Finance, Estates & Digital Committee

Date: **Thursday 26th February 2026**

Time: **09:00-12:00**

Location: **MS Teams**

Agenda Number:	8.1	
Title:	Financial Performance – Jan 2026 (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:

- ICB Finance Report – ICB level budgets, statutory duty to breakeven, and ICB savings
- System Finance Report – overall NHS sector of ICS, key performance metrics of System Oversight Framework and statutory duty to breakeven in year.

ICB Finance

Financial performance: At month 10 the ICB is reporting both a year-to-date and forecast breakeven position. Notwithstanding this there are variances at a programme level:

- Mental Health, Learning Disabilities & Autism (A2) – forecast overspend of £7.2m:
    - £5.3m due to ADHD and Autism Right to Choose Adult providers and
    - £3.4m mainly due to S117 placements, offset by (£1.5m) slippage on investments and other in-year underspends
- Primary Care (A4-A7) – forecast underspend of £8.4m.
    - £2.2m due to slow population growth & allocation methodology
    - £1.2m due to efficient use of Pharmacy services
    - £5.0m mainly due to savings achievement & favorable drug pricing
- Children's (A9) – Forecast overspend of £1.4m due to ADHD and Autism Right to Choose providers

- **Financial Duties:** The in-month assessment of delivery against the ICB's financial duties are that all measures are on plan.

  Efficiency: currently on track both year to date (£2.7m over-performance) and forecast (£2.6m forecast overperformance).

  Risks and Mitigations: Net risks and mitigation scenarios range from a deficit of £7.4m (M9: £7.4m) to a surplus of £7.9m (M9: £8.7m) with our base case shows a small surplus of £2.2m (M8: £0.8). 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:** At Month 10 (January), the planned year to date system deficit the system is £7.3m, against which the actual deficit was £7.1m - a year-to-date positive variance of £0.2m, a minor improvement to the reported month 9 position (£0.1m year to date surplus). As previously set out, whilst the official system forecast remains a breakeven position for the year for all NHS ICS organisations collectively and individually is an unmitigated gap of £5.6m for controllable spend, that we continue to monitor in Performance and Recovery Board. Our view is that this level of risk is manageable.
- **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 outside of support for Capital.
- **Next steps**: System DoFs and PRB continue to monitor the situation closely.

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 positive variance of £0.2m
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:	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
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 programs will be carried out to ensure direct involvement.
Communications and Engagement:	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.
Author(s):	Matt Backler – Interim Chief Finance Officer
Sponsoring Director / Clinical Lead / Lay Member:	Matt Backler – Interim Chief Finance Officer

Agenda item: 9.1

Report title: ICB Finance Report

Report on the financial performance for January 2026 (M10 – 2025/26)

1. Executive Summary

At month 10 the ICB is reporting both a year-to-date and forecast breakeven position. Notwithstanding this there are variances at a programme level:

- Mental Health, Learning Disabilities & Autism (A2) – forecast overspend of £7.2m:
  - £5.3m due to ADHD and Autism Right to Choose Adult providers and
  - £3.4m mainly due to S117 placements, offset by (£1.5m) slippage on investments and other in-year underspends
- Primary Care (A4-A7) – forecast underspend of £8.4m.
  - £2.2m due to slow population growth & allocation methodology
  - £1.2m due to efficient use of Pharmacy services
  - £5.0m mainly due to savings achievement & favorable drug pricing
- Children's (A9) – Forecast overspend of £1.4m due to ADHD and Autism Right to Choose providers

Efficiency delivery is forecast to be £52.4m, a £2.6m over-performance driven by primary care medicines optimisation. YTD delivery is £2.7m ahead of plan driven by All Age Continuing Care and high-cost drugs.

The scenarios range from a deficit of £7.4m (M9: £7.4m) to a surplus of £7.9m (M9: £8.7m) with our base case shows a small surplus of £2.2m (M8: £0.8). Overall, the position, in isolation from the wider system, is increasing confidence in the ability to deliver the financial plan of the ICB.

At Month 10 (January), the planned year to date system deficit the system is £7.3m, against which the actual deficit was £7.1m - a year-to-date positive variance of £0.2m, a minor improvement to the reported month 9 position (£0.1m year to date surplus).

As previously set out, whilst the official system forecast remains a breakeven position for the year for all NHS ICS organisations collectively and individually is an unmitigated gap of £5.6m for controllable spend, that we continue to monitor in Performance and Recovery Board. Our view is that this level of risk is manageable.

2. Financial duties and financial performance metrics

The in-month assessment of delivery against the ICB's financial duties are five (all) on plan (green).

Duty	RAG	Position
Maintain expenditure within the revenue resource limit *(Section 4)*	G	We now have reasonable confidence of delivery of the financial plan
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 £21.422m in month to £2,505.916m.

Winter surge funding for the Acute providers (£8.4m) and ICB redundancy funding (£6.8m) represent the biggest adjustments this month. Other significant allocations include £4.4m of industrial action provider funding, £2m of centrally funded pension costs and £1.4m of further Primary Care Transformation funding.

The allocation was reduced by £3.8m in respect of underspends against ringfenced provider depreciation allocations.

Programme Area	Confirmed Initial ICB allocation £m	Prior Months Allocation Changes £m	Adjustments in Month		Baseline Allocation at 31-Jan-26 £m
			SDF/Other allocations £m	Internal Budget adjs £m	
Acute Contracts	1,232.664	18.236	*13.655*	*0.889*	**1,265.445**
Mental Health	238.952	1.003	*0.880*	-	**240.835**
Community Services	235.724	1.434	*0.062*	-	**237.220**
Delegated Primary Care	304.664	11.919	*1.402*	-	**317.985**
Medicines Management	167.573	0.078	*0.016*	-	**167.667**
Primary Care	37.327	1.661	-	-	**38.988**
Funded Care	140.696	0.036	-	-	**140.732**
Childrens Services	48.413	1.558	-	-	**49.971**
Support costs	9.377	4.223	*0.284*	*1.410*	**15.294**
Reserves	(2.977)	16.927	*(3.686)*	*(2.298)*	**7.966**
Commissioning Budget	**2,412.412**	**57.076**	**12.613**	**0.00**	**2,482.102**
Running Costs	15.318	-0.313	*8.809*	-	**23.814**
Total Allocation 2025-26	**2,427.730**	**56.763**	**21.422**	**0.00**	**2,505.916**

4. Financial position January 2026 (Month 10)

At month 10 the ICB continues to report a year-to-date and forecast breakeven position.

2025/26 January 2026 - Month 10	2025/26 Budget	Year To Date Budget	Year To Date Expenditure	Year To Date Variance		Forecast Outturn	Forecast Outurn Variance		Appendix Ref
Programme Area	£m	£m	£m	£m		£m	£m		
Acute	1,265.445	1,060.087	1,059.906	**0.180**		1,266.583	**(1.138)**		A1
Mental Health	240.835	200.850	206.907	**(6.057)**		248.043	**(7.208)**		A2
Community	237.220	197.732	196.822	**0.911**		236.179	**1.041**		A3
Delegated Primary Care	317.985	264.819	261.647	**3.172**		314.491	**3.493**		A4
Medicines Management	167.667	139.474	135.573	**3.902**		162.704	**4.964**		A5
Primary Care	38.988	32.401	32.318	**0.084**		38.788	**0.200**		A6
Funded Care	140.732	117.690	117.234	**0.456**		140.210	**0.522**		A7
Childrens	49.971	41.642	42.812	**(1.170)**		51.374	**(1.404)**		A8
Support Costs	15.293	12.814	12.769	**0.045**		15.005	**0.288**		A9
Reserves	7.965	2.763	3.875	**(1.112)**		8.724	**(0.758)**		-
Running Costs	23.814	14.417	14.827	**(0.410)**		23.814	**0.000**		A10
BNSSG ICB Surplus/(Deficit)	**2,505.915**	**2,084.690**	**2,084.690**	**-**		**2,505.915**	**-**		
Provider Surplus/Defict									
AWP	-	0.003	0.003	-		-	-		
NBT	-	(1.744)	(1.716)	**0.028**		-	-		
UHBW	-	(5.583)	(5.404)	**0.179**		-	-		
Provider Surplus/(Deficit)	**2,505.915**	**(7.324)**	**(7.117)**	**0.207**		**2,505.915**	**-**		
ICS Position	**2,505.915**	**2,092.014**	**2,091.807**	**0.207**		**2,505.915**	**-**		

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 M10 is showing an almost break-even position.

The forecast is showing an overspend of £1.2m against plan. The Month 109orecast includes in year adjustments for the positions shared by the Trusts.

Mental Health (A2)

The Mental Health, Learning Disabilities and Autism year-to-date position at M10 is overspent by £6.1m. Of this, £2.9m is on Placements due to increasing service user numbers, increasing Acuity through package costs and the ICB contributing on a ‘case-by-case’ than a global percentage basis to S117 local authority placement costs. £4.4m overspend is activity from Adult ADHD and Autism Right to Choose Providers, whilst we work to get Indicative Activity Plans and affordability limits in place. Circa £1.2m of slippage on planned investments and other underspends offset the above mentioned overspend areas.

The forecast at M10 shows a net overspend of £7.2m. £5.3m of this is due to the manifesting run-rate impact overspend of ADHD Right to Choose Providers. £3.4m is primarily mainly driven by the run-rate impact of the ICB paying on a cost-per-case

basis for S117 packages rather than on a global percentage basis. These are offset by £1.5m of other underspends on planned activities with slippage in year.

Please note that ADHD and Autism Right to Choose providers overspend on Children's services is reported separately within Children's Services area.

Community (A3)
The Community position is presenting an underspend of £0.911m year-to-date and forecast overspend of £1.041m. There are several underlying variances including.

- BIRU is forecasting an overspend attributable to the cost of 1:1 care. This has worsened in the month to a forecast overspend of £1.321m (December, £1.233m) by the end of the financial year.

- Discharge to Assess Beds costs are forecasting an overspend of £1.121m. This includes the mitigation supporting an agreed winter bed pressure contingency (£1.8m total; £1.2m planned, £0.6m urgent/emergency).

  This reporting includes the forecast community pressure from 48 closed beds at UHBW, £0.471m.

  This cost pressure had been anticipated and is offset through (Expected) slippage of Community Investment (Anticipatory Care), where schemes intended to support this capacity pressure have not mobilised in-year.

- The Community Investment funds have begun to report underspending as a result of slippage in schemes and a reduced reliance on planned contingencies within this due to favourable positions in Primary Care reporting. This is contributing a £2.107m underspend after the planned commitment to Discharge to Assess, £1.121m (Total, £3.128m underspent)

Primary Care (A6)
The core funded Primary Care position is reporting an underspend to date of £0.087m and forecasting an underspend of £0.200m. The previously forecast overspend (£0.160m) due to a planning difference (111/OOH contracting), is now mitigated by underspending from, lower than anticipated LES activity and an unspent reserve, £0.443m.

Primary Care Delegated (A4a)
The Primary Care Delegated position is reporting an underspend of £1.711m to date and forecast £2.150m underspend. There are three key variances,

- **Global SUM -** slower than forecast population growth which has increase by a further £0.7m following the most recent population figures (£1.747m favourable).
- **Additional Roles (ARRS)** - The 'cap' allocated to each PCN is less than the allocation received by the ICB (£0.474m favourable) and in addition to this we

are now forecasting an underspend against the cap, reporting a total underspend of £0.779m

- **Locum Reimbursements –** There has been a significant increase in Locum claims this year, which is now reporting an overspend of £0.484m.

Primary Care Delegated POD (A4b)
The Primary Care Delegated POD position continues to report an underspend of £1.463m to date and forecast £1.343m 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 (A5)
Medicines Management is reporting an underspend to date of £2.972m and forecast £4.190m underspend. The key favourable variances include.

- There are two key events that have resulted in a significantly lower cost compared to the planned budget. Dapagliflozin came off license at the end of August providing c.£0.3m-£0.4m per month benefit, and the Edoxaban incentive introduced saving c.£0.13m per month, during the year. The implementation of the Edoxaban switch was also far quicker than anticipated with most switches performed in the first one-to-two months post agreement. The forecast is reporting £4.635m favourable.
- There has been an improvement to the rebate income compared with the known rebates during the planning, which is reporting a favourable variance of £1.010m.
- There are two underlying cost pressures forecast including; Central Drugs - £0.336m (6.6% of allocation) and Dressings - £0.265m (12.4% of allocation), the two variances are driven by price and volume increasing.

Note – *Medicines Management prescribing invoices are two months behind the month being reported, therefore, for January (M10) reporting we have received invoices up to the end of November (M8).*

Children's Services (A8)
Children's services are reporting an overspend of £1.170m year to date and forecast £1.404m underspend.

The key driver of the overspend is unmet demand for ASD & ADHD assessments. The national framework enables patients to seek a diagnosis from alternative qualified providers (AQP), performing activity which is additional to that which has been commissioned by the system under 'Right to Choose' (RtC).

Whilst funding was allocated to support this emerging pressure the level is activity forecast is significantly greater than the planning expectation (£0.3m, which is three times the allocation of 2024/25). The ICB has implemented Indicative Activity Plans (IAPs) with the intention to manage the financial pressure, however the IAPs are proving unsuccessful and in the balance of risk/prudence the full forecast overspend is reported.

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".

5. Efficiencies

The total ICB savings plan is £54.8m per the planning submission, internally this is £49.8m due to a presentational change within AACC (that did not affect 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 contact price uplifts each year. These savings are all fully delivered via baseline contract and budget changes. The residual balance for ICB led delivery is £18.7m.

	YTD			Full year				Full year - RAG			
Programme	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	3,590	4,288	698	6,120	6,883	763	(251)	-	3,813	3,069	-
MHLDA placements	389	299	(90)	771	500	(271)	(166)	-	447	-	53
High Cost Drugs	1,691	2,456	765	2,198	2,963	765	-	-	2,963	-	-
Meds opt: Primary care	3,973	5,300	1,327	5,155	6,494	1,339	636	-	4,694	1,800	-
Discharge programme	2,782	2,782	-	3,338	3,338	0	-	-	3,338	-	-
Running cost	941	941	-	1,129	1,129	-	-	-	1,129	-	-
ICB delivered	13,366	16,066	2,701	18,711	21,306	2,595	218	-	16,384	4,870	53
Contract efficiencies	25,884	25,884	-	31,061	31,061	-	-	31,061	-	-	-
Total programme	39,250	41,951	2,701	49,772	52,367	2,595	218	31,061	16,384	4,870	53
Balance to plan	4,185	4,185	-	5,003	5,003	-	5,003	5,003	-	-	-
Total reported	43,434	46,135	2,701	54,775	57,371	2,595	5,221	36,064	16,384	4,870	53

Total efficiencies are £2.7m 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 £2.6m driven by All Age Continuing Care and meds optimisation.

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 crystalised 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 £7.4m (M9: £7.4m) to a surplus of £7.9m (M9: £8.7m) with our base case shows a small surplus of £2.2m (M8: £0.8). 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	128	100%	128	413%	528	647%	828
HCDD	(826)	75%	(620)	50%	(413)	25%	(207)
All age continuing care	(2,500)	75%	(1,875)	50%	(1,250)	40%	(1,000)
Other variable activity	(2,573)	100%	(2,573)	50%	(1,286)	25%	(643)
MH/LD placements	(1,823)	75%	(1,367)	50%	(911)	40%	(729)
ADHD/Autism	(537)	100%	(537)	75%	(403)	50%	(269)
Delegated	5,971	65%	3,858	87%	5,171	99%	5,926
Meds Mgmt	1,011	40%	404	70%	708	100%	1,011
Other	4,648	-14%	(646)	-10%	(461)	-6%	(276)
Prior year/ reserves	4,456	55%	2,456	55%	2,456	73%	3,234
System risk	(5,600)	68%	(3,800)	34%	(1,900)	0%	-
Total			(4,571)		2,238		7,875
Memo: last month			(7,414)		821		8,664
Of which efficiency:	(7,705)		(1,674)		(346)		618

D2A – risk of requirement to open 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 M1-10 reporting is tracking below budget and the risk of overspend in this area 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 £3.4m 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.

ADHD / Autism – this relates to all-age spend on Right to Choose providers. As at M10, the ICB Forecast recognises £6.6m overspend. Despite this, there is a further £0.5m risk. This revised assessment aligns to actual costs compared to IAPs issued when allowance is made for patients on existing pathways and new providers entering the market. Several 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.

System risk – given the gap identified at UHBW and NBT, a system recovery plan is in development and an element of this has been recognised with the ICB risks and mitigations.

7. System position

At Month 10 (January), the planned year to date system deficit the system is £7.3m, against which the actual deficit was £7.1m - a year-to-date positive variance of £0.2m, a minor improvement to the reported month 9 position (£0.1m year to date surplus).

As previously set out, whilst the official system forecast remains a breakeven position for the year for all NHS ICS organisations collectively and individually is an unmitigated gap of £5.6m for controllable spend, that we continue to monitor in Performance and Recovery Board. Our view is that this level of risk is manageable.

8. Capital allocation

ICB Capital

At month 10, the ICB is forecasting to utilise the allocations for both BAU and Estates in full, as follows:

ICB Capital - BAU	Original Plan	In Year Allocation	Current Plan	Forecast	Variance
Digital Technology Refresh	1,931		1,931	1,931	-
ARRS and PCN GPIT	100	242	342	342	-
MIG Equipping	50		50	50	-
2025/26 Total ICB Capital Allocation	2,081	242	2,323	2,323	-

ICB Capital - Estates	Original Plan	Agreed System Transfer (M8)	Current Plan	Forecast	Variance
Connexus / Wells Road	3,300	2,352	5,652	5,652	-
Central Weston VAT Liability	-	1,064	1,064	1,064	-
Thornbury HC	600	- 8	592	592	-
Broadmead / Charlotte Keel	650	- 300	350	350	-
2025/26 Total ICB Capital Allocation	4,550	3,108	7,658	7,658	-

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 the large amount of capital available in 2025/26.

At month 10, the system is reporting full spend against the system capital allocation. In addition to this, £1.067m of capital slippage from Gloucestershire ICB has been made available to the system and will be utilised by NBT in 25/26.

The progress and risk of delivery of schemes is reported to the ICS Capital Board each month, and a schedule of additional/future year schemes has been compiled with the intention to direct any in year slippage to these schemes to fully utilise the allocation available.

9. Statement of Financial Position

The closing net asset position of the ICB is £106.2m, a year-to-date movement of £8.6 which is driven by an increase in debtors of £23.8m, offset by an increase in payables of £14.6m.

The increase in debtors is due to payment of some quarter 4 Council invoices in advance. Increases in payables is caused by the ICB remaining to be behind the expected payment level following the implementation of the new ledger. Timely payment of purchase invoices is improving, although we continue to mitigate the cashflow risk to providers by making emergency payments to suppliers where necessary.

Statement of Financial Position	Balance 31/03/2025 £m	Balance 31/01/2026 £m	Movement £m
Total Non Current Assets	3.101	2.732	(0.370)
Current Assets			
Cash & Cash Equivalents	0.377	(0.012)	(0.389)
Current Trade And Other Receivables	28.199	51.957	23.758
Total Current Assets	*28.576*	*51.944*	*23.368*
Total Assets	**31.678**	**54.676**	**22.998**
Liabilities			
Payables	(141.655)	(156.223)	(14.568)
Provisions	(2.429)	(2.429)	0.000
Lease Liability	(2.445)	(2.230)	0.215
Total Liabilities	***(146.529)***	***(160.882)***	***(14.353)***
Total Net Assets/(Liabilities)	**(114.851)**	**(106.206)**	**8.645**
Taxpayers Equity			
I&E Reserve - General Fund	(114.851)	(106.206)	8.645
Total Taxpayer Equity	**(114.851)**	**(106.206)**	**8.645**

At month end, the ICB's cash utilisation was ahead of plan by 0.26% or £5.5m. The ICB is currently forecasting a similar overspend against allocation at the end of 2025/26, due to allocations received in 2024/25 that could not be drawn down in that year.

NHSE monitor the ICB on the closing cash at bank balance compared to 1.25% of monthly drawdown, which for month 10 equated to £2.188m. The ICB met this target, with a cash at bank balance of £1.364m. The cash in ledger balance was lower than this due to the timing of the last BACS run of the month.

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 has paid an average of 2,500 invoices a month since the introduction of the new ledger (compared to 2,600 before the introduction). The ICB has met its target for the value of NHS and Non-NHS invoices for the year to date and in month position.

Type	In month	Number	£m
NHS	Total bills paid in month	68	105.464
	Total bills paid within target	68	105.464
	% bills paid within target	**100.00%**	**100.00%**
Non NHS	Total bills paid in month	3,021	81.571
	Total bills paid within target	2,994	81.295
	% bills paid within target	**99.11%**	**99.66%**

Type	Year to date	Number	£m
NHS	Total bills paid in year	1,055	1,194.289
	Total bills paid within target	1,031	1,193.396
	% bills paid within target	**97.73%**	**99.93%**
Non NHS	Total bills paid in year	25,686	758.836
	Total bills paid within target	25,426	737.644
	% bills paid within target	**98.99%**	**97.21%**

11. Recommendations

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

Appendix 1 – Analysis of spend within programme areas

A1 – Acute Services

Acute Services	2025/26 Budget	YTD Budget	YTD Expenditure	YTD Variance		Forecast Outturn	Forecast Variance	
	£m	£m	£m	£m		£m	£m	
NBT	540.497	451.251	452.299	(1.048)		543.229	(2.732)	
UHBW	553.724	463.426	462.414	1.012		554.558	(0.834)	
South West Ambulance Trust	59.809	49.841	49.842	(0.001)		59.851	(0.042)	
Independent Sector Providers	51.707	43.275	43.749	(0.474)		50.152	1.555	
SWAG Cancer	19.491	16.244	16.244	-		19.491	-	
Inter System Contracts	19.444	16.204	16.686	(0.482)		19.782	(0.337)	
Low Volume Activity - Acute	14.554	14.554	14.552	0.002		14.552	0.002	
Non Contracted Activity - Acute	2.203	1.836	1.501	0.335		1.793	0.410	
UKHSA	1.643	1.369	1.433	(0.063)		1.719	(0.076)	
Other Acute	1.563	1.412	0.562	0.851		0.714	0.850	
IVF	0.809	0.675	0.626	0.049		0.742	0.067	
Grand Total	**1,265.445**	**1,060.087**	**1,059.906**	**0.181**		**1,266.583**	**(1.138)**	

A2 – Mental Health & Learning Disabilities

Mental Health & Learning Disabilities	2025/26 Budget	YTD Budget	YTD Expenditure	YTD Variance		Forecast Outturn	Forecast Variance	
	£m	£m	£m	£m		£m	£m	
AWP	161.989	134.991	135.021	(0.029)		162.025	(0.035)	
MH Placements Section 117	21.982	18.318	20.966	(2.648)		25.291	(3.309)	
IAPT	12.776	10.647	10.406	0.241		12.488	0.289	
MH Community	9.840	8.200	7.515	0.685		8.982	0.858	
ADHD	6.800	5.667	8.589	(2.922)		10.178	(3.378)	
Dementia	6.263	5.219	5.098	0.121		6.118	0.145	
LD Placements Section 117	5.574	4.645	4.545	0.100		5.461	0.113	
Crisis Services	3.875	3.229	3.076	0.153		3.691	0.184	
MH Placements Section 3	3.141	2.618	2.778	(0.160)		3.215	(0.074)	
LD Placements Section 3	2.494	2.078	2.218	(0.140)		2.664	(0.170)	
Mental Health SDF	2.208	1.841	1.840	0.001		2.208	-	
Learning Disabilities	1.797	1.498	1.496	0.001		1.801	(0.004)	
Low Volume Activity - Mental Health	0.922	0.922	0.922	-		0.922	-	
MH S12 Doctors	0.673	0.561	0.477	0.084		572.12	0.101	
Autism	0.500	0.417	1.961	(1.545)		2.428	(1.928)	
Grand Total	**240.835**	**200.850**	**206.907**	**(6.057)**		**248.043**	**(7.208)**	

A3 – Community Services

Community	2025/26 Budget	YTD Budget	YTD Expenditure	YTD Variance		Forecast Outturn	Forecast Variance	
	£m	£m	£m	£m		£m	£m	
Adult Community Contract	152.464	127.053	127.053	**0.000**		152.464	**0.000**	
Jointly Commissioned	36.537	30.448	30.448	-		36.537	-	
Discharge To Assess Beds	11.994	9.995	10.954	**(0.959)**		13.115	**(1.121)**	
Community Equipment Services	7.466	6.222	6.096	**0.126**		7.315	**0.151**	
Anticipatory Care	7.097	5.914	4.299	**1.615**		5.189	**1.908**	
Hospices	4.513	3.761	3.646	**0.114**		4.376	**0.137**	
BIRU	3.561	2.968	4.069	**(1.101)**		4.882	**(1.321)**	
CMO Health Inequalities	2.855	2.379	1.279	**1.100**		1.534	**1.320**	
Community Audiology	2.881	2.401	2.477	**(0.076)**		2.972	**(0.091)**	
Other Non-Acute Contracts	2.576	2.147	2.285	**(0.138)**		2.742	**(0.165)**	
Patient Transport - Non Acute	1.481	1.234	1.234	-		1.481	-	
Prevention Fund	1.349	1.130	1.125	**0.005**		1.343	**0.006**	
Community In-Year Investments	0.783	0.652	0.531	**0.121**		0.637	**0.146**	
Third Sector Contracts	0.734	0.612	0.552	**0.060**		0.663	**0.072**	
Other D2A LA	0.578	0.481	0.481	-		0.578	-	
Other Community Services	0.352	0.336	0.293	**0.043**		0.352	**0.000**	
Grand Total	**237.220**	**197.732**	**196.822**	**0.911**		**236.179**	**1.041**	

A4a – Delegated Primary Care

Delegated Primary Care	2025/26 Budget	YTD Budget	YTD Expenditure	YTD Variance		Forecast Outturn	Forecast Variance	
	£m	£m	£m	£m		£m	£m	
GMS PMS Or APMS Contracts	129.643	108.036	106.580	**1.456**		127.896	**1.747**	
Primary Care Networks DES	48.111	40.093	39.530	**0.563**		47.333	**0.779**	
Premises Costs	16.550	13.791	13.689	**0.102**		16.427	**0.123**	
Quality Outcomes Framework	13.395	11.162	11.162	**0.000**		13.395	**0.000**	
Locum Reimbursement Cost	2.478	2.065	2.468	**(0.403)**		2.962	**(0.484)**	
Other GP Services	2.374	1.978	1.902	**0.076**		2.282	**0.092**	
Designated Enhanced Services	2.190	1.953	2.042	**(0.088)**		2.296	**(0.106)**	
Prescribing And Dispensing Fees	1.575	1.313	1.313	-		1.575	-	
Delegated Primary Care Reserve	-0.161	-0.134	-0.137	**0.003**		-0.161	-	
Grand Total	**216.155**	**180.257**	**178.548**	**1.709**		**214.005**	**2.150**	

A4b – Pharmacy, Ophthalmology and Dental (POD) delegation

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 Community Dental	2.905	2.421	2.421	-		2.905	-	
Delegated Ophthalmic	8.920	7.433	7.174	**0.260**		8.787	**0.133**	
Delegated Pharmacy	28.071	23.088	21.889	**1.199**		26.870	**1.201**	
Delegated Primary Care IT	1.838	1.532	1.527	**0.005**		1.833	**0.005**	
Delegated Primary Dental	40.439	33.666	33.290	**0.377**		39.989	**0.450**	
Delegated Secondary Dental	19.657	16.422	16.799	**(0.377)**		20.102	**(0.446)**	
Grand Total	**101.830**	**84.562**	**83.099**	**1.464**		**100.486**	**1.343**	

A5 – Medicines Management

Medicines Management	2025/26 Budget	YTD Budget	YTD Expenditure	YTD Variance		Forecast Outturn	Forecast Variance	
	£m	£m	£m	£m		£m	£m	
Primary Care Prescribing	153.635	127.781	120.920	**6.861**		139.254	**14.381**	
Central Drugs Costs	5.114	4.262	6.802	**(2.541)**		14.012	**(8.898)**	
Other Prescribing	2.368	1.974	2.207	**(0.233)**		2.604	**(0.236)**	
Dressings	2.135	1.779	1.952	**(0.172)**		2.400	**(0.265)**	
CMO Medicines Optimisation Pay	2.102	1.752	1.800	**(0.048)**		2.152	**(0.050)**	
Home Oxygen	2.072	1.727	1.583	**0.144**		1.919	**0.153**	
Medicines Management Clinical	0.240	0.200	0.309	**(0.109)**		0.361	**(0.122)**	
Grand Total	**167.667**	**139.474**	**135.573**	**3.901**		**162.704**	**4.964**	

A6 – Primary Care

Primary Care	2025/26 Budget	YTD Budget	YTD Expenditure	YTD Variance		Forecast Outturn	Forecast Variance	
	£m	£m	£m	£m		£m	£m	
GPIT	4.078	3.398	3.398	-		4.078	**(0.000)**	
Local Enhanced Services	8.717	7.264	7.118	**0.146**		8.548	**0.168**	
NHS 111 Out Of Hours	20.603	17.169	17.372	**(0.203)**		20.847	**(0.244)**	
Other Primary Care	1.196	0.997	0.768	**0.229**		0.921	**0.275**	
Primary Care Transformation	3.448	2.785	2.874	**(0.089)**		3.448	**0.000**	
Referral Support Service - CMO	0.179	0.149	0.153	**(0.004)**		0.179	-	
Referral Support Service - CNO	0.766	0.638	0.635	**0.004**		0.766	-	
Grand Total	**38.988**	**32.401**	**32.318**	**0.083**		**38.788**	**0.200**	

A7 – 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	0.018	0.015	0.015	-		0.018	-	
Adult Fully Funded CHC LD	37.230	31.007	31.464	**(0.457)**		37.737	**(0.507)**	
Adult Fully Funded CHC MH	2.100	1.749	1.749	-		2.100	-	
Adult Fully Funded CHC PD	41.579	34.630	35.083	**(0.453)**		42.144	**(0.565)**	
Adult Joint Funded	0.791	0.654	0.649	**0.005**		0.796	**(0.005)**	
CHC Assessment And Support	0.715	0.596	0.905	**(0.309)**		0.965	**(0.250)**	
Chief Nursing Office Funded Care Team Pay	5.292	4.410	4.347	**0.063**		5.256	**0.036**	
Childrens CHC	3.620	3.016	2.993	**0.023**		3.597	**0.023**	
Fast Track	18.223	15.338	13.426	**1.913**		15.877	**2.346**	
FNC	31.164	26.274	26.603	**(0.329)**		31.720	**(0.556)**	
Grand Total	**140.732**	**117.690**	**117.234**	**0.456**		**140.210**	**0.522**	

A8 – Childrens Services

Children's Services	2025/26 Budget	YTD Budget	YTD Expenditure	YTD Variance		Forecast Outturn	Forecast Variance	
	£m	£m	£m	£m		£m	£m	
CAMHS	25.075	20.896	20.594	**0.302**		24.713	**0.362**	
CCHP	20.780	17.316	17.372	**(0.056)**		20.846	**(0.067)**	
Other Childrens	4.116	3.430	4.846	**(1.416)**		5.815	**(1.699)**	
Grand Total	**49.971**	**41.642**	**42.812**	**(1.170)**		**51.374**	**(1.404)**	

A9 – Support Costs

Support Costs	2025/26 Budget	YTD Budget	YTD Expenditure	YTD Variance		Forecast Outturn	Forecast Variance	
	£m	£m	£m	£m		£m	£m	
Estates	2.747	2.289	1.954	**0.334**		2.339	**0.407**	
Hosted Services	0.232	0.193	0.195	**(0.002)**		0.232	-	
Other Programme Pay	2.711	2.252	2.397	**(0.145)**		2.739	**(0.029)**	
Other Support Costs	2.127	1.939	2.124	**(0.185)**		2.258	**(0.131)**	
Projects	6.023	4.924	4.893	**0.030**		6.023	**0.000**	
Research & Development	0.100	0.088	0.088	-		0.100	**0.000**	
Safeguarding	1.354	1.128	1.117	**0.011**		1.313	**0.041**	
Grand Total	**15.293**	**12.814**	**12.769**	**0.045**		**15.005**	**0.288**	

A10 – Running Costs

Running Costs	2025/26 Budget	YTD Budget	YTD Expenditure	YTD Variance		Forecast Outturn	Forecast Variance	
	£m	£m	£m	£m		£m	£m	
Business, Strategy and Planning Directorat	12.166	4.709	4.886	**(0.176)**		11.823	**0.343**	
Chief Medical Office	0.647	0.539	0.534	**0.005**		0.646	**0.001**	
Chief Nursing Office	0.045	0.038	0.023	**0.015**		0.030	**0.015**	
Intelligence, Transformation and Digital Di	4.257	3.548	3.726	**(0.178)**		4.449	**(0.192)**	
Office of the Chair & Chief Executive	3.235	2.696	2.840	**(0.144)**		3.435	**(0.200)**	
People Directorate	1.488	1.241	1.067	**0.174**		1.321	**0.168**	
Performance & Delivery Directorate	1.975	1.646	1.750	**(0.105)**		2.110	**(0.135)**	
Grand Total	**23.814**	**14.417**	**14.827**	**(0.410)**		**23.814**	**0.000**	

Finance, Estates and Digital Committee (OPEN Session)

Minutes of the meeting held on Thursday 23rd October 2025, 09:00 – 10:30, 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
Jo Medhurst	Chief Medical Officer, BNSSG ICB	JM
Richard Gaunt	Non-Executive Director, NBT	RG
Brian Stables	Non-Executive Director, AWP	BS
In attendance		
David Jarrett	Chief Delivery Officer, BNSSG ICB	DJ
Jamie Denton	Head of Finance – Primary, Community & Children's Services, BNSSG ICB	JD
Susie McMullen	Head of Contracts: Childrens, Community and Primary Care, BNSSG ICB	SM
Kerrie Darvill	Intelligence Centre Programme Director, ICB	KD
Philip Cathworthy	Consultant Stroke Neurologist and Chief Clinical Informatics Officer (CCIO), North Bristol Trust / Bristol NHS Group.	PC
Sabrina Smithson	Executive PA - Note taker/admin, BNSSG ICB	SS

		Action
1	**Welcome and Apologies** The chair welcomed all to the meeting and noted formal apologies were received from Amy Webb – NSC, Christina Gray – BCC and Martin Sykes – UHBW.	
2	**Declarations of Interest** No interests were declared beyond those recorded in the Declaration of Interest register. SS noted that Amy Webb would no longer be a member of FED from the end of the month and therefore should not appear on the register next Committee.	
3	**Minutes of the Previous meeting** The minutes from the previous meeting were reviewed and approved.	
4	**Actions from previous meetings and matters arising** The action log was reviewed and updated accordingly.	
5	**Update on Transition and implications for FED** The Chair invited updates on organisational transition and its implications for the committee. JC reported that strategic commissioning workstreams were progressing in alignment with committee discussions, with no evidence of duplication and appropriate checks and balances in place. The role of the committee as a gatekeeper for transition-related decisions was reaffirmed, with financial implications for both current delivery and future planning highlighted by MB. The committee acknowledged the need to monitor pressures arising from transition, particularly in relation to financial planning for the coming year. The discussion underscored the importance of maintaining continuity and oversight during periods of organisational change, ensuring that strategic objectives are met and that risks are managed proactively. Members agreed to address transition-related financial issues in subsequent agenda items, recognising the interconnected nature of these challenges and the need for coordinated action across the system.	

7	**Items to Discuss**	
7.1	**Digital Deep Dives: Clinical Informatics Cabinet** The Digital Deep Dive focused on the Clinical Informatics Cabinet (CIC), with PC presenting a comprehensive overview of its role and strategic direction. The CIC, established a decade ago, serves as a forum for clinicians and digital leaders to drive digital transformation across BNSSG, linking to executive structures and the Digital Delivery Board. PC emphasised the importance of person-centred care, equity, inclusion, and trust in digital systems, noting that effective digitisation supports autonomy and choice for patients. The CIC's work is strategic, aiming for consistent delivery of digital initiatives rather than isolated projects. Key areas of focus include the Intelligence Centre, personal electronic health and care records, and digital clinical safety, with statutory responsibilities for assurance and compliance. The committee discussed the need for broader representation, including local authorities and public/patient voices, to better understand drivers of digital exclusion and ensure that digital solutions meet the needs of all stakeholders. DES amplified the importance of digital clinical safety, noting that assurance is mandated for all deployed systems and that investment in this area is critical as the organisation transitions to strategic commissioning. Questions from members addressed innovation, research, and the CIC's role in horizon scanning, with JM asking about the integration of new technologies such as AI and ambient voice technology. PC responded that while the CIC has focused on governance, it is well-positioned to support innovation and adoption of new technologies, provided the foundational work is in place. The committee agreed on the need to maintain focus on digital transformation during organisational change, recognising its critical role in future service delivery and patient outcomes. Members recommended further integration of CIC activities into transition planning and strategic commissioning frameworks, ensuring that digital priorities are embedded in future organisational structures.	
8	**Finance Report**	
8.1	**M7 ICB Revenue Finance Report inc System finance report** MB presented a detailed Month 7 ICB Revenue Finance Report, highlighting the impact of transitioning to a new finance system on the level of detail available. The overall financial position remained stable, with key themes consistent with previous months. Transition costs and system pressures were discussed extensively, including uncertainties around restructuring funding and the need for clarity from regional authorities. The committee explored the implications of statutory duties to break even, the absorption of transition costs, and the potential for deficits to impact new organisations. Industrial action costs and variable performance were identified as additional risks, with a system-level gap of approximately £10 million requiring urgent attention. SW questioned the consequences of failing to balance, noting that transition costs are being forced onto organisations and may result in debt being passed to	

	new entities. MB explained that regulatory sanctions and actions would be required if plans are not achieved, with bonuses for hitting targets at risk. The committee discussed the impact of industrial action, which had not been planned for but must now be absorbed, adding further pressure to already stretched budgets. JM raised concerns about financial governance at the directorate level, citing examples of services running above commissioned activity and questioning the grip on financial management. MB acknowledged the challenges and agreed to follow up on specific examples, noting that broader strategic issues would be addressed in the planning conversation. The committee emphasised the importance of realistic figures, early engagement with external auditors, and transparent reporting of liabilities. BS and JC endorsed the need for robust year-end processes to avoid polluting future financial years, with MB confirming that internal audit processes were underway. The committee agreed to invite UHBW to a future meeting for a deeper dive into their financial position, recognising the importance of system-wide collaboration and accountability. - Action	MB
9	**Items to Note**	
9.2	**System DoFs Group** Updates from the System Directors of Finance (DoFs) Group highlighted ongoing collaboration with Gloucestershire and the positive trajectory toward integrated working. The Acutes are engaging in joint discussions, recognising the benefits of system-wide approaches to financial planning and service delivery. The committee noted the importance of maintaining strong relationships and open communication across organisational boundaries, particularly as the system prepares for transition and the establishment of new structures. The DoFs Group continues to play a critical role in aligning financial strategies, sharing best practices, and addressing emerging challenges in a coordinated manner. Members expressed confidence in the group's ability to support effective decision-making and drive improvements across the system, while acknowledging the need for continued vigilance and proactive management of risks.	
	Key Messages/Chair Conclusion: In closing, the Chair summarised the key outcomes of the meeting, noting positive developments in procurement, information sharing, and digital transformation. The committee's work was recognised as trailblazing in several areas, with lessons to be shared during transition and integration with Gloucestershire. Financial challenges were acknowledged, with plans for deeper dives and ongoing monitoring to ensure realistic and sustainable outcomes. The importance of framing forward planning in terms of moving parts and adaptability was emphasised, with a commitment to transparency and open communication. The Chair thanked all participants for their contributions and encouraged continued collaboration as the system navigates organisational change and prepares for future service delivery.	

	The meeting concluded with a reminder of the need to maintain focus on strategic priorities, manage risks proactively, and support effective decision-making across the system.	

Finance, Estates and Digital Committee (OPEN Session)

Minutes of the meeting held on Thursday 18th December 2025, 09:00 – 10:30, 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
Jo Medhurst	Chief Medical Officer, BNSSG ICB	JM
Richard Gaunt	Non-Executive Director, NBT	RG
Brian Stables	Non-Executive Director, AWP	BS
Christina Gray	Director for Communities and Public Health, Bristol City Council	CG
In attendance		
Debbie Campbell	Chief Pharmacist and Director of Medicines Optimisation, BNSSG ICB	DC
Neil Darvill	Group Chief Digital Information Officer, UHBW/NBT	ND
Seb Habibi	Group Chief Digital Information Officer, BNSSG ICB	SH
Jo Cooper	Interim Programme Director – Frontline Digitisation, AWP	JCo
Nic Saunders	Head of System Strategy & Planning, BNSSG ICB	NS
Sabrina Smithson	Executive PA - Note taker/admin, BNSSG ICB	SS

		Action
1	**Welcome and Apologies** The chair welcomed all to the meeting and noted formal apologies were received from Jo Medhurst – ICB.	
2	**Declarations of Interest** JC declared a potential interest regarding future collaboration with Gloucester Hospitals referenced item 6.2 digital deep dive, as he currently serves as an Executive Director there, though expects to have left by the time any collaboration occurs. CG further disclosed a personal friendship with the Chair of Gloucester Hospital Trust, and acknowledged professional connections. These declarations were noted to ensure transparency and allow open discussion.	
3	**Minutes of the Previous meeting** The minutes from the previous meeting were reviewed and approved.	
4	**Actions from previous meetings and matters arising** The action log was reviewed and updated accordingly.	
5	**Update on Transition and implications for FED** SW provided an update on transition arrangements, highlighting two key areas: firstly, the alignment of procurement processes between BNSSG and Gloucestershire, including tracking procurement into the new organisation and managing extensions where necessary to ensure clarity on timetables; and secondly, maintaining focus on delivering financial targets essential for organisational close-down in March and April, while addressing current financial gaps to avoid inherited challenges in the new financial year starting April 2026. JC confirmed this summary and advised that he and Matt Backler will meet with counterparts Cath Leech and Julie Souter in January to review transition costs and incorporate trajectory assessments related to potential bonus achievement. He noted that outcomes may be challenging but emphasised the importance of transparency and timely reporting to the Transition Committee as preparations continue toward year-end.	

6	**Items to Discuss**	
	Programme of Deep Dives: Medicines Optimisation DC presented an overview of the 2024/25 financial position for primary care prescribing and high-cost drugs, with sight of the emerging position for 2025/26. She explained that the ICB holds two principal medicines budgets: the primary care prescribing budget and the high-cost drugs budget for Payment by Results (PbR)-excluded medicines. For primary care, the 2024/25 budget is £165m (of which £153m relates to GP prescribing). At month 6 (with two months of forecast), the programme shows a favourable variance of c.£2.5m and a forecast year-end underspend of c.£3.9m. The plan assumed £5.15m in efficiencies against an underlying medicines growth pressure of c.£7.8m. For high-cost drugs, the initial plan set a £61m budget and £2.2m efficiencies; the month-7 forecast indicates a favourable position, with an outturn underspend approaching £4m. DC reported that delivery in primary care has exceeded trajectory in recent months, driven by earlier-than-expected patent expiry for DOAC anticoagulants and rapid mobilisation of a practice-level switching scheme. Additional, unplanned efficiencies have been realised from inhaler workstreams and the earlier generic availability of dapagliflozin (SGLT2 inhibitor for diabetes, heart failure, and CKD), yielding an in-year saving estimated at c.£2m, with benefits expected to continue into 2025/26 subject to Drug Tariff movements. She noted the growth pressures remain broadly on the expected track, with month-to-month fluctuation. The Committee discussed quality and system benefits beyond acquisition cost reductions. DC highlighted the use of the Eclipse Radar risk-stratification tool in practices, which is preventing harm and avoiding admissions (c.£0.56m benefits at month 6; trending to >£1m by year-end), and the hypertension optimisation programme aligned to the system's CVD priorities, which modelling suggests has averted 28 MIs, 42 strokes and 23 deaths to date (c.£0.78m system benefit). SW linked this to prior Board discussion on targeted engagement with Black and Afro-Caribbean communities on hypertension, and CG welcomed the tangible health inequalities lens and proposed taking the analysis back through the relevant public health forums (SHIP) to demonstrate value. DC confirmed ongoing alignment with public health and CVD system priorities. DES asked that obesity and weight-management medicines (e.g., tirzepatide and related classes) be assessed for wider system value, referencing regional data science work on potential impacts on A&E utilisation, waits and broader economic outcomes. She also queried mental health prescribing, noting low local antipsychotic use alongside higher sectioning rates, and asked whether optimisation in one area might be displacing pressures elsewhere. DC agreed to work with the data science and BI teams to connect datasets more effectively, cautioned that benefits may be longitudinal and hard to attribute, and undertook to review antipsychotic benchmarking across all prescribers (including AWP) to ensure a whole-system view. CG suggested leveraging the OHID regional intelligence team for scalable, longitudinal analysis, particularly for weight-management medicines; West endorsed a regional/national approach for life-course tracking. On high-cost drugs, DC described the favourable month-7 position as arising from lower-than-planned uptake or billing timing for diabetes devices (e.g., hybrid closed-loop), unexpected ophthalmology price reductions, greater-than-planned ustekinumab savings in gastroenterology, and deferrals of c.£1m in NICE Technology Appraisals. From December, biosimilars to aflibercept are in use from day one in ophthalmology, positioning the system to capture savings this year and next. Medium-term horizon scanning indicates modest pipeline cost growth overall, but with notable pathway changes for COPD biologics and dermatology (longer durations and	

	widening cohorts), early-class agents such as teplizumab for delaying type 1 diabetes onset in a defined cohort, and ongoing growth and remit expansion for weight-management drugs as the dominant pressure. DC noted that while future generic "wins" (e.g., additional SGLT2 price drops) are anticipated, national baseline adjustments may offset headline gains; additional local switching work can still secure value. MB advised the Committee that a gain-risk share has been agreed with the Bristol Hospital Group for late 2024/25 into 2025/26, reducing ad hoc negotiations and aligning incentives across providers and the ICB. In discussion, differences between NBT and UHBW spend profiles were attributed primarily to specialty mix (e.g., oncology at UHBW; haematology/HIV and biologics at NBT) and service configuration across sites. DC described maturing clinical partnerships—gastroenterology was cited—using BlueTeq data to track patient movement between agents and evolving prescribing patterns, which is informing joint stewardship and may be publishable as a national exemplar. In summary, the medicines programme is on track to deliver its 2024/25 efficiencies with a favourable forecast outturn across both primary care and high-cost drugs. The Committee welcomed the shift toward strategic commissioning, linking medicines investment to population outcomes and health inequalities, and endorsed actions to (i) connect analytics with data science and OHID regional teams for longitudinal value assessment (particularly obesity/weight-management and respiratory/mental health pathways), (ii) review mental health prescribing benchmarks system-wide, and (iii) continue provider-ICB gain-risk sharing to align control and incentives. The Board noted the quality and financial benefits delivered to date and the need to maintain momentum on pathway redesign and data linkage to evidence outcomes at neighbourhood, locality and regional levels.	
7	**Finance Report**	
	M8 ICB Revenue Finance Report inc System finance report MB presented the revenue finance report and system position, noting that while there was no major new development, the month had been slightly tougher than anticipated with minor fluctuations of a few hundred thousand pounds across areas. He confirmed that the overall system position remains challenging, though trusts are progressing well with their financial recovery plans. Key risks highlighted included ongoing strike action, which continues to add cost and undermine elective delivery, particularly at UHBW, compounded by ward closures due to fire safety concerns. Despite these pressures, the system is still targeting break-even, but the position remains unclosed. Backler raised concern over the unresolved PFI technical issue at NBT, which national colleagues have acknowledged but offered only £1.5 million against a £6 million problem. He warned that if this is not resolved, the system could face an additional £10–13 million gap, which may become unsustainable, noting that while this is not an immediate scenario, it could require consideration of posting a regional-sized deficit if the gap cannot be closed. He confirmed that some financial recovery measures have been locked down with trusts and reflected in the numbers, resulting in a visible overspend in acute care, though this represents a shift from reserves rather than a new underlying risk. SW asked whether the January meeting could include a deeper dive into financial trajectories to build a clearer picture of likely outcomes and inform tactical planning, stressing the need for careful minuting of these discussions. Backler agreed and confirmed that the CFO group is already updating forecasts monthly to provide greater certainty. SW noted that winter pressures began early and have not yet peaked, with impacts expected to flow through January and February, adding further strain. MB acknowledged this and reiterated that while trusts are rightly focused on delivering recovery plans, these alone will not close the system gap, and additional measures will be required.	

	The Committee agreed to maintain close oversight and revisit the financial position in detail at the next meeting, recognising the sensitivity and complexity of the issues discussed.	
8	**Items to Note**	
	Key Messages/Chair Conclusion: Steven West concluded by noting the importance of maintaining focus on digital priorities during the transition to new governance arrangements and committed to ensuring these discussions are carried forward into the Transition Board. He thanked all members for their contributions and acknowledged the ongoing financial pressures alongside the digital agenda. The meeting closed with warm tributes to Deborah El-Sayed for her contribution and seasonal good wishes from all participants, with Steven West expressing hope for a safe and uneventful Christmas period for those working in the service and looking forward to continued collaboration in the new year.	

Finance, Estates and Digital Committee (OPEN Session)

Minutes of the meeting held on Thursday 22nd January 2026, 09:00 – 10:30, via Microsoft Teams

Present		Initials
John Cappock	Non-Executive Director, BNSSG ICB – Chair	JC
Matt Backler	Interim Chief Finance Officer	MB
Jeff Farrar	Chair of the NHS Gloucestershire Integrated Care Board (ICB) and NHS Bristol, North Somerset and South Gloucestershire ICB Cluster	JF
Brian Stables	Non-Executive Director, AWP	BS
Christina Gray	Director for Communities and Public Health, Bristol City Council	CG
Seb Habibi	Acting Chief Transformation and Digital Officer, BNSSG ICB	SH
In attendance		
Neil Kemsley	Group Chief Finance and Estates Officer, UHBW & NBT	NK
Jeremy Spearing	Director of Finance, UHBW	JS
Dave Jarrett	Chief Delivery Officer, BNSSG ICB	DJ
Jenny Bowker	Deputy Director of Performance and Delivery – Primary Care and Children's Services, BNSSG ICB	JB
Helena Fuller	Deputy Director of Business, Strategy and Planning, BSSG ICB	HF
Jamie Denton	Jamie Denton, Head of Finance – Primary, Community & Children's Services	JD
Chris Borman	Performance & Delivery Directorate | Digital Lead, BNSSG ICB	BC
Nic Saunders	Head of System Strategy & Planning, BNSSG ICB	NS
Kerrie Darvill	Intelligence Centre Programme Director, BNSSG ICB	KD
Sabrina Smithson	Executive PA - Note taker/admin, BNSSG ICB	SS

		Action
1	**Welcome and Apologies** The chair welcomed all to the meeting and noted formal apologies were received Steve West – FED Chair and Richard Gaunt – NBT.	
2	**Declarations of Interest** As per the Declarations of Interest register.	
3	**Minutes of the Previous meeting** The minutes from the previous meeting were reviewed and approved.	
4	**Actions from previous meetings and matters arising** The action log was reviewed and updated accordingly.	
7	**Items to Discuss**	
7.2	**Digital Deep Dives: a) ICB Digital Deep Dive** The Committee received a detailed update from SH and CB on the work of the ICB Digital Team. SH introduced the item, outlining the three principal roles currently undertaken by the digital function: (1) delivery of corporate IT and GPIT infrastructure, for which the ICB holds sole responsibility; (2) system leadership of certain BNSSG-wide digital programmes, a role that is now gradually shifting to providers as strategic commissioning matures; and (3) joint leadership on cyber security in partnership with the acute hospital group. He noted that this item focused on achievements within the ICB's direct remit, with wider digital strategy matters being addressed in the next agenda item. CB then presented a comprehensive overview of digital modernisation activity. He highlighted significant investment in Microsoft 365 transition, including N365 rollout, adoption of collaborative tools such as SharePoint and Teams, and early piloting of	

	Co-pilot. The pilot had demonstrated tangible time savings and improvements to workflow, with confidence levels among staff rising markedly between August and November. The Digital Team had deployed Power Platform and Power Automate to streamline processes, and had migrated over 6,000 GP and ICB devices to Windows 11 to enhance security compliance. CB also reported on upgrades to GP broadband and Wi-Fi infrastructure, enabling more reliable "work anywhere" provision, particularly across practices supporting midwifery and nursing staff. Additional achievements included technology-enabled care deployment to over 1,200 citizens, establishment of the South-West Secure Data Environment infrastructure, and progress on the system-wide cyber security strategy co-developed with acute partners. During questions, JC welcomed the reported increase in staff confidence in using Co-pilot and asked how this improvement had been achieved and how it would be sustained during organisational transition. CB emphasised the importance of extensive engagement, targeted training, and use of tools such as Viva Insights. SH added that a structured, iterative design approach had been used, involving "power user" groups, Co-pilot cafés, Directorate-level evaluations and ongoing oversight of information governance and quality risks. JC then asked about the potential for extending the technology-enabled care model into Gloucestershire as the organisations move closer operationally. SH confirmed that this would follow once the formal evaluation report of the current phase was complete and shared, noting that the findings were already informing a local authority-led successor model. CG highlighted the importance of aligning corporate digital modernisation with the emerging Digital Strategy and neighbourhood health work, noting that shared digital and physical workspaces were consistently identified as key enablers in local authority planning. SH agreed, explaining that Work Anywhere delivered foundational infrastructure, while longer-term neighbourhood digital requirements would likely necessitate bespoke procurement. In the short term, existing tools—such as Shared Care Planning—were being adapted for broader community use. CB concluded by outlining upcoming inflow projects including transition of the Connecting Care SRO function, RespectPlus continuation, GP device refresh, further N365 expansion, and transition planning for both GPIT and ICB services. JC thanked CB and SH for an update demonstrating strong progress, high system collaboration and clear benefits, particularly in relation to Co-pilot adoption and modernisation. The Committee noted the report.	
8	**Finance Report**	
8.1	**M9 ICB Revenue Finance Report inc System finance report** The Committee received an update from MB on the Month 9 financial position for both the ICB and wider system. MB opened by confirming that the ICB-level position remained broadly in line with the themes previously reported, with a consistent pattern of minor variances and no new issues requiring escalation. He reiterated confidence that the ICB would deliver a break-even position at year-end. Members were invited to raise questions on the ICB position if required, with MB moving swiftly to the system-wide outlook, which he anticipated would be of greater interest to FED. At system level, MB reported an ongoing financial gap of £7.6m against plan. This represented an improvement on the previously reported £10m gap, but he noted with concern that this progress had been offset by the receipt of additional central funding during the period, including around £10m of non-recurrent allocations linked partly to industrial action reimbursement. Although these allocations should theoretically have strengthened the position, the gap had not reduced proportionately, due in part to renewed pressures within the acute sector, specifically at NBT, where financial recovery delivery had deteriorated. MB nonetheless described the £7.6m gap as relatively modest in the context of total system expenditure and reaffirmed the CFO Group's and	

	Performance & Recovery Board's confidence in closing this gap by year-end. He also reported a further £1.4m allocation received from NHS England in support of urgent care performance, demonstrating ongoing central engagement. SH sought clarification on the primary care underspend, noting the positive variance. MB explained that while medicines optimisation was performing strongly—with upside movements continuing to exceed forecast—other contributing factors included lower-than-budgeted global sum payments due to differences between estimated and actual list sizes. Other areas of effective cost control within primary care had also supported the improved position. JC welcomed the update, describing the overall position as moderately reassuring, acknowledging disappointment that the gap had not reduced further given the additional funding, but recognising the system's strong oversight and improving trajectory. He noted the importance of maintaining focus during the final quarter to secure break-even across BNSSG. MB confirmed there were no further issues to highlight. The Committee noted the report.	
9	**Item to Note**	
9.1	**System DoFs Group** The Committee received a brief update from MB regarding recent discussions held within the System Directors of Finance (DoF) Group. JC invited MB to highlight any matters requiring FED's attention beyond those already covered elsewhere on the agenda. MB confirmed that the DoF Group's recent meetings had focused almost exclusively on two issues: delivery of the financial position to year-end and the ongoing development of system planning assumptions for 26/27. He noted that both topics had already been discussed extensively during earlier agenda items—specifically the Month 9 finance update and the wider planning round briefing—and therefore there were no additional issues requiring further escalation at this stage. MB reiterated that DoFs continued to work closely as a collective, maintaining regular oversight of the system forecast, risks and mitigations, and ensuring a consistent approach to financial assumptions across organisations. He emphasised that the group remained tightly focused on supporting system balance at year-end, including the latest actions taken to manage emerging pressures and the alignment of assumptions relating to no-criteria-to-reside, industrial action and urgent care performance. MB also highlighted that the system planning work had been an area of intense engagement, with the DoF Group supporting the refinement of activity, finance and workforce trajectories ahead of the February submission. He confirmed that no new material risks had arisen beyond those already acknowledged in the earlier discussions with FED. The Committee noted the update and agreed that the matters raised had been sufficiently covered through prior agenda items. No further actions were required.	
	Key Messages/Chair Conclusion: JC summarised the key messages to be escalated and confirmed that there were no specific items requiring referral to the Transition Committee beyond those already active within existing workstreams. He reflected that all major areas of the agenda were receiving appropriate attention through their respective system groups, and there were no gaps in oversight to highlight. For Board reporting, JC noted several items of significance. First, the Committee had received a detailed UHBW Finance Deep Dive, which had provided assurance regarding progress against the Financial Recovery Plan and demonstrated strengthened grip and leadership within the organisation. Second, the Committee had formally endorsed Option	

	2B within the Children and Young People Neurodiversity Business Case, with the Board to be sighted explicitly on procurement considerations, commercial risk, financial implications, and the communication challenges highlighted during discussion. The Committee also welcomed the update on the 26/27 Medium Term Digital Plan, noting good progress, alignment with system priorities, and the need for further refinement ahead of the February Board discussion. The Planning Round Update had illustrated both progress and ongoing tension between operational compliance and longer-term transformation, with estates pressures—including significant constraints at UHBW—now increasingly material in shaping delivery risks. JC confirmed that the Committee had conducted a robust review of the Intelligence Centre Full Business Case, offering constructive feedback to support the final iteration prior to approval in March. Finally, the Committee had reviewed the Month 9 System Finance Position, noting improvement toward break-even despite the remaining pressures and system gap, and acknowledging the confidence expressed by Directors of Finance in achieving balance at year-end. JC confirmed that these key messages would be reflected in the report to the Board and invited any final additions; none were raised.	