Finance, Estates and Digital Committee Minutes Thursday 22nd September, 09:30-11:30 via teams

Members (Quoracy: 3 members required, including one of ICB Non-Executive members; and one of Chief Executive or Chief Finance Officer)		**Initials**
Steven West	Finance, Estates and Digital Committee Chair	SW
John Cappock	Audit Committee Chair	JC
Sarah Truelove	Deputy Chief Finance Officer and Chief Finance Officer	SaT
Joanne Medhurst	Executive Director of Medical	JM
Deborah El-Sayed	Executive Director for Transformation and Digital	DES
Attending		
Jon Lund	Deputy Chief Finance Officer	JL
Jenny Bowker	Programme Director Primary Care Development	JB
Simon Truelove	Chief Finance Officer – AWP	SiT
Dan Philipps	Transformation Director – AWP	DP
Kevin Greaves	Head of Mental Health and Learning Disabilities Contracts	KG
Sabrina Smithson	Exec PA (Note Taker)	SS
Apologies		
Jon Lund	Deputy Chief Finance Officer	JL
Shane Devlin	Chief Executive Officer for ICB	SD

Number	Item	Action
2.0	**Declarations of Interest** ***To consider declarations of interest and conflicts of interest arising from this agenda***	
3.0	**Minutes of the previous meeting** Approved with noting the DOI spreadsheet was not up to date following new members joining.	
4.0	**Actions from Previous Meeting** The actions were reviewed and updated.	
	Committee Discussion	
6.0	**Support for delegation of Pharmaceutical, Ophthalmic and Dental services** A paper was circulated to the committee prior to the meeting JB attended and highlighted areas of the paper and the following questions/comments arose: BS noted the need for the delegation but flagged whether we really understand the knowledge and would like to see what other ICS are doing. JB reported Population health and integration benefits. We are excited about the opportunities to impact the decisions locally, there is more we can do with pharmacy and dental. Embedding more of that locally. We have done a risk base and flagging workforce. Overall appetite is there and we do want to pursue this. SW Concluded we can see the ability to think about how services are going to be designed for the future and how it will benefit the population. We are mindful that they haven't been costed and there is a capacity and funding piece there. The model has risks. The committee recognises the potential benefit.	

	JL Observed the contracts are national. JB added there are some opportunities for decision making we should host that within our system, and we need to manage expectations. DES asked do we become liable to IT & Estates capabilities within these contracts. JB answered No, we have been asking NHSE to clarify this. DES recommended due diligence to understand what we're inheriting. SW requested a piece on where this is going in the future. JL noted Secondary care dental ultimately UHBW are our main provider, so the ICB risks sits in our system either way. Committee accepted the recommendations.	
6.1	**Review CCG Standing Financial Instructions** A paper was circulated to the committee prior to the meeting ST highlighted areas of the paper and the following questions/comments arose: SW asked if the the Directors of Finance (DoF's) are doing this work. ST advised the DoF's have done the initial thinking to also work with Chairs. BS queries the HMFA checklist and are you looking at this. ST advised this is a key part of our work. BS asked can this go in the corporate risk register for the providers as well. ST reported as-well as how decisions are made we are reviewing risks and how the corporate risk register brings the system risks together. RG Observed how risks get captured would be helpful to have at the beginning of papers and bringing these up from the partners will be key as we all have separate risks. BS suggested a journey is mapped out to bring together the risk registers. AWP are bringing in the BNSSG figures to their reports. It was noted the SFIs review would not need to be aligned to LA equivalents, however in time it would be useful to compare approaches and share learning.	
6.2 **6.3** **6.4**	ST shared a presentation to the committee, which covered the below items. **M5 ICB Revenue Finance Report** **M5 NHS System Revenue & Capital Finance Report** **ICB Savings Reports** The following discussions/questions arose: RG advised the Workforce element chimes with NBT, especially with agency and bank. This is where we can hopefully make sense of increases and move forward with a better plan. RG continued with winter coming through this will effect achieving a balanced budget at the end of the year. ST replied we are in danger of having risks in one organisations which come through to the other organisations. DES asked after workforce and are all of these things tapping back into yielding benefits for the risk register to support creating templates for the benefits of agency/bank staff. SW concurred that workforce raises concern as is retention so there is a big piece of work with the people committees. RG asked about transformation change and benefits need to come from the top down. ST advised we are doing a piece in DoF group for system wide savings, you'll see an arbitrary view for reporting consistency of year to date.	
6.5	**ICB Savings Deep Dive – Mental Health System Transformation Deep Dive & AWP underlying deficit reduction**	

	A paper was circulated to the committee prior to the meeting SiT, DP, KG attended, and highlighted areas of the paper and the following questions/comments arose: SW asked if colleagues were confident in achieving the big number. SiT answered it is about the quality of the service we can provide and we need to instil that it's not right to send people miles away from where they live and where their support is. The same principle for agency as-well so we have a substantial workforce, that are committed to the services they are providing. ST noted to not lose sight of the recurrent position.	
	For Committee to Note	
7.0	**Closedown and Evaluation of transition plan from CCG to ICS**	
7.1	**Receive update from System DoFs Group**	
7.2	**Receive update from System Estates Group**	
7.3	**Receive update from System Digital Delivery Group**	
7.4	**Corporate Risk Register & ICB Board Assurance Framework** ST advised we are reviewing this. There was a risk for Meds Management that needs to be added and pulling the risks through from the system. ACTION - SW asked the draft to be circulated for comment outside of the board meeting.	ST
	Any Other Business	
Key messages for ICB Board - Risk register is key - ICB committee we need to track through and ensure it is appropriate to sign off.		

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Finance Report

Report on financial performance for October 2022

Created by
Jon Lund
Catherine Cookson

Contents

1.1 Headlines

- The annual allocation is £1,896.439m, after receiving additional allocation in month 7 of £3.679m, mostly related to demand and capacity funding.

- At month 7 the ICB reported a year to date surplus of £5.447m, which primarily offset provider deficits of £5.620m resulting in a minor deficit position at system level of £0.173m (0.02%).

- The ICB surplus to date is primarily driven by slippage on investments (including schemes funded by Service Development Funds) and activity & performance related underspends in mental health and primary care areas. The slippage on investments within mental health and primary care is due to lower than expected prior year costs and a shortage of provider care for adults.

- The ICB is forecasting a small surplus of £0.069m after retrospective reimbursement of £5.495m additional roles funding in primary care. The key overspending areas are the risk share with SWAST for ambulance handover delays in acute, patient transport services, activity and placement costs in funded care and the cost pressures within support costs and running costs which are offset by underspends in mental health and primary care

- As previously reported, the ICB and system partners will assess the actual impact of the pay award and any potential cost pressure against allocated funding in November. The ICB has been advised the running costs resource limit will not be increased which means there is a risk in year that the ICB will not contain running costs within the allocation. The ICB continue to liaise with NHSEI to advise of the risk.

- The ICB capital allocation is £1.659m and is forecast to deliver against the allocation by year end. The year to date spend is £0.353m against a profiled budget of £0.332m.

1.2 Financial Duties

Financial Duties	Target	Plan	Forecast Variance RAG	Explanation
Maintain expenditure within the revenue resource limit	Outturn is better than or equal to plan	Under new NHS financial regime break-even is required	G	At month 7 the ICB is reporting a surplus of £5.447m, and a small surplus of £0.069m forecast outturn, after retrospective reimbursements.
Maintain expenditure within the allocated cash limit	Cash drawdown is less than or equal to MCD	ICB will manage within Cash Limit	A	The total cash drawdown at month 7 was £1,123.771m against an annual allocation of £1,896.165m. At month 7 utilisation is ahead of the profile allocation by 1.32% mostly due to settlement of prior year related invoices. The Head of Financial Services continues to work closely with the Heads of Finance to forecast and monitor the timing of high value payments with system partners.
Maintain capital expenditure within the delegated limit	Expenditure less than or equal to plan	ICB will manage within Capital resource limit	G	Capital bids were confirmed at the beginning of June. Cashflow plans are in place to ensure the resources are delivered within the year.
Ensure running costs are within the running cost resource limit	Expenditure less than or equal to plan	ICB will contain spend within Running Costs Allocation	A	A detailed review of staff costs is being undertaken alongside the structure transition with budgets and costs transferring to other programme areas. It has been confirmed there will be no change in the ICB's running cost allocation as a result of the pay award and therefore the cost pressure may impact the resource limit.
Ensure compliance with the better payment practice code	Greater than or equal to 95% by number & value	ICB will achieve payment target throughout year	G	The non disputed invoices paid within 30 days are in line with target.

1.3 Forecast risks and mitigations

Forecast Risks	Mitigations
Delivering a system wide breakeven position	• New monthly Integrated Financial Return (IFR) process and timeframe, which reports ICB position and key data for the NHS provider partners. • System wide financial reporting framework developed including risk sand mitigations • Continue to monitor performance through the Director of Finance and Deputy Director of Finance groups
Net impact of the pay award and national insurance changes on the system plan	• Providers to assess the actual cost compared to the additional uplift • ICB to model total funding uplift and compare to provider payments
Discharge to Assess Aligned Budget	• The ICB is operating an aligned budget system with local authority partners to manage hospital discharge capacity. The ICB forecast assumes a drawdown against LA Earmarked Reserves to offset costs incurred which remains subject Council approval processes
ESRF	• Lower than planned elective activity is likely to lead to a provider sector cost pressure compared to the operational plan, although M1-6 ESRF has been guaranteed by NHSE • Financial reporting NHSE guidance is to assume retained allocation of this funds, however this is not certain and subject to ongoing discussions between NHSE and government departments
Funded care	• Independent review of the caseload reviews to determine eligibility for continued financial support. • Detailed assessment of the financial impact of the those determined as eligible for funded care and waiting for a placement.
Running costs	• As part of the ICB structure transition undertake a full review of staff costs and transfer costs to programme areas, as appropriate • Assess the impact of the additional pay award and the impact on running costs
Cash draw down exceeds the allocated cash limit	• Continue to forecast and monitor the detailed cashflow position • Work with system partners to forecast and liaise with NHSEI to manage within the cash limit

2.1 Agreed Revenue Allocation

Programme Area	CCG final allocation as at 30.06.22	Confirmed Initial ICB allocation	Prior Months Allocation Changes	Adjustments in Month 7		Baseline Allocation at 31-Oct-22
				SDF/Other allocations	Internal Budget adjs	
	£m	£m	£m	£m	£m	£m
Acute Contracts	236.024	711.148	33.682	*0.755*	*2.794*	**984.402**
Mental Health	53.575	160.137	5.868	*0.179*	*(0.731)*	**219.028**
Community Services	46.667	142.001	1.940	*0.150*	*(1.049)*	**189.710**
Delegated Primary Care	39.436	118.485	-	-	*3.028*	**160.949**
Medicines Management	36.088	108.264	(1.066)	*0.033*	-	**143.319**
Primary Care	10.525	31.243	1.141	*0.120*	*(2.293)*	**40.735**
Funded Care	24.707	74.121	0.678	-	-	**99.505**
Childrens Services	4.703	14.111	0.354	-	-	**19.169**
Support costs	1.666	4.758	3.594	-	-	**10.018**
Reserves	2.831	7.029	3.169	*2.442*	*(2.986)*	**12.485**
Central allocation adjustment	(7.125)	7.125	0.000	-	-	-
Commissioning Budget	**449.097**	**1,378.422**	**49.360**	**3.679**	**(1.238)**	**1,879.320**
Running Costs	4.879	13.728	(2.726)	-	*1.238*	**17.119**
Total Allocation 2022-23	**453.976**	**1,392.150**	**46.634**	**3.679**	**-**	**1,896.439**

The ICB has received an additional £3.679m allocation in Month 07.

The in month allocation primarily relates to

- £1.412m final demand and capacity funding agreed with NHSEI South West region
- £0.522m additional Somerset, Wiltshire, Avon and Gloucestershire (SWAG) cancer alliance funding – provider support funding
- £0.4m pathology network

Further funding is expected to be received during the financial year as national non recurring funding sources are approved.

2.2 Financial Position as at October 2022 (Month 7)

October2022 - Month 7	2022/23 Budget	2022/23 YTD Budget	Expenditure	Variance		Forecast Outturn	Forecast Outurn Variance		Report Ref
Programme Area	£m	£m	£m	£m		£m	£m		
Acute	984.402	578.630	581.162	(2.532)		985.694	(1.293)		2.3
Mental Health	219.028	127.837	124.434	3.403		217.837	1.191		2.5
Community	189.710	106.257	105.844	0.413		189.093	0.616		2.6
Delegated Primary Care	160.949	94.597	93.299	1.298		164.319	(3.370)		2.7
Medicines Management	143.319	83.779	82.976	0.803		143.083	0.236		2.8
Primary Care	40.735	25.086	24.319	0.767		39.047	1.688		2.9
Funded Care	99.505	57.952	58.058	(0.106)		100.903	(1.398)		2.9
Childrens	19.170	11.216	11.191	0.025		19.269	(0.099)		2.9
Support Costs	10.018	5.378	5.966	(0.588)		11.069	(1.051)		2.10
Reserves	12.485	2.534	0.027	2.507		13.690	(1.205)		2.10
Running Costs	17.119	10.483	11.025	(0.542)		17.862	(0.743)		
BNSSG ICB Surplus/(Deficit)	**1,896.439**	**1,103.747**	**1,098.300**	**5.447**		**1,901.865**	**(5.426)**		
ARRs anticipated reimbursement	5.495	-	-	-		-	5.495		
Adjusted ICB Surplus/(Deficit)	**1,901.934**	**1,103.747**	**1,098.300**	**5.447**		**1,901.865**	**0.069**		
Provider Surplus/Defict	-	(8.970)	(14.590)	(5.620)		-	-		
ICS Position	**1,901.934**	**1,112.717**	**1,112.890**	**(0.173)**		**1,901.865**	**0.069**		

Year to date

The ICB's year to date surplus of £5.447m is offset by the providers deficit position of £5.620m, which generates a small ICS deficit of £0.173m.

The ICB surplus to date is primarily driven by slippage on investments (including schemes funded by Service Development Funds) and activity & performance related underspends in mental health and the three primary care areas. An overspend in the independent sector within acute is offset by unallocated ESRF held in Reserves

Forecast Outturn

The ICB's forecast outturn of £5.426m deficit is before the additional roles retrospective reimbursement of £5.495m. After reimbursement the net position is a minor surplus of £0.069m. The providers are forecasting to breakeven at year end.

The allocation of the retrospective reimbursement for additional roles in primary care would generate a forecast underspend of £2.125m, which when consolidated with the mental health underspend will offset the overspends on ambulance handover in acute, patient transport in non acute, activity and placement costs in funded care and the cost pressures within support costs and running costs.

2.3 Acute Commissioning – provider analysis

Acute Services	Budget	YTD Budget	YTD Expenditure	YTD Variance		Forecast Outturn	Forecast Variance	
	£m	£m	£m	£m		£m	£m	
University Hospitals Bristol and Weston NHS FT	434.352	254.632	254.770	(0.139)		434.729	(0.377)	
North Bristol NHS Trust	424.565	247.581	248.229	(0.649)		424.287	0.278	
South Western Ambulance Service NHS FT	45.652	26.630	26.749	(0.118)		46.290	(0.638)	
Independent Sector Treatment Centres	37.228	21.238	22.491	(1.254)		38.876	(1.648)	
Other Acute Provider contracts	16.973	9.901	9.901	0.000		17.069	(0.095)	
Any Qualified Provider	0.300	0.175	0.168	0.007		0.297	0.003	
Low Volume Activity (previously NCA)	9.215	8.560	8.230	0.330		8.832	0.383	
Other Acute Spend	16.116	9.913	10.624	(0.710)		15.314	0.802	
Grand Total	**984.402**	**578.630**	**581.162**	**(2.532)**		**985.694**	**(1.293)**	

Key issues

The year to date ESRF allocation is £18.6m, the planned clawback of £3.9m to NHSE at month 7 has been returned to the trusts. NHSE financial reporting guidance is to assume retained allocation of these funds, however this is not certain and subject to ongoing discussions between NHSE and government.

The overperformance at month 7 is primarily driven by increasing ophthalmology activity at the independent sector providers, which also flows through to the forecast outturn. This overspend in the independent sector is expected to be offset by unallocated ESRF held in Reserves

The forecast adverse variance at year end is attributable to the activity in the independent sector and ambulance handover delays which are offset by other acute spend.

2.4 Acute Commissioning – Point of Delivery Month 6

The year to date activity reported by the trusts and independent sector is the contract management software (SLAM) activity data for month 6 .

The actual cost of activities for the month are shown in the trend graphs on page 10 and include the point of delivery trends from prior financial years. The table on page 11 reports the year to date comparison for the equivalent period in 2019/20.

A&E The cost of ED attendances to date is £25.9m which is in excess of all comparable year periods but a decrease on the previous monthly run rate from April to August 2022.	**Non Elective Inpatient** The cost of activities to date is £112.4m. The cumulative cost to date is now higher than for the same period in 2019/20. For the comparable period there has been a 6% cost reduction in >1 length of stay (LOS) day spells and a 86% cost increase in the 0-1 day LOS spells.
Outpatient total The cost of activities to date is £45.9m, which is 16% below the comparable period in 2019/20 but there's a slight increase of 5% in the daily run rate compared with August.	**Daycase and Elective** The cost of activities to date is £67.8m, which is £0.8m lower than the comparable period in 2019/20. The cost of activity is 6.1% lower than in August but the number of spells is 3.7% higher.

API - *there is no API performance reported for this period*

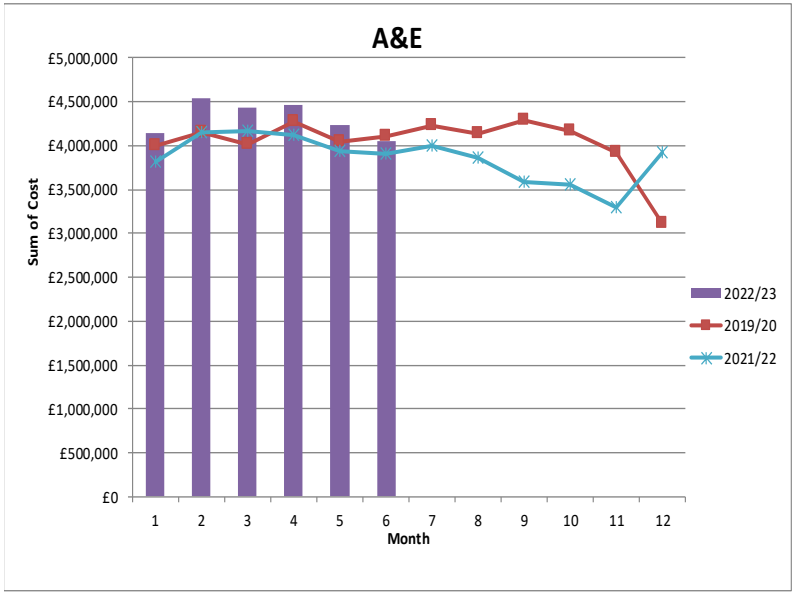
CQUINS - *there is no CQUIN performance reported for the period*

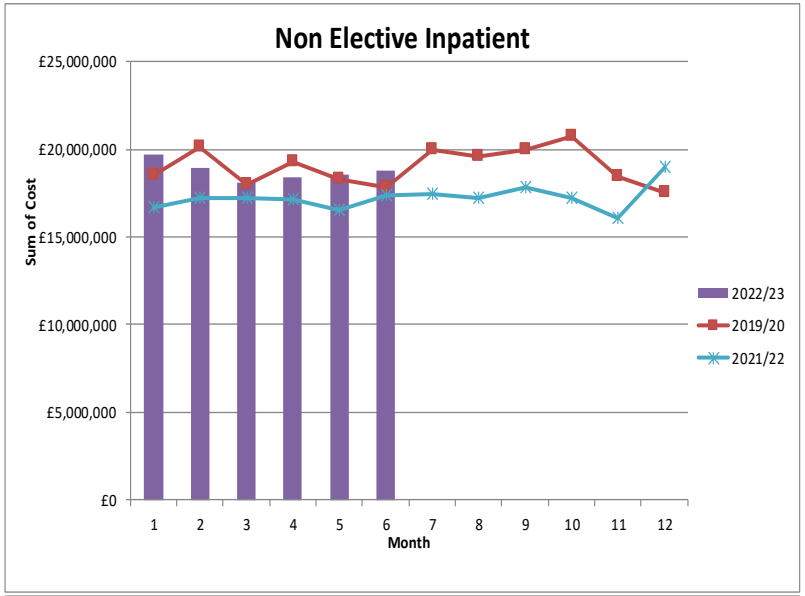
Savings *– there are no planned or urgent care savings planned for the reporting period. Savings have been assumed in the block payments with the NHS providers*

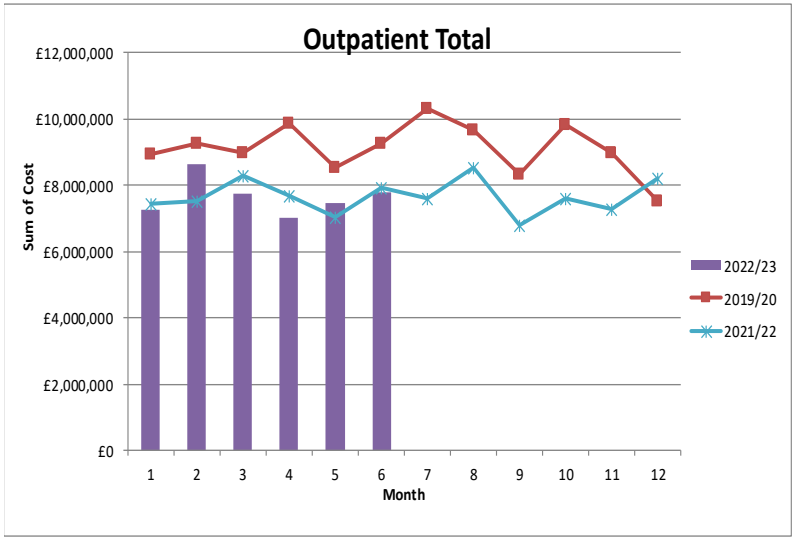
Elective Recovery Fund – *NHSE advised to report full payment of the ERF in Q1 and 2. The YTD allocation is £18.6m and the planned clawback of £3.9m at M7 will be retained by the Trusts.*

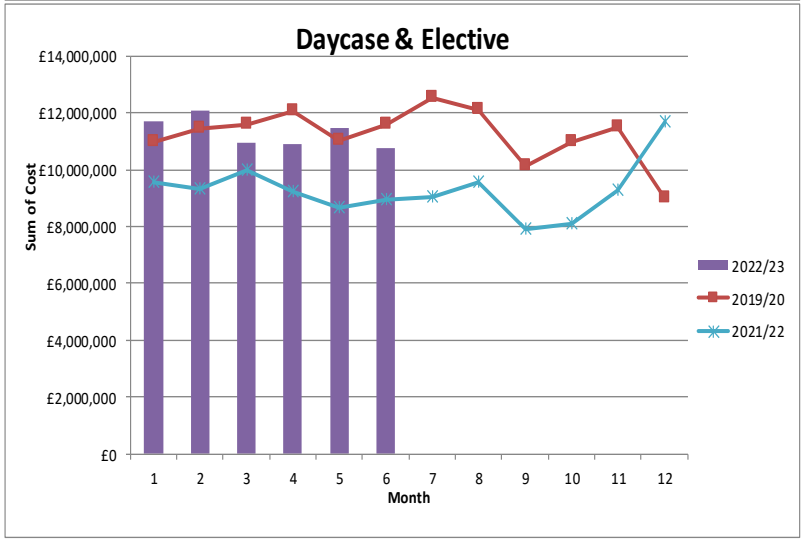
2.4 Acute Commissioning – Point of Delivery Trends

(a month in arrears)









2.4 Acute Commissioning

Point of Delivery performance Month 6 2022/23 compared with 2019/20. *(SLA Monitoring datasets are provided after the monthly accounts closedown deadline)*

	Activity				£'s			
	2019/20	2022/23	(Decrease)	(Decrease) %	2019/20 £m	2022/23 £m	(Decrease) £m	(Decrease) %
A&E	143,063	140,631	-2,432	-2%	£24.6	£25.9	£1.3	5%
Emergency Inpatient	52,964	62,109	9,145	17%	£104.6	£99.0	-£5.6	-5%
Emergency Short Stay	11,534	15,033	3,499	30%	£7.4	£13.4	£6.0	82%
Elective Inpatients	9,605	9,486	-119	-1%	£29.1	£30.8	£1.7	6%
Day Case	47,939	50,276	2,337	5%	£39.6	£37.7	-£1.9	-5%
Outpatient First	133,490	131,094	-2,396	-2%	£20.6	£19.2	-£1.4	0%
Outpatient Follow Up	257,090	230,175	-26,915	-10%	£21.3	£18.0	-£3.3	-16%
Outpatient Procedure	78,391	53,500	-24,891	-32%	£13.0	£8.8	-£4.2	-33%
Critical Care	7,294	9,287	1,993	27%	£9.1	£11.4	£2.3	25%
Diagnostic Imaging	62,517	59,261	-3,256	-5%	£5.9	£6.5	£0.6	9%
Direct Access	2,425,566	2,467,838	42,272	2%	£12.7	£11.8	-£0.9	-7%
Drugs and Devices					£17.6	£20.2	£2.6	15%
Maternity	20,476	19,547	-929	-5%	£29.9	£28.0	-£1.9	-6%
Rehabilitation	18,862	16,565	-2,297	-12%	£5.8	£5.6	-£0.1	-2%
Other	189,489	161,675	-27,814	-15%	£18.5	£12.3	-£6.2	-34%
Total Year to Date					**£359.8**	**£348.6**	**-£11.1**	**-3%**

Note 1 : North Bristol NHS Trust (NBT) rolled out a new Electronic Patient Record (EPR) system in July and this has impacted the SLA Monitoring (SLAM) reports. This is being actively reviewed in meetings with NBT via the Data Quality Group. Detailed reviews continue to be undertaken with key stakeholders and further updates will be provided until resolved. Whilst NBTs data quality is improving there are still data queries that are being reviewed through the data quality group.

The table above compares the aggregate expenditure by point of delivery (PoD) at month 6 in 2019/20 (uplifted to 2022/23 price base) and 2022/23 and the change (decrease) in absolute and percentage terms. The comparison with monthly expenditure trends in 2019/20 and 2021/22 for the key PoDs is shown in the graphs on the previous page.

Due to block funding arrangements, the 2022/23 figures do not represent the block values paid to all acute care providers but provides an indication of the impact on the income providers would expect to receive under payment by results when compared to the previous year.

2.5 Mental Health & Learning Disabilities

Mental Health & Learning Disabilities	Budget	YTD Budget	YTD Expenditure	YTD Variance		Forecast Outturn	Forecast Variance	
	£m	£m	£m	£m		£m	£m	
MH - AWP Core Contract	132.313	77.182	77.182	-		132.313	-	
Mental Health Act	18.188	10.639	10.564	0.075		18.045	0.143	
Child & Adolescent Mental Health (CAMHS)	13.906	8.117	8.633	(0.516)		14.797	(0.891)	
Learning Disabilities	10.372	5.856	4.705	1.151		9.004	1.368	
Mental Health Community	5.804	3.453	3.639	(0.186)		6.020	(0.216)	
Improved Access to Psychological Therapies (IAPT)	10.906	6.362	6.222	0.140		10.675	0.230	
Dementia	8.439	4.923	4.927	(0.004)		8.444	(0.005)	
Crisis Services	2.253	1.314	1.116	0.199		1.781	0.472	
ADHD	1.448	0.845	1.227	(0.382)		2.100	(0.651)	
Mental Health Low Volume Activity	0.910	0.864	0.850	0.014		0.850	0.060	
Mental Health SDF	12.961	7.378	4.588	2.790		12.414	0.547	
Other Mental Health spend	1.527	0.903	0.781	0.122		1.393	0.134	
Grand Total	**219.028**	**127.837**	**124.434**	**3.403**		**217.837**	**1.191**	

Key issues

The year to date underspend is mainly due to slippage on service development funding (SDF) related to workforce availability and mobilisation issues on new services. Most notably CAMHS and Community Mental Health Framework. Work is underway to assess the delivery of the forecast spend in the second half of the financial year.

Forecast overspends in child and adolescent mental health, mental health and community and attention deficit disorder (ADHD) services are primarily offset by forecast underspends in learning disabilities and the SDF.

2.6 Non-Acute Contracts

Non-Acute Contracts	Budget	YTD Budget	YTD Expenditure	YTD Variance		Forecast Outturn	Forecast Variance	
	£m	£m	£m	£m		£m	£m	
Adult Community	123.911	72.374	73.139	(0.766)		123.911	-	
Joint Commissioned	26.171	15.588	15.587	-		25.705	0.465	
Discharge to Assess Services	7.089	4.232	1.371	2.861		7.464	(0.374)	
Patient Transport Services (PTS)	6.129	3.575	4.490	(0.915)		7.658	(1.530)	
Community Equipment	4.912	2.892	2.871	0.021		4.696	0.216	
Hospices	4.559	2.660	2.525	0.134		4.437	0.122	
Virtual Wards	3.128	1.314	0.977	0.337		2.632	0.496	
Other Community	13.810	3.623	4.883	(1.260)		12.589	1.221	
Grand Total	**189.710**	**106.257**	**105.844**	**0.413**		**189.093**	**0.616**	

Key issues

The forecast overspend in the discharge to assess service is due to an increase in bed demand over the winter period and has been mitigated through forecast underspends in virtual wards and other community spend.

As previously reported, the patient transport contract activity was enhanced for the 2022/23 financial year with an expectation the service will improve patient experience with a potential offsetting financial benefit within acute provider budgets. An assessment of the expected improvements and benefits is in progress.

2.7 Primary Care – including Medicines Management

Primary Care	Budget	YTD Budget	YTD Expenditure	YTD Variance		Forecast Outturn	Forecast Variance	
	£m	£m	£m	£m		£m	£m	
Delegated Primary Care	160.949	94.597	93.299	**1.298**		164.319	**(3.370)**	
Prescribing	142.736	83.263	82.545	**0.718**		143.002	**(0.267)**	
NHS 111/Out of Hours	21.450	12.559	12.034	**0.525**		20.546	**0.904**	
Local Enhanced Services	9.159	5.358	5.171	**0.187**		8.848	**0.312**	
GP Forward View	5.504	4.469	4.349	**0.120**		5.412	**0.092**	
Medicines Management staff costs	0.583	0.516	0.432	**0.084**		0.081	**0.503**	
Other Primary Care	4.622	2.701	2.765	**(0.064)**		4.241	**0.381**	
Grand Total	**345.003**	**203.461**	**200.595**	**2.867**		**346.449**	**(1.446)**	

Key issues

The delegated primary care position includes additional roles reimbursable scheme (ARRs) costs which are retrospectively reimbursable. The forecast outturn after the reimbursement of £5.495m would be a £2.125m underspend. This underspend is driven by a number of areas within the allocation, e.g. reduced population growth to plan, quality and outcomes framework (QOF) and locum costs.

The prescribing forecast includes an anticipated cost pressure for category m drugs (drugs that are readily available) over the latter part of the financial year. This has contributed to the movement from a year to date underspend of £0.718m to a forecast overspend of £0.267m.

2.8 Funded Care

Funded Care	Budget	YTD Budget	YTD Expenditure	YTD Variance		Forecast Outturn	Forecast Variance	
	£m	£m	£m	£m		£m	£m	
Adult Fully Funded CHC	39.664	23.137	22.386	**0.751**		39.140	**0.524**	
Adult Fully Funded PHB	11.102	6.476	6.904	**(0.428)**		12.150	**(1.048)**	
Adult Joint Funded	1.338	0.781	0.546	**0.235**		0.808	**0.530**	
CHC Assessment and Support	4.936	2.787	2.409	**0.378**		4.805	**0.131**	
Children's CHC	4.253	2.481	2.746	**(0.265)**		4.256	**(0.003)**	
Children's PHB	0.702	0.409	0.366	**0.043**		0.523	**0.179**	
Fast Track	15.260	8.901	9.735	**(0.834)**		17.034	**(1.774)**	
FNC	22.250	12.979	12.966	**0.013**		22.188	**0.062**	
Grand Total	**99.505**	**57.952**	**58.058**	**(0.106)**		**100.903**	**(1.398)**	

Key issues

There is a forecast adverse outturn of £1.398m including overspends in adult personal health budgets of £1.048m and fast track cases of £1.774m with a mitigated risk for a further £2.000m.

Since month 6 the funded care patient database, Caretrack, has been used as an assured source of information to determine the forecast outturn. The forecast has increased in month due to rising caseloads from Q2 to Q3 and increased individual placement costs. Further analysis is being undertaken to review the pressure on placement costs as a result of the increases from the cost of living rises.

There is a further unquantified financial risk, for those determined as eligible for funded care but who are not receiving care as no suitable placement is available, which will be assessed in month and reported for month 8.

2.9 Children's Services

Children's Services	Budget	YTD Budget	YTD Expenditure	YTD Variance		Forecast Outturn	Forecast Variance	
	£m	£m	£m	£m		£m	£m	
CCHP Contract	16.806	9.806	9.806	-		16.943	(0.136)	
Other	2.363	1.410	1.385	0.025		2.326	0.037	
Grand Total	**19.170**	**11.216**	**11.191**	**0.025**		**19.269**	**(0.099)**	

Key issues

There is a minor overspend forecast for year end due to an anticipated increase in FP10 prescription charges in the Children's Community Health Partnership contract.

2.10 Running Costs & Other Support Costs

Running Costs & Other Support Costs	Budget	YTD Budget	YTD Expenditure	YTD Variance		Forecast Outturn	Forecast Variance	
	£m	£m	£m	£m		£m	£m	
ICB running costs	17.119	10.483	11.025	(0.542)		17.862	(0.743)	
Support Costs	10.018	5.378	5.966	(0.588)		11.069	(1.051)	
ICB Reserves	12.485	2.534	0.027	2.507		13.690	(1.205)	
Grand Total	**39.622**	**18.395**	**17.018**	**1.377**		**42.621**	**(2.999)**	

Key issues

The primary driver of the overspend on running costs is underachievement on the pay vacancy factor however it should be noted that whilst a review of pay has resulted in a significant proportion of pay costs being reattributed to programme areas, the vacancy factor is yet to be adjusted. This will be addressed as part of the organisational structure transition.

Support costs overspends are in respect of cost pressures within estates, Healthier Together and safeguarding. The Head of Finance is working with the budget managers to assess possible mitigations and recurring cost pressures.

ICB Reserves includes funding held for allocations not yet distributed (including pay inflation) and contingency to mitigate identified risks identified in Provider and ICB budget lines

2.11 Efficiencies

Control Centre	2022/23 Month 7			2022/23 - Annual planned savings		
	YTD planned net saving £ms	YTD actual net saving £ms	YTD Variance £ms	Planned Net Saving £ms	FOT Net Saving £ms	Variance to Plan £ms
Funded Care	1.750	1.030	0.720	3.000	2.931	0.069
Medicine Optimisation	2.569	2.289	0.280	4.404	4.872	(0.468)
Mental Health	0.921	1.134	(0.213)	1.579	1.580	(0.001)
Running Costs/Support costs	0.219	0.219	-	0.375	0.375	-
ICB total	**5.459**	**4.672**	**0.787**	**9.358**	**9.758**	**(0.400)**

Summary overview of current month position

The total ICB control centre savings target for the year is £9.358m, with a further £3.761m of system based savings.

At month 7 the efficiency delivery was £6.865m against a plan of £7.652m. The detailed review of the savings programme is reported in agenda item 6.2, ICB Savings report.

The run rate of savings delivery in Funded Care is forecast to increase in Q3 and Q4 as new assessment capacity is now available.

Notes

Project Management of Running cost/Support cost and other system based efficiencies are not included in the scope of PMO Savings Report.

NB. For NHSE reporting purposes we also add the savings achieved through passing through the 1.1% efficiency factor to non-NHS providers (including Sirona) via contact price uplifts each year. This equates to £3.4m annual savings, hence a target of £12.8m. These savings are all fully delivered via baseline contact and budget changes.

2.12 ICB Capital allocations

Approved Schemes	Asset Owner	22/23 Primary Care Operational Capital Allocation £m	YTD Budget £m	YTD Expenditure £m	YTD Variance £m		Forecast Outturn £m	Forecast Variance £m	
Minor Improvement Grant (MIG)	NHS England	0.215	0.043	-	(0.043)		0.215	-	
MIG Equipping	NHS England	0.941	0.188	0.011	(0.177)		0.941	-	
GPIT - BAU refresh	NHS England	0.191	0.038	-	(0.038)		0.191	-	
GPIT - additional roles & PCN	NHS England	0.039	0.008	0.195	0.187		0.039	-	
IT Corporate Refresh	BNSSG ICB	0.273	0.055	0.147	0.092		0.273	-	
Total	**Total**	**1.659**	**0.332**	**0.353**	**0.021**		**1.659**	**-**	

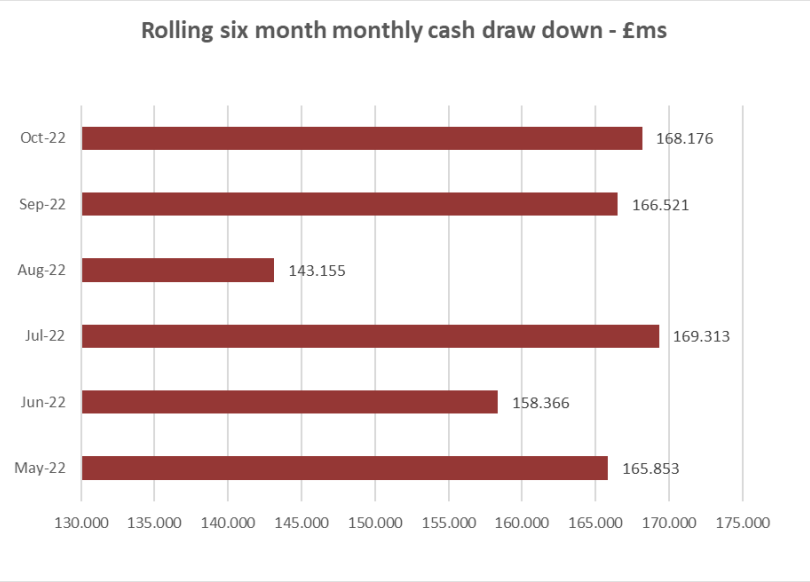
Key issues

The schemes were approved by NHSEI in May 2022. Following approval the delivery plans were finalised and profiled to deliver in the latter part of the financial year with expenditure forecast to be incurred from month 5.

The year to date adverse variance of £0.021m is the net effect of adverse and favourable variances on all schemes. The budget managers have confirmed the schemes are in progress with expenditure committed to be delivered by year end. All schemes are forecast to deliver against the allocation.

2.13 Statement of Financial Position

Statement of Financial Position	Balance 31/03/2022 £m	Balance 30/10/2022 £m	Movement £m
Total Non Current Assets	0.283	0.459	0.176
Current Assets			
Cash & Cash Equivalents	0.046	5.048	5.002
Current Trade And Other Receivables	11.968	6.813	(5.155)
Total Current Assets	*12.014*	*11.861*	*(0.153)*
Total Assets	**12.297**	**12.320**	**0.023**
Current Liabilities			
Payables	(117.877)	(93.122)	24.755
Lease Liability	-	(0.208)	(0.208)
Provisions	(9.016)	(8.116)	0.900
Total Current Liabilities	***(126.893)***	***(101.446)***	***25.447***
Total Net Assets/(Liabilities)	**(114.596)**	**(89.126)**	**25.470**
Taxpayers Equity	(114.596)	(89.126)	25.470
I&E Reserve - General Fund			
Total Taxpayer Equity	**(114.596)**	**(89.126)**	**25.470**



Statement of Financial Position

There is a year to date positive movement on the balance sheet of £25.470m which is primarily due to the decrease in current liabilities of £24.755m where accrued expenses related to last financial year have now be paid in the current year; as well as the utilisation and unwinding of provisions of £0.900m.

See the cash position below and the aged balances report on page 20.

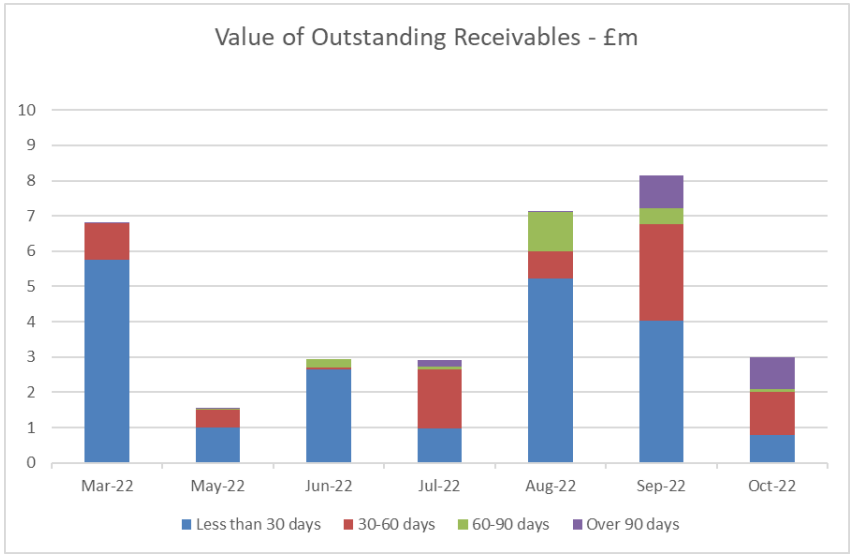
Cash position

At 31st October, the total cash utilised was £1,123.771m against an full year allocation of £1,896.165m. The draw down in October included high value payments due to local authorities.

The closing cash balance was £5.048m (£5.313m in September) and will be used to offset the cash drawdown for November.

The ICB continue to actively manage the cash position to ensure the annual cash drawdown will be within the total allocation.

2.13 Statement of Financial Position (continued)

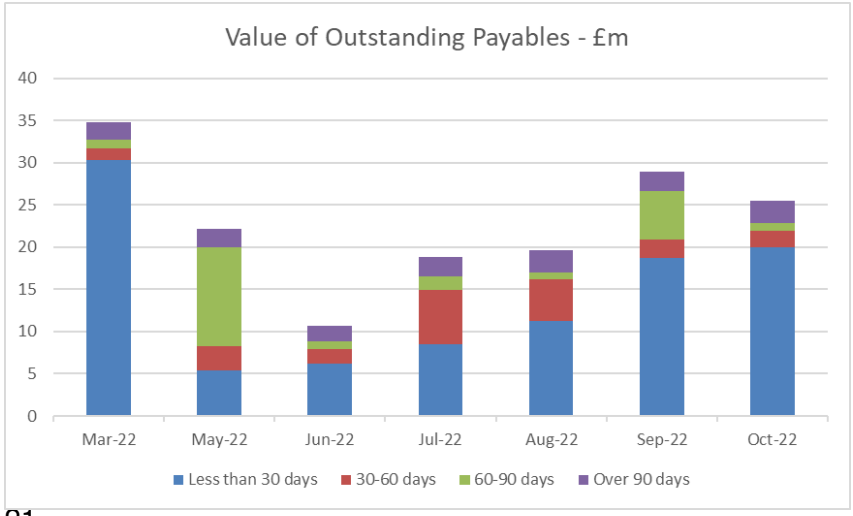


Aged Receivables

At 31 October, there were 50 receivable invoices outstanding with a value of £2.990m (55 and £8.136m in September).

The outstanding invoices in the >60 days categories continue to relate to invoices with ICS partners; UHBW, Bristol City Council and South Gloucestershire Council, however the UHBW invoice payment was received in November.

The credit controller has escalated the Bristol City Council and South Gloucestershire debts to the Associate Chief Finance Officer.

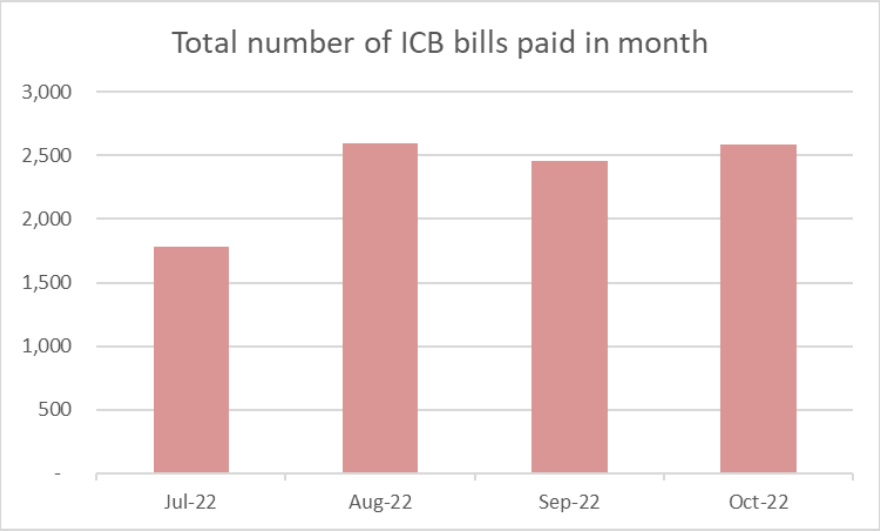


Aged Payables

At 31 October there were 1,044 invoices outstanding totalling £25.469m (1,085 and £28.963m in September). Included in the balance is 4 invoices for £15.700m, which are for November activity.

The majority of the invoices are in the 0-30 day category and within the performance target of the Better Payment Practice code (BPPC). There are 611 aged invoices totalling £5.438m, of which 498/£4.007m are disputed. The volume of disputed invoices continues to fall.

2.14 Better Payment Practice Code



Better Payment Practice Code (BPPC)
The ICB are 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 performance target was reset at the 01 July 2022 with the establishment of the ICB.

The ICB pays an average of 2,300 invoices a month and continues to meet the BPPC target for all NHS and Non NHS invoices.

Type	Year to date Payment performance (Oct 2022)	Number	£m
NHS	Total bills paid in year	525	388.664
	Total bills paid within target	524	388.636
	% bills paid within target	**99.81%**	**99.99%**
Non-NHS	Total bills paid in year	8,904	209.952
	Total bills paid within target	8,746	209.022
	% bills paid within target	**98.23%**	**99.56%**