NCSO	No cheaper stock obtainable (with reference to drugs)
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)
YOY	Year on year
YTD	Year-to-date (1 April-end of reported month)



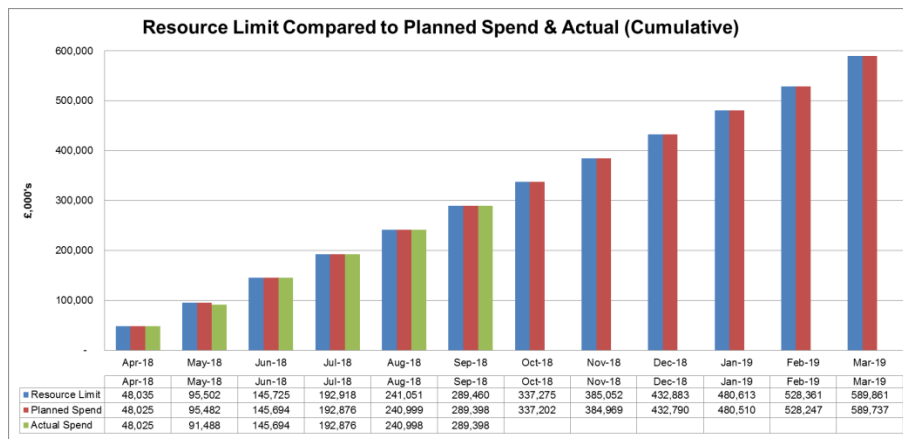
## Section C – Financial Performance

Summary of position (variance against plan)	Month 6 September 2018			Previous month		Forecast		Previous month
	YTD Plan £'000	YTD Actual £'000	Variance to plan £'000	Variance to plan £'000	Annual Plan £'000	Forecast outturn £'000	Forecast Variance £'000	Forecast Variance £'000
<b>Commissioning</b>								
Planned and Unscheduled Care	151,435	152,572	(1,136)	(1,802)	300,988	305,248	(4,260)	(3,013)
Mental Health, Joint & CHC	45,461	44,389	1,072	1,454	90,922	90,876	46	306
Community	18,956	19,311	(355)	30	37,059	37,191	(132)	(152)
Primary Care & Prescribing	58,512	58,487	25	111	120,320	119,942	379	96
Reserves	387	0	387	228	10,926	6,963	3,962	3,042
Other Services	10,019	10,010	9	(19)	20,023	20,018	5	(279)
<b>Commissioning sub-total</b>	<b>284,770</b>	<b>284,768</b>	<b>2</b>	<b>2</b>	<b>580,238</b>	<b>580,238</b>	<b>(0)</b>	<b>(0)</b>
Running Costs	4,628	4,630	(2)	(2)	9,499	9,499	0	(0)
<b>Actual Spend sub-total</b>	<b>289,398</b>	<b>289,398</b>	<b>0</b>	<b>0</b>	<b>589,737</b>	<b>589,737</b>	<b>(0)</b>	<b>(0)</b>
In-year Surplus	62	62	0	0	124	124	0	0
<b>Total CCG Allocation</b>	<b>289,460</b>	<b>289,460</b>	<b>0</b>	<b>0</b>	<b>589,861</b>	<b>589,861</b>	<b>(0)</b>	<b>(0)</b>

Memo: Cumulative Surplus breakdown:	Plan £'000
2017-18 planned surplus	12,125
Release of NR 0.5%	2,504
Category M saving	523
2017-18 Reported Surplus carried forward	15,152
Drawdown of brought forward surplus for 2018-19	(722)
2018-19 in-year planned surplus	124
2018-19 cumulative planned surplus	14,554

## Key Points

- The opening in-year allocation for the year was £587,286k. Additional allocations amounting to £1,010k have been received up to month 6, which are detailed on page 6.
- The CCG is still forecasting to meet the planned in-year surplus of £124k.
- Planned & Unscheduled Care is currently showing an overspend for both the YTD and forecast. The YTD overspend is predominantly driven by Frimley (£1,773k) and RBH (£535k). The forecast variance for Frimley is (£4,141k), the RBH forecast is (£628k).
- Mental Health, Joint & CHC is now reporting a favourable YTD variance of £1,072k. This is largely due to the release of prior year accruals from the related to S117 placements which are underspent by £628k YTD and forecast to underspend by £167k at year end.



## D – Revenue Resource Allocation

Confirmed Resource Limit to Current Budget	£'000
<b>Initial Resource Limit</b>	
- Commissioning Costs	521,322
- Running Costs	9,458
	<b>530,780</b>
<b>Confirmed Initial Resource Limit</b>	<b>467</b>
Moved from Delegated to Programme - GPFV	<b>(467)</b>
Moved from Delegated to Programme - GPFV	<b>(467)</b>
LTBI Qtr 1 allocation	27
Diabetes Transformation Fund: TT DTCS05	40
Diabetes Transformation Fund: DISN DTCS05	56
Diabetes Transformation Fund: MDFT DTCS05	69
Diabetes Transformation Fund: SE DTCS05	72
Infrastructure funding for STPs	209
Maternity Transformation Funding - LMS Funding 18-19	349
IPS Wave 1 Transformation Funding (Q1 & Q2)	83
DWP Employment Advisers in IAPT	115
Perinatal Comm Services Development Fund 1st alloc	309
GPFV-Improving Access to General Practice	228
Perinatal funding Apr-Sep 2018	<b>(126)</b>
Transformation - M04 IAT Adjustment for IR Changes	<b>(30)</b>
LeDeR LD funding (mortality reviews)	10
UEC - Transformation Funding	21
AfC Pay award uplift	42
AfC Pay award uplift - Programme	27
MOCH programme Y1Q1 and Y1Q2 funding	64
Transfer of Adult Flu & Pneumococcal funding	<b>(480)</b>
2018 GP OOH Services Funding Allocation	17
MOCH funding Y1Q3	32
IPS Wave 1 Transformation Funding (Q3 allocation)	42
M06 IAT Adjustment for RBFT IR Changes	1,162
Diabetes Transformation	237
	<b>533,355</b>
<b>Allocation In Year</b>	<b>533,355</b>
<b>2018-19 Primary Care Delegated budget</b>	<b>56,506</b>
<b>Allocation in Year, including delegated budgets</b>	<b>589,861</b>

## Key Points

- Current resource limit received from NHS England.
- The opening in-year allocation for the year is £587,286k, which includes a drawdown of £722k from our historic surplus which is reflected in our non-recurrent investments.
- Additional funds have been received to support diabetes, TB, maternity, urgent and emergency care, LD mortality reviews and various mental health initiatives, such as perinatal, IAPT, IPS (Individual placement and support) plus funding for the ICS and further Primary care access funding.
- Funding and expenditure for Flu and Pneumococcal has transferred to NHS England in month 6.
- Additional funds have been received from NHS England reflecting a revised IR impact at Royal Berkshire FT.

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

Month 6 September 2018	Planned and Unscheduled Care £'000	Joint & Continuing Care £'000	Community Care £'000	Primary care & Prescribing £'000	Other £'000	Running Costs £'000	Reserves £'000	In-year Surplus £'000	Total £'000
<b>Month 5 Plan</b>	<b>300,667</b>	<b>90,896</b>	<b>37,067</b>	<b>120,027</b>	<b>20,001</b>	<b>9,499</b>	<b>10,571</b>	<b>124</b>	<b>588,851</b>
<b>Month 6 Adjustments</b>									
2018 GP OOH Services Funding Allocation							17		17
MOCH funding Y1Q3							32		32
IPS Wave 1 Transformation Funding (Q3 allocation)							42		42
Transfer of Adult Flu & Pneumococcal funding to NHSE				(480)					(480)
Innovation Reserve Primary care £3				662			(662)		0
Alcohol Liason Service	89						(145)		(56)
Alcohol Liason Service Spare - specific general reserve							56		56
Planned care Evolution budget	12						(12)		0
Move BCF Central Surrey Health Budget to Reserve			(113)				113		0
Reinstate Community Leg Ulcer Budget			58				(58)		0
Reinstate Community nursing review Budget			75				(75)		0
Physician associates budget					20		(20)		0
Align BHFT MH budget with heads		(2)					2		(0)
RBFT IR adjustment	220								220
Release RBFT IR adjustment in reserves							942		942
Anticipatory Care LCS Budget				111			(111)		0
Diabetes Transformation Q1 & Q2							237		237
Adjust the BCF Budget for Surrey County Council in order to remove uplift					(7)		7		0
Fund Windsar care(henley suite) from Comm SLA Exc		28	(28)						0
<b>Month 6 Plan</b>	<b>300,988</b>	<b>90,922</b>	<b>37,059</b>	<b>120,320</b>	<b>20,014</b>	<b>9,499</b>	<b>10,936</b>	<b>124</b>	<b>589,861</b>
<b>Month 6 Plan vs Month 5 Plan</b>	321	26	(8)	293	13	0	364	0	1,010

## Section E – Treasury Management

### Statement of Financial Position as at 30 September 2018

Statement of Financial Position as at:	As at 31st March 18	As at 31st August 18	Movement	As at 30th September 18
30-Sep-18	£000	£000	£000	£000
Non Current Assets	67	49	27	76
<b>Total Non Current Assets</b>	<b>67</b>	<b>49</b>	<b>27</b>	<b>76</b>
NHS Receivables - Revenue	5,142	6,752	(1,425)	5,327
NHS Prepayments and Accrued Income	11,329	3,667	(929)	2,738
Non-NHS Receivables - Revenue	1,768	(236)	461	225
Non-NHS Prepayments and Accrued Income	947	1,628	374	2,002
Other Receivables	75	17	52	69
<b>Total Trade and Other</b>	<b>19,261</b>	<b>11,828</b>	<b>(1,467)</b>	<b>10,361</b>
Cash	448	(252)	779	527
<b>Total Assets</b>	<b>19,776</b>	<b>11,625</b>	<b>(661)</b>	<b>10,964</b>
NHS Payables - Revenue	(13,161)	(12,951)	168	(12,783)
NHS Accruals and Deferred Income	(21,427)	(13,822)	(1,029)	(14,851)
Non-NHS payables - Revenue	(16,884)	(15,940)	147	(15,793)
Non-NHS payables - Capital	(15)	0	(30)	(30)
Non-NHS Accruals and Deferred Income	(15,045)	(19,337)	(337)	(19,674)
Other Payables	(7,360)	(3,134)	193	(2,941)
Provisions	(3,583)	(2,803)	3	(2,800)
<b>Total Current Liabilities</b>	<b>(77,475)</b>	<b>(67,987)</b>	<b>(885)</b>	<b>(68,872)</b>
Total non Current Liabilities	0	0	0	0
<b>Total Assets Employed</b>	<b>(57,699)</b>	<b>(56,362)</b>	<b>(1,546)</b>	<b>(57,908)</b>
General Fund	(57,699)	(56,362)	(1,546)	(57,908)
<b>Total Taxpayers Equity</b>	<b>(57,699)</b>	<b>(56,362)</b>	<b>(1,546)</b>	<b>(57,908)</b>

### Key Points:

- Current Trade and Other receivables have decreased by £1,467k to £10,361k.
- Cash has increased by £779k from negative £252k at the end of August to positive £527k at the end of September. The actual cash balance at bank was £161k at month end. This was due to timing difference between payment journals being posted to the ledger and cash leaving the bank account.
- Total Current Liabilities have increased by £885k and now stand at £68,872.

### Debtors

Aged Debtors	NHS Debtors		Non NHS Debtors		Total	
	Value (£000)	Number	Value (£000)	Number	Value (£000)	Number
Less than 31 days (Not Due)	4,185	11	8	19	4,193	30
Between 31 - 60 days	170	65	26	12	196	77
Between 61 - 90 days	2	1	1	4	3	5
Greater than 90 days	1,216	289	197	66	1,413	355
<b>Total</b>	<b>5,573</b>	<b>366</b>	<b>232</b>	<b>101</b>	<b>5,805</b>	<b>467</b>

### Key Points:

- At the end of month the CCG has debtors totaling £5,805k of which £1,413k is over 90 days overdue. This balance relates to NHSE £954k, Brants Bridge £206k, Slough Borough Council £173k and other £80k which are still considered to be 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
265,752	23,437	289,189	588,489	49.14%

### Key Points:

- The CCG processed a cash draw down of £42.9m in the month. The charge against prescribing stands at £19.5m giving a total charge year to date of £242m against current cash allocation of £587.5m for the year.
- At the end of the month the CCG had a bank balance of £161k which is 0.37% of cash drawn down for the month and below the 1.25% target.

**Creditors**

Aged Creditors - value	Not Due £000	Overdue 1-30 days £000	Overdue 31-60 £000	Overdue 61-90 £000	Overdue 90+ days £000	Total £000
At 31st July	33,150	3,612	946	255	7,057	<b>45,020</b>
At 31st August	33,416	2,250	884	1,084	7,026	<b>44,660</b>
At 30th September	30,914	1,463	966	700	7,364	<b>41,407</b>
Aged Creditors - volume	Nos	Nos	Nos	Nos	Nos	Total
At 31st July	1,003	366	161	170	1,134	<b>2,834</b>
At 31st August	803	313	165	132	1,143	<b>2,556</b>
At 30th September	749	256	157	113	1,189	<b>2,464</b>

**Key Points:**

- Creditors (unpaid invoices on the system) stand at £41.4m on 30<sup>th</sup> September, a decrease of £3,256k from the previous month due to SBC BCF invoices of £1,370k and London increased SLA invoices paid in the month.
- Creditors over 90 days stand at £7.3m.

NB: These charts have been revised to show monthly data and YTD actual.

**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	199,950	2,802	43,675	9,689	243,625	12,491
Total invoices paid within 30 days	198,414	2,633	38,306	9,376	236,720	12,009
% Paid within 30 days	99.2%	94.0%	87.7%	96.8%	97.2%	96.1%
Rating	<b>Green</b>	<b>Amber</b>	<b>Amber</b>	<b>Green</b>	<b>Green</b>	<b>Green</b>

- The above position relates to the average total performance year to date of invoices paid within a 30 day period, compared to the Department of health 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 below target by volume. This is due to London Trust invoices and credit notes which missed the payment run in June.
- Payment of non NHS invoices is below target by value and above target by volume due to some large local authority invoices missed the target in May. These are payments for BCF and not time critical, so the chart shows a memo line to record the performance excluding these from the metric.

