

# BNSSG ICB Board Meeting

**Date:** 2<sup>nd</sup> October 2025

**Time:** 12:45 – 15:45

**Location:** MS Teams

<b>Agenda Number:</b>	9
<b>Title:</b>	Financial Performance – Aug 2025 (Month 5)
<b>Purpose: For Information</b>	
<b>Key Points for Discussion:</b>	
<p>The assurance report covers:</p> <ol style="list-style-type: none"> <li>1. ICB Finance Report – ICB level budgets, statutory duty to breakeven, and ICB savings</li> <li>2. System Finance Report – overall NHS sector of ICS, key performance metrics of System Oversight Framework and statutory duty to breakeven in year.</li> </ol> <p><b>ICB Finance</b></p> <ul style="list-style-type: none"> <li>• <b>Financial performance:</b> At month 5 the ICB is reporting a year-to-date and forecast breakeven position. Notwithstanding this there are variances at a programme level: <ul style="list-style-type: none"> <li>○ Mental Health – forecast overspend of £4.8m due to S117 placements and ADHD/Autism variable activity.</li> <li>○ Delegated primary care + POD – forecast underspend of £1.6m due to growth in lists being lower than forecast and material underspend in community pharmacy.</li> <li>○ Reserves – underspend due to non-recurrent actions of c£1.7m forecast.</li> </ul> </li> <li>• <b>Financial Duties:</b> The in-month assessment of delivery against the ICB's financial duties are three on plan (maintain expenditure within the revenue limit, running costs and better payment practice code, capital expenditure and cash limit) with one at risk (maintain expenditure within the revenue limit) which is driven by the inherent level of risk to delivery of the plan.</li> </ul> <p><b>Efficiency:</b> currently on track both year to date (£1.1m over-performance) and forecast (£1.0m forecast overperformance).</p> <p><b>Risks and Mitigations:</b> Net risk and mitigation scenarios range from a deficit of £9.7m (M4: £10.7m) to a surplus of £11.7m (M4: £7.7m) with our base case shows a small surplus of £2.2m (M4: £0.9m), an increase on the prior month of £1.3m</p>	

suggesting that the breakeven is still a valid forecast. Overall the position, in isolation from the wider system, is increasing confidence in the ability to deliver the financial plan of the ICB.

### System Finance

- **Revenue:** In Month 5 (August), at system level, a £0.5m surplus against plan was reported, meaning that at month 5, the system is showing a year-to-date deficit of £0.8m. The forecast remains a breakeven position for the year for all NHS ICS organisations collectively and individually). However, at the latest Performance and Recovery Board both UHBW (£14.0m) and NBT (£10.0m) have signalled material pressures emerging in their positions.
- **Capital expenditure:** No issues have currently been reported by providers capital board are actively considering risk and alternative schemes should existing schemes slip (main risk is underspend not overspend).
- **Cash:** overall the system maintains a healthy cash balance and does not anticipate needing cash support in year.
- **Next steps:** Recovery plans (UHBW and NBT) to be presented to the October Performance and Recovery as per the agreed financial escalation framework – given the size of the gap we have begun work on a system recovery plan and ensuring assumptions made in the NBT and UHBW position are aligned to those made in other organisations.

<b>Recommendations:</b>	To note the year-to-date financial position and the emerging risks and mitigations.
<b>Previously Considered By and feedback:</b>	ICB Finance report – summary to ICB Extended Leadership Team System Finance Report – System DoF's Group.
<b>Management of Declared Interest:</b>	Declarations of interest stated in meeting and recorded in Committee minutes.
<b>Risk and Assurance:</b>	In the current month the system reported a year-to-date deficit of £0.8m, which relates to provider deficits related to under delivery of CIPs
<b>Financial / Resource Implications:</b>	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.
<b>Legal, Policy and Regulatory Requirements:</b>	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.  The ICB must also comply with relevant accounting standards.

	The ICS are required to breakeven on a cumulative basis for the financial year 2025/26. If the system finance was to report an adverse forecast outturn to plan, then NHS England may enact additional financial controls
<b>How does this reduce Health Inequalities:</b>	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.
<b>How does this impact on Equality &amp; diversity</b>	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.
<b>Patient and Public Involvement:</b>	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.
<b>Communications and Engagement:</b>	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. 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.
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<b>Sponsoring Director / Clinical Lead / Lay Member:</b>	Matt Backler – Interim Chief Finance Officer

## Agenda item: 9.1

### Report title: ICB Finance Report

Report on the financial performance for August 2025 (M05 – 2025/26)

#### 1. Executive Summary

At month 5 the ICB is reporting both a year-to-date and forecast breakeven position. Notwithstanding this there are variances at a programme level:

- Mental Health (A2) – forecast overspend of £4.8m:
  - £3.2m due to ADHD Right to Choose providers and
  - £1.7m due to S117 placements, offset by other underspends
- Community (A3) – forecast underspend of £0.4m, key variances include;
  - £0.5m overspend due to Discharge to Assess bed provision, mitigated by a £0.5m underspend due to delayed Anticipatory Care investment
  - £0.3m overspend due to increase community audiology activity
  - £0.3m underspend due to a decrease in community equipment from 2024/25 planning.
- Primary Care (A4-A7) – forecast underspend of £1.6m.

Efficiency delivery is forecast to be £50.9m, a £1.0m over-performance driven by primary care medicines optimisation. YTD delivery is £1.1m ahead of plan driven by All Age Continuing Care and high cost drugs.

Net risk and mitigation scenarios range from a deficit of £9.7m (M4: £10.7m) to a surplus of £11.7m (M4: £7.7m) with our base case shows a small surplus of £2.2m (M4: £0.9m), an increase on the prior month of £1.3m suggesting that the breakeven is still a valid forecast. Overall the position, in isolation from the wider system, is increasing confidence in the ability to deliver the financial plan of the ICB.

In Month 5 (August), at system level, a £0.5m surplus against plan was reported, meaning that at month 5, the system is showing a year-to-date deficit of £0.8m.

The forecast remains a breakeven position for the year for all NHS ICS organisations collectively and individually). However, at the latest Performance and Recovery Board both UHBW (£14.0m) and NBT (£10.0m) have signalled material pressures emerging in their positions, recovery plans are being developed as per the agreed financial escalation framework – given the size of the gap we have begun work on a system recovery plan and ensuring assumptions made in the NBT and UHBW position are aligned to those made in other organisations.

#### 2. Financial duties and financial performance metrics

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

Duty	RAG	Position
Maintain expenditure within the revenue resource limit (Section 4)	A	Although the ICB is reporting a breakeven year to date and forecast position, however the plan contains material levels of risk and as such an Amber risk rating is considered appropriate.
Ensure running costs are within the running cost resource limit. (Section 4)	G	Running costs are currently forecast to be within budget, we are expecting savings from the nationally mandated reductions and are assuming any transition costs are funded.
Maintain capital expenditure within the delegated limit (Section 8)	G	The capital programme is £7.1m, we currently do not anticipate any major risks around spending to this level.
Maintain expenditure within the allocated cash limit (Section 9)	G	Whilst there was an in-month issue due to some queries on larger invoices we do not anticipate any issues as a matter of course.
Ensure compliance with the better payment practice code (Section 10)	G	Performance target requires 95% of non-disputed invoices to be paid within 30 days. The ICB continues to meet the target.

### 3. Revenue allocation

Annual allocation has increased by £10.296m in month to £2,463.285m primarily due to the receipt of £5.7m Delegated Specialised Commissioning monies in relation to LVA's (Low Volume Activity). Other significant allocations include £2.4m Primary Care Transformation SDF monies, a further £1.2m for Secure Data Environment (SDE) and £0.4m for West of England Pathology Network.

Programme Area	Confirmed Initial ICB allocation £m	Prior Months Allocation Changes £m	Adjustments in Month		Baseline Allocation at 31-Aug-25 £m
			SDF/Other allocations £m	Internal Budget ads £m	
Acute Contracts	1,232.664	11.897	6.128	-1.340	1,249.350
Mental Health	238.952	2.091	-	0.085	241.128
Community Services	235.724	1.312	0.030	-0.021	237.045
Delegated Primary Care	304.664	7.323	2.377	1.405	315.769
Medicines Management	167.573	0.085	0.010	0.014	167.682
Primary Care	37.327	0.651	0.011	0.188	38.177
Funded Care	140.696	-	-	0.036	140.732
Childrens Services	48.413	0.511	-	-	48.924
Support costs	9.377	1.250	1.243	-0.007	11.863
Reserves	(2.977)	0.029	0.497	(0.361)	(2.812)
<b>Commissioning Budget</b>	<b>2,412.412</b>	<b>25.150</b>	<b>10.296</b>	<b>-</b>	<b>2,447.858</b>
Running Costs	15.318	0.109			15.427
<b>Total Allocation 2025-26</b>	<b>2,427.730</b>	<b>25.259</b>	<b>10.296</b>	<b>-</b>	<b>2,463.285</b>

### 4. Financial position August 2025 (Month 5)

At month 5 the ICB continues to report a year-to-date and forecast breakeven position.

2025/26 August 2025 - Month 5	2025/26 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	1,249.350	523.839	523.514	0.325	●	1,249.357	(0.006)	●	A1
Mental Health	241.128	101.972	104.487	(2.514)	●	245.994	(4.865)	●	A2
Community	237.045	98.844	98.694	0.150	●	236.663	0.383	●	A3
Delegated Primary Care	315.769	131.901	131.029	0.873	●	314.017	1.752	●	A5/A6
Medicines Management	167.682	69.923	68.967	0.956	●	166.428	1.254	●	A7
Primary Care	38.177	15.909	16.114	(0.205)	●	38.596	(0.419)	●	A4
Funded Care	140.732	59.497	59.131	0.365	●	140.283	0.449	●	A8
Childrens	48.924	20.385	20.385	-	●	48.924	-	●	A9
Support Costs	11.863	4.692	4.981	(0.289)	●	12.115	(0.252)	●	A10
Reserves	(2.812)	(0.637)	(1.136)	0.499	●	(4.517)	1.705	●	-
Running Costs	15.427	6.406	6.566	(0.160)	●	15.427	0.000	●	A11
<b>BNSSG ICB Surplus/(Deficit)</b>	<b>2,463.285</b>	<b>1,032.732</b>	<b>1,032.732</b>	<b>-</b>		<b>2,463.285</b>	<b>-</b>		
<b>Provider Surplus/Deficit</b>									
AWP	-	0.043	0.043	-		-	-		
NBT	-	(3.227)	(3.224)	0.003		-	-		
UHBW	-	(9.219)	(9.995)	(0.776)		-	-		
<b>Provider Surplus/(Deficit)</b>	<b>2,463.285</b>	<b>(12.403)</b>	<b>(13.176)</b>	<b>(0.773)</b>		<b>2,463.285</b>	<b>-</b>		
<b>ICS Position</b>	<b>2,463.285</b>	<b>1,045.135</b>	<b>1,045.908</b>	<b>(0.773)</b>		<b>2,463.285</b>	<b>-</b>		

### 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 position year-to-date for M5 is showing an immaterial underspend of £0.3m. The forecast is on plan.

#### Mental Health (A2)

The Mental Health, Learning Disabilities and Autism year-to-date position at M5 is overspent by £2.5m. Of this, £1.1m is on Placements due to increasing service user numbers and the ICB contributing on a 'case-by-case' than a global percentage basis to S117 local authority placement costs. £1.6m overspend is activity from ADHD Right to Choose Providers, whilst we work to get Indicative Activity Plans and affordability limits in place. Other underspends of (£0.2)m net-off the overspends.

The forecast at M5 shows a net overspend of £4.9m. £3.2m of this is due to the manifesting run-rate impact overspend of ADHD Right to Choose Providers. £1.8m is the run-rate impact of the ICB paying on a cost-per-case basis for S117 packages rather than on a global percentage basis. Other underspends of (£0.1)m net-off the overspends.

#### Community (A3)

The Community position is presenting an favourable variance of £0.150m year to date, and forecast underspend of £0.383m. Whilst the forecast is overall favourable, there are a number of underlying variances including;

- Discharge to Assess beds costs are forecasting an overspend of £0.514m, mitigated by an agreed winter bed pressure contingency (Contingency total £1.8m; £1.2m planned, £0.6m urgent/emergency) from delays to Anticipatory Care investment, £0.514m underspend. The key drivers include, POM approved discharges (9) during June & July, and forecasting a portion of the planned mitigations over the winter period.
- Community Audiology, where increases in activity is contributing to a reported £0.303m overspend (July, £0.329m), in addition to real terms growth of £0.5m allocated through the planning process.
- Community Equipment is reporting a £0.296m underspend, this is significant as the ICB has been required to allocate, real terms growth each year to meet the equipment requirements for community discharges post pandemic (c.£2m increase 22/23 to 25/26, on c.£5m allocation from 22/23).

#### **Primary Care (A4)**

The core funded Primary Care position is reporting an overspend to date of £0.205m and forecasting an overspend of £0.419m. The overspend is driven by a planning difference following a HMRC challenge with a provider, and an agreed financial support to enable the provider to transition to an employed model. The pace of transition is progressing faster than anticipated.

#### **Primary Care Delegated (A5)**

The Primary Care Delegated position is reporting an underspend of £0.583m to date and forecast £0.924m underspend. There are two key variances, slower than forecast population growth (£0.520m favourable), and a variance between the published allocation for Additional Roles, and the 'cap' allocated to each PCN (£0.474m favourable).

#### **Primary Care Delegated POD (A6)**

The Primary Care Delegated POD position is reporting an underspend of £0.289m to date and forecast £0.828m underspend. The position is predominately due to Pharmacy underspending, which is due to two reasons;

- BNSSG has continued high number of 56 day prescribing post pandemic (other systems have reverted to 28-day prescribing).
- BNSSG is an exemplar nationally for Patient Group Direction (PGDs) which enables the supply or administrations a specified medicine to a group of patients without a prescription which in turn lowers pharmacy costs in our system.

#### **Medicines Management (A7)**

Medicines Management is reporting an underspend to date of £0.956m and forecast £1.254m underspend. The key favourable variances include;

- The ICB has received three months invoicing (April - June) and the actual cost is less than the budget for those months. There are a number of drug costs anticipated to increase (volume & price) over the course of the year, and as a result the year-to-date benefit has been forecast to remain at the end of the year. The forecast is reporting £0.500m favourable, including the Edoxaban incentive.
- There has been an improvement to the rebate income compared with the known rebates during the planning, which is reporting a favourable variance of £0.959m.

### Forecast Outturn

The ICB continues to forecast a breakeven position.

A detailed risk and mitigation plan is kept by finance in conversation with budget holders and the net risk/mitigation position is a modest surplus – see “Risk and mitigations section”.

### Payroll overview

Included in the financial position are the pay costs, as summarised below. The funded establishment is currently overspent with a variance to date of £0.34m and the pay costs funded from other sources underspent by £0.19m generating a net overspend variance of £0.15m (admin overspending by £0.30m partly offset by an underspend on programme pay of £0.14m). As per last month forecast is included in the below table but should be used with caution amidst the current uncertainty around ICB structures.

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	12.193	5.032	5.338	(0.306)	12.559	(0.366)
	Programme	12.192	5.048	5.078	(0.030)	12.330	(0.138)
<b>Total funded Establishment</b>		<b>24.385</b>	<b>10.080</b>	<b>10.416</b>	<b>(0.337)</b>	<b>24.888</b>	<b>(0.504)</b>
Other Funding source	Admin	0.945	0.391	0.374	0.018	0.859	0.086
	Programme	3.386	1.402	1.229	0.173	2.932	0.454
<b>Total Other funded posts</b>		<b>4.330</b>	<b>1.793</b>	<b>1.602</b>	<b>0.191</b>	<b>3.791</b>	<b>0.539</b>
<b>Grand total</b>		<b>28.715</b>	<b>11.873</b>	<b>12.019</b>	<b>(0.146)</b>	<b>28.680</b>	<b>0.036</b>

		Full year funding £m	YTD funding £m	YTD spend £m	YTD variance £m	Forecast Outturn £m	Forecast variance £m
Analysed by	Admin	13.138	5.423	5.712	(0.289)	13.418	(0.280)
	Programme	15.577	6.450	6.307	0.143	15.262	0.316
<b>Grand total</b>		<b>28.715</b>	<b>11.873</b>	<b>12.019</b>	<b>(0.146)</b>	<b>28.680</b>	<b>0.036</b>

## 5. Efficiencies

The total ICB savings plan is £54.8.0m per the planning submission, internally this is £50.9m due to a presentational change within AACC (that did not effect bottom line budget). Within the total savings target there is £31.0m of provider commissioning

efficiencies which reflect the savings achieved through passing through the efficiency factor via contract price uplifts each year. These savings are all fully delivered via baseline contract and budget changes. The residual balance for ICB led delivery is £19.8m.

Programme	YTD			Full year				Full year - RAG			
	Plan	Act	Var	Plan	FOT	Var	Change	Blue	Green	Amber	Red
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
All Age Continuing Care	1,199	1,662	463	6,120	6,330	210	636	-	3,396	2,934	-
MHLDplacements	48	57	9	886	808	(78)	-	-	-	808	-
High Cost Drugs	1,015	1,489	474	2,198	1,783	(414)	(34)	-	1,108	675	-
Meds opt: Primarycare	1,514	1,626	113	5,155	6,454	1,299	113	-	-	-	-
Discharge programme	1,391	1,391	-	3,338	3,338	0	-	-	3,338	-	-
Running cost	470	470	-	1,129	1,129	-	-	-	1,129	-	-
ICBdelivered	5,636	6,695	1,059	18,826	19,842	1,016	715	-	8,971	4,417	-
Contract efficiencies	12,942	12,942	-	31,061	31,061	-	-	31,061	-	-	-
Total programme	18,578	19,637	1,059	49,887	50,904	1,016	715	31,061	8,971	4,417	-

Total efficiencies are £1.0m ahead of plan predominately driven by All Age Continuing Care where reductions in fact track case load is ahead of plan and High Cost Drugs.

Full year forecast is an over delivery of £1.0m driven by primary care meds optimisation with forecast overperformance of £1.3m. This is partially offset by a forecast underperformance in high cost drugs due to a national delay in the release of a biosimilar.

## 6. Risks and mitigations

The finance team, in conjunction with budget holders maintain a detailed risk and mitigation schedule. Where a risk or mitigation become reasonably certain, both in terms of likelihood and value these are crystallised into the position.

A likelihood % is applied to each risk or mitigation across three scenarios, a base case which looks to test whether our overall forecast remains reasonable. We also then produce a reasonable upside and reasonable downside scenario. A summarised version of this is presented in the following table.

The scenarios range from a deficit of £9.7m (M4: £10.7m) to a surplus of £11.7m (M4: £7.7m) with our base case shows a small surplus of £2.2m (M4: £0.9m), an increase on the prior month of £1.3m suggesting that the breakeven is still a valid forecast. Overall the position, in isolation from the wider system, is increasing confidence in the ability to deliver the financial plan of the ICB.

	Gross	Reasonable downside		Base case		Reasonable Upside	
	£'000	%	£'000	%	£'000	%	£'000
D2A	(2,263)	138%	(3,132)	31%	(697)	12%	(263)
HCDD	1,500	-100%	(1,500)	-8%	(125)	37%	550
All age continuing care	(3,700)	75%	(2,775)	50%	(1,850)	40%	(1,480)
Other variable activity	(2,569)	36%	(926)	19%	(484)	11%	(292)
MH/LD placements	(4,900)	69%	(3,360)	44%	(2,180)	35%	(1,735)
ADHD/Autism	(3,131)	100%	(3,131)	100%	(3,131)	25%	(783)
Delegated	7,877	40%	3,136	59%	4,639	71%	5,609
Meds Mgmt	4,000	25%	1,000	50%	2,000	75%	3,000
Other	3,154	17%	527	83%	2,606	132%	4,166
Prior year/ reserves	820	61%	500	170%	1,396	365%	2,992
Total			(9,662)		2,172		11,763
Memo: last month			(10,655)		866		7,660
Of which efficiency:	(7,705)		(6,098)		(1,309)		701

**D2A** – risk of requirement to open up additional beds, and savings plan under delivering. Some linked mitigation in the **anticipatory care** budget which is not yet fully committed.

**HCDD** – whilst this is an inherently risk balance, the M1-5 reporting is tracking below budget and the risk of overspend in this areas is reducing. However, there are savings plans profiled in the budget for H2 where the biosimilar national release is likely to be delayed.

**All age continuing care** – inherently risks areas, risk is based on current run rate and lower than planned savings delivery (particularly in the context of expected headcount reductions across the ICB). We have had a further month of delivery in line with plan and positive signs on the case load looking forward.

**Other Variable Activity** – comprising mainly of Independent Sector ERF and Termination of pregnancy

**Mental health / LD Placements** – already recognised £1.5m FOT above budget, there is a risk these costs continue to rise. Risk comprises three elements, general growth in cost and number of placements, funding split with the local authorities and delivery of savings. The risk profile has not shifted from M4.

**ADHD / Autism** – this relates to spend on Right to Choose providers. £3.0m has already been recognised in the forecast which aligns to the assessment of IAPs issued when allowance is made for patients on existing pathways and new providers entering the market. A number of recovery actions are underway, however whilst we will attempt to control overspend through contractual mechanism there is a risk this will not be effective and further pressure will emerge given waiting list size, resource available in ICB to manage and increasing number of providers.

**Delegated** – potential significant underspend on delegated budgets, both dental, pharmacy and primary care. Remaining mitigation relates to delegated primary care underspend. Further detailed review of budget required to confirm potential benefit.

**Medicines Management** – Assumed delivery of savings stretch target

**Other mitigations** – Non-recurrent mitigations supporting the position.

## 7. System position

In Month 5 (August), at system level, a £0.5m surplus against plan was reported, meaning that at month 5, the system is showing a year-to-date deficit of £0.8m.

The forecast remains a breakeven position for the year for all NHS ICS organisations collectively and individually). **However**, at the latest Performance and Recovery Board both UHBW (£14.0m) and NBT (£10.0m) have signalled material pressures emerging in their positions, recovery plans are being developed as per the agreed financial escalation framework – given the size of the gap we have begun work on a system recovery plan and ensuring assumptions made in the NBT and UHBW position are aligned to those made in other organisations.

## 8. Capital allocation

### ICB Capital

The ICBs capital allocation is £6,873m in 2025/26. This is made up of a system transfer of £3.3m agreed in 2024/25 to support the Connexus PCN scheme, £2.081m ringfenced allocation for Primary Care BAU, and an in year allocation of £0.242m for GPIT.

It has also been agreed that an additional £1.25m of system operational capital will be utilised by the ICB to support system priorities.

At month 5, the ICB is forecasting to utilise the allocation in full.

ICB Capital	Allocation	Forecast	Variance
Primary Care BAU Capital	2,081	2,081	-
In Year Primary Care BAU Capital	242	242	-
Plus transfer from Provider Allocation	3,300	3,300	-
System Priorities funded from Provider Allocation	1,250	1,250	-
2025/26 Total ICB Capital Allocation	6,873	6,873	-

There is a potential emerging issue on the Central Weston case which may require up to £1.0m of further investment. This was a live issue at the point of writing and a verbal update can be provided to FED with further detail.

### System Capital

The total system operational capital allocation is £103.2m. System providers have worked in collaboration to produce a capital plan that aims to fully utilise this large amount of capital available in 2025/26.

At month 5, the system is reporting full spend against the system capital allocation.

The progress and risk of delivery of schemes will be reported to the ICS Capital Board each month, and a schedule of additional schemes is being compiled with the intention to direct any in year slippage to these schemes.

## 9. Statement of Financial Position

The closing net asset position of the ICB is £79.5m, a year-to-date movement of £35.3m which is driven by the ICB drawing down additional allocation in advance in August to enable payment of liabilities in preparation for the implementation of the new ISFE2 finance system. As a result, the ICB's payables have reduced by £20.5m. The cash balance increased by £11m, reflecting the fact that not all the additional allocation drawn was able to be used in month.

Statement of Financial Position	Balance 31/03/2025 £m	Balance 31/08/2025 £m	Movement £m
Total Non Current Assets	3.101	2.917	(0.185)
<u>Current Assets</u>			
Cash & Cash Equivalents	0.377	11.603	11.225
Current Trade And Other Receivables	28.199	31.964	3.765
<i>Total Current Assets</i>	<i>28.576</i>	<i>43.567</i>	<i>14.990</i>
<b>Total Assets</b>	<b>31.678</b>	<b>46.483</b>	<b>14.805</b>
<u>Liabilities</u>			
Payables	(141.655)	(121.180)	20.475
Provisions	(2.429)	(2.429)	0.000
Lease Liability	(2.445)	(2.391)	0.055
<b>Total Liabilities</b>	<b>(146.529)</b>	<b>(125.999)</b>	<b>20.530</b>
<b>Total Net Assets/(Liabilities)</b>	<b>(114.851)</b>	<b>(79.516)</b>	<b>35.335</b>
<u>Taxpayers Equity</u>			
I&E Reserve - General Fund	(114.851)	(79.516)	35.335
<b>Total Taxpayer Equity</b>	<b>(114.851)</b>	<b>(79.516)</b>	<b>35.335</b>

At month end, the ICB's cash utilisation was ahead of plan by 4.1% or £41.9m. This is comprised of the additional cash drawn in advance and the ICB's predicted shortfall of cash of £7m (caused by late allocations in 24/25 that could not be drawn down).

NHSE monitor the ICB on the closing cash at bank balance compared to 1.25% of monthly drawdown, which for month 3 equated to £2.75m. The ICB did not meet this target, with a closing cash at bank balance of £13.3m. The cash in ledger position shown above was £1.7m lower than cash at bank due uncleared receipts received on the final day of the month.

As set out above, the ICB drew down cash in advance in August to ensure that wherever possible liabilities could be paid in advance of the ISFE2 implementation. This approach was supported by the NHSE cash management team.

## 10. 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 pays an average of 2,700 invoices a month. The ICB met all BPPC targets in August, apart from the % value of non-NHS bills paid within target, which fell to 91%. This was caused by the late payment of two large Council invoices that were paid 1 day late. The full year to date and in month position is set out below.

Type	In month	Number	£m
NHS	Total bills paid in month	183	133.175
	Total bills paid within target	182	133.141
	<b>% bills paid within target</b>	<b>99.45%</b>	<b>99.97%</b>
Non NHS	Total bills paid in month	2,410	73.122
	Total bills paid within target	2,390	66.420
	<b>% bills paid within target</b>	<b>99.17%</b>	<b>90.83%</b>

Type	Year to date	Number	£m
NHS	Total bills paid in year	713	595.002
	Total bills paid within target	707	594.961
	<b>% bills paid within target</b>	<b>99.16%</b>	<b>99.99%</b>
Non NHS	Total bills paid in year	12,632	370.756
	Total bills paid within target	12,523	357.578
	<b>% bills paid within target</b>	<b>99.14%</b>	<b>96.45%</b>

## 11. Recommendations

The committee are asked to note the financial position as of month 5.

## Appendix 1 – Analysis of spend within programme areas

### A1 – Acute

Acute Services	2025/26 Budget	YTD Budget	YTD Expenditure	YTD Variance		Forecast Outturn	Forecast Variance	
	£m	£m	£m	£m		£m	£m	
University Hospitals Bristol and Weston NHS Foundation Trust	541.082	225.766	225.797	(0.031)	●	541.156	(0.074)	●
North Bristol NHS Trust	534.148	222.656	222.678	(0.022)	●	534.201	(0.053)	●
South Western Ambulance Service NHS FT	59.749	24.895	24.895	0.000	●	59.749	-	●
Independent Sector Treatment Centres	55.832	23.313	22.786	0.527	●	55.454	0.378	●
Other Local Provider contracts (RUH, Glos, etc)	19.444	8.102	8.133	(0.032)	●	19.520	(0.076)	●
Low Volume Activity	14.378	8.709	8.710	(0.001)	●	14.378	-	●
Non Contracted Activity	2.379	1.091	1.064	0.027	●	2.354	0.026	●
Other Acute Spend (incl SWAG cancer)	22.338	9.307	9.451	(0.143)	●	22.545	(0.207)	●
<b>Grand Total</b>	<b>1,249.350</b>	<b>523.839</b>	<b>523.514</b>	<b>0.325</b>		<b>1,249.357</b>	<b>(0.006)</b>	

### A2 - Mental Health

Mental Health & Learning Disabilities	2025/26 Budget	YTD Budget	YTD Expenditure	YTD Variance		Forecast Outturn	Forecast Variance	
	£m	£m	£m	£m		£m	£m	
MH - AWP Core Contract	161.383	67.160	67.160	-	●	161.383	-	●
Mental Health Placements	25.223	10.510	11.437	(0.927)	●	27.482	(2.259)	●
Learning Disability and Autism	11.040	4.600	4.691	(0.091)	●	10.580	0.460	●
Mental Health Community	10.063	4.193	4.182	0.011	●	10.062	0.001	●
Improved Access to Psychological Therapies	12.858	5.358	5.294	0.064	●	12.794	0.064	●
Dementia	6.263	2.610	2.610	-	●	6.263	-	●
Crisis Services	3.959	1.650	1.625	0.025	●	3.934	0.025	●
ADHD	6.800	3.881	5.543	(1.662)	●	10.047	(3.247)	●
Mental Health Low Volume Activity	0.922	0.922	0.922	-	●	0.922	-	●
Mental Health SDF	1.944	0.810	0.810	(0.000)	●	1.944	-	●
MH - S12 Doctors Private Sector	0.673	0.280	0.214	0.066	●	582.36	0.090	●
<b>Grand Total</b>	<b>241.128</b>	<b>101.972</b>	<b>104.487</b>	<b>(2.514)</b>		<b>245.994</b>	<b>(4.865)</b>	

### A3 – Community

Community	2025/26 Budget	YTD Budget	YTD Expenditure	YTD Variance		Forecast Outturn	Forecast Variance	
	£m	£m	£m	£m		£m	£m	
Adult Community Contract	152.510	63.546	63.546	0.000	●	152.510	0.000	●
Joint Commissioned	36.216	15.090	15.090	-	●	36.216	-	●
Discharge to Assess Services	11.994	4.998	5.299	(0.302)	●	12.508	(0.514)	●
Joint Commissioned D2A	0.578	0.241	0.241	-	●	0.578	-	●
Patient Transport Services (PTS)	1.481	0.617	0.571	0.046	●	1.370	0.111	●
Community Equipment	7.466	3.111	2.988	0.123	●	7.170	0.296	●
Hospices	4.513	1.880	1.811	0.069	●	4.347	0.166	●
BIRU	3.561	1.484	1.403	0.081	●	3.368	0.193	●
In-Year Investments	0.713	0.297	0.265	0.032	●	0.637	0.076	●
Anticipatory Care	7.246	3.019	2.718	0.302	●	6.732	0.514	●
Health Inequalities	2.855	1.189	1.189	-	●	2.855	-	●
Prevention Fund	1.495	0.643	0.643	-	●	1.495	-	●
Other Community	6.418	2.729	2.930	(0.201)	●	6.877	(0.459)	●
<b>Grand Total</b>	<b>237.045</b>	<b>98.844</b>	<b>98.694</b>	<b>0.150</b>		<b>236.663</b>	<b>0.383</b>	

## A4 – Primary Care

Primary Care	2025/26 Budget	YTD Budget	YTD Expenditure	YTD Variance		Forecast Outturn	Forecast Variance	
	£m	£m	£m	£m		£m	£m	
NHS 111/Out of Hours	20.603	8.585	8.783	(0.198)	●	20.847	(0.244)	●
Local Enhanced Services	8.624	3.593	3.599	(0.006)	●	8.687	(0.063)	●
GP Forward View	3.012	1.257	1.255	0.002	●	3.012	-	●
Other Primary Care	5.938	2.474	2.476	(0.002)	●	6.049	(0.112)	●
<b>Grand Total</b>	<b>38.177</b>	<b>15.909</b>	<b>16.114</b>	<b>(0.205)</b>		<b>38.596</b>	<b>(0.419)</b>	

## A5 – Primary Care Delegated

Delegated Primary Care	2025/26 Budget	YTD Budget	YTD Expenditure	YTD Variance		Forecast Outturn	Forecast Variance	
	£m	£m	£m	£m		£m	£m	
GMS/PMS/APMS Contracts	129.643	54.018	53.801	0.217	●	129.123	0.520	●
Primary Care Networks DES	48.111	20.046	19.704	0.343	●	47.638	0.474	●
Premises Costs	16.550	6.896	6.871	0.025	●	16.550	-	●
Quality Outcomes Framework (QOF)	13.395	5.581	5.581	-	●	13.395	-	●
Locum Reimbursement Cost	2.478	1.033	1.026	0.006	●	2.478	-	●
Other GP Services	2.374	0.989	0.952	0.037	●	2.337	0.037	●
Prescribing & Dispensing Fees	1.575	0.656	0.656	-	●	1.575	-	●
Designated Enhanced Services (DES)	1.749	0.728	0.773	(0.045)	●	1.855	(0.106)	●
Delegated Primary Care Reserve	-0.161	-0.067	-0.067	(0.000)	●	-0.161	-	●
<b>Grand Total</b>	<b>215.714</b>	<b>89.881</b>	<b>89.297</b>	<b>0.583</b>		<b>214.790</b>	<b>0.924</b>	

## A6 – Primary Care Delegated POD

Pharmacy, Ophthalmology and Dental (POD) delegation	2025/26 Budget	YTD Budget	YTD Expenditure	YTD Variance		Forecast Outturn	Forecast Variance	
	£m	£m	£m	£m		£m	£m	
Delegated Pharmacy	26.669	11.442	11.109	0.333	●	25.846	0.823	●
Delegated Primary Dental	40.059	16.533	16.533	-	●	40.059	-	●
Delegated Secondary Dental	19.664	8.353	8.383	(0.030)	●	19.659	0.004	●
Delegated Community Dental	2.905	1.210	1.210	-	●	2.905	0.000	●
Delegated Primary Care IT	1.838	0.766	0.766	-	●	1.838	-	●
Delegated Ophthalmic	8.920	3.717	3.717	-	●	8.920	-	●
Delegated Property costs	0.000	0.000	0.014	(0.014)	●	0.000	-	●
<b>Grand Total</b>	<b>100.055</b>	<b>42.021</b>	<b>41.731</b>	<b>0.289</b>		<b>99.227</b>	<b>0.828</b>	

## A7 – Medicines Management

Medicines Management	2025/26 Budget	YTD Budget	YTD Expenditure	YTD Variance		Forecast Outturn	Forecast Variance	
	£m	£m	£m	£m		£m	£m	
Prescribing	165.580	69.047	68.064	0.983	●	164.268	1.312	●
Medicines Management staff costs	2.102	0.876	0.903	(0.027)	●	2.160	(0.058)	●
<b>Grand Total</b>	<b>167.682</b>	<b>69.923</b>	<b>68.967</b>	<b>0.956</b>		<b>166.428</b>	<b>1.254</b>	

## A8 – Funded Care

Funded Care	2025/26 Budget	YTD Budget	YTD Expenditure	YTD Variance		Forecast Outturn	Forecast Variance	
	£m	£m	£m	£m		£m	£m	
Adult Fully Funded CHC	69.484	28.892	29.249	(0.357)	●	70.177	(0.693)	●
Adult Fully Funded PHB	11.443	4.766	4.774	(0.008)	●	11.443	-	●
Adult Joint Funded	0.791	0.321	0.320	0.001	●	0.790	0.001	●
CHC Assessment and Support	0.715	0.298	0.414	(0.116)	●	0.715	-	●
Funded Care Pay	5.292	2.205	2.172	0.033	●	5.278	0.014	●
Children's CHC	3.594	1.497	1.490	0.008	●	3.586	0.008	●
Children's PHB	0.026	0.011	0.018	(0.007)	●	0.026	-	●
Fast Track	18.223	7.985	7.130	0.856	●	16.887	1.336	●
FNC	31.164	13.522	13.565	(0.043)	●	31.381	(0.217)	●
<b>Grand Total</b>	<b>140.732</b>	<b>59.497</b>	<b>59.131</b>	<b>0.367</b>		<b>140.283</b>	<b>0.449</b>	

## A9 – Children's Services

Children's Services	2025/26 Budget	YTD Budget	YTD Expenditure	YTD Variance		Forecast Outturn	Forecast Variance	
	£m	£m	£m	£m		£m	£m	
CCHP Contract	20.780	8.658	8.658	-	●	20.780	-	●
Child & Adolescent Mental Health (CAMHS)	18.001	7.500	7.500	-	●	18.001	-	●
Childrens SDF	6.402	2.668	2.668	-	●	6.402	-	●
Other	3.741	1.559	1.559	-	●	3.741	-	●
<b>Grand Total</b>	<b>48.924</b>	<b>20.385</b>	<b>20.385</b>	<b>-</b>		<b>48.924</b>	<b>-</b>	

## A10 – Support Costs

Support Costs	2025/26 Budget	YTD Budget	YTD Expenditure	YTD Variance		Forecast Outturn	Forecast Variance	
	£m	£m	£m	£m		£m	£m	
Chief Medical Office	1.302	0.626	0.631	(0.005)	●	1.315	(0.014)	●
Chief Nursing Office	2.480	1.033	1.001	0.032	●	2.538	(0.058)	●
Estates	2.747	1.144	1.147	(0.002)	●	2.747	-	●
Other Support Costs	0.472	0.196	0.320	(0.124)	●	0.599	(0.128)	●
Performance and Delivery	1.047	0.436	0.484	(0.048)	●	1.094	(0.046)	●
Projects	3.716	1.197	1.338	(0.141)	●	3.722	(0.006)	●
R&D Team	0.100	0.059	0.059	-	●	0.100	-	●
<b>Grand Total</b>	<b>11.863</b>	<b>4.692</b>	<b>4.981</b>	<b>(0.289)</b>		<b>12.115</b>	<b>(0.252)</b>	

## A11 – Running Costs

Running Cost	2025/26 Budget	YTD Budget	YTD Expenditure	YTD Variance		Forecast Outturn	Forecast Variance	
	£m	£m	£m	£m		£m	£m	
Business, Strategy and Planning Directorate	3.681	1.508	1.691	(0.184)	●	3.472	0.209	●
Chief Medical Office	0.647	0.270	0.273	(0.004)	●	0.687	(0.039)	●
Chief Nursing Office	0.045	0.019	0.012	0.007	●	0.045	-	●
Intelligence, Transformation and Digital Di	4.266	1.778	1.797	(0.019)	●	4.282	(0.016)	●
Office of the Chair & Chief Executive	3.283	1.368	1.387	(0.019)	●	3.482	(0.199)	●
People Directorate	1.529	0.641	0.536	0.105	●	1.358	0.171	●
Performance & Delivery Directorate	1.976	0.823	0.868	(0.045)	●	2.102	(0.126)	●
<b>Grand Total</b>	<b>15.427</b>	<b>6.406</b>	<b>6.565</b>	<b>(0.159)</b>		<b>15.427</b>	<b>-</b>	

# Finance, Estates and Digital Committee (OPEN Session)

**Minutes of the meeting held on Thursday 28<sup>th</sup> August 2025, 09:00 – 12:00, via Microsoft Teams**

Present		Initials
Steve West	Finance, Estates and Digital Committee – Chair	SW
Matt Backler	Interim Chief Finance Officer	MB
Deborah El-Sayed	Chief Transformation and Digital Information Officer, BNSSG ICB	DES
John Cappock	Non-Executive Director, BNSSG ICB	JC
Brian Stables	Non-Executive Director, AWP	BS
Jo Medhurst	Chief Medical Officer, BNSSG ICB	JM
Richard Gaunt	Non-Executive Director, NBT	RG
Christina Gray	Director for Communities and Public Health, Bristol City Council	CG
Amy Webb	Director of Corporate Services/ S151 Officer, NSC	AW
In attendance		
Vicky Ledbury	Senior Contract Manager (Children's & Community), BNSSG ICB	VL
Caroline Dawe	Deputy Director Performance and Delivery, BNSSG ICB	CD
Dave Jarrett	Chief Delivery Officer, BNSSG ICB	DJ
Kerrie Darvill	Intelligence Centre Programme Director, BNSSG ICB	KD
Seb Habibi	Deputy Chief Transformation and Digital Officer, BNSSG ICB	SH
Berta Szabo	Digital Strategy Programme Support Officer, BNSSG ICB	BS
Chris Davies	Associate Director System Intelligence, BNSSG ICB	CD
Nicole Saunders	Head of System Strategy & Planning, BNSSG ICB	NS
Sabrina Smithson	Executive PA - Note taker/admin, BNSSG ICB	SS

		Action
1	<b>Welcome and Apologies</b> The chair welcomed all to the meeting and noted no formal apologies were made.	
2	<b>Declarations of Interest</b> Richard Gaunt had a declared interest in Item 5.1 NEPTS Contract Award and therefore left the meeting at point of discussion. It was confirmed that both Richard Gaunt (NBT) and Martin Sykes (UHBW) will not receive the minutes for this item.	
3	<b>Minutes of the Previous meeting</b> The minutes from the previous meeting were reviewed and approved.	
4	<b>Actions from previous meetings and matters arising</b> The action log was reviewed and updated accordingly.	
6	<b>Items to Discuss</b>	
6.3	<b>System Intelligence Annual Plan</b> DES opened the discussion by highlighting that the accompanying paper consolidates ongoing work within Population Health Management (PHM) and System Intelligence, emphasising the extensive behind-the-scenes effort required to prepare data for strategic use. This includes significant time spent on data wrangling to ensure it is accessible and usable for analysis. DES stressed the importance of recognising the contributions of the teams involved and introduced the forward-looking elements of the plan, which CD elaborated on.	

	<p>CD outlined that the plan is shaped by several assumptions, including the transition to strategic commissioning and the evolving role of the intelligence centre in PHM development. He emphasised the need to ensure that intelligence is driven by population needs and supported by robust data, while also incorporating qualitative insights from public consultations.</p> <p>The committee was informed that maintaining core infrastructure remains a priority, particularly considering the ongoing evolution of the CSUs. CD noted the progress made by the data science team in supporting evaluation efforts, which are crucial for assessing the impact of strategic decisions. He acknowledged the tension between the increasing demand for detailed contract monitoring—especially in response to financial pressures—and the aspiration to focus on strategic population-level intelligence.</p> <p>A draft work plan for 2025/26 was referenced, with Nick Hassey having translated it into a more accessible visual format. CD explained that the plan reflects a broad range of activities rather than discrete projects, and that priorities may shift as the organisation responds to emerging needs. He invited questions and feedback from the committee.</p> <p>CG raised the issue of governance migration, noting the importance of maintaining alignment between contracting, population health, and activity data. She requested that a future update be brought to the committee to clarify governance arrangements. In response, JM acknowledged the lack of clarity and described the current situation as being at the "foothills" of development, with discussions only just beginning. She confirmed that meetings with executives in Gloucestershire were scheduled to initiate this process.</p> <p>CG offered support from the Directors of Public Health (DPHs), emphasising the need for assurance and the availability of escalation routes through platforms such as those led by Justin. She encouraged the use of DPH expertise to ensure continuity and alignment during the transition.</p> <p>SW proposed convening a board seminar early in the new year to consolidate the various strands of work and provide the ICB Board with a clearer understanding of the strategic direction. He expressed concern about the lack of clarity and the risk of strategic blindness if digital and data components are not properly addressed. JM agreed, noting the need to align FED and board-level discussions with the emerging transitional structures under the new cluster Chief Executive.</p> <p>The committee acknowledged the complexity of the current environment and the need to protect the gains made in public health integration. CD welcomed the support from public health colleagues and reiterated the importance of maintaining momentum and coherence during the transition.</p> <p>DES concluded by reaffirming that the plan represents current thinking and will continue to evolve. She emphasised the need for informed decision-making, particularly when considering potential cuts, and highlighted the dual focus on immediate operational pressures and long-term strategic goals such as Healthier Together 2040.</p> <p>The committee expressed appreciation for the work undertaken by the System Intelligence and PHM teams and agreed to revisit the governance and strategic alignment issues in future sessions.</p>	
<b>7</b>	<b>Finance Report</b>	
<b>7.1</b>	<p><b>M4 ICB Revenue Finance Report inc System finance report</b></p> <p>The committee received a brief update from MB on the current financial position, with particular attention drawn to two emerging issues. Firstly, MB highlighted a developing system risk concerning the financial position of the two acute trusts. While both organisations are actively reviewing their forecasts and associated figures, the ability to deliver against their plans remains challenging. Although no significant deviation in value is currently anticipated, the situation is being closely monitored and will be revisited in future committee meetings.</p> <p>Secondly, MB reported an unexpected cost increase related to the Central Western capital scheme. A late-stage issue involving bat mitigation requirements has added</p>	

	<p>approximately £1 million to the overall cost. While the technical details were not fully explored, MB explained that the decision was made—jointly with Shane Devlin—to underwrite the additional cost through the ICB. This decision was taken to prevent the collapse of the deal, which would have had severe implications for the affected population. The financial impact is expected to be spread over multiple years and is considered manageable, but the committee was advised to remain aware of this development.</p> <p>SW invited questions on the overall financial position and noted that, aside from the upcoming discussion on ADHD and autism, the system appears to be broadly tracking as expected. MB confirmed this assessment.</p> <p>AW raised a query regarding Section 117 arrangements, referencing operational changes discussed in previous meetings between local authorities and the system. These changes included clinical case reviews and local authority assessments. AW requested a status update and offered to continue the conversation offline if necessary. DES confirmed that she is the executive lead for Section 117 and offered to follow up with AW directly. AW suggested that the matter could also be brought into the regular finance meetings for further discussion.</p> <p>Action - MB proposed inviting DES to join discussions with the local authorities to ensure alignment and progress on this issue.</p> <p>The committee acknowledged the importance of maintaining oversight on both the acute trust forecasts and the capital scheme developments and agreed to continue monitoring these areas in future meetings.</p>	
<b>8</b>	<b>Items to Note</b>	
<b>8.2</b>	<p><b>System DoFs Group</b></p> <p>The committee acknowledged an update had been given through other item/discussion points.</p>	
<b>8.4</b>	<p><b>Strategic Estates</b></p> <p>The committee noted the update paper.</p>	
	<p><b>Key Messages/Chair Conclusion:</b></p> <p>The Chair acknowledged that the meeting slightly exceeded the scheduled time but emphasised the importance of the initial discussion regarding the contract award. It was noted that the conversation provided valuable insight and allowed for a thorough airing of the associated risks. The Chair highlighted the need for the Transition Board to consider potential issues and ensure appropriate mitigation strategies are in place to support delivery within the current financial period. A note was made to capture the risks identified during the meeting for escalation to the Transition Board. The Chair thanked all attendees for their contributions.</p>	