

MEETING:	Governing Bodies meetings in public	AGENDA ITEM:	7
DATE:	Thursday 8 March 2018		
TITLE:	Finance Report M10 (January 2018)		
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Reason for presenting this paper:	
For Action	
For Approval	
For Decision	
For Assurance	✓
For Information	

Summary of Purpose and Scope of Report:

<p>Purpose of the report and action required:</p> <p>The report details the Clinical Commissioning Groups' (CCG) combined financial position as at month 10, January 2018.</p> <p>The report covers:</p> <ol style="list-style-type: none"> 1. Executive summary 2. Forecast outturn 3. QIPP 4. Appendices containing further detail on <ul style="list-style-type: none"> • Income • Expenditure covering activity, spend and variances • Treasury management <p>Recommendation</p> <p>The Governing Bodies in common are asked to note the content of the attached report.</p>
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Strategic aims supported by this paper (please tick)	
Better Health in Bucks – to commission high quality services that are safe, accessible to all and achieve good patient outcomes for all	✓
Better Care for Bucks – to commission personalised, high value integrated care in the right place at the right time	✓
Better Care for Bucks – to ensure local people and stakeholders have a greater influence on the services we commission	
Sustainability within Bucks – to contribute to the delivery of a financially	✓

sustainable health and care economy that achieves value for money and encourages innovation	
Leadership across Bucks – to promote equity as an employer and as clinical commissioners	

Conflicts of Interest:

None to note

Governance requirements: (Please tick each box as is relevant to the paper)

Governance Element	Y	N	N/A	Comments/Summary
Patient & Public Involvement	✓			There has been no direct PPI, however, lay members sit on Executive Team, Governing Body and Finance committee at which these are reviewed.
Equality			✓	
Quality			✓	
Privacy			✓	
Financial	✓			
Risks			✓	
Statutory/Legal			✓	
Prior consideration Committees /Forums/Groups	✓			Finance Committee, Executive Committee
Membership Involvement			✓	There has been no direct membership involvement, however, members representatives in the form of Clinical and portfolio leads sit on Executive Team and Governing Body at which these are reviewed.

1. Executive Summary

- Emerging risks and over performance estimates clearly suggest that the CCG will miss the plan and deliver a significant deficit. A forecast year-end gap of £11.7m has been reported to NHS England in the last month with additional risk noted in the Non ISFE submission of £7.5m in relation to the Community Equipment stock. This is a significant increase on the £2.9m deficit that had been reported since M7.
- The forecast movement between M9 and M10 shows an overall movement of £8.8m deterioration to the position, leading to the reported forecast overspend of £11.7m. The main movements are:
 - Planned and Unscheduled Care worsened by £5.3m as result of triangulation with BHT, further deterioration in the Acute portfolio as a result of additional NEL activity above forecast and the creation of a contingency to cover further pressures.
 - CHC's forecast overspend position worsened by £3m as a result of the removal of any benefit from a settlement relating to the Arden & Gem claim and a reduction in assumed savings.
 - Prescribing's overspending position worsened by £0.5m due to an increase in pressures in the NCSO forecast.
- The forecast position for the acute providers shows a full year over performance against contracts of £24.2m. This includes forecast over performance of £11.3m for BHT, £4.0m at Frimley, £1m contingency and £7.9m for other acute providers (including Ambulance). The pressures at BHT remain driven by Elective and Non Elective activity and in other contracts relate to Non Elective activity.
- The CCG submitted a £25.3m QIPP target to NHSE England on 23 December. It is currently forecast that the CCG will deliver 79% of this before the application of mitigations.
- In assessing its risks and mitigations the CCG has assumed full use of all available contingencies and the release of some of the commitments that have been anticipated.
- The CCG originally planned to improve its recurring run rate to deliver a sustainable break even position. At present, the emerging risks imply that the CCG will not achieve a breakeven run rate during the financial year.

2. Forecast outturn

Reported forecast and risks

The table below reports the pressures, risks and mitigations that are affecting the CCGs' financial plan and that generate a forecast deficit. The £11.7m forecast deficit has been reported to NHSE at month 10 with a further risk of £7.5m for Community Stock.

Table 1 – forecast outturn

Summary of position - Combined CCGs		Month 10 January 2018			
Month 10 January 2018	Plan	Variance to plan	Annual Plan	Forecast outturn	Forecast Variance
	£'000	£'000	£'000	£'000	£'000
Commissioning					
Planned and Unscheduled Care	330,401	(17,735)	398,788	422,973	(24,185)
Prescribing	55,212	(1,939)	66,254	66,582	(328)
Mental Health & Joint Care	51,113	(2,148)	61,415	63,426	(2,011)
Continuing Healthcare	44,669	(8,989)	53,603	63,811	(10,208)
Delegated Co-Commissioning	54,461	0	66,788	65,300	1,488
Primary Care IT	1,176	(0)	1,411	1,240	171
Other / Reserves	6,126	14,197	20,410	5,173	15,237
Assumed QIPP delivery	0	0	0		0
Commissioning sub-total	543,156	(16,615)	668,669	688,505	(19,836)
Running Costs	9,573	426	11,635	10,999	636
Planned Surplus	104	0	125	125	0
Planned/Actual Spend Sub Total	552,834	(16,189)	680,429	699,629	(19,200)
C/Fwd 2016-17 Surplus	10,087	0	12,105	12,105	0
Forecast Pre Recovery Plan	562,921	(16,189)	692,534	711,734	(19,200)
Community Stock				(7,500)	7,500
Bucks CCG Forecast	562,921	(16,189)	692,534	704,234	(11,700)

3. QIPP

The table below shows that the CCG is forecasting 79% QIPP delivery.

Table 2 - QIPP performance

Financial and Non-Financial Benefits Summary Month 10						
QIPP Summary - month 10	Plan £'000	Forecast £'000	%	YTD Plan £,000	YTD Actual £'000	YTD %
RC0000 Right Care Programme Board						
Total	£6,184	£7,023		£5,153	£6,130	119%
UC0000 Urgent Care Delivery Board Total						
Total	£1,983	£1,567		£1,653	£1,113	67%
CS0000 Community Services Programme Board						
Total	£1,884	£183		£1,570	£182	12%
CO0000 Corporate Total						
Total	£13,908	£9,879		£11,590	£8,100	70%
JC0000 Joint Commissioning Programme Board						
Total	£200	£443		£167	£378	227%
BU0000 Business As Usual (BAU) Total						
Total	£1,100	£669		£917	£669	73%
Total LO0000 Localities Total						
Total	£0	£0		£0	£0	0%
QIPP Scheme Total	£25,259	£19,764	78%	£21,049	£16,573	79%
Mitigation Schemes :	£0			£0	£0	
- Balance Sheet review		£0			£0	
- Headroom balance		£2,309			£1,826	
- Reserves		£0			-£0	
- NR Slippage - running costs/prescribing		£0			£0	
- Contingency		£3,187			£2,657	
- Mitigation Scheme action plan/pipeline						
QIPP Total	£25,259	£25,260	100%	£21,049	£21,055	100%

	£k	£k	% of the target
QIPP Target		25,259	
Baseline delivered	8,610		34%
Baseline u/spend	1,417		6%
Assumed baseline delivery	9,736		39%
FOT Delivery		19,763	
Undelivered		5,496	22%
being :			
- known unallocated	2,022		
- undelivered current schemes forecast	3,474		
		5,496	

The CCG needs to assure delivery of the forecast shown above. All further slippage places the CCG at greater financial risk and worsens the likely outturn.

4. Appendices

1. Income

The annual revenue resource limits for the CCGs are £680.0m for programme expenditure, £11.6m for running costs and £65k for Capital resource limit. At the end of January 2018 the allocations available totalled £692.6m. Table 3 details the baseline allocation and the year-to-date resource limit adjustments.

Table 3 - Revenue Resource Limit

	Allocation Details	Recurrent £'000	Non Recurrent £'000	Total £'000
April				
	Frimley HCD Final Adjustment	12		12
	Initial CCG Programme Allocation	592,288		592,288
	Innitial CCG Running Cost Allocation	11,625		11,625
	Transfer Co Commissioning Funds to CCGs	26,455		26,455
	Reassign chemo activity Frimley Health	(323)		(323)
	IR Changes		5,162	5,162
	HRG4+ changes		(1,628)	(1,628)
	Surplus /Deficit Carry Forward - [planned		12,017	12,017
	2017-18 Primary Care Delegated budget	40,333		40,333
	Total NHS England Allocation April 2017	670,390	15,551	685,941
				0
May -January				0
	Surplus/Deficit Carry Forward - 1617 Final Outturn		88	88
	Primary Care Transfer		(700)	(700)
	Reception and clerical training - (Training Care Navigators and Medical Assistants)		94	94
	Diabetes Treatment and Care Transformation Fund - Intervention funded: Structured Education - Bid ID DTCS15 SE		61	61
	Diabetes Treatment and Diabetes Treatment and Care Transformation Fund - Intervention funded: Treatment Targets- Bid ID DTCS15 TT		57	57
	NHS WiFi		221	221
	Market Rents - Admin adjustment		10	10
	Market rents adjustment		(306)	(306)
	Paramedic Rebanding Additional Funding 2017-18		155	155
	£97,771 - HSCN - GP funding		176	176
	Adult IAPT Wave 1		739	739
	Acute hospital urgent & emergency liaison mental health services		175	175
	Acute hospital urgent and emergency liaison mental health services		175	175
	Retained Doctors Scheme 2016		11	11
	NR-GP Resilience Funding 2017/18		76	76
	NR-DWP Employment Advisors		162	162
	NR-Additional month5 IR Changes - agreed by J Stalker Booth		(5)	(5)
	NR-NHS First pilot (SCAS and Bucks CCG)		200	200
	Diabetes Treatment and Care Transformation Fund - Intervention funded: Structured Education - Bid ID DTCS15 SE		61	61
	Diabetes Treatment and Diabetes Treatment and Care Transformation Fund - Intervention funded: Treatment Targets- Bid ID DTCS15 TT		57	57
	Cancer 62 day wait tranche 3 South funding		140	140
	LD Transformation funding for TCP		15	15
	Acute hospital urgent and emergency liaison mental health services		77	77
	Early Implementers Wave 1 Second payment		739	739
	IR Adjustments - please contact your local specialised hub for further details		(1)	(1)
	Retained Doctors Scheme 2016		2	2
	Acute hospital urgent and emergency liaison mental health services		98	98
	Armed Forces - OOH GP Funding		22	22
	Bucks ACS re High intensity user		511	511
	Charge Exempt Overseas Visitor (CEOV) Adjustment		(603)	(603)
	Primary Care transfer Chiltern CCG		500	500
	GP WIFI - rounding correctn to M3 Allocation		(1)	(1)
	LD transformation funding Oct-Nov 17		15	15
	Structured Education: Diabetes Transformation Fund - ID: DTCS15		61	61
	Treatment Targets: Diabetes Transformation Fund - ID: DTCS15		57	57
	ACS Transformation Funds – Flexible Element		2,400	2,400
	Additional Winter Funding - GP Winter Access Bid		136	136
	Acute hospital urgent & emergency liaison MH		175	175
	Online consultations - South		138	138
	TVN - Cancer		605	605
	Capital allocations			
	M09 Allocations		65	65
	Total NHS England Allocation January 2018	670,390	22,209	692,599

2. Expenditure

2.1 Acute activity and expenditure

The acute services financial position shows a forecast adverse variance. The following table shows that the financial performance against plan for each budget area.

Table 4 – Acute expenditure

Summary of position Combined CCGs	Month 10 January 2018				
	YTD Plan £,000	YTD variance to plan £,000	Annual Plan £,000	Forecast outturn £,000	Forecast Variance £,000
Acute Commissioning	(1,833)	3,307	150	(594)	744
Planned Care	137,969	(10,426)	165,562	178,073	(12,511)
Urgent Care	104,618	(7,615)	125,542	134,680	(9,138)
Collaborative Commissioning	13,806	(1,098)	16,567	17,885	(1,317)
Intermediate Care	3,433	(250)	4,116	4,396	(280)
Non-Contracted Activity	7,252	(329)	8,674	8,859	(185)
Exceptions and Prior Approvals	482	53	579	566	13
Winter Resilience	800	19	960	1,057	(97)
Ambulance Services	14,850	(711)	17,820	18,714	(894)
Patient Transport	2,972	165	3,566	3,369	197
Community Services	37,440	(67)	44,928	44,631	297
NHS 111	1,559	(72)	1,860	1,958	(97)
Local Enhanced Services	2,937	(634)	3,525	4,356	(832)
Out of Hours	4,117	(78)	4,940	5,024	(83)
Total Before Assumed QIPP	330,401	(17,735)	398,788	422,973	(24,185)
Assumed QIPP	0	0		0	0
Total Planned and Unscheduled Care	330,401	(17,735)	398,788	422,973	(24,185)

The over-performance of £24.2m above is analysed in the following table by the main contracts.

Trust Contract	Annual Plan	Forecast Spend - reported @ M10	Forecast Variance - reported @ M10	Percentage variance (as a proportion of forecast spend)	Forecast Variance - reported @ M9	Movement	Comments
	£M's	£M's	£M's		£M's	£M's	
Buckinghamshire Hospitals (Incl Comm & PTS)	233.9	245.2	(11.3)	4.6%	(9.3)	2.0	The initial forecast outturn has been increased by £170k to reflect the increased M9 SLAM activity, particularly in Elective. A further risk provision of c£1.8m has been factored into the forecast, bringing the total variance to c£11.3m. The Year to Date position is driven predominately by NEL, with a £6.6m unadjusted SLAM variance. The addition of Day Cases and OPPROC accounts for a £10m variance. Of the NEL £6.6m, General Medicine accounts for £3.3m, T&O £700k, and Stroke £646k.
Frimley Health	46.3	50.3	(4.0)	7.9%	(3.6)	0.4	Forecast has moved by £165k. Highest Peak in monthly cost of NEL activity (However may come down Flex to Freeze). Overperforming areas are Infectious Diseases, Cardiac, Respiratory. Pressures in NEL Excess Bed Days, A&E, Day Cases and Critical Care. £200k risk provision included.
Milton Keynes Hospital FT	8.2	9.7	(1.5)	15.4%	(1.1)	0.4	Overperformance in SLAM from M8-M9 worsened by £167k, with Non-Elective (£160k) the major adverse movement. Compared to plan, Respiratory, A&E, Cardiology, T&O and Obstetrics are the main overperformers within Non-Elective. An additional £200k has been included in the FOT position to mitigate additional increased activity between now and the financial year-end
Oxford University Hospitals	19.4	19.7	(0.3)	1.5%	(0.1)	0.2	Further Movements in Critical Care / EL / NEL activity. Risks: Length of Stay increasing (number of days and patients), however, significant RTT reduction appears unlikely. £100k Risk provision included.
Luton & Dunstable	2.5	3.1	(0.6)	19.8%	(0.4)	0.2	Overperformance in SLAM from M8-M9 worsened by £167k, with Non-Elective (£160k) the major adverse movement. An additional £130k has been included in the FOT position to mitigate additional increased activity between now and the financial year-end
Royal Berkshire FT	2.5	2.8	(0.365)	12.9%	(0.328)	0.0	Forecast up by c£37k. A&E (Eye Casualty), NEL (Critical Care, Endocrinology, General Medicine, ENT) and OPPROC (mainly Ophthalmology including Lucentis) remain the key overperforming PoDs.
West Herts Hospitals	1.0	1.3	(0.2)	18.9%	(0.2)	0.0	The M9 FOT position has worsened by £9.6k from M8, with a £17.7k worsening in Non-elective mitigated by a £14.7k FOT improvement in Elective Inpatients
London Trusts	16.6	17.9	(1.3)	7.4%	(1.3)	0.1	Non-elective and critical care with long stay and high cost patients (Chiltern 2 further patients at M9) continue to generate overspends. The main cause of overspends was long stay patient in Fox lane who has been discharged but the benefit of this will not be seen until Feb 18. Aylesbury activity is stable. FOT is based on Optum data.
Ambulance Services	17.8	18.7	(0.9)	4.8%	(0.7)	0.2	FOT increase in overperformance has been caused by very high activity in December (even higher than pessimistic predictions), especially in Aylesbury. Although January began with high activity, indications are that activity reduced as the month progressed, so we would not anticipate that this FOT overperformance will increase again before year-end
Other Acute	38.3	42.3	(4.1)	9.6%	(3.5)	0.6	The main reason for this variance continues to be recovery plan actions
Total Planned and Unscheduled Care	386.4	411.0	(24.5)	6.0%	(20.5)	4.0	
Community (SALT, Respite & Chiltern MS)	12.3	12.0	0.3	-2.5%	(0.2)	(0.5)	£398k BCF accrual for OHFT is no longer required.
Planned / Unscheduled Care & Community	398.8	423.0	(24.2)	5.7%	(20.7)	3.5	£94k reduction in SALT accrual (included in NCA cost centre).

The main areas of contract over performance are:

- Buckinghamshire Hospitals – There was a forecast movement of c£2m: initial forecast outturn has been increased by £170k to reflect the increased M9 SLAM activity, particularly in Elective, and a further allowance for additional activity of c£1.8m has been factored into the forecast, bringing the total variance to £11.3m.
- Frimley – the forecast has moved by £165k this month due to activity, and an additional £200k for risk provision. Overall, the highest over-performing areas are Infectious Diseases, Cardiac and Respiratory.
- Milton Keynes – Over-performance in SLAM from M8-M9 worsened by £167k, with Non-Elective (£160k) the major adverse movement. Compared to plan, Respiratory, A&E, Cardiology, T&O and Obstetrics are the main over-performers within Non-Elective. An additional £200k has been included in the FOT position to mitigate additional increased activity between now and the financial year-end
- Oxford University – This month has seen further movements in Critical Care, Elective and Non-Elective activity. A £100k risk provision has been included in the forecast position.

- Luton & Dunstable – Over-performance in SLAM from M8-M9 worsened by £167k, with Non-Elective (£160k) the major adverse movement. An additional £130k has been included in the FOT position to mitigate additional increased activity between now and the financial year-end
- Royal Berkshire FT – The forecast has increased by c£37k. A&E (Eye Casualty), NEL (Critical Care, Endocrinology, General Medicine, ENT) and OPPROC (mainly Ophthalmology, including Lucentis) remain the key over-performing PoDs.

There are risks that activity maybe higher than forecast, especially in non-elective. Waiting time pressures may also impact on levels of planned care. It is of vital importance that the QIPP schemes gain traction and deliver tangible savings to offset or reduce over-performance.

2.2 Mental Health & Joint Care

Table 6 – Mental Health expenditure

Summary of position Combined CCGs	Month 10 January 2018				
	YTD Plan £'000	YTD variance to plan £'000	Annual Plan £'000	Forecast outturn £'000	Forecast Variance £'000
Mental Health - Contracts	32,455	(8)	38,947	38,969	(23)
Mental Health - NCA	1,000	152	1,200	1,046	154
Mental Health - Other	5,159	(1,792)	6,254	8,457	(2,203)
IAPT	162	(103)	162	285	(123)
CAMHS	4,139	0	4,967	4,968	(1)
Learning Difficulties	4,135	485	4,993	4,259	733
Mental Health Sub Total	47,052	(1,265)	56,523	57,985	(1,462)
Commissioning - Non Acute	3,027	(943)	3,633	4,244	(611)
End Of Life	991	77	1,189	1,126	63
Total MH & Joint Care	51,070	(2,132)	61,345	63,356	(2,011)

Mental Health includes learning difficulties and s117 patients. The forecast for Mental Health has worsened by c£200k to provide for back-dated charges from the County Council following review of clients in the aligned pool.

2.3 Community Services

Community Services, including BCF, are mainly on block contract arrangements. The forecast outturn position has improved by £464k in-month due to an adjustment for an incorrect budget and a reduction in the accrual for SALT.

2.4 Continuing Health Care (CHC)

Table 7 – CHC expenditure

Summary of position Combined CCGs	Month 10 January 2018				
	YTD Plan £'000	YTD variance to plan £'000	Annual Plan £'000	Forecast outturn £'000	Forecast Variance £'000
CHC Adult Fully Funded	33,754	(6,281)	40,505	46,767	(6,962)
CHC Adult Joint Funded	1,547	455	1,857	1,322	535
CHC Ad Full Fund Pers Hlth Bud	128	(1,865)	153	2,734	(2,581)
Funded Nursing Care	6,183	(555)	7,420	7,942	(522)
CHC Children	1,274	(173)	1,529	1,986	(457)
CHC Assessment & Support	1,783	(570)	2,140	3,061	(921)
Continuing Healthcare Total	44,669	(8,989)	53,603	63,811	(10,208)

The CHC forecast has remained stable this month compared with last month, an improvement of £308k, which predominantly related to the release of provision for appeals.

The initiatives that have been in development to improve the efficiencies with the CHC service are now underway and an estimate of savings has been included in the Forecast.

2.5 Primary Care Prescribing

Table 8 – Prescribing expenditure

Summary of position Combined CCGs	Month 10 January 2018				
	YTD Plan £'000	YTD variance to plan £'000	Annual Plan £'000	Forecast outturn £'000	Forecast Variance £'000
Prescribing	54,816	(2,033)	65,779	66,271	(492)
Medicines Management - Clinical	396	94	475	311	163
Total Prescribing	55,212	(1,939)	66,254	66,582	(328)

The forecast position for Prescribing has worsened by £0.5m from month 9 to month 10 due to an increase in pressures for the NCSO forecast and additional activity pressures.

2.6 Primary Care

Table 9 – primary care expenditure

Combined CCGs	YTD Plan £'000	YTD variance to plan £'000	Annual Plan £'000	Forecast outturn £'000	Forecast Variances £'000
GP Contract payment	37,524	(57)	45,029	43,775	1,254
QOF payments	5,195	0	6,235	6,235	0
GP Seniority and Locums	1,430	(604)	1,716	2,386	(670)
GP Drug payments	1,882	1	2,259	2,259	0
GP Premises	6,355	203	7,626	7,211	415
GP Enhanced Services	1,433	138	1,721	1,569	152
GP Other Items	73	0	88	88	0
Prior Year Balance AV	0	(52)	0	52	(52)
CCG Prescribing	0	0	0	0	0
Collaborative Fees	148	0	178	178	0
GP Premises other	49	0	59	59	0
GP General Reserves	372	372	1,877	1,488	389
Delegated Commissioning Total	54,461	1	66,788	65,300	1,488

The position as at M10 is a zero variance - general reserves have been released to mitigate the risks identified from the M6 deep dive. Further reviews are undertaken each month and the FOT has been updated to show the risk areas.

2.7 CCG Running costs

Table 10 running costs

Summary of position Combined CCGs	Month 10 January 2018				
	YTD Plan	YTD variance to plan	Annual Plan	Forecast outturn	Forecast Variance
	£'000	£'000	£'000	£'000	£'000
Administration & Business Support	8,558	653	10,416	9,974	442
CEO/ Board Office	724	98	869	840	29
Chair And Non Execs	692	(139)	830	406	424
Clinical Governance	445	(32)	534	627	(93)
Commissioning	23	11	27	96	(68)
Corporate Costs and Services	0	(0)	0	0	0
Finance	386	179	463	682	(219)
Medicines Management	179	(3)	215	502	(286)
Operations Management	1,042	129	1,251	1,653	(403)
Performance	357	89	429	646	(217)
Primary Care Support	599	(1)	719	0	719
Recharges	(3,711)	(624)	(4,453)	(4,453)	0
Strategy & Development	279	68	335	26	309
Total Running Costs	9,573	429	11,635	10,999	636

Running costs are on course to deliver the £310k underspend relating to the QIPP savings. A further £326k savings has been identified to release into the forecast.

5 – Treasury management Summary

Cash

Main Cash Drawdown To Date	Prescribing Cash Charge To Date	Total Cash Drawings To Date	Current Allocation	Drawings to Date as a % of Allocation
£'000	£'000	£'000	£'000	£'000
517,346	48,940	566,286	687,898	82.3%

Buckinghamshire CCGs proceeded with a cash draw of £49,004k in January 2018. The total drawing against prescribing to date is £48,940k. Buckinghamshire CCGs have utilised £566,286k total cash drawings to date, which includes £nil contribution towards the CHC risk share pool. Total cash draw down to date is 82.3% of current year cash allocation against a budget of 83.3%. The CCGs are forecasting to utilise 100% of its cash limit.

Payment

Aged Debtors	NHS Debtors		Non NHS Debtors		Total	
	Value £'000	No	Value £'000	No	Value £'000	No
Less than 31 days (Not Due)	4,378	9	394	2	4,772	11
Between 31 - 60 days	-	-	11	1	11	1
Between 61 - 90 days	21	1	-	-	21	1
Greater than 90 days	1,332	11	69	6	1,402	17
Total	5,732	21	474	9	6,206	30

Buckinghamshire CCGs have 30 outstanding invoices totalling to £6,206k, of which 11 invoices of £4,772k are not due yet at the end of January 2018. The balance shown greater than 90 days includes an invoice of £1,136k relating to the recharge of vascular activity at Frimley during 16/17 which is under discussion for a resolution.

Creditor

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	317,598	4,606	99,809	10,719	417,407	15,325
Total invoices paid within 30 days	313,777	4,414	95,720	9,903	409,496	14,317
% Paid within 30 days	99%	96%	96%	92%	98%	93%

The Better Payment Practice Code, introduced by Treasury, requires the CCG to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is the later. Buckinghamshire CCGs have achieved above target of 95% on NHS invoices by value and number and Non NHS Invoices by value of invoices YTD.

Abbreviations and acronyms used:

2016/17	Financial Year from 1 April 2016 – 31 March 2017	k	Thousand
2017/18	Financial Year from 1 April 2017 – 31 March 2018	m	Million
A&E	Accident and Emergency	MSK	Musculo-Skeletal
APMS	Alternative Provider Medical Services	MPIG	Minimum Practice Income Guarantee
AT	Area Team	NHSE	NHS England
BPPC	Better Payment Practice Code- target (currently 95% of invoices to be paid within 30 days of receipt of invoice or goods/service.	PBR	Payment By Results – payment system (based on Healthcare Resource Groups) used mainly in acute contracts
AVCCG	Aylesbury Vale CCG	OUH	Oxford University Hospitals NHS Foundation Trust
Break-even	Position where actual costs are same as planned i.e. not in deficit or surplus (loss or profit)	POD	Point of Delivery – area of acute care activity of similar type (e.g. Inpatient or Outpatient)
Budget	A sum of money allocated for a specific purpose	PPD	Prescription Pricing Department (central body that provides GP prescribing data)
CCG	Clinical Commissioning Group	QIPP	Quality, Innovation, Prevention and Productivity – plans and associated savings / changes in financial costs
CAMH	Child & Adolescent Mental Health Services	Reserves	Monies set aside for a specific purpose e.g. Contingency reserves for unforeseen spend in year.
CCGs	Aylesbury Vale and Chiltern Clinical Commissioning Groups	RTT	Referral to Treatment is the definition by which patients waiting to be treated are measured
CHC	Continuing Health Care	Revenue Resource Limit (RRL)	Total funding allocated for the year set by the Department of Health
CQUIN	Commissioning Quality & Innovation	RBH	Royal Berkshire Hospital
CSU	Commissioning Support Unit	SCAS	South Central Ambulance Service
Deficit	Financial variance where overall net costs are more than planned	SLAM	Service Level Agreement Monitoring – i.e. contract monitoring information
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)	STP	Sustainability and Transformation Plan (now Local NHS Plan)
FPH	Frimley Health NHS Foundation Trust.	Surplus	Financial variance where overall net costs are less than planned
FOT	Forecast Outturn (from 1/4/16 to 31/3/17)	Variance (Adverse)	Difference against plan (overspend)
FNC	Funded Nursing Care	Variance (Favourable)	Difference against plan (underspend)
GP	General Practice or General Practitioner	YTD	Year-to-date (from 1 April to the end of the reported month)
HR	Human Resource department (part of CSU)		