

## DECEMBER BOARD FINANCE PAPER

### FINANCE REPORT – MONTH 8 (November) 2015

#### 1 Executive Summary

This paper summarises the financial performance of Thurrock CCG as at Month 8 (November) 2015/16.

##### 1.1 Financial Overview at Month 8

The year to date financial position for the CCG as at Month 8 (November 2015) is as follows: £1,372k underspend against a budget of £133,673k. The forecast position is to deliver the surplus of £2,090k; which is an outturn of £197,324k against a budget of £199,414k.













*The table below shows an overview of the position as at month 8:*

<b>Month 8 Summary</b>						
	Annual	Year To Date (£)			Forecast (£)	
	Budget (£)	Budget	Actual	Variance	Outturn	Variance
PROGRAMME	193,597	129,820	129,838	18	193,629	32,131
ADMIN	3,727	2,484	2,464	(21)	3,695	(32,131)
Surplus	2,090	1,369	0	(1,369)	0	(2,090)
<b>Grand total</b>	<b>199,414</b>	<b>133,673</b>	<b>132,302</b>	<b>(1,372)</b>	<b>197,324</b>	<b>(2,090)</b>

*The Financial Summary by service is attached as Appendix A.*

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## 2 Key Performance Indicators (KPIs)

Key Performance Indicators - Month 8												
No.	Indicator Name	Year to Date			Full Year Plan			Narrative	YTD Rating	Forecast Rating	Report Ref.	
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000					
1	Surplus/Deficit	1,369	0	(1,369)	2,090	0	(2,090)	The CCG is on track and is forecast to deliver its surplus			5	
2	Programme Budget	129,820	129,838	18	193,597	193,629	32	YTD position indicates a slight pressure on programme budget. Acute, prescribing and Continuing Healthcare budgets are highlighted as risks			6	
3	Running Costs/ Admin Budget	2,484	2,464	(21)	3,727	3,695	(32)	The running cost budget is on track and forecast to deliver an underspend in the current year			7	
4	QIPP Performance	4,424	3,756	668	7,263	6,410	853	Current position of delivery against plan is 85% achievement. The forecast is amber at 88% as some schemes will not deliver to plan in 2015/16.			8	
5	BPPC Non NHS	95%	98.0%	-3.0%	95%	95%	n/a	The CCG BPPC Rating is affected by any invoices which are not paid within the terms.			9	
	BPPC NHS	95%	99.0%	-4.0%	95%	95%	n/a	This will include any performance and NCA invoices which will need validation before paying.			9	

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### **3 2015/16 Budgetary Allocation**

The opening resource allocation for 2015/16 is £192,824k, comprising £189,097k Programme budget and £3,727k Running costs budget. There have been some further allocations received in year bringing the total resource at month 7 to £199,414k.

Allocation received since month 7 is as follows:

- Tier 3 Neurology Recurrent funding of £36k
- Tier 3 Specialist Wheelchairs recurrent funding of £36k
- CAMHS Transformational Non recurrent funding of ££213k

Full details of the allocation is attached as Appendix B.

### **4 Surplus**

The CCG has to deliver a mandated cumulative 1% surplus of £2,090k in 2015/16. As at month 8 the CCG is on target and is forecast to deliver the surplus in full at year end.

### **5 Programme budget**

The programme budget for the CCG for 2015/16 is £195,474k; as at month 8 the year to date (YTD) position is £129,838k, a slight overspend of £18k against a budget of ££129,820k (summary below). The forecast indicates a slight pressure of £32k, which is offset by an underspend across the running costs budgets. Risks identified are across the Acute, Prescribing and Continuing Healthcare (CHC) portfolios.

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## Programme budget Summary at Month 8:

Service Description	Annual Budget (£'000)	Year To Date (£'000)			Forecast (£'000)	
		Budget	Actual	Variance	Outturn	Variance
ACUTE	109,065	74,637	74,827	190	109,406	341
PRIMARY CARE	25,763	17,079	17,584	506	26,554	791
COMMUNITY HEALTH SERVICES	25,168	16,777	16,703	(74)	25,100	(68)
MENTAL HEALTH	18,278	12,038	12,109	71	18,384	106
CONTINUING CARE	8,411	5,906	6,425	518	9,111	700
OTHER	6,912	3,382	2,190	(1,193)	5,075	(1,838)
	<b>193,597</b>	<b>129,819</b>	<b>129,838</b>	<b>18</b>	<b>193,630</b>	<b>32</b>
1% Surplus	2,090	1,369	0	(1,369)	0	(2,090)
<b>Sub-Total</b>	<b>195,687</b>	<b>131,188</b>	<b>129,838</b>	<b>(1,351)</b>	<b>193,630</b>	<b>(2,058)</b>
Running Costs/Admin	3,727	2,484	2,464	(21)	3,695	(32)
<b>Total</b>	<b>199,414</b>	<b>133,672</b>	<b>132,302</b>	<b>(1,372)</b>	<b>197,325</b>	<b>(2,090)</b>

## 6. Acute Summary

The CCG is currently reporting £207k overspend on acute contracts with a forecast deficit of £418k full year effect (FYE). Pressure is indicated across Barking, Havering & Redbridge (BHRT) and Dartford and Gravesham (D&G) are over plan. A detailed analysis is included in Appendix E.

### Basildon Hospital

The analysis is based on 5 months of freeze data which has been reconciled with Basildon Hospital. This ensures that the data can be relied upon for accurate analysis. Flex data was not included due to level of uncoded data that affects Basildon contract.

Current analysis shows an underspend in A&E being mainly on cheaper end of activity where there is no investigation required. Overall trends show a reduction in attendances in comparison to 2014/15. There is a small increase in GP referrals which has been offset by a fall by other health providers.

Critical Care activity is significantly over as new ward activity is being counted here.

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MSK activity is down at BTUH but up at D&G, BHRT, Ramsey and Nuffield. This needs to be reviewed with commissioners to understand why activity is not flowing through the MSK hub managed by connect.

### Other Providers

Barking, Havering and Redbridge NHS Trust (BHRT) is showing an overspend. The main areas of overspend include Daycase and Non-Elective Other which includes births, with also an overspend on critical care. There is also some overspend on Maternity antenatal and postnatal.

Dartford and Gravesham NHS Trust (D&G) contract is over. There is an overspend in T&O and Urology for Daycase and in General Medicine and General Surgery in Non-Elective. There is also an overspend in Non-Elective other with includes births. Activity trends produced by the CSU show an increase in activity towards the latter part of 2014/15. Some of the maternity overspend here is likely to be offset by underspend at BTUH.

## 7 Running Costs

The Running Costs budget for 2015/16 is £3,727k. The year to date position is an underspend of £21k. This budget is forecast to slightly underspend by £32k at year end, and is closely monitored as vacant posts are filled during the year.

### Running Costs Budget Summary at Month 8:

	Annual Budget (£'000)	Year to Date (£'000)			Forecast (£'000)	
		Budget	Actual	Variance	Outturn	Variance
CHAIR AND NON EXECS	376	251	258	7	376	0
COMMISSIONING	568	371	308	-63	536	-32
CORPORATE COSTS AND SERVICES	2,264	1,517	1,548	31	2,264	0
EDUCATION AND TRAINING	30	20	23	2	30	0
EMERGENCY PLANNING	27	18	18	0	27	0
FINANCE	460	307	308	1	460	0
HEALTH AND SAFETY	2	1	1	0	2	0
<b>Total</b>	<b>3,727</b>	<b>2,484</b>	<b>2,464</b>	<b>-21</b>	<b>3,695</b>	<b>-32</b>

## 8 QIPP

The current month 8 QIPP position is showing underperformance of £823k before adjusting for data lag. Data lag occurs due to flex and freeze data available which is subject to national timetables. However this creates a natural delay in obtaining up to date data. The financial position

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shows underperformance of £667k after allowing for estimates for schemes affected by this. The estimates are based on previous run rate delivery and forecasted for missing months on straight line bases.

The Forecast position is expected to deliver £6.4m against original target of £7.3m resulting in under performance of £852k. This would still equate to QIPP delivery of 88%, however the commissioners will need to ensure that their schemes are on track to deliver the full amount and new schemes are developed to cover the under-performance gap.

The table below shows financial performance by QIPP portfolio and areas that have under or over-performance. There will also be an attempt to link QIPP delivery to the actual financial performance of the CCG as impact of QIPP has direct impact on the CCG's financial performance. This will also help understand areas that are working well within QIPP and those which need to be reviewed to bring overall CCG expenditure under control. Additionally there may be areas that are delivering on specific projects but there are other pressures within the system which are causing an overall overspend.

QIPP By Portfolio	Year to Date			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance
Acute (Planned Care)	474,468	322,943	151,525	622,989	480,797	142,192
Admin / Running Costs	203,333	203,333	0	305,000	305,000	0
CHC	272,379	109,333	163,046	573,604	472,197	101,407
Community	38,276	51,113	(12,838)	68,896	82,073	(13,177)
Decommissioning	50,000	0	50,000	150,000	0	150,000
Medicines Management	505,711	487,901	17,810	873,179	1,136,559	(263,380)
Mental Health	374,126	106,457	267,669	738,689	471,020	267,669
Other	2,152,380	2,145,947	6,433	3,170,358	3,230,378	(60,020)
Paediatrics & Community	352,842	173,480	179,362	760,155	232,450	527,705
<b>Total Excluding Estimates</b>	<b>4,423,515</b>	<b>3,600,508</b>	<b>823,007</b>	<b>7,262,869</b>	<b>6,410,474</b>	<b>852,395</b>
Estimate		155,605	155,605			
<b>Total Including Estimates</b>	<b>4,423,515</b>	<b>3,756,113</b>	<b>667,402</b>	<b>7,262,869</b>	<b>6,410,474</b>	<b>852,395</b>

## Acute Planned Care

There are two main schemes within this which are failing:

- **MSK:- Independent Sector:** There is currently an overspend in this and GP referrals to other providers was discussed at QIPP core meeting. Referrals by GP practice was shared amongst the group to facilitate discussion around this issue. More work is to work with individual practices to help get this activity down.
- **Referral Management:-** This is getting activity down where patient has been discharged after one Outpatient visit. The activity by GP practice was also reviewed at QIPP core meeting, the analysis

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had shown that had not decreased on previous year. More work will need to be done with individual practices to get this scheme back on track.

### **Continuing Health Care**

This has currently under-performed by £163k YTD, this is down to an individual scheme “Acquired Brain Injury”. The project was initially delayed by two month’s owing to the reported lack of data availability of two of the IMCA’s. NELFT have subsequently undertaken consultant led MDT reviews of the two patients within Northamptonshire, with an expectation that these clients will no longer now require 100% health funded CHC packages owing to change of need.

### **Decommissioning**

Two projects were removed as they were not viable, these include Adult Audiology and Specialist Fertility Services. Other schemes were developed to cover this shortfall.

### **Medicines Management**

This is a significant area within QIPP with a number of schemes attached. The current position is showing financial over delivery for both YTD and the forecast position. Additional QIPP schemes were also added to cover shortfall in other areas of QIPP.

Although QIPP is showing small over delivery the CCG has significant overspend within Medicines Management financial position. The CCG are currently doing a deep dive to understand the underlying reasons behind this. A review is currently being done by the Medicines Management team to understand areas of over-spend, and discussions are also taking place at QIPP core to highlight this issue. GP prescribing will also be reviewed by GP Practice to ensure full engagement and tackle this overspend.

### **Mental Health**

This is currently showing an under-performance of £188k YTD with forecast of same amount. The following schemes are showing under-delivery:

- Dementia Ward Closure: The risk sharing agreement was not signed at end of July as planned. Meeting is expected to take place in October. Rebasement of contract expected over coming months. The forecast loss for this scheme is £142k FYE.
- Estuary Housing and Lifstan Way: The under achievement is on Estuary Housing element of scheme. There are 9 patients of which none belong to Thurrock CCG. The Memorandum of Understanding (MOU) states that once responsible commissioner can be identified the riskshare between CCG’s is no longer applicable. However this is currently disputed by other CCG’s.

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## **Other Schemes**

These were mostly realised during the contract negotiation process with individual providers. Negotiations for the 2014/15 contract resulted significant savings to contracts which are reflected in contract agreements with provider organisations. The savings which are largest area of QIPP are reflected in above YTD position and forecast.

The Patient Transport scheme is showing delivery in line with plan after discussions with partner Basildon and Brentwood CCG suggesting the scheme is on track to achieve full delivery.

## **Paediatrics and Community**

This is currently showing an under delivery of £93k YTD with significant under achievement of £500k FYE. A significant proportion of under achievement is down to one scheme “SAARC Paediatric Input”. This scheme was originally expected to save £352k but actual savings will be £14k. It has now been agreed that NHSE will pick up the cost of £14k.

The other scheme currently under performing is “Thurrock Voluntary Sector Organisations”. Project delays have meant there will be no savings in 2015/16.

## **Summary**

Although QIPP is showing 88% forecast delivery, the CCG has financial pressures which need to be understood. There are individual financial overspends within Acute and Medicines Management which need to be brought under control. QIPP has resulted in substantial savings for the CCG, however further work has been planned to tackle these overspent areas to ensure the CCG stays in financial balance.

## **QIPP 2016/17 Update**

The CCG have identified provisional QIPP target for 2016/17 in the region of £7.7m being financial gap between funding and forecast expenditure. This number is only indicative at this stage based on financial plan refresh. However new financial planning guidance is expected which will provide key planning assumptions to be used for financial modelling. These will then be used to understand the expected financial gap for the CCG.

The CCG have commenced work in identifying projects in line with above QIPP target. Meetings were held between commissioners and finance to short list individual projects. These meetings were successful in that projects could be discussed in detail as well as their financial viability.

To progress these projects the CCG is working closely with the CSU to ensure the required information is received showing detailed analysis. A decision can then be made as to proceed with the project, modify or look for alternative. Regular work is now on going on a weekly basis in which projects are being fully scoped and progressed. It is hoped that all the projects will be scoped by

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early December, ready to be developed into full business cases. This has also been discussed in detail at the QIPP core meeting which is attended by GP's.

It is expected that commissioners will identify additional projects to fully close the QIPP gap. They will need to review current expenditure trends and highlight areas where the CCG are an outlier. This work then can be progressed in developing new schemes and when financially negotiating with providers.

## **9 Better Care Fund**

The CCG has transferred £14.766m of services into the Better Care Fund in 2015/16. This is from current baseline expenditure. This is a pooled fund with Thurrock Council. The total pool value in 2015/16 is £18.019m, with the Local Authority contributing £3.25m. The pool is managed by Thurrock Council, and there are joint monthly review meetings.

Year to date activity figures (validated up to month 6) indicate a reduction in the non elective activity; indicating part achievement of the payment for performance (total £722k). However historic trends indicate an increase in activity over the winter months. This will be continuously monitored as we go through the winter months.

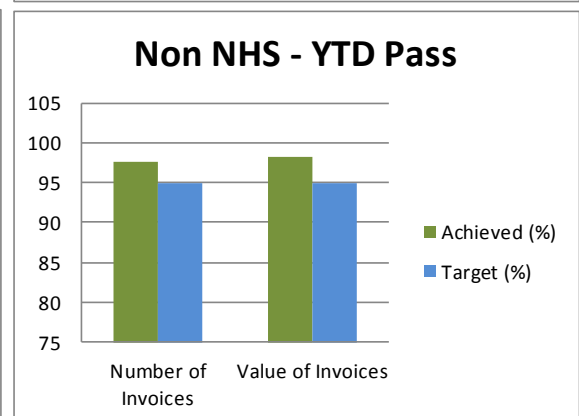
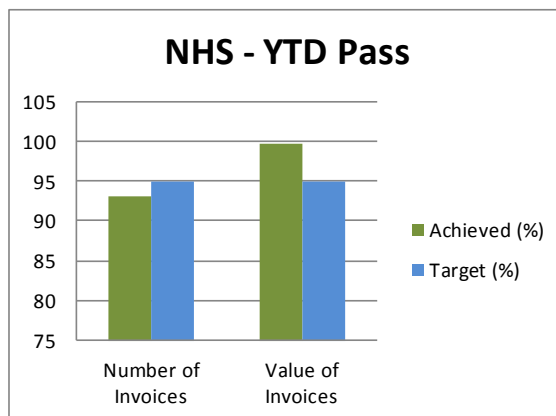
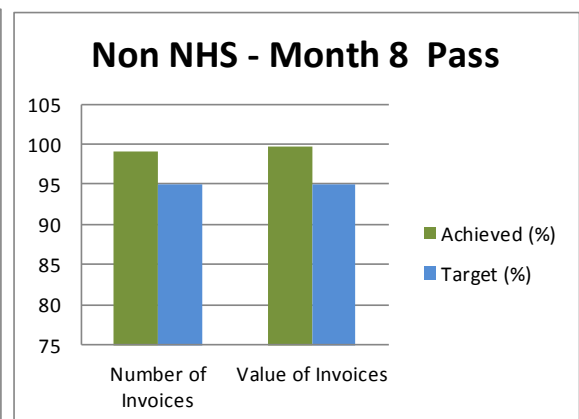
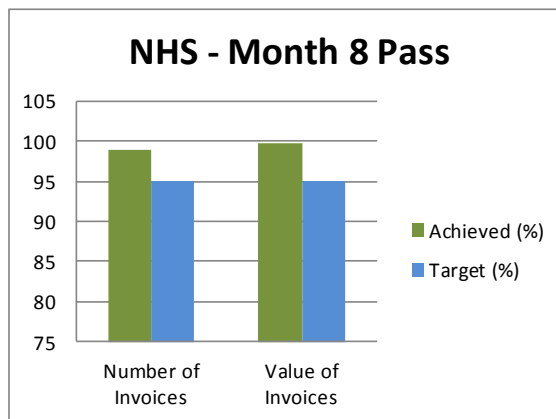
## **10 Better Payments Practice Code (BPPC)**

The BPPC requires the CCG to pay invoices received in accordance with the contractual terms, and the CCG is required to pay trade creditors in accordance with this code. The target is for 95% of both the value and the number of non-NHS trade creditors to be paid within 30 days of receipt of goods or a valid invoice. The summary of invoices paid year to date (M8) and forecast performance is indicated below:

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<b>Better Payment Practice Code</b>				
The target is for 95% of both the value and the number of trade creditors to be paid within 30 days of receipt of goods or a valid invoice.				
Type		Target (%)	Achieved (%)	
			Month 8	YTD (%)
NHS	Number of Invoices	95	98.80	93.10
	Value of Invoices	95	99.80	99.70
Non NHS	Number of Invoices	95	99.00	97.70
	Value of Invoices	95	99.70	98.20



- NHS- Number of Invoices:-This was impacted by a large credit outstanding on one vendor, which was eventually cleared against 10 invoices. Excluding these the pass rate would have been 95.6%

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## 12 Key Risks

The following risks have been highlighted as a result of pressures over the past couple of years of the CCG, and will be monitored and reported on monthly as appropriate:

- a. **Acute Services** – There is an inherent risk of over-performance in Acute activity. The risk over and above the current projection in the month 8 position is an estimated £1.5m; with a probability of 50%; net value of £750k. This will be reviewed as we go through the winter months.
- b. **Continuing Healthcare Current (CHC) Adult cases** – CHC expenditure has increased over the past 2 years and is being closely monitored in order to highlight any further pressure on this budget. This is being monitored constantly however no value is currently estimated for risk over and above the month 8 position and projections.

## 13. Conclusion and Recommendations.

The Board is asked to note the current financial position and year-end forecasts and the risks highlighted above.

## Appendix A – Thurrock CCG Outturn Summary – Month 8 November

Thurrock CCG 2015/16 Financial Reporting - Month 8 (November 2015)								
	Year to Date			Annual			Month 7	
	Plan £000	Actual £000	Variance £000	Plan £000	Forecast £000	Variance £000	Forecast £000	Variance £000
<b>Acute Activity</b>								
NHS acute providers	67,486	67,693	207	98,530	98,949	418	99,061	530
NCAs	2,620	2,692	72	3,888	3,979	90	3,979	90
Ambulance	3,318	3,305	(13)	4,830	4,776	(55)	4,776	(55)
Other providers	1,212	1,137	(76)	1,816	1,703	(113)	1,751	(65)
<b>Total</b>	<b>74,637</b>	<b>74,827</b>	<b>190</b>	<b>109,065</b>	<b>109,406</b>	<b>341</b>	<b>109,566</b>	<b>501</b>
<b>Mental Health &amp; LD (Adult &amp; C&amp;Y)</b>								
SEPT contract	11,078	11,078	0	16,545	16,545	0	16,545	0
Other	961	1,032	71	1,733	1,839	106	1,779	46
<b>Total</b>	<b>12,038</b>	<b>12,109</b>	<b>71</b>	<b>18,278</b>	<b>18,384</b>	<b>106</b>	<b>18,324</b>	<b>46</b>
<b>Community Health</b>								
NELFT/SEPT contract	5,446	5,449	3	8,169	8,189	20	8,189	20
Continuing healthcare	5,906	6,425	518	8,411	9,111	700	8,929	518
Other community	1,846	1,891	45	2,770	2,831	60	2,831	60
Better Care Fund	9,802	9,802	0	14,704	14,704	0	14,704	0
<b>Total</b>	<b>23,000</b>	<b>23,567</b>	<b>566</b>	<b>34,054</b>	<b>34,834</b>	<b>780</b>	<b>34,652</b>	<b>598</b>
<b>Medicines and Primary Care</b>								
GP Prescribing	14,176	14,548	373	21,412	21,971	560	22,053	642
Other Prescribing Costs	493	498	5	746	758	12	758	12
Medicines Management	900	951	50	1,359	1,447	88	1,447	88
Local Enhanced Services	100	100	(0)	151	151	0	151	0
Other Primary Care	853	934	81	1,258	1,397	138	1,347	138
111 Service	952	917	(35)	1,431	1,369	(62)	1,369	(62)
<b>Total</b>	<b>17,474</b>	<b>17,948</b>	<b>474</b>	<b>26,357</b>	<b>27,093</b>	<b>736</b>	<b>27,125</b>	<b>818</b>
<b>Others</b>								
Patient Transport	863	861	(2)	1,294	1,294	(0)	1,294	(0)
NHS Property	300	300	0	451	451	0	451	0
Other	247	226	(21)	371	331	(40)	331	(40)
<b>Total</b>	<b>1,410</b>	<b>1,387</b>	<b>(23)</b>	<b>2,116</b>	<b>2,076</b>	<b>(40)</b>	<b>2,076</b>	<b>(40)</b>
<b>Running Costs</b>	<b>2,484</b>	<b>2,464</b>	<b>(21)</b>	<b>3,727</b>	<b>3,695</b>	<b>(32)</b>	<b>3,695</b>	<b>(32)</b>
<b>Reserves</b>								
Contingency	1,261	0	(1,261)	1,891	0	(1,891)	0	(1,891)
Investment	0	0	0	1,221	1,221	0	1,058	0
Non recurrent reserve	0	0	0	615	615	0	615	0
	<b>1,261</b>	<b>0</b>	<b>(1,261)</b>	<b>3,727</b>	<b>1,836</b>	<b>(1,891)</b>	<b>1,673</b>	<b>(1,891)</b>
1% surplus	1,369	0	(1,369)	2,090	0	(2,090)	0	(2,090)
<b>Total</b>	<b>133,673</b>	<b>132,302</b>	<b>(1,372)</b>	<b>199,414</b>	<b>197,324</b>	<b>(2,090)</b>	<b>197,111</b>	<b>(2,090)</b>
Allocation - Opening				192,824				
Allocation - In year Changes (details attached)				6,590				
<b>Total Allocation</b>				<b>199,414</b>				

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## Appendix B: Budgetary allocation- Month 8

Thurrock CCG Budget Summary 2015/16 - Month 8				
		Opening	Movement	Closing
		£'000	£'000	£'000
Programme Budget		189,097	6,590	195,687
Running costs/Admin budget		3,727		3,727
<b>Total</b>		<b>192,824</b>	<b>6,590</b>	<b>199,414</b>
<b>Movement details</b>	<b>R/NR</b>			<b>£'000</b>
<i>Brought forward surplus</i>	NR			1,990
<i>BCF</i>	R			2,998
<i>ETO/DTR Funding</i>	NR			630
<i>GP IT (original allocation)</i>	NR			432
<i>GP IT additional</i>	NR			100
<i>Resource Trasnsfer to match drugs expenditure</i>	R			11
<i>Dr O opt out of OOH</i>	R			18
<i>Waiting List Validation &amp; improving Operational processes</i>	NR			7
<i>Funding for Eating Disorders and Planning</i>	NR			85
<i>Liason Psychiatry - Mental Health</i>	NR			34
<i>Tier 3 Neurology</i>	R			36
<i>Tier 3 Specialist Wheelchairs</i>	R			36
<i>CAMHS Transformational Funding</i>	NR			213
<b>Total adjustments</b>				<b>6,590</b>

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## Appendix C: Statement of Financial Position as at 30th November 2015

### 2015/16 Statement of Financial Position

	Position as at 31/03/15	Position as at 30/11/15	
	£'000	£'000	
PPE	37	37	
Accumulated Depreciation	30	30	} Legacy Assets transferred from the SWE PCT.
Net PPE	7	7	
<b>Total Non-Current Assets</b>	<b>7</b>	<b>7</b>	
Current Assets:			
Cash - Cashbook balance (Includes BACS payments clearing next month)	49	1,109 *	* The physical cash balance at 30/11/15 was £1,333k The increase is driven by paying BTUH FT and Southend FT over the first 10 Months resulting in a prepayment ytd.
Accounts Receivable	1,734	13,923	
<b>Total Current Assets</b>	<b>1,783</b>	<b>15,031</b>	
Accounts Payable	(12,001)	(15,718)	A number of factors contribute towards the increase including NHS organisations invoicing early for next months SLA payment and disputed BARTS invoices.
Accrued Liabilities	(117)	(117)	Continuing Health Care Provision.
<b>Total Current Liabilities</b>	<b>(12,118)</b>	<b>(15,835)</b>	
Non-Current Assets plus/less Net Current Assets/Liabilities	(10,327)	(796)	
Financed by Taxpayers' Equity:			
General fund	(10,327)	(796)	Negative as Liabilities exceed assets.
<b>Total taxpayers' equity:</b>	<b>(10,327)</b>	<b>(796)</b>	

*Vision Statement: The Health and care experience of the people of Thurrock  
will be improved as a result of our working effectively together.*

## Appendix D: Cash Flow Summary as at 30<sup>th</sup> November 2015

### 2015/16 Cash Flow Summary

Description	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Year-to-date
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b>Opening Balance</b>	<b>52</b>	<b>2,770</b>	<b>652</b>	<b>823</b>	<b>614</b>	<b>489</b>	<b>167</b>	<b>140</b>	<b>52</b>
<b>Receipts</b>									
Draw down	16,850	13,000	15,200	15,600	14,863	15,510	16,850	16,850	124,723
Supplementary Draw down	0	1,700	0	0	0	0	0	0	1,700
Other Income	148	37	178	65	131	42	118	224	943
<b>Total Receipts</b>	<b>16,998</b>	<b>14,737</b>	<b>15,378</b>	<b>15,665</b>	<b>14,994</b>	<b>15,552</b>	<b>16,968</b>	<b>17,074</b>	<b>127,366</b>
<b>Payments:</b>									
NHS	(12,562)	(12,759)	(12,244)	(12,857)	(12,237)	(12,774)	(13,930)	(12,626)	(101,989)
Trade	(1,517)	(1,549)	(1,613)	(1,659)	(1,497)	(1,738)	(1,694)	(1,880)	(13,147)
Salary, Tax, Ni & Pension	(177)	(174)	(168)	(178)	(189)	(188)	(195)	(197)	(1,467)
BCF	0	(2,341)	(1,170)	(1,170)	(1,170)	(1,170)	(1,170)	(1,170)	(9,362)
Other	(24)	(33)	(11)	(10)	(25)	(5)	(6)	(7)	(120)
<b>Total Payments</b>	<b>(14,280)</b>	<b>(16,855)</b>	<b>(15,206)</b>	<b>(15,874)</b>	<b>(15,119)</b>	<b>(15,875)</b>	<b>(16,995)</b>	<b>(15,881)</b>	<b>(126,085)</b>
<b>Closing Balance</b>	<b>2,770</b>	<b>652</b>	<b>823</b>	<b>614</b>	<b>489</b>	<b>167</b>	<b>140</b>	<b>1,333</b>	<b>1,333</b>

**Closing Balance Target = reduce target of 1.25% of drawdown**

Variance ( +ve/-ve = within target/above target )

211

(1,122)

\* The variance was due to not receiving the BCF invoice from Thurrock Council until May 2105.

(The cash target has been reduced to aim to get down to 1.25% on a monthly basis as part of the notional charges regime, previously the target was 5%)

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