

Finance, Estates & Digital Committee

Date: 27th February 2025

Time: 09:00-12:00

Location: MS Teams

Agenda Number:	6.1	
Title:	Financial Performance – January 2024 (Month 10)	
Confidential Papers	Commercially Sensitive	Yes/No
	Legally Sensitive	Yes/No
	Contains Patient Identifiable data	Yes/No
	Financially Sensitive	Yes/No
	Time Sensitive – not for public release at this time	Yes/No
	Other (Please state)	Yes/No
Purpose: For Information		
Key Points for Discussion:		
The assurance report covers: 1. ICB Finance Report – ICB level budgets, statutory duty to breakeven, and ICB savings 2. System Finance Report – overall NHS sector of ICS, key performance metrics of System Oversight Framework and statutory duty to breakeven in year.		
ICB Finance <ul style="list-style-type: none">Financial performance: At month 10 the ICB is reporting a year-to-date breakeven position (breakeven in month 9) and continues to report a forecast breakeven position. However, there have been a number of changes at the programme area level:<ul style="list-style-type: none">Acute position improving by £2.0m YTD and £4.7m forecast outturn due to impact of additional ERF funding IS above previously assumed levels:		

- Funded care worsening by £1.4m as a result of a review of likely savings delivery and additional high cost patients on the caseload; and
- Community has deteriorated by c£0.5m resulting from additional D2A beds.

- **Financial Duties:** The in-month assessment of delivery against the ICB's financial duties are two on plan (running costs and better payment practice code) with three at risk (maintain expenditure within the revenue limit, capital expenditure and cash limit) which is driven by the risk to delivery of the plan and from late notification of capital schemes.
- **Risks and Mitigations:** There are three mitigated risks associated with delivering forecast outturn assumptions, local authority social care costs and funded care and placements.

System Finance

- **Revenue YTD:** year-to-date deficit of £6.9m (£3.1m improvement over prior month). Variance driven by under-delivery of efficiency and elective activity levels.
- **Revenue FOT:** the system is maintaining a breakeven forecast which whilst stretching is believed to be deliverable.
- **Efficiency:** £66.5m delivered - £16.6m under-delivery (79% of overall plan being delivered) with a £89.9m (89%) forecast.
- **Capital expenditure:** forecast of £186.1m representing a potential £3.2m under-commitment which relates to IFRS16 expenditure. In 2023/24, any IFRS 16 variance was managed at a regional level.
- **Cash:** overall the system maintains a healthy cash balance and does not anticipate needing cash support in year.
- **Next steps:** Detailed route to breakeven has been developed and we are closely monitoring delivery through to year end.

Recommendations:	To note the year-to-date financial position and the emerging risks and mitigations.
Previously Considered By and feedback:	ICB Finance report – summary to ICB Extended Leadership Team System Finance Report – System DoF's Group.
Management of Declared Interest:	Declarations of interest stated in meeting and recorded in Committee minutes.
Risk and Assurance:	In the current month the system reported a year-to-date deficit of £9.7m, which relates to provider deficits related to under delivery of CIPs, elective recovery performance and pay costs.
Financial / Resource Implications:	This paper presents the financial position of NHS Bristol, North Somerset and South Gloucestershire ICB and ICS. The financial performance of the system is monitored via the Performance and Recovery Board where local and national escalation processes will be applied to system partners as appropriate.

Legal, Policy and Regulatory Requirements:	<p>BNSSG is required not to exceed the cash limit set by NHS England, which restricts the amount of cash drawings that the ICB can make in the financial year.</p> <p>The ICB must also comply with relevant accounting standards.</p> <p>The ICS are required to breakeven on a cumulative basis for the financial year 2024/25. If the system finance was to report an adverse forecast outturn to plan, then NHS England may enact additional financial controls</p>
How does this reduce Health Inequalities:	Annual operating plan and savings & transformation projects require assessments to be completed during the planning stages to ascertain whether there are positive, negative or neutral impacts on health inequalities.
How does this impact on Equality & diversity	Annual operating plan and savings & transformation projects require assessments to be completed during the planning stages to ascertain whether there are positive, negative, or neutral impacts in relation to the Protected Characteristics.
Patient and Public Involvement:	BNSSG ICB has given a firm commitment that where annual operating plan and savings & transformation projects look to deliver services in a different way specific patient and public involvement programmes will be carried out to ensure direct involvement.
Communications and Engagement:	<p>The financial position of the ICB is subject to regular reporting and review by the Finance Estates and Digital Committee and public Governing Body. In addition, the ICB has regular meetings with NHSE to review performance throughout the year.</p> <p>Planning, Savings and Transformation project leads are working with communication representatives to facilitate engagement with patients, the public and stakeholders when appropriate. Their feedback is sought on a number of proposals which aim to improve services and increase efficiency.</p>
Author(s):	<p>Matt Backler, Operational Director of Finance</p> <p>Matt Barz, Financial Projects and Planning Accountant</p> <p>Nick Tippet, Head of Management Accounts</p>
Sponsoring Director / Clinical Lead / Lay Member:	Sarah Truelove, Deputy Chief Executive and Chief Finance Officer

BNSSG System Finance Report (January 2025) M10

Finance, Estates & Digital Committee

27th February 2025



Key Messages

1. Overall Revenue Performance

- At the end of January (month 10), the system reported an overall **year to date deficit against plan of £6.9m** (planned deficit £1.6m, actual deficit £8.5m).
- In month therefore, the system delivered a surplus of £2.8m against plan, continuing to reduce the total deficit against plan.
- At system level, the two key drivers of this deficit continue to be under-delivery against planned savings targets, and under-performance against planned levels of elective activity.
- Total worked WTE numbers (including temporary staff) continue to be in excess of funded levels and this is driving a year to date overspend of £36.7m against total pay budgets.
- The system has maintained its forecast break-even position by the end of the financial year in line with plans submitted to NHS England

2. Efficiency Delivery

- The systems total efficiency plan for 2024/25 is £101.4m
- There is a **£16.6m under-delivery against plan at the end of January, with 80% of planned efficiencies delivered** (£66.5m actual delivery v planned £83.1m).
- The forecast for total system efficiency delivery is 89% of plan at M10, although with a higher than planned level of non-recurrent efficiencies supporting this position.

3. Elective Recovery

- Elective Recovery targets for 2024/25 have been confirmed by NHS England, are in line with the targets set for each system in 2023/24 (prior to the impact of industrial action). This equates to a target of c.103% (of 2019/20 activity baselines) for the system.
- Financial plans assumed a level of performance over and above this target, and failure to deliver in line with plan in the first seven months of this year is driving part of the reported financial deficit.



Key Messages (2)

4. Capital Expenditure

- The system submitted a capital expenditure plan for 2024/25 totalling £168m, of which £41.4m is funded through national allocations over and above the systems Operational Capital allocation.
- Forecasted spend counting against the systems Operational Capital Allocation (excluding IFRS16 expenditure) is £102.8m, in line with the total notified allocation.
- In addition, the system is planning to spend £53m on nationally funded capital programmes
- At Month 10 total capital expenditure is forecast to be £186.1m. The system has a potential £3.2m under-commitment against notified allocations relating to IFRS16 expenditure.

5. Cash

- There is planned reduction in the overall system cash position of c.£82m in 2024/25, from a balance of £184m at the end of March 2024, to a planned balance of £101m at the end of the financial year.
- Current cash balances are £26.7m higher (c.21.5%) than planned levels at the end of January.
- Whilst it was not anticipated that any organisation would require cash support in this financial year at planning, the cash position will continue to be monitored closely, noting that the additional operational capital the system received as an incentive for delivering a break-even plan in 2024/25 (c.£13m) does not come with additional cash resource, and that there is a lengthy process that must be followed for organisations requesting additional cash support from NHS England. Therefore, cash support for capital may be required in year

System Key Financial Performance Indicators (1)

	In Month	YTD TOTAL (NHS)	Prior Month		UH Bristol & Weston	North Bristol Trust	Avon & Wiltshire Partnership	NHS Provider Sector	BNSSG ICB
1. Year to Date Financial Performance		A			A	A	G	A	G
Actual Surplus / (Deficit)	£3.6m	(£8.5m)	(£12.1m)	↑	(£4.4m)	(£4.1m)	(£0.0m)	(£8.5m)	£0.0m
variance to plan	£2.8m	(£6.9m)	(£9.7m)		(£4.4m)	(£2.5m)	(£0.0m)	(£6.9m)	£0.0m
variance (% of turnover)		(0.2%)	(0.3%)		(0.4%)	(0.3%)	(0.0%)	(0.3%)	0.0%
variance (% of ICB Allocation)		(0.4%)	(0.6%)		-	-	-	-	-
2. Forecast Surplus / (Deficit)									
Forecast Surplus / (Deficit)	-	£0.0m	£0.0m	←	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m
3. Risk to Forecast Out-turn		G			G	G	G	G	G
Net Unmitigated Risk		£0.0m	£0.0m		£0.0m	£0.0m	£0.0m	£0.0m	£0.0m
Net Unmitigated Risk (%)		0.0%	0.0%		0.0%	0.0%	0.0%	0.0%	0.0%
4. Year to Date Savings Delivery		A			R	R	G	R	G
Savings Delivery (£)	£7.8m	£66.5m	£58.7m	↑	£25.0m	£12.9m	£8.0m	£46.0m	£20.6m
Savings Delivery v plan	-£1.3m	-£16.6m	(£15.3m)		-£9.1m	-£9.8m	-£0.1m	-£19.0m	+£2.4m
Savings Delivery (%)	86%	80%	79%		73%	57%	99%	71%	113%
Savings Delivery as a % of turnover		2.0%	2.0%		2.3%	1.5%	2.5%	2.0%	0.0%
5. Forecast Savings Delivery		A			R	A	G	A	G
Forecast Savings Delivery (£)		£89.9m	£93.1m	↓	£30.9m	£23.8m	£9.0m	£63.7m	£26.1m
Forecast Savings Performance v plan		-£11.5m	-£8.3m		-£10.3m	-£4.9m	-£0.7m	-£15.9m	+£4.3m
Forecast Savings Delivery (%)		89%	92%		75%	83%	93%	80%	120%

System Key Financial Performance Indicators (2)

	In Month	NHS TOTAL	Prior Month	
6. Charge against Capital Allocation (excluding impact of IFRS 16)				
		G		
Total System Operational Capital Allocation		£102.8m	£81.9m	
Forecast Charge Against Capital Allocation		£102.8m	£81.9m	
Forecast variance to allocation		£0.0m	£0.0m	←
Forecast variance to allocation (%)		0.0%	0%	

7. Charge against Capital Allocation (with impact of IFRS 16)				
		A		
Total System Operational Capital Allocation		£121.2m	£100.3m	
Forecast Charge against Capital Allocation (including IFRS 16)		£116.5m	£97.0m	
Forecast capital overspend v plan		-£4.8m	(£3.3m)	↑
Forecast variance to allocation (%)		-3.9%	-3.3%	

8. Current Cash Balance				
Planned cash balance	(£4.3m)	£123.8m	£128.2m	
Current cash balance	£9.0m	£150.5m	£141.5m	
Year to date variance to plan	+£13.3m	+£26.7m	+£13.4m	↑
Year to date variance to plan (%)		21.5%	10%	

9. Better Payment Practice Code (BPPC) - 95% target				
Total Bills paid within 30 days (in-month)		95%	95%	↓
Total Bills paid within 30 days (year to date)		96%	95%	↑

UH Bristol & Weston	North Bristol Trust	Avon & Wiltshire Partnership	NHS Provider Sector	BNSSG ICB
G	G	G	G	G
£39.2m	£34.5m	£3.1m	£76.9m	£25.9m
£38.9m	£34.8m	£3.1m	£76.9m	£25.9m
£0.0m	£0.0m	£0.0m	£0.0m	£0.0m
0.0%	0.0%	0.0%	0.0%	0.0%

£45.3m	£41.6m	£3.7m	£90.5m	£25.9m

£75.9m	£28.8m	£19.1m	£123.8m	-
£70.2m	£32.0m	£48.3m	£150.5m	-
-£5.8m	+£3.2m	+£29.2m	+£26.7m	-
-7.6%	11.1%	153.1%	21.5%	-

A	A	G	-	G
89%	95%	99%	-	99%
90%	94%	100%	-	98%

System Financial Performance Overview

1. FINANCIAL PERFORMANCE:

YTD Variance : -£6.9m



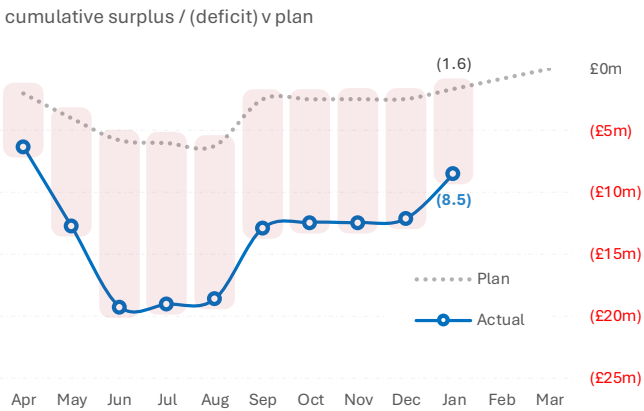
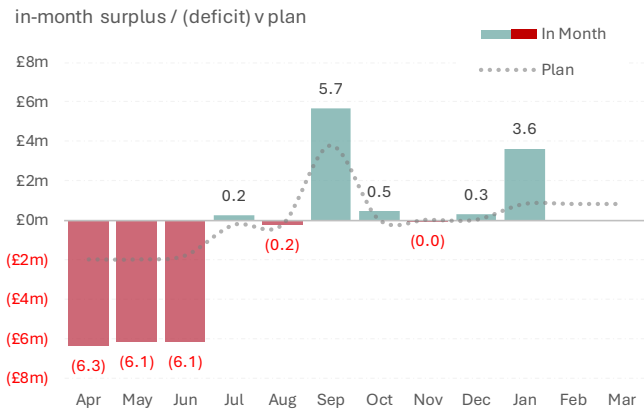
In-Month Variance : £2.8m



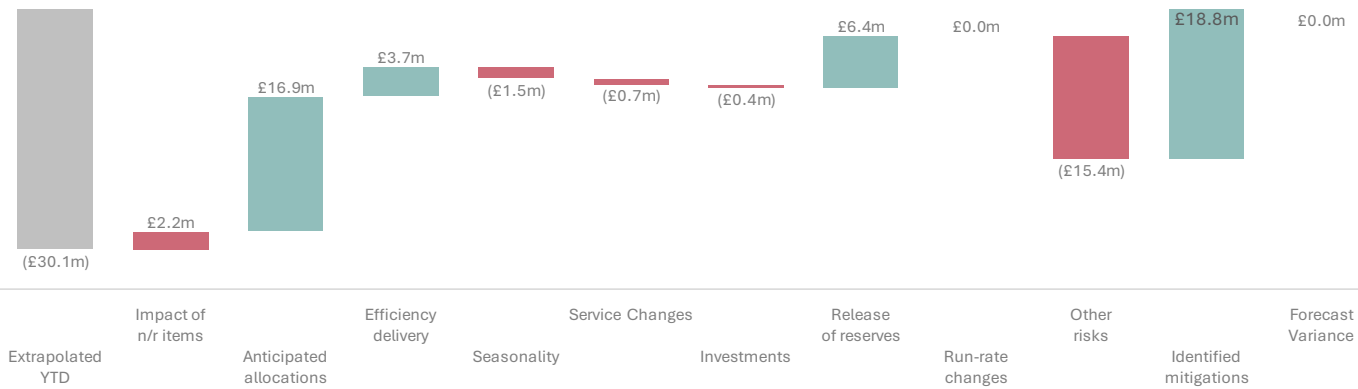
Forecast Suplus / (Deficit) : £0.0m



Organisation	YTD Plan	YTD Actual	YTD Variance to Plan	YTD Variance (%)	Forecast Surplus / (Deficit)
UHBW	0.0	(4.4)	(4.4)	-0.4%	0.0
NBT	(1.6)	(4.1)	(2.5)	-0.3%	0.0
AWP	0.0	(0.0)	(0.0)	-0.0%	0.0
Provider Total	(1.6)	(8.5)	(6.9)	-0.3%	0.0
BNSSG ICB	0.0	0.0	0.0	0.0%	0.0
NHS Total	(1.6)	(8.5)	(6.9)	-0.2%	0.0
Sirona	0.0	0.0	0.0		0.0
System Total	(£1.6m)	(£8.5m)	(£6.9m)	-0.2%	£0.0m



2. RUN-RATE BRIDGE - Extrapolated Year to Date Variance to Forecast Variance



Extrapolated YTD	(£30.1m)
Impact of n/r items	£2.2m
Anticipated allocations	£16.9m
Efficiency delivery	£3.7m
Seasonality	(£1.5m)
Service Changes	(£0.7m)
Investments	(£0.4m)
Release of reserves	£6.4m
Run-rate changes	£0.0m
Other risks	(£15.4m)
Identified mitigations	£18.8m
Forecast Variance	£0.0m

System Financial Performance Overview (2)

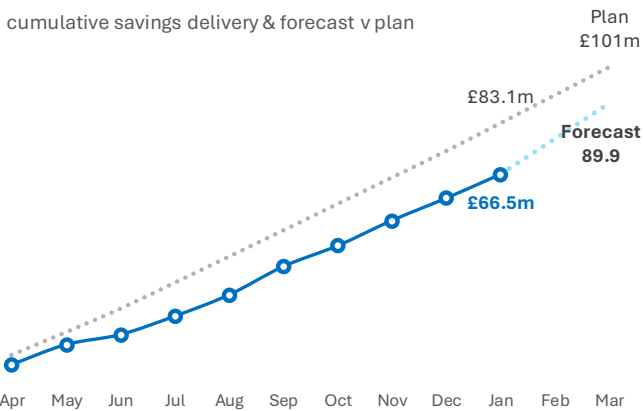
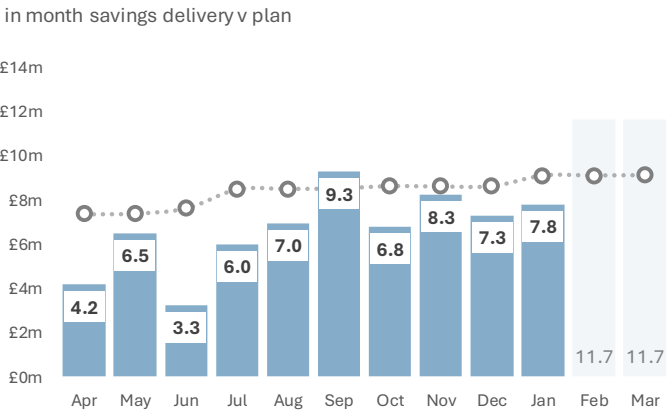
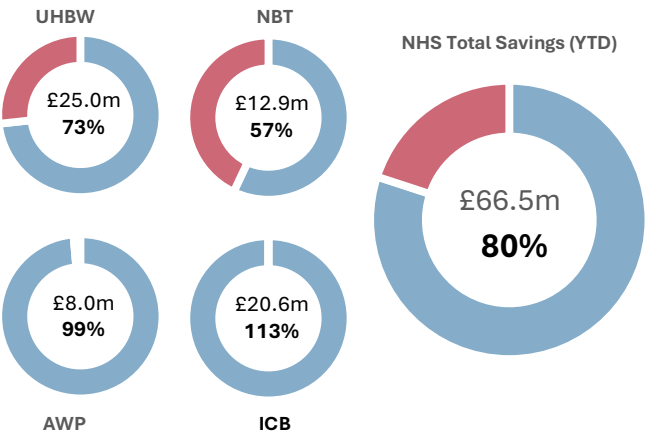
3. EFFICIENCY DELIVERY:
YTD £66.5m (80% of plan)

A

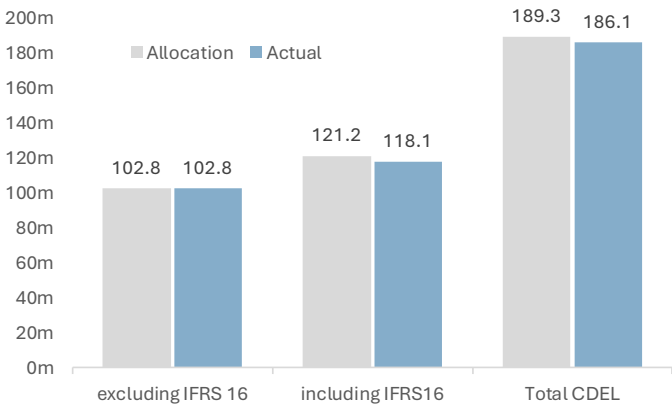
Avg. Monthly Savings (YTD): £6.7m
required to hit forecast: £11.7m

Forecast : £89.9m (89% of plan)

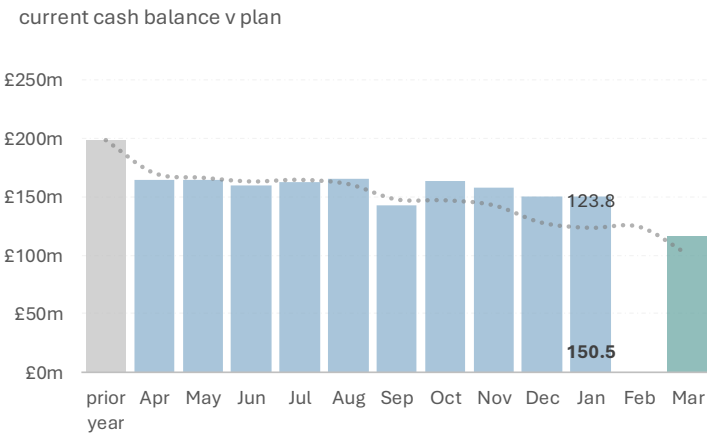
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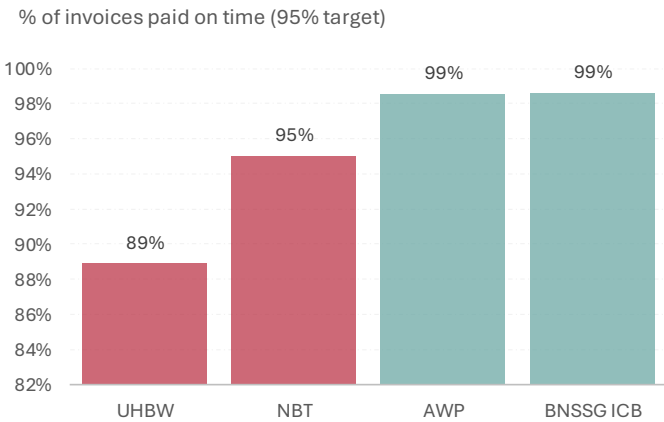
4. CHARGE AGAINST CAPITAL ALLOCATION
-£3.180m
0



5. CURRENT CASH BALANCE:
YTD Variance : +£26.7m
0



6. BETTER PAYMENT PRACTICE:
No. of Orgs missing target: 1



System Income & Expenditure Summary

(NHS Providers)

	YTD Plan £m	Actual £m	Variance £m	Full-Year Plan £m	Forecast £m	Forecast Variance £m
Combined Provider Income Sources						
NHS England	(665.9)	(704.8)	39.0	(797.2)	(838.7)	41.5
Integrated Care Boards	(1,150.8)	(1,194.6)	43.8	(1,380.6)	(1,408.4)	27.8
Other patient care income	(117.6)	(99.9)	(17.8)	(139.8)	(122.2)	(17.6)
Total income from patient care activities	(1,934.3)	(1,999.3)	65.0	(2,317.6)	(2,369.3)	51.7
Other operating income	(182.8)	(199.8)	17.0	(219.8)	(256.4)	36.5
Total Provider Operating Income	(2,117.1)	(2,199.1)	82.0	(2,537.4)	(2,625.6)	88.2
Combined Provider Expenditure						
Substantive staff including on-costs	1,196.5	1,246.1	(49.6)	1,433.4	1,486.4	(52.9)
Bank staff including on-costs	104.5	107.2	(2.7)	125.9	129.9	(4.0)
Agency / contract	49.9	36.5	13.4	59.9	42.4	17.5
Other Staff Costs	(0.7)	(3.0)	2.2	(0.9)	(3.0)	2.1
Other Operating Expenditure	725.7	770.8	(45.1)	872.6	928.3	(55.7)
Total Provider Operating Expenditure	2,075.8	2,157.6	(81.8)	2,490.9	2,584.0	(93.0)
Operating Surplus / (Deficit)	(41.3)	(41.5)	0.2	(46.5)	(41.7)	(4.8)
Net Finance Costs	(78.4)	(72.5)	(6.0)	(88.9)	(82.8)	(6.1)
Other Adjustments to Financial Performance	118.1	105.5	12.6	135.3	124.5	10.9
NHS Provider surplus / (deficit)	(1.6)	(8.5)	(6.9)	0.0	0.0	0.0
Total ICB Allocation						
	(1,946.4)	(1,946.4)	0.0	(2,315.7)	(2,315.7)	0.0
BNSSG ICB Expenditure						
Acute Services	979.1	990.9	(11.8)	1,166.9	1,180.4	(13.5)
Mental Health & LD Services	208.0	210.2	(2.2)	249.2	251.7	(2.6)
Community Health Services	210.4	211.3	(0.9)	244.1	245.0	(0.9)
Continuing Care Services	109.2	117.0	(7.8)	131.0	138.9	(8.0)
Primary Care Services	163.0	160.1	2.9	195.4	192.4	3.0
Other Programme Services	7.5	8.2	(0.7)	9.6	10.2	(0.7)
Other Commissioned Services	9.1	9.2	(0.1)	10.9	11.1	(0.2)
Delegated Primary Medical Services	164.0	163.9	0.2	193.0	192.9	0.2
Delegated Dental, Ophthalmic and Pharmacy Servi	76.3	75.5	0.8	90.9	90.5	0.4
ICB Running Costs	14.5	14.5	0.0	17.5	17.5	0.0
Reserves / Contingencies	5.4	(14.3)	19.6	7.3	(14.9)	22.2
Total ICB Net Expenditure	1,946.4	1,946.4	0.0	2,315.7	2,315.7	0.0
ICB surplus / (deficit)	0.0	0.0	0.0	0.0	0.0	0.0
System Operating Surplus / (Deficit)						
	(1.6)	(8.5)	(6.9)	0.0	0.0	0.0

YTD & Forecast by Scheme

	YTD Plan £m	Actual £m	Variance £m	% delivery		Full-Year Plan £m	Forecast £m	Forecast Variance £m	% delivery
Provider Pay Schemes									
Pay - Agency Cost Reduction	13.7	15.9	2.1	116%		16.6	18.2	1.6	110%
Pay - E-Rostering / E-Job Planning	7.3	6.4	-1.0	87%		8.8	7.7	-1.1	88%
Pay - Corporate services transformation	2.3	0.6	-1.6	29%		2.7	0.8	-1.9	29%
Pay - Service re-design	6.8	5.5	-1.3	81%		8.2	7.1	-1.1	86%
Pay - Other	3.7	2.3	-1.4	63%		4.4	2.7	-1.7	62%
	33.8	30.7	-3.1	91%		40.7	36.5	-4.2	90%
Provider Non-Pay Schemes									
Non-Pay - Medicines efficiencies	1.3	2.3	1.0	173%		1.6	2.7	1.1	170%
Non-Pay - Procurement	8.0	4.4	-3.6	55%		9.6	7.3	-2.4	76%
Non-Pay - Net zero carbon	2.5	1.0	-1.5	41%		3.0	1.0	-2.0	34%
Non-Pay - Service re-design	6.7	0.3	-6.4	5%		8.0	0.6	-7.4	8%
Non-Pay - Other	5.2	4.0	-1.2	77%		6.3	5.0	-1.3	79%
	23.6	12.0	-11.6	51%		28.5	16.6	-11.9	58%
Provider Income Schemes									
Provider Income	8.5	7.9	-0.6	93%		10.3	10.6	0.3	103%
	8.5	7.9	-0.6	93%		10.3	10.6	0.3	103%
NBT re-phasing adjustment	(1.0)	(4.6)	-3.7						
Total provider efficiencies	65.0	46.0	-19.0	71%	R	79.6	63.7	-15.9	80%
ICB efficieny programme									
Demand Management (referrals)	0.0	0.0	0.0	-		0.0	0.0	0.0	-
Evidence based interventions	3.7	3.7	0.0	100%		4.5	4.5	0.0	100%
All-age Continuing Care	5.4	4.7	-0.7	86%		6.5	6.5	0.0	101%
Medicines efficiencies	4.4	8.4	4.0	191%		5.3	9.4	4.2	180%
Running cost review	2.5	2.5	-0.0	100%		3.0	3.0	0.0	100%
Establishment reviews	0.0	0.0	0.0	-		0.0	0.0	0.0	-
Other	2.2	1.3	-0.8	62%		2.6	2.7	0.1	104%
Unidentified	0.0	0.0	0.0	-		0.0	0.0	0.0	-
Total ICB efficiencies	18.2	20.6	2.4	113%	G	21.8	26.1	4.3	120%
TOTAL SYSTEM EFFICIENCIES	83.1	66.5	-16.6	80%	R	101.4	89.9	-11.5	89%

System Capital Department Expenditure Limit (CDEL)

System Capital Allocation	Combined Provider (plan) £m	BNSSG ICB (plan) £m	system plan £m	Allocation adjustments £m	Revised System CDEL limit £m	Forecast £m	Forecast Variance to CDEL limit £m
2024/25 Capital Allocation (provider)	66.3	1.7	68.0		68.0		
Less transfer to the ICB Allocation	(6.9)	6.9	0.0		0.0		
Prior Year Revenue Performance Allocation	2.5		2.5		2.5		
23/24 Revenue Surplus Bonus	0.1		0.1		0.1		
24/25 Revenue Fair Shares Adjustment	11.2		11.2		11.2		
System Capital Support - W&C Surgical Robot				2.4	2.4		
STP Upgrades - Thornbury				14.4	14.4		
24/25 RAAC Allocation Adjustment				1.1	1.1		
STP Upgrade - Central Weston				3.0	3.0		
Total System Allocation (before IFRS16)	73.3	8.5	81.9	20.9	102.8		
Operational Capital Allocation to Organisations							
UHBW	36.7		36.7	2.6	39.2	38.9	-0.3m
NBT	27.7		27.7	6.9	34.5	34.8	+0.3m
AWP	9.0		9.0	(5.9)	3.1	3.1	+0.0m
BNSSG ICB		8.5	8.5	17.4	25.9	25.9	+0.0m
Total Charge against Capital Allocation (excluding impact of IFRS 16)	73.3	8.5	81.9	20.9	102.8	102.8	+0.0m
Impact of IFRS16 (plan)							
Capital expenditure on lease remeasurements	10.0		10.0	(10.0)	0.0	10.9	+10.9m
Capital expenditure on right of use assets	19.7		19.7	(19.7)	0.0	4.3	+4.3m
IFRS 16 CDEL uplift allocation			0.0	18.4	18.4	0.0	-18.4m
Total impact of IFRS 16	29.7	0.0	29.7	(11.3)	18.4	15.3	-3.2m
Total Charge against Capital Allocation (including impact of IFRS 16)	103.0	8.5	111.6	9.7	121.2	118.1	-3.2m
National Programme Funding (PDC)							
Diagnostic Digital Capability Programme	0.3		0.3	0.6	1.0	1.0	0.0m
Elective Recovery/Targeted Investment Fund	20.4		20.4		20.4	20.4	0.0m
Mandate Transfer - National			0.0	2.8	2.8	2.8	0.0m
Critical Infrastructure Risk			0.0	5.7	5.7	5.7	0.0m
Mental Health	17.6		17.6	(0.0)	17.6	17.6	0.0m
STP Wave 3	3.0		3.0	0.0	3.0	3.0	0.0m
Front Line Digitisation			0.0	2.2	2.2	2.2	0.0m
Digital Technology - Other			0.0	0.2	0.2	0.2	0.0m
Total National Funding (PDC)	41.4	0.0	41.4	11.6	53.0	53.0	0.0m
PFI capital charges (e.g. residual interest)							
PFI capital charges	15.1		15.1		15.1	15.1	0.0m
Total System CDEL	159.5	8.5	168.0	21.3	189.3	186.1	-3.180m

System Capital Expenditure

Year to Date & Forecast by Category

	UHBW Actual £m	NBT Actual £m	AWP Actual £m	BNSSG ICB Actual £m	System TOTAL Actual £m	UHBW Forecast £m	NBT Forecast £m	AWP Forecast £m	BNSSG ICB Forecast £m	System TOTAL Forecast £m
Internally Funded (owned assets)										
Routine maintenance (non-backlog)	3.1	0.0	0.8		3.9	5.3	0.0	3.6		8.9
Backlog Maintenance	4.2	1.4	0.0		5.6	5.3	5.0	0.0		10.3
RAAC Plank	0.0	0.0	0.0		0.0	1.1	0.0	0.0		1.1
New Build	4.4	2.0	0.0		6.4	8.9	16.9	0.0	17.4	43.2
Equipment	7.1	0.0	0.0		7.1	11.9	6.0	0.0		17.9
Plant and machinery	0.0	0.5	0.0		0.5	0.0	4.8	0.0		4.8
Fire Safety	2.3	0.0	0.0		2.3	3.3	0.0	0.0		3.3
IT	2.4	0.6	0.7	0.0	3.6	5.1	4.1	1.1	1.1	11.4
Fleet, Vehicles & Transport	0.0	0.0	0.0		0.0	0.0	0.0	0.0		0.0
Other	0.0	0.0	0.0		0.0	0.0	0.0	0.0	7.5	7.5
Sub-Total	23.4	4.4	1.5	0.0	29.3	41.1	36.8	4.7	25.9	108.4
less donations	(1.3)	(0.4)	0.0		(1.7)	(2.0)	(0.5)	0.0		(2.5)
less disposals	(0.1)	0.0	0.0		(0.1)	(0.1)	0.0	0.0		(0.1)
less PFI capital (IFRIC12)	0.0	(1.1)	(0.2)		(1.3)	0.0	(1.5)	(1.6)		(3.0)
Charge against Capital Allocation (before IFRS 16)	21.9	3.0	1.2	0.0	26.2	38.9	34.8	3.1	25.9	102.8
Lease additions (less peppercorn leases)	2.0	0.2	0.4		2.5	3.6	6.8	0.6		10.9
Lease remeasurements	4.3	0.0	0.0		4.3	4.3	0.0	0.0		4.3
Lease terminations	(1.6)	0.0	0.0		(1.6)	(1.6)	0.0	0.0		(1.6)
Leased disposals (less peppercorn disposals)	0.0	0.0	0.0		0.0	0.0	0.0	0.0		0.0
Utilisation of capitalised dilapidation provisions	0.0	0.0	0.0		0.0	0.0	0.0	0.0		0.0
Total impact of IFRS 16	4.7	0.2	0.4	0.0	5.3	6.3	6.8	0.6	0.0	13.7
Total Charge against Capital Allocation (including IFRS 16)	26.6	3.2	1.6	0.0	31.4	45.3	41.6	3.7	25.9	116.5
PFI capital charges (e.g. residual interest)										
PFI capital charges	0.0	11.8	0.8		12.6	0.0	14.1	0.9		15.1
National Programme Funding (PDC)										
Diagnostic Digital Capability Programme	0.0	0.1	0.0		0.1	0.0	1.0	0.0		1.0
Front Line Digitisation	0.0	0.0	0.8		0.8	0.4	0.0	1.8		2.2
Digital Technology - Other	0.0	0.2	0.0		0.2	0.0	0.2	0.0		0.2
Elective Recovery/Targeted Investment Fund	0.0	20.4	0.0		20.4	0.0	20.4	0.0		20.4
Mandate Transfer - National	0.1	0.0	0.0		0.1	1.1	1.7	0.0		2.8
Critical Infrastructure Risk	0.0	1.3	0.0		1.4	1.3	4.5	0.0		5.7
Mental Health	0.0	0.0	10.5		10.5	0.0	0.0	17.6		17.6
LED Lighting	0.0	0.0	0.0		0.0	0.0	0.0	0.1		0.1
STP Wave 3	0.0	0.0	2.0		2.0	0.0	0.0	3.0		3.0
Total National Programme Funding	0.1	22.1	13.3	0.0	35.5	2.7	27.8	22.6	0.0	53.1
Total Capital Department Expenditure Limit (CDEL)	26.7	37.1	15.8	0.0	79.5	48.0	83.5	27.2	25.9	184.6

Agenda item: 6.1

Report title: ICB Finance Report

Report on the financial performance for January 2025 (M10 – 2024/25)

1. Executive Summary

At month 10 the ICB is reporting a year-to-date breakeven position (*breakeven in month 9*) and continues to report a forecast breakeven position. However, there have been a number of changes at the programme area level:

- Acute position improving by £2.0m YTD and £4.7m forecast outturn due to impact of additional ERF funding IS above previously assumed levels;
- Funded care worsening by £1.4m as a result of a review of likely savings delivery and additional high cost patients on the caseload; and
- Community has deteriorated by c£0.5m resulting from additional D2A beds.

There is very little scope to deviate from the assumptions in the FOT and therefore there is increased risk of not delivering the breakeven position. Our net risk and mitigation position remains small surplus and this has improved slightly from the prior month.

The ICS is reporting a year-to-date deficit of £6.9m (£3.1m improvement over prior month) attributable to the acute provides with AWP and ICB breaking even in line with the prior month. A The main drivers are savings underperformance (£15.3m YTD) and ERF delivery behind plan. Full year forecast is a breakeven however there is significant risk being managed to deliver this.

Performance and Recovery Board has received details of the route to breakeven developed through the CFO group.

Capital is expected to deliver in-line with the core allocation received with an expected £3.2m underspend on IFRS16.

2. Risks and mitigations

The risks and mitigations associated with the delivery of the ICB financial position, as continue to be reported in the directorate risk register, are summarised in the table below.

Risks	Mitigations	Open/Closed
Non delivery of forecast outturn assumptions could impact the delivery of a breakeven position.	Forecast outturn change protocol enacted with the step up of programme review meetings between the Deputy Chief Executive and Chief Finance Officer and the Executive programme lead and key stakeholders.	Open
The financial challenge faced by local authorities could impact social care costs in the ICB	Continued engagement with Local Authorities and commitment to work together to reduce the overall costs.	Open

leading to unfunded cost pressures		
Funded care and placements – management of in year costs and development and delivery of savings plans	Regular meetings between Deputy Chief Executive and Chief Finance Officer and Chief Nursing Officer to monitor performance. List of recovery actions developed and presented to the CEO.	Open

3. Financial duties and financial performance metrics

The in-month assessment of delivery against the ICB's financial duties are two on plan (green) and three at risk (amber).

Duty	RAG	Position
Maintain expenditure within the revenue resource limit (Section 5)	A	Although the ICB is reporting a breakeven year to date and forecast position there is no scope for further cost pressures or investment commitments. The ICB must ensure the assumptions within the forecast position are delivered in order to secure a breakeven position at year end.
Ensure running costs are within the running cost resource limit. (Section 5)	G	The running costs are ahead of plan by £0.01m due to timing issues but is forecasting to breakeven by year end. The ICB continues to actively review the required reduction in running costs allocations with a focus on identifying the required non pay reductions in 2025/26.
Maintain capital expenditure within the delegated limit (Section 7)	A	The 2024/25 capital programme is £25.8m; £1.7m ICB allocation, £6.9m system CDEL prioritised capital and £17.3m Wave 4 national funds (based on the assumption Thornbury and Central Weston are approved). The delay in NHSE approving the ICB allocations may impact the delivery plan for year end. The ICB continues to liaise with NHSE and key stakeholders on Central Weston, Connexus and Thornbury Health Centre to agree governance and funding mechanisms.
Maintain expenditure within the allocated cash limit (Section 8)	A	Cash draw down at the end of month 10 is ahead of monthly profile by 1.25%, after adjusting for the closing cash balance. The noncash transactions impacting the financial position (e.g. release of provisions) and anticipated NHSE allocations impact the year-to-date cash requirement.
Ensure compliance with the better payment practice code (Section 9)	G	Performance target requires 95% of non-disputed invoices to be paid within 30 days. The ICB continues to meet the target.

4. Revenue allocation

The annual allocation has increased by £17.4m in month to £2,315.7m. The majority of this additional allocation is Elective Recovery Funding (ERF) of £12.1m which has been recognised in Acute and Reserves. A £1.9m running cost allocation has been received for the element of employer pension contribution that is funded centrally, this is matched by spend. Other significant allocations received in month include £1.4m for DOP Delegated DDRB uplift and £0.8m SDF funding for frontline digitisation.

Programme Area	Confirmed Initial ICB allocation £m	Prior Months Allocation Changes £m	Adjustments in Month		Baseline Allocation at 31-Jan-25 £m
			SDF/Other allocations £m	Internal Budget adjs £m	
Acute Contracts	1,090.937	64.417	7.264	(2.381)	1,160.237
Mental Health	220.492	5.766	-	0.105	226.363
Community Services	223.013	6.707	0.038	(3.187)	226.571
Delegated Primary Care	269.848	11.530	2.472	0.134	283.984
Medicines Management	163.374	0.065	0.003	-	163.442
Primary Care	34.965	4.038	0.195	0.022	39.220
Funded Care	130.812	0.174	-	-	130.986
Childrens Services	44.154	2.857	-	(0.075)	46.937
Support costs	8.279	4.280	0.089	0.509	13.157
Reserves	(15.689)	12.665	5.451	4.872	7.299
Commissioning Budget	2,170.185	112.498	15.512	-	2,298.195
Running Costs	15.528	0.150	1.858	-	17.536
Total Allocation 2024-25	2,185.713	112.648	17.370	-	2,315.731

5. Financial position January 2025 (Month 10)

At month 10 the ICB is reporting a year-to-date and forecast breakeven position.

2024/25 January 2025 - Month 10	2024/25 Budget	Year To Date Budget	Year To Date Expenditure	Year To Date Variance		Forecast Outturn	Forecast Outturn Variance		Appendix Ref
Programme Area	£m	£m	£m	£m		£m	£m		
Acute	1,160.237	973.590	985.122	(11.532)	●	1,173.442	(13.206)	●	A1
Mental Health	226.363	188.979	191.210	(2.231)	●	228.927	(2.564)	●	A2
Community	226.571	195.801	197.240	(1.439)	●	228.117	(1.546)	●	A3
Delegated Primary Care	283.984	240.333	239.388	0.944	●	283.384	0.599	●	A5/A6
Medicines Management	163.442	136.212	133.385	2.827	●	160.493	2.949	●	A7
Primary Care	39.220	32.808	32.870	(0.062)	●	39.292	(0.071)	●	A4
Funded Care	130.986	109.155	116.959	(7.804)	●	138.943	(7.957)	●	A8
Childrens	46.937	39.113	38.823	0.291	●	46.587	0.350	●	A9
Support Costs	13.157	10.523	11.178	(0.654)	●	13.938	(0.781)	●	A10
Reserves	7.299	5.358	(14.289)	19.646	●	(14.923)	22.222	●	-
Running Costs	17.536	14.505	14.492	0.014	●	17.531	0.005	●	A11
BNSSG ICB Surplus/(Deficit)	2,315.731	1,946.377	1,946.377	-		2,315.731	-		
Provider Surplus/Deficit									
AWP	-	-	-	-		-	-		
NBT	-	(1.625)	(4.086)	(2.461)		-	-		
UHBW	-	-	(4.409)	(4.409)		-	-		
Provider Surplus/(Deficit)	2,315.731	(1.625)	(8.495)	(6.870)		2,315.731	-		
ICS Position	2,315.731	1,948.002	1,954.872	(6.870)		2,315.731	-		

Although the year-to-date position is reporting a breakeven position there continues to be overspends over £1m in the acute (£11.5m), funded care (£7.8m), mental health (£2.2m) and community (£1.5m) programme areas. The adverse variances are offset by over delivery of savings within medicines management (£2.9m), slippage on investments and release of provisions and reserves (combined £19.6m).

Major movements are:

- Acute position improving by £2.0m YTD and £4.7m forecast outturn due to impact of additional ERF funding IS above previously assumed levels;
- Funded care worsening by £1.4m as a result of a review of likely savings delivery and additional high cost patients on the caseload; and
- Community has deteriorated by c£0.5m resulting from additional D2A beds.

Programme status to date

The programme areas are rated on variance from budget with ,1% rated green, between 1% and 2% amber and over 2% red. The programme areas with amber and red ratings are reported below.

Acute (A1)

The Acutes forecast position is overspent by £13.2m, this has improved by £4.8m from the prior month.

This £4.8 improvement is due to a materially higher-than-target forecast overperformance (and associated payment due) in Elective Recovery Activity. This is based on a realistic extrapolation of NHSE's assessment of the system's M1 to M7 year to date ERF performance, corroborated with activity reports from the ICB's System Intelligence team for Independent Sector Providers and information from the Trusts.

The forecast position is an overspend of £18m. Main drivers for the year-to-date and forecast include overspend on NCTR beds that crystallised in the position in M9 forecast, overspend on the SWASFT ambulances contract, overspend in Non Contracted Activity, overspend in high cost drugs and overperformance in variable diagnostics activity.

Overspend in variable diagnostic activity is being monitored for activity and finance patterns through the Elective Recovery Operational Delivery Group meetings led by the ICB Performance Team.

Mental Health (A2)

The Mental Health, Learning Disabilities and Autism year-to-date position presents an overspend of £2.2m, mainly due to ADHD patient choice of £2.0m.

The forecast position is showing an overspend of £2.6m attributable primarily due to impact of Patient Choice on ADHD and Autism £2.0m and other net budgetary movements of £0.6m.

Funded Care (A8)

The year-to-date position presents an overspend of £7.8m (£5.7m in month 9). The adverse position is predominately attributable to an increase of eligible patients in receipt of care under Adult Fully Funded CHC (PD).

The forecast has deteriorated following a review of the savings schemes which has resulted in a reduction in the assumed delivery from £6.7m to £5.6m. The overall change is seen an worsening in month of £1.4m from £6.5m to £7.9m. The run rate through to the year-end includes the delivery of £0.6m from saving schemes. There is concern that the reported forecast could worsen by up to this value impact of the savings schemes is less than anticipated, with an adverse outturn of £8.5m (consistent with the prior month). Work is continuing to assure the reported position,

including the employment of a third party to support acceleration of Fast Track reviews, and the exploration of further options to provide mitigation.

Support Costs (A10)

The overspend is driven by legal fees relating to the procurement challenges and higher than budgeted charges from NHS Property Services and Community Health Partnerships in respect of the ICB's programme estates and void spaces.

Forecast Outturn

The ICB continues to forecast a breakeven position. M10 has seen small favourable movements in acute been offset by the worsening of the funded care and acute community psotions.

A detailed risk and mitigation plan is kept by finance in conversation with budget holders and the net risk/mitigation position continues to be a modest surplus and this has improved from the previous month due to expectations around ERF funding for Independent Sector above previously assumed levels. We are working to transact as much of the likely position into the main ledger to keep as transparent a position as possible.

System position

The ICS is reporting a year-to-date deficit of £6.9m which shows a significant improvement since the prior month (*M9 £9.7m*) in line with expectations of recovering to breakeven by year end. The deficit is attributable to the acute provides with AWP and ICB breaking even in line with the prior month. The main drivers are savings underperformance (£16.6m YTD) and ERF delivery behind plan. At a combined provider level income is £82.0m ahead of plan YTD (£88.2m FOT) with pay costs (£36.7m YTD, £37.3m FOT) and non-pay (£52.2m YTD and £50.9m FOT) exceeding planned levels.

The current forecast outturn is breakeven across the system however local financial recovery actions are in place at the acute providers and phase two of the forecast outturn change protocol has been triggered including the engagement of external peer review to provide assurance on financial delivery arrangements.

Capital position is suggesting an underspend of c£3.2m against the IFRS16 allocation with core allocation expected to spend in full.

Full details of the financial position are reported in the attached System Finance Report.

A report to the Performance and Recovery Board in October set out a likely gap of £11.7m (risk adjusted) that would need to be mitigated, we have now collective identified actions we are confident of delivering to close this gap and Performance and Recovery Board have received a report to this effect. Whilst we now have a route to breakeven the stretch required to do this should not be underestimated and it is important to continue to driver recovery in the underlying position.

Payroll overview

Included in the financial position are the pay costs, as summarised below. The funded establishment is currently underspent with a variance to date of £0.35m and the pay costs funded from other sources overspent by £0.28m generating a net underspend variance of £0.07m (£0.48m over on admin costs and £0.55m under on programme).

Source of funds	Admin/ Programme	Full year funding £m	YTD funding £m	YTD spend £m	YTD variance £m	Forecast Outturn £m	Forecast variance £m
Funded Establishment	Admin	11.485	9.582	9.813	(0.230)	11.742	(0.257)
	Programme	11.607	9.672	9.089	0.584	11.012	0.595
Total funded Establishment		23.091	19.255	18.901	0.353	22.754	0.337
Other Funding source	Admin	1.381	1.150	1.397	(0.246)	1.643	(0.262)
	Programme	2.115	1.753	1.789	(0.036)	2.176	(0.061)
Total Other funded posts		3.496	2.904	3.186	(0.282)	3.819	(0.323)
Grand total		26.587	22.158	22.087	0.071	26.573	0.014

		Full year funding £m	YTD funding £m	YTD spend £m	YTD variance £m	Forecast Outturn £m	Forecast variance £m
Analysed by	Admin	12.866	10.733	11.210	(0.477)	13.385	(0.519)
	Programme	13.721	11.425	10.878	0.547	13.188	0.533
Grand total		26.587	22.158	22.087	0.071	26.573	0.014

6. Efficiencies

The total ICB savings plan is £33.0m per the planning submission. Within the total savings target there is £11.4m of provider commissioning efficiencies which reflect the savings achieved through passing through the efficiency factor via contact price uplifts each year. These savings are all fully delivered via baseline contract and budget changes.

2024/25 Month 10	YTD planned net saving £ms	YTD actual net saving £ms	YTD Variance £ms	Planned Net Saving £ms	FOT Net Saving £ms	Variance to Plan £ms
ICB savings plan						
Running Costs/Support costs	2.5	2.5	-	3.0	3.0	-
Funded Care	5.4	4.1	(1.3)	6.5	5.6	(0.9)
Medicine Optimisation	4.4	8.4	4.0	5.3	9.4	4.2
Transformation Savings	2.2	1.3	(0.8)	2.6	2.7	0.1
Contract savings	3.5	3.5	-	4.2	4.2	-
Total ICB savings plan	18.0	19.8	1.8	21.6	24.9	3.4
Commissioning efficiencies						
NHS Providers inside system	8.8	8.8	-	10.6	10.6	-
NHS Providers outside of system	0.7	0.7	-	0.8	0.8	-
ICB Total Savings (per submission)	27.5	29.3	1.8	33.0	36.3	3.4

At month 10 the ICB efficiency delivery was £29.3m against a plan of £27.5m, ahead of plan by £1.8m. Forecast outturn is to over-deliver by £3.4m.

Transformation savings schemes are assessed against investment plans to establish the net investment and savings impact for this financial year and the impact on future savings assumptions – YTD savings are £0.7m behind plan but are forecast to recover by year end.

The medicine optimisation schemes continue to over deliver year to date (£4.0m) and forecast due to additional savings on direct oral anticoagulants (Apixaban).

As reported in section 5 the funded care savings delivered to month 10 are now from all eight schemes planned for implementation this financial year, however YTD delivery is £1.3m behind plan (prior month £0.8m), forecast has deteriorated following a review of the schemes with an under-delivery of £0.9m now assumed.

7. Capital allocation

No changes from the prior month at time of writing this report.

The ICB's total capital expected allocation is £25.8m (; £1.7m recurring allocation, £6.9m prioritised from system Capital Departmental Expenditure Limit (CDEL) for additional minor improvement grants, capital grants to Sirona and GPs as part of the Central Weston development site and £17.2m for national schemes £2.8m for Central Weston and £14.4m for Thornbury Health Centre (noting the full allocation is not yet approved pending business case review – however has been included here for completeness).

2024/25 Schemes	Asset Owner	Capital Allocation £m	Planning Virement	Capital Allocation £m
Minor Improvement Grant (MIG)	NHS England	0.331	-	0.331
MIG Equipping	NHS England	0.038	0.033	0.071
GPIT - BAU refresh	NHS England	0.942	-	0.942
GPIT - additional roles & PCN	NHS England	0.076	-	0.076
IT Corporate Refresh	BNSSG ICB	0.274	-	0.274
ICB Capital Allocation		1.661	0.033	1.694
System prioritisation schemes				
Additional MIG	NHS England	0.300	(0.300)	-
Central Weston	GP	2.580	-	2.580
Central Weston	Sirona	1.000	1.500	2.500
Thornbury (system contribution)	Local authority	-	1.800	1.800
Connexus PCN	GP	3.000	(3.000)	-
Total system prioritisation		6.880	-	6.880
Other Capital Sources				
Wave 4 STP - Thornbury	Local Authority	1.123	13.277	14.400
Wave 4 STP - Central Weston	Tbc	-	2.826	2.826
Total other capital sources		1.123	16.103	17.226
Total ICB capital allocation (excl. IFRS16)		9.664	16.136	25.800

In October the ICB received approval for the recurrent allocation schemes and therefore delivery plans are being finalised and profiled with expenditure not expected to be incurred until quarter 3 or 4.

The Central Weston development continues to advance with the ICB in active liaison with NHSE and the key stakeholders of the development.

The site search and proposed plans for Connexus PCN have been finalised and the ICB are in contact with Regional and National NHSE colleagues to confirm governance requirements and funding mechanisms. We are now not expecting any material spend in year due to timing constraints.

The Thornbury Health Centre project board meets on a monthly basis, the business case has been submitted to NHSE and we are awaiting final approval. Full value is expected to be £16.2m as we have now included the VAT risk (which we continue to look to challenge) resulting in a contribution from the ICB of £1.8m re-allocated from Connexus due to timing slippages on that project.

There are a number of risks around delivery in year and we are working with system partners on a detailed forecast and collective mitigations should these become necessary.

8. Statement of Financial Position

The closing net asset position of the ICB is £119.1m, a year-to-date movement of £11.0m which primarily represents:

- a decrease in working capital balances of £20.4m (comprising a decrease in debtors of £2.6m, a decrease in creditors of £17.8m and a decrease in cash of £0.5m).
- this is offset by a release of provisions of £8.1m, which is unchanged from last month.

Statement of Financial Position	Balance 31/03/2024 £m	Balance 31/01/2025 £m	Movement £m
Total Non Current Assets	3.024	2.902	(0.122)
<u>Current Assets</u>			
Cash & Cash Equivalents	0.174	1.515	1.341
Current Trade And Other Receivables	40.608	37.993	(2.614)
Total Current Assets	40.781	39.508	(1.273)
Total Assets	43.805	42.410	(1.395)
<u>Current Liabilities</u>			
Payables	(141.065)	(158.817)	(17.752)
Lease Liability	(2.595)	(2.492)	0.103
Provisions	(8.280)	(0.204)	8.077
Total Current Liabilities	(151.941)	(161.513)	(9.572)
Total Net Assets/(Liabilities)	(108.136)	(119.103)	(10.968)
<u>Taxpayers Equity</u>			
I&E Reserve - General Fund	(108.136)	(119.103)	(10.968)
Total Taxpayer Equity	(108.136)	(119.103)	(10.968)

NHSE monitor the ICB on the closing cash at bank balance compared to 1.25% of monthly drawdown, which for month 10 equated to £2.1m. The ICB met this target,

with a closing cash at bank balance of £1.9m. The cash in ledger position shown above was £0.4m lower than cash at bank due to the timing of the final BACS run of the month.

At month end the ICB's cash utilisation was ahead of plan by 0.29% (1.45% in month 9). This represents a move back towards target, in line with the ICB's predictions, as the ICB had drawn down cash ahead of profile due to the timing of anticipated allocations from NHSE. The ICB continues to actively monitor the cashflow forecast.

9. Better Payment Practice Code (BPPC)

The ICB is required to comply with the BPPC where all non-disputed invoices are to be paid within 30 days. The performance measure requires 95% or more of invoices, in terms of volume and value, to be paid within 30 days. The ICB continues to meet the BPPC target for all NHS and Non-NHS invoices, as set out below. This is despite an increase in the average number of invoices paid in month to 2,700 (compared to a historic average of 2,600 invoices paid per month).

Type	In month	Number	£m
NHS	Total bills paid in month	71	105.282
	Total bills paid within target	70	104.899
	% bills paid within target	98.59%	99.64%
Non NHS	Total bills paid in month	2,672	60.958
	Total bills paid within target	2,638	60.276
	% bills paid within target	98.73%	98.88%

Type	Year to date	Number	£m
NHS	Total bills paid in year	1,007	1,084.539
	Total bills paid within target	982	1,082.658
	% bills paid within target	97.52%	99.83%
Non NHS	Total bills paid in year	25,827	705.715
	Total bills paid within target	25,595	696.755
	% bills paid within target	99.10%	98.73%

10. Recommendations

The committee are asked to note the financial position as of month 10.

Appendix 1 – Analysis of spend within programme areas

A1 – Acute

Acute Services	2024/25 Budget	YTD Budget	YTD Expenditure	YTD Variance		Forecast Outturn	Forecast Variance	
	£m	£m	£m	£m		£m	£m	
University Hospitals Bristol and Weston NHS FT	507.933	425.054	432.303	(7.249)	●	516.687	(8.753)	●
North Bristol NHS Trust	494.729	413.652	417.215	(3.563)	●	498.918	(4.189)	●
South Western Ambulance Service NHS FT	57.679	47.771	50.258	(2.488)	●	60.664	(2.985)	●
Independent Sector Treatment Centres	45.888	38.240	39.144	(0.904)	●	46.973	(1.084)	●
Other Local Provider contracts (RUH, Glos, Somerset)	18.170	15.158	15.158	-	●	18.170	-	●
Low Volume Activity	8.371	8.371	8.130	0.241	●	8.371	-	●
Non Contracted Activity	0.920	0.767	1.870	(1.104)	●	1.948	(1.028)	●
Other Acute Spend (incl SWAG cancer)	26.546	24.577	21.042	3.534	●	21.712	4.834	●
Grand Total	1,160.237	973.590	985.122	(11.532)		1,173.442	(13.206)	

A2 - Mental Health

Mental Health & Learning Disabilities	2024/25 Budget	YTD Budget	YTD Expenditure	YTD Variance		Forecast Outturn	Forecast Variance	
	£m	£m	£m	£m		£m	£m	
MH - AWP Core Contract	150.208	125.369	125.766	(0.397)	●	150.208	-	●
Mental Health Placements	22.090	18.408	20.681	(2.273)	●	24.577	(2.487)	●
Learning Disability and Autism	10.036	8.363	8.355	0.008	●	10.011	0.025	●
Mental Health Community	5.278	4.394	4.919	(0.525)	●	6.337	(1.060)	●
Improved Access to Psychological Therapies (IAPT)	12.505	10.421	10.322	0.099	●	12.386	0.119	●
Dementia	6.077	5.064	4.946	0.118	●	5.935	0.142	●
Crisis Services	3.970	3.308	2.760	0.548	●	3.312	0.658	●
ADHD	2.889	2.407	4.018	(1.610)	●	4.914	(2.025)	●
Mental Health Low Volume Activity	0.905	0.905	0.921	(0.016)	●	0.921	(0.016)	●
Mental Health SDF	11.657	9.714	8.002	1.712	●	9.604	2.053	●
MH - S12 Doctors Private Sector	0.750	0.625	0.520	0.104	●	721.71	0.028	●
Grand Total	226.363	188.979	191.210	(2.231)		228.927	(2.564)	

A3 – Community

Community	2024/25 Budget	YTD Budget	YTD Expenditure	YTD Variance		Forecast Outturn	Forecast Variance	
	£m	£m	£m	£m		£m	£m	
Adult Community Contract	144.369	127.213	126.897	0.317	●	143.989	0.380	●
Joint Commissioned	33.187	27.656	27.656	-	●	33.187	-	●
Discharge to Assess Services	10.883	9.069	12.163	(3.094)	●	14.479	(3.597)	●
Joint Commissioned D2A	2.475	2.063	2.063	-	●	2.475	-	●
Patient Transport Services (PTS)	6.618	5.515	5.772	(0.257)	●	6.926	(0.308)	●
Community Equipment	7.010	5.842	6.160	(0.318)	●	7.392	(0.381)	●
Hospices	4.359	3.633	3.552	0.080	●	4.263	0.096	●
BIRU	3.440	2.866	2.827	0.039	●	3.398	0.042	●
In-Year Investments	2.462	2.107	0.942	1.166	●	1.063	1.399	●
Anticipatory Care	3.385	2.821	2.182	0.639	●	2.580	0.805	●
Health Inequalities	1.775	1.479	1.303	0.177	●	1.563	0.212	●
Prevention Fund	1.327	1.106	0.858	0.248	●	0.997	0.330	●
Other Community	5.281	4.431	4.866	(0.435)	●	5.805	(0.524)	●
Grand Total	226.571	195.801	197.240	(1.439)		228.117	(1.546)	

A4 – Primary Care

Primary Care	2024/25 Budget	YTD Budget	YTD Expenditure	YTD Variance		Forecast Outturn	Forecast Variance	
	£m	£m	£m	£m		£m	£m	
NHS 111/Out of Hours	19.650	16.375	16.494	(0.119)	●	19.793	(0.143)	●
Local Enhanced Services	7.756	6.463	6.465	(0.002)	●	7.758	(0.002)	●
GP Forward View	4.988	4.281	4.282	(0.001)	●	4.988	-	●
Other Primary Care	6.827	5.689	5.629	0.060	●	6.753	0.074	●
Grand Total	39.220	32.808	32.870	(0.062)		39.292	(0.071)	

A5 – Primary Care Delegated

Delegated Primary Care	2024/25 Budget	YTD Budget	YTD Expenditure	YTD Variance		Forecast Outturn	Forecast Variance	
	£m	£m	£m	£m		£m	£m	
GMS/PMS/APMS Contracts	115.446	96.205	95.704	0.501	●	114.845	0.601	●
Primary Care Networks DES	38.328	35.069	35.106	(0.037)	●	38.321	0.007	●
Premises Costs	17.082	14.235	14.258	(0.023)	●	17.111	(0.029)	●
Quality Outcomes Framework (QOF)	14.867	12.389	12.389	-	●	14.867	(0.000)	●
Locum Reimbursement Cost	2.350	1.959	1.949	0.009	●	2.339	0.011	●
Other GP Services	2.110	1.758	1.837	(0.079)	●	2.277	(0.167)	●
Prescribing & Dispensing Fees	1.562	1.302	1.302	-	●	1.562	0.000	●
Designated Enhanced Services (DES)	1.330	1.108	1.259	(0.150)	●	1.509	(0.180)	●
Delegated Primary Care Reserve	-0.583	-0.486	0.017	(0.503)	●	-0.000	(0.582)	●
Grand Total	192.492	163.539	163.821	(0.282)		192.831	(0.339)	

A6 – Primary Care Delegated POD

Pharmacy, Ophthalmology and Dental (POD) delegation	2024/25 Budget	YTD Budget	YTD Expenditure	YTD Variance		Forecast Outturn	Forecast Variance	
	£m	£m	£m	£m		£m	£m	
Delegated Pharmacy	21.078	17.855	16.788	1.067	●	20.419	0.659	●
Delegated Primary Dental	36.638	30.255	30.231	0.024	●	36.654	(0.015)	●
Delegated Secondary Dental	21.486	18.420	18.912	(0.492)	●	22.083	(0.597)	●
Delegated Community Dental	2.859	2.382	2.382	-	●	2.859	(0.000)	●
Delegated Primary Care IT	0.544	0.476	0.030	0.446	●	0.040	0.504	●
Delegated Ophthalmic	8.887	7.406	7.225	0.182	●	8.500	0.388	●
Delegated Property costs	0.000	0.000	0.000	-	●	0.000	-	●
Grand Total	91.492	76.794	75.567	1.226		90.554	0.938	

A7 – Medicines Management

Medicines Management	2024/25 Budget	YTD Budget	YTD Expenditure	YTD Variance		Forecast Outturn	Forecast Variance	
	£m	£m	£m	£m		£m	£m	
Prescribing	161.446	134.549	131.801	2.748	●	158.565	2.881	●
Medicines Management staff costs	1.996	1.663	1.584	0.079	●	1.928	0.068	●
Grand Total	163.442	136.212	133.385	2.827		160.493	2.949	

A8 – Funded Care

Funded Care	2024/25 Budget	YTD Budget	YTD Expenditure	YTD Variance		Forecast Outturn	Forecast Variance	
	£m	£m	£m	£m		£m	£m	
Adult Fully Funded CHC	61.466	51.222	56.127	(4.906)	●	66.189	(4.722)	●
Adult Fully Funded PHB	11.000	9.167	9.274	(0.108)	●	10.910	0.091	●
Adult Joint Funded	0.730	0.608	0.650	(0.041)	●	0.852	(0.122)	●
CHC Assessment and Support	0.542	0.452	0.509	(0.057)	●	0.726	(0.183)	●
Funded Care Pay	5.237	4.364	4.006	0.358	●	4.820	0.417	●
Children's CHC	4.214	3.511	3.490	0.021	●	4.193	0.020	●
Children's PHB	0.665	0.554	0.025	0.530	●	0.020	0.645	●
Fast Track	17.228	14.357	16.540	(2.182)	●	19.671	(2.443)	●
FNC	29.903	24.919	26.338	(1.419)	●	31.562	(1.659)	●
Grand Total	130.986	109.155	116.959	(7.804)		138.943	(7.957)	

A9 – Children's Services

Children's Services	2024/25 Budget	YTD Budget	YTD Expenditure	YTD Variance		Forecast Outturn	Forecast Variance	
	£m	£m	£m	£m		£m	£m	
CCHP Contract	18.962	15.802	15.722	0.080	●	18.866	0.096	●
Child & Adolescent Mental Health (CAMHS)	15.961	13.301	13.300	0.001	●	15.959	0.002	●
Children's SDF	6.858	5.715	5.715	-	●	6.858	-	●
Other	5.156	4.296	4.087	0.209	●	4.904	0.252	●
Grand Total	46.937	39.113	38.823	0.291		46.587	0.350	

A10 – Support Costs

Support Costs	2024/25 Budget	YTD Budget	YTD Expenditure	YTD Variance		Forecast Outturn	Forecast Variance	
	£m	£m	£m	£m		£m	£m	
Chief Medical Office	1.251	1.042	1.076	(0.034)	●	1.313	(0.062)	●
Chief Nursing Office	2.405	2.004	1.971	0.033	●	2.439	(0.034)	●
Estates	2.407	2.005	2.128	(0.123)	●	2.590	(0.184)	●
Other Support Costs	0.483	0.402	0.812	(0.410)	●	0.895	(0.412)	●
Performance and Delivery	1.003	0.836	0.803	0.033	●	0.971	0.032	●
Projects	5.451	4.102	4.256	(0.154)	●	5.573	(0.121)	●
R&D Team	0.157	0.131	0.131	(0.000)	●	0.157	-	●
Grand Total	13.157	10.523	11.178	(0.654)		13.938	(0.781)	

A11 – Running Costs

Running Cost	2024/25 Budget	YTD Budget	YTD Expenditure	YTD Variance		Forecast Outturn	Forecast Variance	
	£m	£m	£m	£m		£m	£m	
Business, Strategy and Planning Directorate	6.376	5.206	5.107	0.099	●	5.971	0.405	●
Chief Medical Office	0.595	0.496	0.488	0.008	●	0.593	0.001	●
Chief Nursing Office	0.050	0.042	0.016	0.025	●	0.050	-	●
Intelligence, Transformation and Digital Directorate	4.353	3.627	3.711	(0.084)	●	4.464	(0.111)	●
Office of the Chair & Chief Executive	3.218	2.682	2.696	(0.014)	●	3.368	(0.150)	●
People Directorate	0.989	0.825	0.776	0.048	●	1.048	(0.058)	●
Performance & Delivery Directorate	1.954	1.629	1.697	(0.068)	●	2.036	(0.081)	●
Grand Total	17.536	14.505	14.492	0.014		17.531	0.005	

Finance, Estates and Digital Committee (**OPEN** Session)

Minutes of the meeting held on Thursday 23rd January 2025, 09:00 – 12:00, via Microsoft Teams

Present		Initials
Steve West	Finance, Estates and Digital Committee – Chair	SW
Deborah El-Sayed	Chief Transformation and Digital Information Officer, BNSSG ICB	DES
John Cappock	Non-Executive Director, BNSSG ICB	JC
Sarah Truelove	Deputy CEO & Chief Finance Officer, BNSSG ICB	SaT
Rosi Shepherd	Chief Nursing Officer	RS
Jeff Farrar	BNSSG ICB Chair	JF
Brian Stables	Non-executive Director, AWP	BS
In attendance		
Matt Backler	Operational Director of Finance, ICB	MB
Lee Colwill	Head of Funded Care Business, ICB	LC
Denise Moorhouse	Director of Nursing/Deputy Chief Nurse, ICB	DM
Jenny Falco	Head of Contracts – Acutes and Mental Health, ICB	JF
Helena Fuller	Deputy Director of Business, Strategy and Planning, ICB	HF
Rhys Lewis	Digital and Business Intelligence – Executive Director, One Care	RL
Seb Habibi	Deputy Chief Transformation and Digital Officer, ICB	SH
Kerrie Darvill	Intelligence Centre Programme Director, ICB	KD
Tim James	Head of Strategic Estates	TJ

		Action
1	Welcome and Apologies Apologies were received from Amy Webb, North Somerset Council; Richard Gaunt, NBT and Martin Sykes UHBW.	
2	Declarations of Interest SaT advised the Local Authority colleagues (LA) have an interest in the Item 5.4 as S117 suppliers. SaT advised that all provider colleagues have an interest in Item 5.2 Awarding of A and B contract and therefore BS would need to leave the meeting at point of discussion. DES declared two terms were concluded at the Red Cross, so no longer and the other indirect conflict there was a change in conflict in terms of my spouse working in an IT company, but this does not affect the committee.	
3	Minutes of the Previous meeting The minutes of the Open session held on 28 th November 2024 were agreed as an accurate record.	
4	Actions from previous meetings and matters arising The action log was reviewed and updated accordingly.	

5	Items for Discussion	
5.3	<p>Update on 25/26 planning, including budget setting</p> <p>A paper was circulated to the committee prior to the meeting. SaT introduced the paper by highlighting there have been some challenges in the wider economy which have been contributing to tough negotiations at national level between NHS England (NHSE), Department of Health and Social Care (DHSC) and the Treasury. SaT continued there was a meeting with all of the local MP's and there was an understanding that the Treasury had signed off the NHS planning guidance, so we are now expecting the guidance to be published next week with opportunities to review that with the regional and national team shortly after.</p> <p>MB provided the committee with highlights from the paper and the following comments/questions arose:</p> <p>BS observed it was a culture change from the previous years and asked how the ICB are planning to communicate this throughout the system and beyond. SaT responded for BNSSG system partners we have been having the conversations at our Performance and Recovery Board which is attended by CEO's and COO's (Chief Operation Officers) and we are planning to do a joint Directors of Finance (DoF) and COO's session next week to do some work on this together. SaT reported the bigger challenge is working with independent sector colleagues, which is delayed until we have the official guidance.</p> <p>JC suggested a seminar for the NEDs (Non-Executive Directors) and the rest of the board would be advantageous once the planning guidance is published to ensure a full understanding. SW agreed and added the communication needs to also be aligned to other organisations and their NEDs. SW noted there was a huge amount of work to take place.</p> <p>MB provided further highlights from the previously circulated paper, which was specifically focused on BNSSG ICB. SaT concluded everyone in the system is doing work across the organisations and working through what we can do to mitigate pressures which have been arising in-year and then we will look at further action to be taken as part of the planning for next year.</p> <p>JF agreed with SW comments on communication throughout the system and how this is fed back to the Board. SaT reported February seminar had been proposed as the time to discuss the issues. SW asked if this would pick up the direction of travel for the guidance, SaT answered it will not have the consolidated picture from all the providers at that stage, but we will be picking up the ICB's position and some of the headlines from the providers.</p> <p>The committee noted the paper.</p>	
5.5	<p>Primary Care Deep Dive</p> <p>A paper/presentation was circulated to the committee prior to the meeting. DES introduced the paper and RL highlighted parts of the paper. The following comments and questions arose:</p> <p>SW observed how we learn from the pilots and how we are going to scale and drive the efficiencies and improve productivity from this is important.</p> <p>SW raised concerns with the scaling it significantly to achieve the shift, especially in terms of savings that is generated as a result is going to be a big challenge and really focusing on where we make the difference and have the biggest impact. RL agreed and reported the working relationships are forming.</p>	

		Action
6	Finance Report M9 System Report inc Capital A paper was circulated prior to the meeting SaT highlighted the following areas to the committee: <ul style="list-style-type: none"> - We have continued to see minimal change to the overarching position, so we are working through a route to break even, which has been taken through the Directors of Finance (DOF) meeting and also Performance and Recovery Board. The shifting of the balance sheet will see some issues leading into next year. - There have not been the improvements in the acute trust position and that is a significant risk as we go into next year. - The elective recovery fund for the remainder of 24/25 has been capped but we do not envisage that being an issue for the ICB. - North Bristol Trust (NBT) are now working with NHSE on their cash position, mainly because of the capital programme, but this does reflect the tightening up of the overall position. <p>The committee noted the system position and update.</p> <p>MB highlighted the following areas as the ICB position.</p> <ul style="list-style-type: none"> - ICB remain break even in month and are forecasting to break even, which is good news. - What the ICB are trying to do with the position is manage the risk mitigations and get these in the formal ledger position to get more transparency for the board. - Pressures continue to be in acute and funded care and marginally in Mental Health placement. <p>The committee noted the paper and updates.</p>	
	Items to Note	
7.1	System DoFs Group SaT reported to the committee the focus of the DOF group was the route of getting to break even as stated in the month 9 report. SaT continued to advise the committee of the Finance Staff Development (FSD) sessions, which is a targeted group who shared workings of the year but also focused on the forthcoming year. SaT reported it had been positive seeing staff outside the organisation working more cohesively.	
7.2	Digital Delivery Board A paper was circulated to the board prior to the meeting SH attended and provided the following highlights: <ul style="list-style-type: none"> - The digital delivery board met on the 20th December 2024 and confirmed their support to proceed with the invitation to tender being launched for the Intelligence Centre. - The board received the final reports from the clinical informatics cabinets review of the digital strategy portfolio, which were signed off by the chair and vice chair. - SH explained the program highlight report which is provided to the board monthly for information and assurance. Within this report the overall position was forecast to come in within the budgeted parameter for the digital portfolio next year. - The use of collaborative worklist in the discharge to assess process has had a decision by LA's and Sirona to offboard the solution, which means the ICB are no longer paying for this moving forward. Assurance has been provided to the urgent care leads. - Connecting Care were in a strong position at the end of the year. <p>SaT asked after the stalling of the Brave AI piece of work. SH returned the number of patients that are onboarded against the integrated neighbourhood team compared to the number of cases Brave AI is churning out is tiny and a 5th of what the expectation was. SaT advised there was work on-going in the North Somerset locality which should link into this.</p>	

	ACTION – SaT to meet with SH to discuss the linking of the Brav AI piece of work and the work in the ICB North Somerset locality team.	SaT/ SH
7.3	<p>System Estates Steering Group</p> <p>SaT advised the committee the Capital Board meeting now takes place with BNSSG colleagues, so there is a clarity on principles which will be used for prioritisation.</p> <p>SaT further advised Central Weston scheme is still a risk and paper will be submitted to the committee in March.</p>	

Finance, Estates and Digital Committee (**OPEN Session**)

**Minutes of the meeting held on Thursday 28 November 2024,
09:00 – 12:00, via Microsoft Teams**

Present		Initials
Steve West	Finance, Estates and Digital Committee – Chair	SW
Amy Webb	Director of Corporate Services / S151 Officer, North Somerset Council	AW
Christina Gray	Director of Public Health, Bristol City Council	CG
Deborah El-Sayed	Chief Transformation and Digital Information Officer, BNSSG ICB	DES
Jo Medhurst	Chief Medical Officer, BNSSG ICB (until 11.15am)	JM
John Cappock	Non-Executive Director, BNSSG ICB	JC
Sarah Truelove	Deputy CEO & Chief Finance Officer, BNSSG ICB	ST
In attendance		
Kerrie Darvill	Intelligence Centre Programme Director , BNSSG ICC (item 6.2 only)	KD
Matt Backler	Operational Director of Finance, BNSSG ICB	MB
Seb Habibi	Deputy CTDIO, BNSSG ICB (item 8.2 only)	SH
Rachel Smith	Executive Assistant (notes)	RS

		Action
1	Welcome and Apologies Apologies were received from Amy Webb, North Somerset Council; Brian Stables, AWP; Richard Gaunt, NBT and Rosi Shepherd, BNSSG ICB.	
2	Declarations of Interest Item 4: Christina Gray (CG) declared an interest in relation to the action log update due to her role in Bristol City Council.	
3	Minutes of the Previous meeting The minutes of the Open session held on 24 October 2024 were agreed as an accurate record.	
4	Actions from previous meetings and matters arising The action log was reviewed and updated accordingly. ➤ Mapping of Social Care and Local Authority Spend: FED was updated on the current position and a detailed update would be presented to the December meeting. It was noted that costs continued to increase and discussions were ongoing with the LA CEOs and DAS' to establish an integrated team to progress. A case by case review was underway to analyse the current financial allocation to each of the local authorities, the outcome of which be brought to FED before being presented to the ICB Board, due to the significant financial implications.	
5	For Approval	
	There were no items for approval in the Open session.	

		Action
6	For Discussion	
6.1	<p>Medium Term Financial Plan</p> <p>Sarah Truelove (ST) introduced the paper which had also been discussed at the Performance and Recovery Board on 14 November 2024.</p> <p>The following was highlighted:</p> <ul style="list-style-type: none"> ➤ Work ongoing to develop a clear framework for 25/26 to support planning discussions, given that the formal planning guidance is likely to be received late this year. Formal feedback had not been received from DHSC following the Autumn budget but having considered the information already available, it was the view that the Autumn budget had not altered any of the planning assumptions. ➤ Elective Recovery was the most significant challenge; currently, the ICB is paid on a tariff basis with any over-threshold activity paid as a cost per case basis, with the risk sitting with the national team but this arrangement will not be continued. This would be a significant risk for the system ahead of the opening of the new Elective Recovery Centre in 2025 and the implications of this were being worked through with the national team. ➤ It was assumed that not all 24/25 plans would be delivered but there would be a further £10m improvement, leaving a £15m system shortfall. The level of recurrent savings for 25/26 were anticipated to remain at a similar level to 24/25 and savings targets of 4% would be the expectation for 25/26. Overall, a £45m reduction in system spend was to be expected in 25/26, and a much reduced level of non-recurrent savings would be required to break even and to support the continued efforts to reduce the underlying deficit. ➤ Planning Day 1 took place on 25 November and the financial messaging agreed, and is to be built into all plans, along with robust risk mitigations for all expenditure. Maintaining a grip on cost control would also be critical. ➤ Delivery of 24/25 position would see the system receive an £11m bonus, which along with ICB contingency funds, would still leave a £5m gap, which was felt to be deliverable. ST further reiterated that there would be no additional resource available in 25/26 and a more targeted and effective use of resources would be required. <p>CG queried how changes in new models of care and new ways of working would be factored in, as these would be the only sustainable routes to achieve financial balance, in addition to the dedicated investment in prevention and inequality. ST referenced the MTFP which was signed off in September 2024 which included investments in a number of areas including prevention. Health inequalities and anticipatory care. Key to achieving financial balance would be the address the underlying deficit within the provider sector, which would be supported by Health Together 2040 which would set the strategic intentions for the next MTFP refresh.</p> <p>John Cappock (JC) suggested the inclusion of positive and encouraging updates including the collaborative working between the system CNOs and CMOs particularly around High Cost Drugs and Devices. JM reflected that there had been good engagement in terms of the medical devices costs, with further work still required. Progress was also being made with regard to the slowing down and restriction of certain levels of prescribing and care and the establishment of a stewardship group to support this was also noted. System DOFs would also continue to work together to reinforce the messaging within their organisations around the cultural shifts required in relation to expenditure.</p> <p>Deborah El-Sayed (DES) reflected on discussions with system Transformation Directors and the need to ensure transformational change rather than just create more new services. DES proposed a deep dive on Transformation for a future FED meeting, to discuss how innovation and transformation could be driven forward to support delivery of the MTFP. This was agreed and added to the forward planner (DES to confirm which meeting in due course).</p>	

		Action
	<p>ST suggested it would also be timely to receive deep dives / updates from the Trusts around their savings plans in Q4, to include the transformation approach as highlighted by DES; this was agreed. CG also reinforced the importance of engaging clinicians to enable transformation and innovation.</p> <p>Pay uplifts for 25/26 were also discussed; ST confirmed that the NHS had been funded nationally in totality for 25/26 but if the pay awards exceeded 2%, they would need to be funded internally.</p> <p>FED noted the paper, which would be presented to the ICB on 5 December 2024, and would be accompanied by the MTFP previously presented in September 2024, to ensure full oversight of the assumptions and plans.</p>	ST
6.2	<p>Intelligence Centre Finance Update</p> <p>Kerrie Darvill was in attendance for the update and highlighted the following:</p> <ul style="list-style-type: none"> ➤ Timeline for the FBC remains on track ➤ Feedback from the last FED Committee meeting discussed; ST clarified that it was the view of the committee regarding the need for a clear narrative on the scope, rather than solely LA representatives. ST further clarified that the £1.4m underspend referenced on the slide had been re-allocated to manage the overall digital portfolio rather than to non-related ICB savings. ➤ Meetings arranged with LA Executive Teams to discuss the scope and ensure engagement with the benefits realisation workshop. ➤ No specific update in terms of finance due to the timing of the available data. ➤ Mini competition exercise undertaken to secure expertise to develop the Full Business Case and work with the ICB to release the cash benefits and identification of additional funding. Work planning to commence in December 2024. ➤ Approach agreed on Data Quality improvement, including the main objectives and assumptions. Two key focus areas identified as improving data quality and developing data standards. Work was progressing well and stakeholder engagement would commence shortly to seek feedback. Future priorities would also be aligned with areas to be included within the IC in the future. ➤ Procurement for an implementation partner for FDP+ was underway and the scope of the procurement was noted. The summary of the FDP+ requirement was also noted. ➤ Analytics overview which detailed how the FDP technology could be utilised and the additional aspects that would be required. The AI capabilities, including the large language model, would provide significant opportunities for data interrogation and analysis and also benefits realisation. BNSSG ICB was part of a group of 2nd wave pilots to utilise this technology, working with the national team to trailblaze in this arena. It was noted that this could inform a national extension of a bigger contract in the future but initially, this would only be in areas which support hospitals (thereby excluding primary care). There would also be an opportunity for further cohesion between the two acute trusts in terms of patient record systems, which was currently being discussed as part of the Acute Provider Collaborative. Once the road map and priorities were agreed, the ongoing data quality work would be aligned to them. ➤ Assurance / governance process of the specification and ITT, including the technical specification, procurement process, business requirements and scoring matrix noted. ➤ Proposed weight the scoring questions within the ITT and the Implementation Partner Procurement were also discussed; these were also to be discussed further by the Executive Directors. <p>In terms of ownership and awareness within the ICB, DES explained that ST, JM and Dave Jarrett were product owners, supported by deputy product owners to work with the Digital team to define the requirements. System workshops had also been held to further refine the requirements, and had been discussed in detail with the Executive Directors.</p>	

		Action
	<p>JC referenced the benefits realisation workshops and queried whether it could be perceived that the benefits were retrofitted as the specification had already been defined. KD advised that whilst a number of benefits had already been established in the OBC; action was now being taken to respond to the feedback received from the OBC to develop these further, with a focus on stakeholder input via the workshops.</p> <p>ST reflected on the future vision presented earlier in the update and the intention for access to be standardised across the system, via the IC, and that the workshops must clearly articulate the benefits in moving the functionality as proposed to ensure full engagement from stakeholders in the future model.</p> <p>SW echoed the need for clear articulation of the benefits in order to secure engagement and buy-in from system partners, as some ambiguity remained. JC also suggested it may be useful to include this in a future all-NEDs session or a Board Seminar; DES welcomed this opportunity to help to educate the Board around the complex programme to enable them to endorse and assure digital decisions.</p> <p>FED approved the request to devolve responsibility for approving the final ITT to the Executive Directors, ahead of publication in December 2024.</p>	
6.3	<p>Terms of Reference – Annual Review</p> <p>The Terms of Reference were prevented for their annual review, following a small number of minor amendments. It was agreed to include a clearer reference to health inequalities within section 9 (remit and responsibilities) to ensure mindfulness and having due regard of health inequalities and equity, noting that it would not necessarily be prioritised above all else when striving for financial sustainability and balance within the system, and also a reference to not exacerbating health inequalities due to actions undertaken.</p> <p>The TORs were approved, pending the addition as agreed.</p>	ST
7	Finance Report	
7.1	<p>M7 System Report inc Capital</p> <p>ST and Matt Backler (MB) highlighted the following:</p> <p>System</p> <ul style="list-style-type: none"> ➤ Continued improvement reported for M7, notwithstanding the complexities related to the payments of the pay award. Industrial action funding also received. ➤ A further in-depth FOT is to be undertaken after M8. ➤ Next steps include a detailed route to break even to be developed by mid-January and to inform the 25/26 challenges to be resolved through the planning process. ➤ In the Trusts, a number of the controls implemented in October should now start to show in terms of impact and benefits. Significant work also ongoing around capital with system-wide discussions underway to understand the key issues in order to develop a clear plan for 25/26. <p>ICB</p> <ul style="list-style-type: none"> ➤ Breakeven position continues to be forecast YTD but delivery of the FOT continues to challenge, exacerbated by the continued increases in funded care spend. ➤ £2.4m ahead of plan for efficiency. ➤ Good progress also being made in relation to capital and VAT, and the Central Weston Business Case was in the final approval stages with NHSE. ➤ Connexus PCN has experienced an obstacle following contractor withdrawal but discussions were underway with a potential replacement and a quote awaited. ➤ Discussions around capital underspend across the system and how this can be balanced across providers. 	
8	To Note	
8.1	<p>System DoFs Group</p> <p>Key areas of focus include:</p> <ul style="list-style-type: none"> ➤ A system-wide finance staff session being planned for December. ➤ MTFP refresh and the Elective Recovery Centre and the potential issues that may arise. 	

		Action
8.2	<p>Digital Programme Quarterly Report</p> <p>DES and Seb Habibi (SH) introduced the report and highlighted the following:</p> <ul style="list-style-type: none"> ➤ Improving Connecting Care: on track and on target for the increase in uptake. ➤ NHS App: on track to achieve 75% of adults in BNSSG to be registered to use the app; additional capabilities also identified by the project team to enable practices to send more targeted messages and make additional savings. Meeting also held with NHS Providers to progress digital inclusion projects for communities who feel digitally excluded. ➤ Work anywhere in primary care: recovery action instigated in July has indicated the issues were more complex than initially thought. An assurance report would be presented to the Digital Delivery Board in December and would inform decision on how to approach phase 2. ➤ The national team has pulled out the ICB's offer and have offered capital as an alternative but this would not be effective in the cyber space in terms of the ICB's plans. DES would support the national Cyber lead in escalating concerns on behalf of the system. ➤ DES has met with a number of clinicians have raised concerns in relation to the "Read, Write" care records capability, particularly around respect and end of life. There will be some difficult decisions to make regarding projects that cannot be funded and this would be managed in a balanced way. ➤ The ICB been selected to be part of phase 2 pilot of Co-Pilot, which will commence in January with a small number of licences to trial with the CHC administrative team and the disability network. ➤ Insightful Board guidance has been published and will be reviewed from a data perspective to start to consider priorities, and ensuring a focus on the Insightful Board data requirements. ➤ Risk highlighted around the linked data set and the decision by the LMC to no longer support the continuation of the renewal of the data sharing agreement. The Executive Director team have identified a number of actions but the risk would also be added to the Corporate Risk Register. 	
8.3	<p>System Estates Steering Group</p> <p>ST presented the highlighted report; attention was drawn to the following:</p> <ul style="list-style-type: none"> ➤ Work commencing on implementing the actions identified in the development of the Infrastructure Strategy, including the first meeting of the ICS Capital Board scheduled for early December. The ICS Capital Board would provide assurance to FED For oversight purposes. ➤ Thornbury Health Centre business case submitted to NHSE and working through their approvals process. Detailed cost plan being developed to support the FBC. <p>CG highlighted the ongoing discussions regarding the Temple Quarter and the importance in ensuring a joint approach for such a significant housing development. ST advised that the ICB had been working closely with BCC planners to identify the pressures and potential impact of the development on the infrastructure. It was also important to ensure developers adequately reflected the infrastructure requirements to support new developments. ST would liaise with the ICB Estates team for an update on the position. SW echoed the need for engagement to ensure there was no disconnect between plans and the importance in ensuring effective services were in place. ST acknowledged the comments and confirmed that the ICB did provide a comprehensive response to BCCs' draft local plan and advised that she had already escalated issues around S106 funding to Alex Hearn (BCC) regarding the Broadmead development.</p>	ST
	<p>Date of Next Meeting</p> <p>Thursday 19 December 2024 – 09:00-12:00, MS Teams</p>	