

<b>Title of meeting: Governing Body</b>											
<b>Date of Meeting</b>			12th March 2019			<b>Paper Number</b>			4.1		
<b>Title</b>						Financial Performance report for January 2019 (M10)					
<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 10 (January 2019).					
<b>The Governing Body is required to (please tick)</b>											
<b>Decision</b>		<b>Review</b>		<b>Discuss</b>		<input checked="" type="checkbox"/>	<b>Note</b>		<input checked="" type="checkbox"/>	<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 10 the CCG reported a year to date surplus in line with plan and is on track to meet the planned surplus of £124k for the full year.</p> <p>The position has moved further adverse to accommodate the ICS wide agreement with Frimley Health. This has increased the Frimley forecast by (£3.3m), reflecting the agreed contract settlement of £222.4m, an over-performance of 3.6% from the original contract value of £214.6m. Work is underway to understand how much of this settlement relates to activity over performance and how much relates to support.</p> <p>Further cost pressures have been accommodated from other acute contracts (£0.4m), notably Ashford and St Peter's (£0.13m), Oxford University Hospitals (£0.13m) and London Trusts (0.07m). Continuing Healthcare admin costs have increased by (£0.25m) as previously agreed at Governing Body.</p> <p>Mitigating these pressures are the release of prior year surplus accruals of £2.2m made up of: £1.0m Non-recurrent programmes, £0.6m in CHC, £0.2m in Clinical leads, £0.3m in acute non-contracted activity and the settlement of acute contracts from 1617 and 1718 amounts to £0.04m. This includes an estimate for 4 acute prior year contracts that are pending final settlement.</p> <p>The Surrey and Borders contract has now been agreed at the original planned contract value and includes all in-patient activity, which had previously been disputed. We had been forecasting a £0.5m cost pressure within Mental Health NCA cost, which has now been removed in this forecast. Other reductions means that the MH NCA forecast has improved by £0.7m.</p>	

A number of other budgets have improved reflecting underspends in-year, these include: Community contracts £0.3m, IFR costs £0.1m and Community equipment £0.1m, which has improved due to increased recycling rates.

The underlying position for the CCG has further deteriorated as recurrent cost pressures are being offset with non-recurrent benefits. In Month 10 (£2.2m) of prior year accruals have been released to mitigate recurrent cost pressures. Partially offsetting this is the recognition of full year effects from QIPP savings delivered this year. A more detailed calculation has been made on this as part of the planning submission. Previously we had made a prudent assumption of a £1.1m benefit, which has now been revised up to £2.9m. The revised underlying position for month 10 is a (£1.1m) deficit, a deterioration of (£0.6m).

A further recurrent net pressure on the CHC programme budget has been identified, (£0.2m), which is not reflected in this forecast. This is made up of a pressure of £0.9m on CHC packages offset by a reduction of £0.7m on funded nursing care packages. The balance can be mitigated non-recurrently.

Discussions continue with Royal Berkshire FT with a view to agreeing a year-end settlement.

I would like to highlight:

- The forecast for the acute provider data is based on 9 months of activity.
- The financial plan for 2019-20 was submitted on Tuesday 12<sup>th</sup> February 2019.

#### **Recommendation(s)**

The Governing Body is requested to note this report.

## FINANCIAL PERFORMANCE TO JANUARY 2019

### MONTH 10 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	103		✓	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	7,724		✓	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	8,354	80.2%	X	(19.8%)	Projecting 100% achievement
Creditors - Better Payment Practice Code	Target of 95%		96.90%	✓	1.90%	%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	185	0.43%	✓	0.82%	%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.	18/19 contract financial values agreed. Full year activity and additional contribution. ICS system deep dive analysis presented to senior managers. Data integrity agreed and further work being rolled out. 19/20 planning continues, activity alignment for 12th Feb submission. Local planning with financial values on-going	Iain McKenzie (CSU)	Update for M11
	Contract development for 2017-2019	Finalising the Royal Berkshire contract	On-going discussions with RBFT to agree 18/19 financial contract values	Iain McKenzie (CSU)	Update for M11
		Surrey and Borders Partnership contract	Activity analysis and pathway redesign identified anomalies in S&BP reported position. Contract offer of £580k for 18/19 agreed by CCG and S&BP - this value meets CCG plan envelope	Iain McKenzie (CSU)	Update for M11
CCG	Delivering 18-19 QIPP plans	Budget Management	QIPP Delivery Lead started in post on December 3rd on a one year secondment. The post holder has been reviewing reporting methodologies as part of the M10 reporting process and meeting with Project leads to receive updates on progress in achieving delivery milestones. A number of improvements to data reporting have been introduced, most notably in the ICDM and End of Life schemes.	Fiona Slevin-Brown/Ian Murdock/Debbie Fraser	Update for M11

## Section B – Contents

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## B1 – Abbreviations and acronyms used

2017/18	Financial Year from 1 April 2017 – 31 March 2018
2018/19	Financial Year from 1 April 2018 – 31 March 2019
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

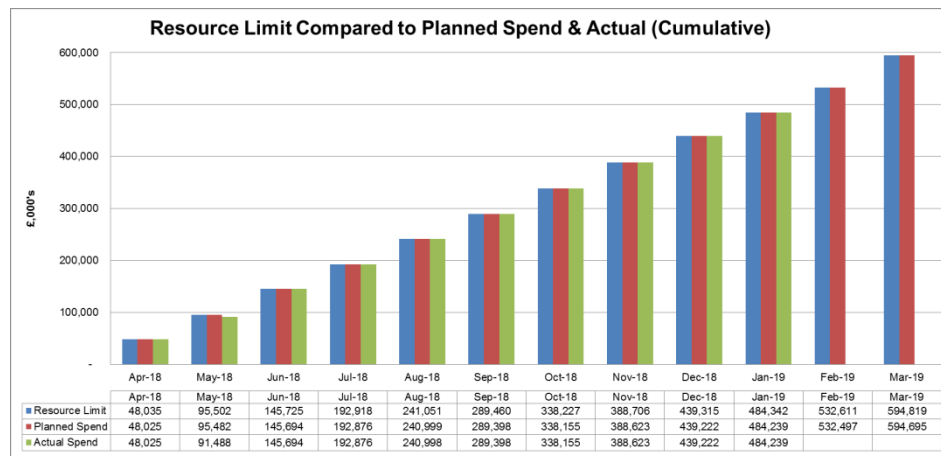
NHS FT	NHS Foundation Trust
ORCP	Operational Resilience & Capacity Planning
PBR	Payment By Results – payment system (based on Healthcare Resource Groups) used mainly in acute contracts
PLCV	Procedures of Limited Clinical Value
POD	Point of Delivery – area of acute care activity of similar type (e.g. 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 10 January 2019			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	Forecast Variance £'000
<b>Commissioning</b>									
Planned and Unscheduled Care	251,402	256,145	(4,743)	(5,621)	301,696	310,204	(8,507)	(5,245)	
Mental Health, Joint & CHC	75,817	74,712	1,105	1,006	90,959	90,648	311	(678)	
Community	31,383	31,338	45	(563)	38,449	38,417	31	(323)	
Primary Care & Prescribing	98,187	98,186	0	37	121,046	120,948	97	38	
Reserves	2,230	0	2,230	5,529	12,162	5,368	6,794	6,186	
Other Services	17,497	16,135	1,363	(388)	20,884	19,611	1,274	22	
<b>Commissioning sub-total</b>	<b>476,515</b>	<b>476,515</b>	<b>(0)</b>	<b>(0)</b>	<b>585,196</b>	<b>585,196</b>	<b>0</b>	<b>0</b>	
Running Costs	7,724	7,724	0	0	9,499	9,499	0	0	
<b>Actual Spend sub-total</b>	<b>484,239</b>	<b>484,239</b>	<b>(0)</b>	<b>0</b>	<b>594,695</b>	<b>594,695</b>	<b>0</b>	<b>0</b>	
In-year Surplus	103	103	0	0	124	124	0	0	
<b>Total CCG Allocation</b>	<b>484,342</b>	<b>484,342</b>	<b>(0)</b>	<b>0</b>	<b>594,819</b>	<b>594,819</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, including Primary Care delegated. Additional allocations amounting to £7,533k have been received up to month 10, 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 overspent, both the YTD and forecast. The YTD overspend is predominantly driven by Frimley Health (£5,560k) and Royal Berkshire FT (£877k). The forecast variance for Frimley Health is (£7,841k), which now reflects the agreed settlement, and the RBFT forecast variance is (£1,235k).
- Mental Health, Joint & CHC is continuing to report a favourable YTD variance of £1,105k, with a FOT underspend of £311k. The movement in variance is largely due to:
  - non-recurrent benefits from surplus prior year accruals and provisions being released into the YTD position, both in mental health placements and CHC,
  - favourable FNC programme spend that is not yet reflected in the forecast, pending validation.
  - The phasing of spend, eg Camhs, which is weighted towards the second half of the year.
  - In addition, further spend has been identified that is not reflected in this forecast following further data quality



## 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>Confirmed Initial Resource Limit</b>	<b>530,780</b>
Moved from Delegated to Programme - GPFV	467
Moved from Delegated to Programme - GPFV	(467)
LTBI Qtr 1 allocation	27
Diabetes Transformation funding Q1	237
Infrastructure funding for STPs	209 ICS
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 - Berkshire West Transfer	(126)
Transformation - M04 IAT Adjustment for IR Changes	(30)
LeDeR LD funding (mortality reviews)	10
UEC - Transformation Funding	21 ICS
AfC Pay award uplift	42
AfC Pay award uplift - Programme	27
MOCH programme Y1Q1 and Y1Q2 funding	64 ICS
Transfer of Adult Flu & Pneumococcal funding	(480)
2018 GP OOH Services Funding Allocation	17
MOCH funding Y1Q3	32 ICS
IPS Wave 1 Transformation Funding (Q3 allocation)	42
M06 IAT Adjustment for RBFT IR Changes	1,162
Diabetes Transformation funding Q2	237
Excess Treatment Programme. Gateway ref: 08385 & 08651	(12)
LTBI Qtr 2	26
Frimley ICS - Uncommitted Transformation Funds 2018/19	3,176 ICS
TVN Cancer Alliance Funding Q1 and Q2	391
Charge Exempt Overseas Visitor (CEOV) annual adjustment	(266)
LTBI Quarter 3 allocation	27
ICS Population Health Management Transformation Funds	178 ICS
Perinatal Comm Services Development Fund Wave 2	310
Improving Access to General Practice: Buddying Network Allocation	5
Perinatal 18/19 2nd tranche - Berkshire West Transfer	(126)
MOCH Programme funding Y1 Q4	32 ICS
Quality Premium Tranche 1 Measures 2 - 6	759
Diabetes Transformation funding Q3	237
East Berkshire CHC SIP Fast Track Project	15
UEC STP monies 1819	21 ICS
To develop local non-executive community networks across the local STP or ICS	3 ICS
To develop local non-executive community networks across the local STP or ICS	50 ICS
IPS Wave 1 Transformation Funding (Q4)	41
Correction Month 10 - AfC Pay award uplift	(42)
Correction Month 10 - AfC Pay award uplift - Programme	(27)
Correction Month 10 - AfC Pay award uplift	42
Correction Month 10 - AfC Pay award uplift - Programme	27
DWP Employment Advisers in IAPT	86
Retained Doctors Scheme 2016 - 2018 Q3 reimbursement	5
<b>Allocation In Year</b>	<b>538,313</b>
<b>2018-19 Primary Care Delegated budget</b>	<b>56,506</b>
<b>Allocation in Year, including delegated budgets</b>	<b>594,819</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, (480k).
- Additional funds (£1,162k) have been received from NHS England reflecting a revised IR impact at Royal Berkshire FT.
- ICS Transformation funds totalling £3,786k have been received which are hosted by East Berkshire CCG on behalf of the ICS.
- The CCG have received a funding reduction for overseas visitors (£266k) in month 8. Although our costs for overseas visitors have been growing year on year it would appear that other CCGs are seeing even larger growth and therefore we receive a smaller share of the national pot.
- Perinatal funding is Berkshire wide and is hosted by East Berkshire CCG. The agreed share has been transferred to Berkshire West CCG.
- Quality Premium funding of £759k has been received in month 9.

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

Month 10 January 2019	Planned and	Joint &	Community	Primary care	Other	Running	Reserves	In-year	Total
	Unscheduled Care	Continuing Care	Care	& Prescribing		Costs		Surplus	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b>Month 9 Plan</b>	<b>301,049</b>	<b>90,897</b>	<b>38,410</b>	<b>121,030</b>	<b>20,597</b>	<b>9,499</b>	<b>13,122</b>	<b>124</b>	<b>594,728</b>
<b>Month 10 Adjustments</b>									
ICS Population Health Management Transformation Funds					178		(178)		0
Infrastructure funding for STPs					209		(209)		0
Moving BCF Unallocated Funds to Commissioning Reserve					(170)		170		0
Correct OUH budget	2						(2)		0
DWP money received in M10 Allocation							86		86
Drawdown of TB allocation Q2 and A3					53		(53)		0
Individual placement support - additional funding		41					(41)		0
Return surplus leg ulcer budget			(29)				29		0
Children's palliative care (Alexander Devine)			62				(62)		0
Uplift budget to reflect podiatry contract	47						(47)		0
Draw from specific reserves (Bid money) Diabetes	598						(598)		0
GPFV - Retained Doctor Scheme							5		5
AfC Pay award uplift - Programme		21	6	16	17		(60)		0
<b>Month 10 Plan</b>	<b>301,696</b>	<b>90,959</b>	<b>38,449</b>	<b>121,046</b>	<b>20,884</b>	<b>9,499</b>	<b>12,162</b>	<b>124</b>	<b>594,819</b>

## Section E – Treasury Management

### Statement of Financial Position as at 31<sup>st</sup> January 2019

Statement of Financial Position as at: 31-Jan-19	As at 31st March 18 £000	As at 31st December 18 £000	Movement £000	As at 31st January 19 £000
Non Current Assets	67	69	(3)	66
<b>Total Non Current Assets</b>	<b>67</b>	<b>69</b>	<b>(3)</b>	<b>66</b>
NHS Receivables - Revenue	5,142	217	823	1,040
NHS Prepayments and Accrued Income	11,329	2,536	(85)	2,451
Non-NHS Receivables - Revenue	1,768	292	88	380
Non-NHS Prepayments and Accrued Income	947	1,411	50	1,461
Other Receivables	75	145	(112)	33
<b>Total Trade and Other</b>	<b>19,261</b>	<b>4,601</b>	<b>764</b>	<b>5,365</b>
Cash	448	1,375	(1,971)	(596)
<b>Total Assets</b>	<b>19,776</b>	<b>6,045</b>	<b>(1,210)</b>	<b>4,835</b>
NHS Payables - Revenue	(13,161)	(10,414)	3,546	(6,868)
NHS Accruals and Deferred Income	(21,427)	(16,391)	(1,106)	(17,497)
Non-NHS payables - Revenue	(16,884)	(16,300)	(1,155)	(17,455)
Non-NHS payables - Capital	(15)	0	0	0
Non-NHS Accruals and Deferred Income	(15,045)	(15,345)	2,129	(13,216)
Other Payables	(7,360)	(7,885)	(240)	(8,125)
Provisions	(3,583)	(1,482)	0	(1,482)
<b>Total Current Liabilities</b>	<b>(77,475)</b>	<b>(67,817)</b>	<b>3,174</b>	<b>(64,643)</b>
Total non Current Liabilities	0	0	0	0
<b>Total Assets Employed</b>	<b>(57,699)</b>	<b>(61,772)</b>	<b>1,964</b>	<b>(59,808)</b>
General Fund	(57,699)	(61,772)	1,964	(59,808)
<b>Total Taxpayers Equity</b>	<b>(57,699)</b>	<b>(61,772)</b>	<b>1,964</b>	<b>(59,808)</b>

### Key Points:

- Current Trade and Other receivables have increased by £764k to £5,365k.
- Cash has decreased by £1,971k from positive £1,375k at the end of December to negative £596k at the end of January. The actual cash balance at bank was £185k 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 decreased by £3,174k and now stand at £64,643k.

### Debtors

Aged Debtors	NHS Debtors		Non NHS Debtors		Total	
	Value (£000)	Number	Value (£000)	Number	Value (£000)	Number
Less than 31 days (Not Due)	5,434	17	145	7	5,579	24
Between 31 - 60 days	8	1	159	6	167	7
Between 61 - 90 days	37	52	1	6	38	58
Greater than 90 days	71	281	73	87	144	368
<b>Total</b>	<b>5,550</b>	<b>351</b>	<b>378</b>	<b>106</b>	<b>5,928</b>	<b>457</b>

### Key Points:

- At the end of month the CCG has debtors totaling £5,928k of which £144k is over 90 days overdue. This balance relates to Brants Bridge £163k, Slough Borough Council £35k, TV priority £65k, Other £24k and NHSE credit note £143k, all of 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
443,175	38,954	482,129	594,818	81.05%

### Key Points:

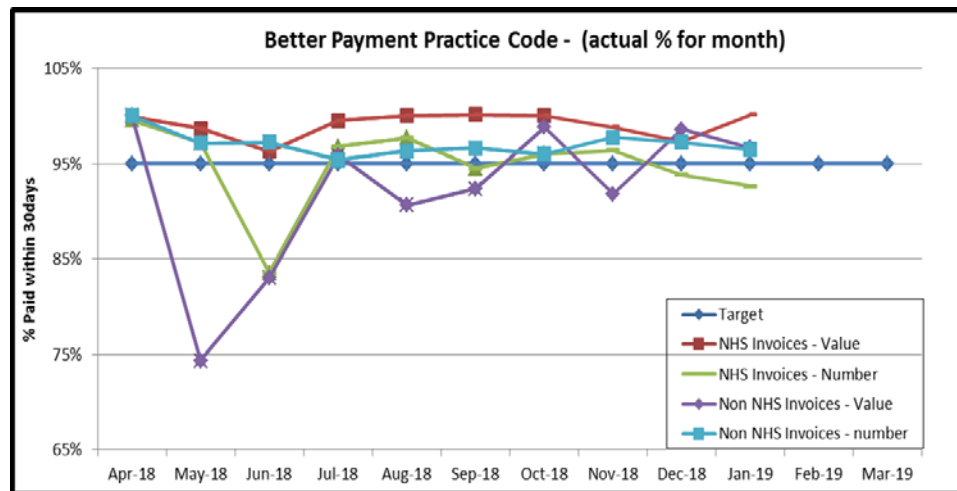
- The CCG processed a cash draw down of £43m in the month. The charge against prescribing stands at £39m giving a total charge year to date of £482m against current cash allocation of £594.8m for the year.
- At the end of the month the CCG had a bank balance of £185k which is 0.43% of cash drawn down 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 30th November	33,219	2,614	1,821	1,109	7,153	<b>45,916</b>
At 31st December	32,467	2,727	1,690	1,249	5,841	<b>43,974</b>
At 31st January	37,855	-1,356	1,275	1,284	6,797	<b>45,855</b>
Aged Creditors - volume	Nos	Nos	Nos	Nos	Nos	Total
At 30th November	928	323	169	92	1,094	<b>2,606</b>
At 31st December	714	262	194	117	990	<b>2,277</b>
At 31st January	726	292	171	151	1,041	<b>2,381</b>

**Key Points:**

- Creditors (unpaid invoices on the system) stand at £45.8m on 31<sup>st</sup> January, an increase of £1,881k from the previous month.
- Creditors over 90 days stand at £6.7m.



**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	346,411	4,523	73,227	16,966	419,638	21,489
Total invoices paid within 30 days	343,419	4,265	66,663	16,440	410,082	20,705
% Paid within 30 days	99.1%	94.3%	91.0%	96.9%	97.7%	96.4%
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 but volume is below target. This is due to London Trust invoices and credit notes which missed the payment run in June and still impacts YTD position.
- 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 below shows a memo (orange) line to record the performance excluding these from the metric.

