Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Meeting of BNSSG ICB Board

Date: Thursday 6th July 2023
Time: 12:15
Location: Virtual meeting, to be held via MS Teams

Agenda Number :	7.3.1
Title:	Financial Performance – May 2023 (month 2)
Purpose: For Assurance	
Key Points for Discussion:	

The assurance report covers:

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

ICB Finance
At month 2 the ICB reported a year-to-date surplus variance of £0.651m. The surplus variance is solely related to the Elective Recovery Fund (ERF) position at a provider and therefore the ICB month end position is breakeven.

The breakeven position is the net position of overspends in Mental Health and Funded Care offset against an underspend against reserves. The funded care and finance teams will meet to review the position and agree mitigating plans.

The year to date under delivery on ICB savings plan is driven by the funded care position.

System Finance

Overall Financial Position
At the end of May, the system has reported an overall year to date (YTD) adverse variance against plan of £2.0m (YTD plan = £8.6m deficit, YTD actual = £10.6m deficit). This represents a combined provider variance against of plan of £2.6m, and an ICB surplus against plan of £0.7m.

The system is maintaining a forecast break-even financial position at year end, both at system, and constituent organisation level.

Key Drivers – positive/ (adverse) variance to plan

At system level, there is year to date under delivery of the agreed efficiency plan of £4.3m (56% delivery v plan). This is being mitigated primarily through non-recurrent release of reserves and non-recurrent investment slippage:

Year to date efficiency under-delivery	(£4.3m)	
Non-recurrent reserves	£1.5m	
Investment slippage / other fortuitous underspends	£3.8m	

Other key variances to plan

Impact of Industrial Action	(£1.9m)	combined provider
Clawback of Elective Recovery Funding	(£0.6m)	combined provider
Mental Health & LD high-cost placements	(£0.6m)	ICB
Funded Care packages	(£1.2m)	ICB
Slippage on investments	£0.9m	ICB
Other Reserves	£0.9m	ICB
System retention of Elective Recovery Funding (in line with national reporting requirements)	£0.6m	ICB

At system level, the total level of risk to delivering the reported year-end position is £2m, in line with the reported year to date deficit position, and linked to the cost of industrial action. Given the level of non-recurrent mitigations already played in to this years financial plan in order to achieve a break-even in-year plan, at this stage, no further mitigations have been identified to cover this cost.

Savings Delivery

At the end of May, the system has delivered 56% of it's year to date efficiency plan (a year to date shortfall of £4.3m). The systems latest assessment of forecast full-year savings is 87% (£65m forecast delivery against a plan of £74.4m - a forecast shortfall of £9.5m).

Whilst this under-delivery is currently being mitigated non-recurrently in this financial year, in order to maintain trajectories set out in the Systems Medium-term Financial Plan (MTFP), and not worsen the underlying position, it is key that plans to deliver recurrent savings of £74m are in place by April next year.

Recommendations:	To note the year-to-date financial position at the end of May 2023 and the emerging risks and mitigations.
Previously Considered By and feedback :	Finance, Estates and Digital Ctte – 22 June ICB Finance report – summary to ICB Executive Team System Finance Report – BNSSG ICS DoFs Group
Management of Declared Interest:	Declarations of interest stated in meeting and recorded in Committee minutes.
Risk and Assurance:	At month 2, the ICB reported a year-to-date surplus of £0.651m, which relates to the ERF position at a provider and therefore the ICB month end position is breakeven.
Financial / Resource Implications:	This paper presents the financial position of NHS Bristol, North Somerset and South Gloucestershire ICB and ICS.

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 2023/24
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 9 Protected Characteristics.
Patient and Public Involvement:	BNSSG ICB has given a firm commitment, that where annual operating plan and savings & transformation projects look to deliver services in a different way, specific patient and public involvement programmes will be carried out so that people can be directly involved.
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 NHSEI to review performance throughout the year. Planning, Savings and Transformation Project Leads are working with Comms 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):	Jon Lund, Deputy CFO Catherine Cookson, Associate CFO Rob Ayerst System Finance lead
Sponsoring Director / Clinical Lead / Lay Member:	Sarah Truelove, Deputy Chief Executive and Chief Finance Officer

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Finance Report

Report on financial performance for May 2023

Created by
Jon Lund
Catherine Cookson

Contents

NHS
Bristol, North Somerset
and South Gloucestershire
Integrated Care Board

ICB Financial Performance

1.1 Executive Summary

Year to date Income and Expenditure

- The annual allocation is £2,032.034m; initial allocation of £2,000.958m and additional allocation in month 2 of £31.076m relating to pay award funding and inflation (fair shares) funding.
- At month 2 the ICB reported a year to date surplus variance of £0.651m. The surplus variance is solely related to the Elective Recovery Fund (ERF) position at a provider and therefore the ICB month end position is breakeven.
- The breakeven position is the net position of overspends in Mental Health (£0.610m) and Funded Care (£1.179m) offset against an underspend against reserves (£1.789m).

Key financial issues

- The funded care and finance teams will meet to understand the expenditure on funded care and mental health and learning disability placements, review the commissioning arrangements and savings plans and develop mitigation plans.
- Until the forecast implications of the year to date overspends are fully assessed and mitigated and the forecast of other programme areas are known the ICB will be unable to release any reserves for investments.
- The year to date under delivery on the savings plan is driven by the funded care position, with savings plan confirmed as part of the finance / funded care meeting.

Corporate risks

Risks	Mitigations
Delivering breakeven position	Monthly monitoring and reporting to HCIGs and budget holders
Funded care and placements	Detailed review with key stakeholders of spend and savings programme
Running costs	Shaping Our Future reviews across the ICB and system. Full review of non pay costs and long term impact of office accommodation changes.

1.2 Financial duties

Maintain expenditure within the revenue resource limit	**RAG**	• The ICB is reporting a surplus variance of £0.651m • The surplus relates to Elective Recovery Fund (ERF) lost activity at North Bristol Trust • The net month end position, after ERF, is breakeven
Maintain expenditure within the allocated cash limit	**RAG**	• The total cash drawdown at month 2 was £363m against an annual allocation of £2,024m. • The drawdown is ahead of monthly profile by 1.3% however utilisation is always higher at the start of the year following year end.
Maintain capital expenditure within the delegated limit	**RAG**	• The 2022/23 capital programme is £3.460m; £1.660m ICB allocation and £1.800m system CDEL prioritised capital • The ICB continue to chase NHSE for the approval of the allocated scheme. If the delays continue this may impact the delivery within the financial year.
Ensure running costs are within the running cost resource limit	**RAG**	• The ICB has set a running cost budget per the allocation of £18.427m • The month 2 position is breakeven • Cost pressure will continue through the year and into 24/25 following the publication of the ICB running cost allocations in March 2023
Ensure compliance with the better payment practice code	**RAG**	• Performance target requires 95% of non disputed invoices to be paid within 30 days. • The ICB has delivered against the target.

2.1 Agreed Revenue Allocation

Programme Area	Confirmed Initial ICB allocation £m	Adjustments in Month SDF/Other allocations £m	Baseline Allocation at 31-May-23 £m
Acute Contracts	1,028.154	-	1,028.154
Mental Health	222.826	-	222.826
Community Services	193.862	-	193.862
Delegated Primary Care	255.137	-	255.137
Medicines Management	154.112	-	154.112
Primary Care	36.369	-	36.369
Funded Care	113.997	-	113.997
Childrens Services	20.523	-	20.523
Support costs	6.935	-	6.935
Reserves	(49.384)	*31.076*	(18.308)
Commissioning Budget	**1,982.531**	**31.076**	**2,013.607**
Running Costs	18.427	-	18.427
Total Allocation 2022-23	**2,000.958**	**31.076**	**2,032.034**

Key points:

Initial allocations are in line with the ICB financial plan submission.

Month 2 allocations relate to:

- £27.214m additional pay award funding
- £5.370m Inflation (fair shares)
- (£1.508m) Microsoft licences provider allocation adjustment.

2.2 Financial Position as at May 2023 (Month 2)

Surplus / (deficit)

2023/24 May 2023 - Month 2	Budget	ICB YTD Reported position			ICS YTD reported position	
		YTD Budget	Expenditure	Variance	Provider Variance	Net Variance
Programme Area	£m	£m	£m	£m		
Acute	1,028.154	170.044	169.393	0.651	(0.651)	-
Mental Health	222.826	36.994	37.604	(0.610)	-	(0.610)
Community	193.862	34.860	34.860	-	-	-
Delegated Primary Care	255.137	42.789	42.789	-	-	-
Medicines Management	154.112	25.685	25.685	-	-	-
Primary Care	36.369	6.061	6.061	-	-	-
Funded Care	113.997	18.580	19.759	(1.179)	-	(1.179)
Childrens	20.523	3.421	3.421	-	-	-
Support Costs	6.935	1.156	1.156	-	-	-
Reserves	(18.308)	4.648	2.859	1.789	-	1.789
Running Costs	18.427	3.031	3.031	-	-	-
BNSSG ICB Surplus/(Deficit)	**2,032.034**	**347.269**	**346.618**	**0.651**	**(0.651)**	**-**
Provider variance					(1.951)	(1.951)
ICS Position	**2,032.034**	**347.269**	**346.618**	**0.651**	**(2.602)**	**(1.951)**

Key points:

At the close of Month 2 the ICB has a reported a year-to-date surplus variance of £0.651m. The surplus variance is solely related to the Elective Recovery Fund (ERF) position at a provider and therefore the ICB month end position is breakeven, as shown in the table above.

The breakeven position is the net position of overspends in Mental Health and Funded Care offset against an underspend against reserves.

- Mental Health – the £0.610m overspend relates to MH and LD placements and is a result of an increase in the number of high cost patients and general growth within the area.
- Funded Care – the £1.179m overspend is driven by activity within adult fully funded CHC, Fast track patients and funded nursing care.
- The reserves position has an underspend of £1.789m which is primarily slippage against the anticipatory care prevention and wellbeing (£0.484m), health inequalities (£0.201m) and inflation fair shares (£0.895m) reserves.

A meeting has been scheduled between funded care and finance to understand the basis of spend, review arrangements and savings plans and develop mitigation plans.

The provider ERF position is due to activity lost due to industrial action but is not anticipated to be clawed back by NHSE. The remaining variance on the provider position is caused by additional costs associated with the industrial action.

2.3 Efficiencies

20234/24 Month 2	YTD planned net saving £ms	YTD actual net saving £ms	YTD Variance £ms	Planned Net Saving £ms
ICB savings plan				
Running Costs/Support costs	0.090	0.090	-	0.534
Funded Care	0.516	-	(0.516)	3.095
Medicine Optimisation	0.694	0.694	-	4.155
Non NHS efficiencies	0.618	0.618	-	3.705
Total ICB savings plan	**1.918**	**1.402**	**(0.516)**	**11.489**
Commissioning efficiencies				
Providers inside system	1.638	1.638	-	9.827
Providers outside of system	0.120	0.120	-	0.719
Total savings	**3.676**	**3.160**	**(0.516)**	**22.035**

Key points

The total ICB savings plan is £22.035m, £11.489m within the ICB and £10.456m as commissioning efficiencies with providers.

At month 2 the efficiency delivery was £3.160m against a plan of £3.676m. The overspend on funded care within the financial position (section 2.2) has impacted the year to date delivery of savings. The finance and funded care detailed review will aim to identify remedial actions and confirm savings plans for the financial year.

The Non NHS efficiencies within the ICB savings plan and the commissioning efficiencies reflect the savings achieved through passing through the 1.1% efficiency factor via contact price uplifts each year. These savings are all fully delivered via baseline contact and budget changes.

2.4 ICB Capital allocations

2023/24 Schemes	Asset Owner	Capital Allocation
		£m
Minor Improvement Grant (MIG)	NHS England	0.313
MIG Equipping	NHS England	0.039
GPIT - BAU refresh	NHS England	0.941
GPIT - additional roles & PCN	NHS England	0.094
IT Corporate Refresh	BNSSG ICB	0.273
ICB Capital Allocation		**1.660**
System prioritisation schemes		
Additional MIG	NHS England	0.246
Additional MIG equiping	NHS England	0.054
Central Weston	Sirona	1.500
Total		**3.460**

Key points:

The ICB's 2023/24 Operational Capital allocation is £1.660m, which has been allocated against 5 schemes, as shown above.

The Strategic Estates Steering group prioritised an additional £1.800m from system Capital Departmental Expenditure Limit (CDEL) for additional minor improvement grants and capital grant to Sirona as part of the Central Weston development site.

All ICB capital allocations have to be submitted to NHSE for approval. The ICB capital allocations and additional MIG schemes have been submitted however there are delays in the process at NHSE and no approval has been received to date. Following approval the delivery plans will be finalised and profiled to deliver in the latter part of the financial year with expenditure not expected to be incurred until the end of quarter 2. Further delays in the approval process could impact delivery within the financial year. The Associate Chief Finance Officer continues to chase NHSE.

The Head of Strategic Estates is liaising with Sirona on the completion of the project initiation document for submission to NHSE. The forecast, and any potential impact on the system CDEL, will be reported to the Strategic Estates Steering Group.

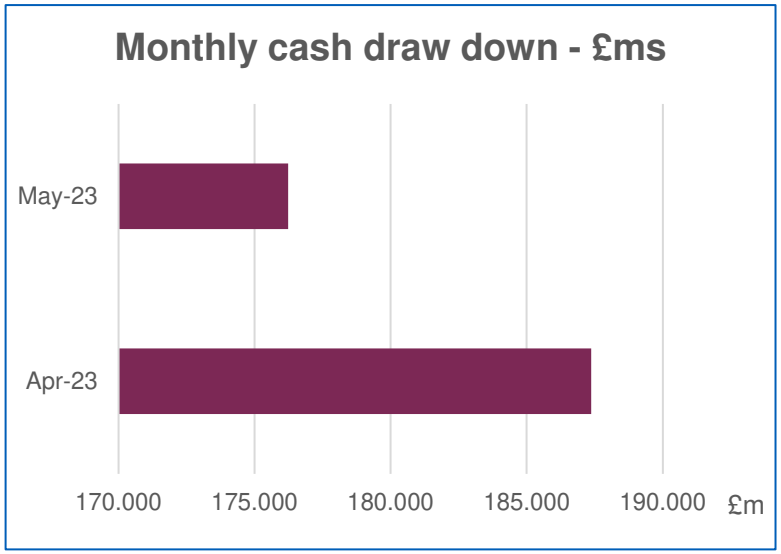
2.5 Statement of Financial Position

Statement of Financial Position	Balance 31/03/2023 £m	Balance 31/05/2023 £m	Movement £m
Total Non Current Assets	0.488	0.369	(0.119)
Current Assets			
Cash & Cash Equivalents	0.081	14.995	14.914
Current Trade And Other Receivable	18.338	5.167	(13.171)
Total Current Assets	*18.419*	*20.162*	*1.743*
Total Assets	**18.907**	**20.531**	**1.624**
Current Liabilities			
Payables	(131.478)	(116.279)	15.199
Lease Liability	(0.104)	-	0.104
Provisions	(13.301)	(13.301)	0.000
Total Current Liabilities	***(144.883)***	***(129.580)***	***15.303***
Total Net Assets/(Liabilities)	**(125.976)**	**(109.049)**	**16.927**
Taxpayers Equity			
I&E Reserve - General Fund	(125.975)	(109.049)	16.926
Total Taxpayer Equity	**(125.975)**	**(109.049)**	**16.926**

Statement of Financial Position

There is a year to date positive movement on the balance sheet of £16.926m which is primarily due to an increase in cash of £14.914m.

The cash position has increased due to late invoicing by the Local Authorities. Cash was drawn down in anticipation of paying quarter one invoices, however the majority of invoices have not been received.

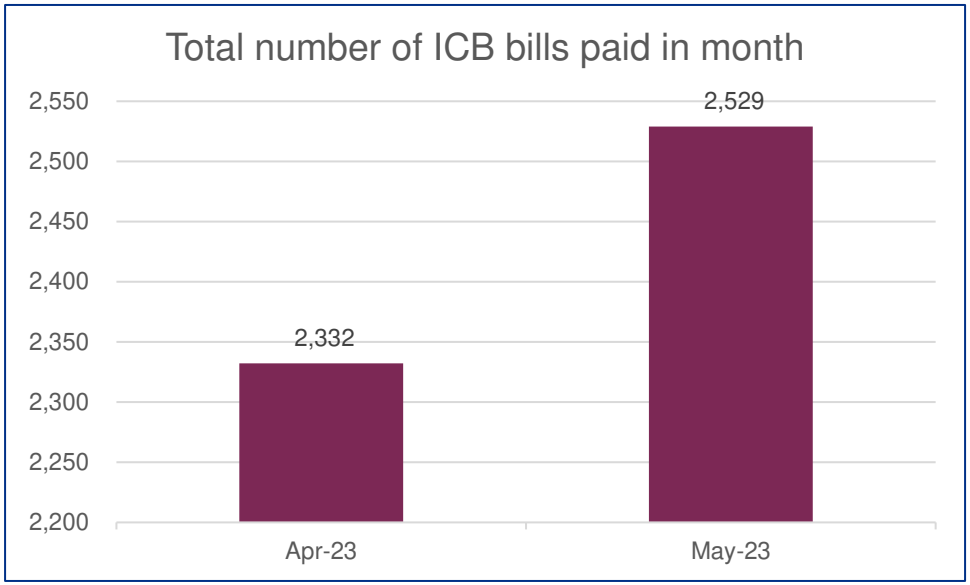


Cash position

At 31st May, the cash utilised was £363m against a full year allocation of £2,024m.

The closing cash balance was £14.995m (£0.081m opening balance in April), which is significantly higher than the NHSE target of 1.25% of monthly funding. The Financial Services team are working with the Local Authorities to improve the timeliness of invoicing, which should improve cashflow utilisation.

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 ICB pays an average of 2,400 invoices a month and continues to meet the BPPC target for all NHS and Non NHS invoices.

Type	Year to date Payment performance	Number	£m
NHS	Total bills paid in year	132	186.769
	Total bills paid within target	129	186.755
	% bills paid within target	**97.73%**	**99.99%**
Non-NHS	Total bills paid in year	4,729	134.693
	Total bills paid within target	4,617	132.368
	% bills paid within target	**97.63%**	**98.27%**

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

BNSSG ICS System Finance Report Month 2 – May 2023

Finance, Estates & Digital Committee

Thursday 22nd July 2023

Shaping better health

1. Key Messages

Overall Financial Position

- At the end of May, the system has reported an overall **year to date (YTD) adverse variance against plan of £2.0m** (YTD plan = £8.6m deficit, YTD actual = £10.6m deficit). This represents a combined provider variance against of plan of £2.6m, and an ICB surplus against plan of £0.7m. The system is maintaining a **forecast break-even financial position at year end**, both at system, and constituent organisation level.

Key Drivers – positive/ (adverse) variance to plan

At system level, there is **year to date under delivery of the agreed efficiency plan of £4.3m** (56% delivery v plan). This is being mitigated primarily through non-recurrent release of reserves and non-recurrent investment slippage:

• Year to date efficiency under-delivery		(£4.3m)
• Non-recurrent reserves		£1.5m
• Investment slippage / other fortuitous underspends	£3.8m	

Other key variances to plan

• Impact of Industrial Action		(£1.9m)	combined provider
• Clawback of Elective Recovery Funding		(£0.6m)	combined provider
• Mental Health & LD high-cost placements		(£0.6m)	ICB
• Funded Care packages		(£1.2m)	ICB
• Slippage on investments		£0.9m	ICB
• Other Reserves		£0.9m	ICB
• System retention of Elective Recovery Funding (in line with national reporting requirements)	£0.6m	ICB	

- At system level, **the total level of risk to delivering the reported year-end position is £2m**, in line with the reported year to date deficit position, and linked to the cost of industrial action. Given the level of non-recurrent mitigations already played in to this years financial plan in order to achieve a break-even in-year plan, at this stage, no further mitigations have been identified to cover this cost. A full schedule of risks is shown on slide 6.

Savings Delivery

- At the end of May, the system has **delivered 56% of it's year to date efficiency plan** (a year to date shortfall of £4.3m)
- The systems **latest assessment of forecast full-year savings is 87%** (£65m forecast delivery against a plan of £74.4m - a forecast shortfall of £9.5m)
- Whilst this under-delivery is currently being mitigated non-recurrently in this financial year, in order to maintain trajectories set out in the Systems Medium-term Financial Plan (MTFP), and not worsen the underlying position, it is key that plans to deliver recurrent savings of £74m are in place by April next year.

2. ICS Financial Performance Overview (1)

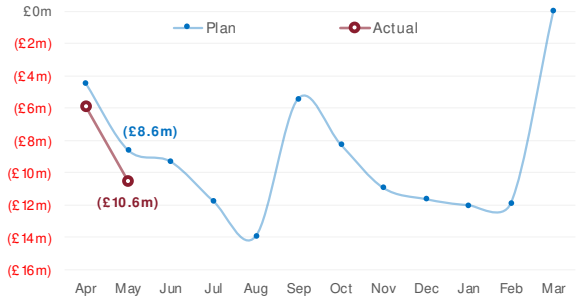
Financial performance by Organisation
Forecast surplus/(deficit) v plan

£0.0m

Organisation	Plan	Actual	YTD Variance	FCST Variance
UHBW	(£4.4m)	(£5.3m)	(£0.9m)	£0.0m
AWP	£0.0m	(£0.2m)	(£0.2m)	£0.0m
NBT	(£4.2m)	(£5.7m)	(£1.5m)	£0.0m
NHS Providers	**(£8.6m)**	**(£11.2m)**	**(£2.6m)**	**£0.0m**
BNSSG ICB	£0.0m	£0.7m	£0.7m	£0.0m
Total System	**(£8.6m)**	**(£10.6m)**	**(£2.0m)**	**£0.0m**
Previous Month	-			-

Cumulative Surplus / (Deficit)
Year to Date v plan

(£2.0m)



System Risk
Unmitigated risk as a % of ICB allocation

0%

System Revenue Resource Limit	**£2,032.0m**
Gross Risk	(£30.1m)
Net Unmitigated Risk	(£2.0m)
Net Risk as a % of ICB allocation	-0.1%
Risk adjusted forecast out-turn	**(£2.0m) deficit**

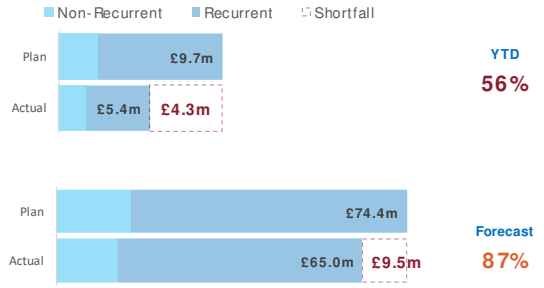
TOTAL Efficiency Delivery by Organisation
Forecast delivery v plan

(£9.5m)

Organisation	Plan	Actual	YTD Variance	FCST Variance
UHBW	£3.1m	£2.1m	(£1.0m)	(£6.4m)
AWP	£1.8m	£0.4m	(£1.5m)	£0.0m
NBT	£2.7m	£1.4m	(£1.3m)	£0.0m
NHS Providers	**£7.7m**	**£3.9m**	**(£3.8m)**	**(£6.4m)**
BNSSG ICB	£2.0m	£1.5m	(£0.5m)	(£3.1m)
Total System	**£9.7m**	**£5.4m**	**(£4.3m)**	**(£9.5m)**
Previous Month	-			-

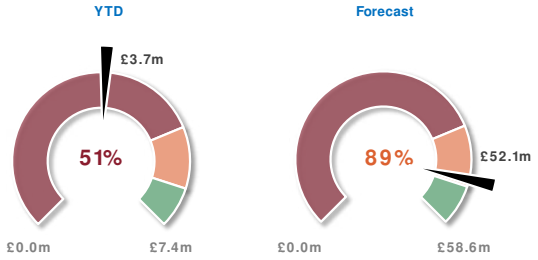
System Efficiency Delivery
Year to Date and forecast delivery v plan

56%



System Recurrent Efficiencies
Year to Date and forecast recurrent delivery v plan

89%



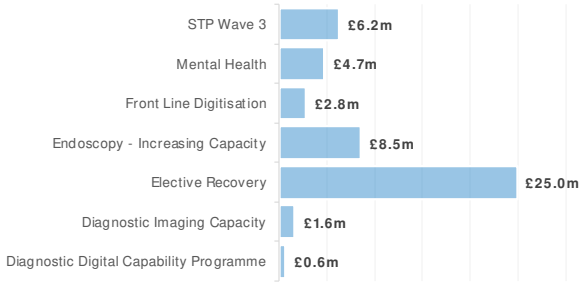
Shaping better health

3. ICS Financial Performance Overview (2)

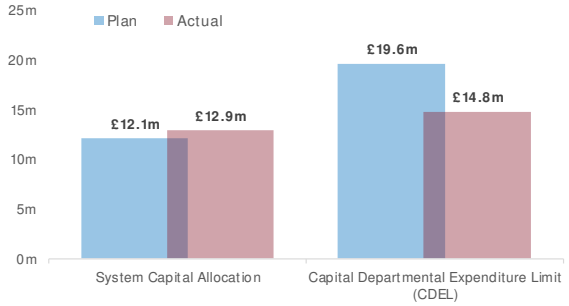
Capital Departmental Expenditure Limit (CDEL) £152.8m

	Provider	ICB
Operational Allocation	£68.5m	£1.7m
Fair Shares Prior Year Performance	£5.1m	-
Less transfer to the ICB Allocation	(£1.8m)	£1.8m
23/24 Capital Allocation	**£71.8m**	**£3.5m**
Loan and Other Sources	£17.8m	-
National Funding Sources	£49.4m	-
PFI capital charges (e.g. residual interest)	£10.3m	-
TOTAL CDEL	**£149.4m**	**£3.5m**

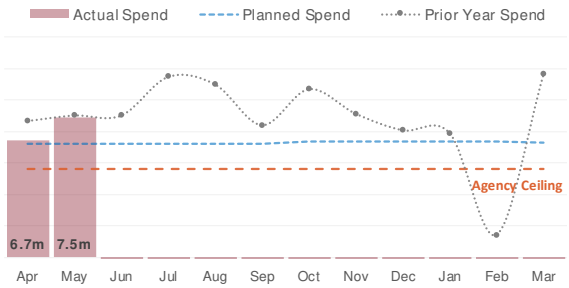
National Capital Funding Sources (tbc) £49.4m



Year to Date Capital Expenditure v Plan -£4.8m
Variance to capital plan



System Agency Expenditure £0.0m
Forecast **Over** / **Underspend** (-) v Agency Ceiling

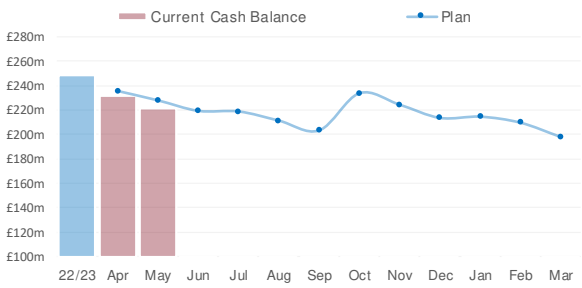


Better Payment Practice Code (BPPC) 2
Number of organisations missing BPPC target

Target = 95%

Organisation	Current Month		Year to Date	
	%	Achieved?	%	Achieved?
UHBW	89.8%	N	89.8%	N
AWP	99.6%	Y	99.6%	Y
NBT	91.6%	N	91.6%	N
BNSSG ICB	98.5%	Y	98.0%	Y
BNSSG System	**94.9%**	**N**	**94.7%**	**N**

Cash Balances -£3.4m
Cash and cash equivalents year to date variance v plan



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4. Key Financial Indicators (1)

1 Financial performance	Year to Date Plan	Actual	Variance	%	Variance by Organisation UHBW	AWP	NBT	BNSSG ICB	Full-Year Plan	Forecast	Variance	%	Variance by Organisation UHBW	AWP	NBT	ICB
1.1 Financial performance surplus/(deficit) v plan	(£8.6m)	(£10.6m)	(£2.0m)	23%	(£0.9m)	(£0.2m)	(£1.5m)	£0.7m	£0.0m	£0.0m	£0.0m	0%	-	-	-	-
1.2 Gross System Risk total system financial risk to forecast out-turn											(£30.1m)	-1%				
1.3 Net System Risk net unmitigated risk to forecast out-turn											(£2.0m)	-0%				
2 Efficiency Plan Delivery																
2.1 All Efficiencies (including non-recurrent) variance v current year efficiency plan	£9.7m	£5.4m	(£4.3m)	56% delivery	(£1.0m)	(£1.5m)	(£1.3m)	(£0.5m)	£74.4m	£65.0m	(£9.5m)	87% delivery	(£6.4m)	-	-	(£3.1m)
2.2 Recurrent Efficiency variance v recurrent plan	£7.4m	£3.7m	(£3.6m)	51% delivery	(£0.9m)	(£0.9m)	(£1.3m)	(£0.5m)	£58.6m	£52.1m	(£6.5m)	89% delivery	(£5.3m)	(£0.3m)	£2.2m	(£3.1m)
3 Elective Recovery Activity	Data to be provided from Month 3 onwards								Data to be provided from Month 3 onwards							
4 System Capital																
4.1 Capital Departmental Expenditure Limit (CDEL) variance v current year efficiency plan	£19.3m	£14.5m	£4.8m	75% delivery	£1.3m	(£0.2m)	£3.7m	-	£149.4m	£149.4m	£0.0m	100% delivery	-	-	-	-
4.2 Charge against Capital Allocation variance v recurrent plan	£11.5m	£12.4m	(£0.8m)	107% delivery	£1.3m	£0.1m	(£2.2m)	-	£71.8m	£71.8m	£0.0m	100% delivery	-	-	-	-

5. Key Financial Indicators (2)

5 Productivity	Year to Date Plan	Actual	Variance	%	Variance by Organisation UHBW	AWP	NBT	BNSSG ICB	Full-Year Plan	Forecast	Variance	%	Variance by Organisation UHBW	AWP	NBT	ICB
Data to be provided from Month 3 onwards									Data to be provided from Month 3 onwards							

6 Workforce																
6.1 Agency Expenditure v Plan variance v current year efficiency plan	£13.2m	£14.2m	£1.0m	7%	(£0.6m)	£1.6m	£0.0m	n/a	£79.7m	£86.2m	£6.5m	8%	-	£6.5m	-	n/a
6.2 Agency Expenditure v Agency Ceiling variance v recurrent plan	£11.6m	£14.2m	£2.5m	22%	measured at system level				£69.9m	£86.2m	£16.3m	23%	measured at system level			

7 Liquidity (Cash)																
7.1 Cash Balance Cash Balance variance to plan	£227.7m	£221.4m	-£6.3m	-3%	£5.0m	£3.7m	(£15.0m)	n/a	£198.5m	£204.5m	£6.0m	3%	£0.0m	£6.0m	£0.0m	n/a

8 Other Key Financial Indicators																
8.1 Better Payment Practice Code Number of organisations missing 95% BPPC target	95%	95%	2													
8.2 Mental Health Investment Standard Forecast MHIS achievement in 2023/24									£176.3m	£176.3m	£0.0m	0%				Y
8.3 ICB Running Cost Allowance Expenditure within ICB Running Cost Allocation	£3.0m	£3.0m	£0.0m	0%				Y	£18.4m	£18.4m	£0.0m	0%				Y

6. Financial Risks & Mitigations

Organisation / System-wide	Description of Risk	Liklihood	Financial Impact before mitigations £'000K	Description of mitigating actions being taken by the system	Financial Impact after mitigations £'000K
System Wide	Impact of industrial action	High	(£2.0m)	Currently unmitigated risk	(£2.0m)
System Wide	ESRF under-delivery	Medium	(£8.0m)	Elective Productivity improvement plan - Note this assumes no clawback of ESRF funding lost due to industrial action	£0.0m
Bristol, North Somerset And South Gloucestershire ICB	Underlying Position - CHC activity	Medium	(£5.3m)	Investment Slippage	£0.0m
Bristol, North Somerset And South Gloucestershire ICB	ESRF IS over-performance	Medium	(£4.0m)	Elective Productivity improvement plan	£0.0m
North Bristol NHS Trust	Regional FIT testing service	Medium	(£3.2m)	SWAG funding	£0.0m
System Wide	Urgent Care Investment	Medium	(£3.2m)	Investment Slippage	£0.0m
Bristol, North Somerset And South Gloucestershire ICB	Unfinded CIC AfC backpay	Medium	(£2.0m)	non-recurrent mitigations	£0.0m
Bristol, North Somerset And South Gloucestershire ICB	Local Authority cross charges	Medium	(£1.2m)	non-recurrent mitigations	£0.0m
System Wide	AfC Band 2 - 3 Pay Banding - other staff	Medium	(£1.0m)	non-recurrent mitigations	£0.0m
Avon And Wiltshire Mental Health Partnership NHS Trust	Loss of Local Authority Income	Medium	(£0.3m)	non-recurrent mitigations	£0.0m
	Total Gross Risk		**(£30.1m)**	**Total Net Risk**	**(£2.0m)**
	Gross Risk as a percentage of ICB allocation		-1.5%	Net Risk as a percentage of ICB allocation	-0.1%

Appendix 1 – System Financial Performance Overview (Revenue)

	Plan £m	Actual £m	Variance £m	Plan £m	Forecast £m	Variance £m
System Revenue Resource Limit	**347.3**	**347.3**	**0.0**	**2,032.0**	**2,032.0**	**0.0**
BNSSG ICB Expenditure						
Acute Services	(170.6)	(169.9)	**0.7**	(1,031.4)	(1,031.4)	**0.0**
Mental Health Services	(37.0)	(37.6)	**(0.6)**	(222.8)	(222.8)	**0.0**
Community Health Services	(37.7)	(37.7)	**0.0**	(211.2)	(211.2)	**0.0**
Continuing Care Services	(18.6)	(19.8)	**(1.2)**	(114.0)	(114.0)	**0.0**
Primary Care Services	(30.4)	(30.5)	**(0.1)**	(182.3)	(182.3)	**0.0**
Primary Care Co-Commissioning	(28.8)	(28.8)	**0.0**	(172.7)	(172.7)	**0.0**
Other Programme Services	(21.2)	(19.3)	**1.9**	(79.3)	(79.3)	**0.0**
Total ICB Programme Expenditure	**(344.2)**	**(343.6)**	**0.7**	**(2,013.6)**	**(2,013.6)**	**0.0**
ICB Running Costs	(3.0)	(3.0)	**(0.0)**	(18.4)	(18.4)	**0.0**
Total ICB Net Expenditure	**(347.3)**	**(346.6)**	**0.7**	**(2,032.0)**	**(2,032.0)**	**0.0**
ICB surplus / (deficit)	**£0.0m**	**£0.7m**	**£0.7m**	**£0.0m**	**£0.0m**	**£0.0m**
Combined Provider I&E						
Operating income from patient care activities	343.9	350.5	**6.7**	2,104.7	2,102.7	**(1.9)**
Other operating income	31.2	32.0	**0.8**	182.4	186.0	**3.6**
Total Operating Income	**375.1**	**382.5**	**7.4**	**2,287.1**	**2,288.8**	**1.7**
Substantive staff including on-costs	(219.2)	(220.5)	**(1.3)**	(1,282.7)	(1,278.5)	**4.3**
Bank staff including on-costs	(10.1)	(17.1)	**(7.0)**	(62.9)	(66.3)	**(3.4)**
Agency / contract	(13.4)	(14.2)	**(0.8)**	(80.8)	(87.3)	**(6.5)**
Other Staff Costs	1.0	0.3	**(0.7)**	5.9	5.9	**0.0**
Other Operating Expenditure	(130.5)	(132.8)	**(2.3)**	(802.9)	(803.0)	**(0.2)**
Total Operating Expenditure	**(372.2)**	**(384.4)**	**(12.2)**	**(2,223.4)**	**(2,229.2)**	**(5.8)**
OPERATING SURPLUS / (DEFICIT)	**2.8**	**(1.9)**	**(4.7)**	**63.7**	**59.6**	**(4.1)**
Net Finance Costs	(12.0)	(9.9)	**2.2**	(72.1)	(68.0)	**4.1**
Other Adjustments to Financial Performance	0.6	0.5	**(0.0)**	8.4	8.4	**(0.0)**
NHS Provider surplus / (deficit)	**(£8.6m)**	**(£11.2m)**	**(£2.6m)**	**£0.0m**	**£0.0m**	**£0.0m**
SYSTEM FINANCIAL PERFORMANCE	**(£8.6m)**	**(£10.6m)**	**(£2.0m)**	**£0.0m**	**£0.0m**	**£0.0m**

Appendix 2 – System Financial Performance Overview (Capital)

Gross capital expenditure	Plan £m	Actual £m	Variance £m	Plan £m	Forecast £m	Variance £m
Property, land and buildings	10.5	9.0	**1.4**	73.9	73.9	**0.0**
Plant and equipment	5.6	2.8	**2.8**	37.9	38.2	**(0.3)**
IT	1.7	0.9	**0.8**	14.8	14.8	**0.0**
Other	0.1	0.3	**(0.2)**	14.6	14.6	**0.0**
Gross capital expenditure	**17.8**	**13.0**	**4.8**	**141.2**	**141.5**	**(0.3)**
Less grants, donations and peppercorn leases	(0.0)	(0.4)	**0.3**	(0.2)	(0.5)	**0.3**
Total charge against CRL including IFRS impact	**17.8**	**12.7**	**5.1**	**141.0**	**141.0**	**0.0**
Less PFI capital (IFRIC12)	(0.2)	0.0	**(0.2)**	(2.0)	(2.0)	**0.0**
Plus PFI capital charges on a UK GAAP basis (e.g. residual interest)	1.7	1.8	**(0.1)**	10.3	10.3	**0.0**
Total Capital Departmental Expenditure Limit (CDEL)	**£19.3m**	**£14.5m**	**£4.8m**	**£149.4m**	**£149.4m**	**£0.0m**
Funding sources of CDEL						
Sub total: Net Internal Sources	**11.5**	**12.4**	**(0.8)**	**71.8**	**71.8**	**0.0**
Loan and Other Sources	0.8	0.0	**0.8**	17.8	17.8	**0.0**
National Sources	0.0	0.0	0.0	0.0	0.0	0.0
Total Charge against Capital Allocation (including impact of IFRS 16)	**12.3**	**12.4**	**(0.1)**	**89.6**	**89.6**	**0.0**
less Impact of IFRS 16	0.8	0.0	0.8	17.8	17.8	0.0
Charge against Capital Allocation (before impact of IFRS 16)	**£11.5m**	**£12.4m**	**(£0.8m)**	**£71.8m**	**£71.8m**	**£0.0m**
Other Funding Sources						
Diagnostic Digital Capability Programme	0.0	0.0	**0.0**	0.6	0.6	**0.0**
Diagnostic Imaging Capacity	0.1	0.0	**0.1**	1.6	1.6	**0.0**
Elective Recovery/Targeted Investment Fund	4.2	0.0	**4.2**	25.0	25.0	**0.0**
Endoscopy - Increasing Capacity	0.9	0.0	**0.9**	8.5	8.5	**0.0**
Front Line Digitisation	0.0	0.0	**0.0**	2.8	2.8	**0.0**
Mental Health	0.1	0.3	**(0.2)**	4.7	4.7	**0.0**
STP Wave 3	0.0	0.0	**0.0**	6.2	6.2	**0.0**
PFI capital charges (e.g. residual interest)	1.7	1.8	**(0.1)**	10.3	10.3	**0.0**
Sub Total Other Funding Sources	**7.0**	**2.2**	**4.9**	**59.7**	**59.7**	**0.0**
Total Capital Departmental Expenditure Limit (CDEL)	**£19.3m**	**£14.5m**	**£4.8m**	**£149.4m**	**£149.4m**	**£0.0m**

Finance, Estates and Digital Committee OPEN Minutes
Thursday 27th April, 09:00-12:00 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 Executive Officer and Chief Finance Officer	SaT
Deborah El-Sayed	Director of Transformation and Chief Digital and Information Officer	DES
Martin Sykes	Non-executive Director - UHBW	MS
Nina Philipiddis	S151 Officer - SGC	NP
Christina Gray	Public Health	CG
Attending		
Jon Lund	Deputy Chief Finance Officer	JL
Sabrina Smithson	Exec PA (Note Taker)	SS
Alison Smith	Deputy CEO, AWP	AS
Simon Truelove	CFO, AWP	SiT

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** The minutes were confirmed to be true and accurate.	
4.0	**Actions from Previous Meeting** The actions were reviewed and updated accordingly	
	To Approve	
5.0	**Role of Finance Estates and digital committee in assurance of delivery** A paper was circulated to the committee prior to the meeting. ST highlighted areas of the paper/presentation and the following discussion/questions arose: CG observed the paper is focused on finance within NHS streams. CG questioned if there was intention to use the health care improvement groups. ST responded we are speaking to all the assurance committees ensuring that all were aware/involved in delivery. It is an NHS operational plan, and we have a statutory responsibility as an ICB Board to ensuring we are delivering what we have set out to NHSE. We want to include the health and care improvement groups so that we have the wider delivery partnership with the Local Authorities (LA) who have their own separate statutory responsibilities. NP queried what would happen in the event once the committee have had the first deep dive and we have not delivered our target, would the Committee need to be aware of the risks and if so, should they be added to the paper. ST responded there are key risks outlined in the paper and happy to accept paper edits, NP suggested the paper to include the assumptions. JC detailed it would be helpful to understand the provider finance committee's role within this so there is no duplication. ST asked MS to comment, and MS responded as providers we are striving by having reps/NEDS at the	

	committees but there is a bit of a dichotomy. ST asked if this felt uncomfortable for where we are now. MS responded it feels like we are collectively all trying to pull in the same direction, and we have talked about the ICB and our Finance Committee working together in a positive way. There are slight frustrations around how we are holding to account the matters from last year that haven't delivered. DES asked if the digital intelligence element and PHM can start coming to FED to discuss. SW suggested a conversation offline with DES, ST & CG. SW concluded all parties are trying to make this work. The real challenge will be when we start saying we are moving and shifting monies, we are reliant upon everybody delivering on their savings plans and we must find a way of holding people to account. CG reflected the role of the committee to be the champion of the greater good in terms of the wealth and the outcomes of the system and everybody must balance their books. Those that are that are not working are co-dependent, not just on the social care systems, but on how we build our assets in communities. The role for this committee should be driving and encouraging the board to think in those ways. ST countered we must recognize that this committee is an assurance committee of the statutory ICB organization. Our role is to start to bring those partnerships more closely together. ST continued in terms of the point about the finance committees and their roles in the individual organizations, communication will be drafted that sets out the expectations around the deep dive programs (that go from this committee) to both the chief execs and the finance chairs, so we set those expectations at the start. **ACTION – ST/DES & CG to discuss this outside the committee.** **ACTION – ST to draft communication to go to CEO & Finance chairs of system.**	**ST/SS** **ST**
5.1	**Forward work plan for 23-24** A paper was circulated to the committee prior to the meeting. ST highlighted areas of the papers and the following discussion/questions arose: DES reported the ICS Confed Digital Committee have picked up the Hewitt Review digital element recommendations and Patricia Hewitt will be visiting that committee on the 22nd of May. SW added there may be other recommendations the executive's flag, having looked across the whole of the report to make sure that we have we are picking up the recommendations aligned into our committee structures and then a mechanism that brings it back to the overall board. NP raised concerns about the in-year reporting section and how do the committee use the reports to result in robust actions where the progress can be tracked. SW's initial response was if the committee were not assured with the reports, then we would need to delve further. ST added at the end of each committee, there are things that we escalate back into the board as we are in assurance committee.	
5.2	**Finance Performance content for ICB annual report**	

	A paper was circulated to the committee prior to the meeting. JL highlighted areas of the papers and the following discussion/questions arose: Both JC & CG commended the paper and confirmed endorsement.	
	To Discuss	
6.1	**Technology enabled care report** A paper was circulated to the committee prior to the meeting. DES highlighted areas of the papers and the following discussion/questions arose: NP asked about the tech enabled group membership and the rationale and intention of the group. NP elaborated everyone has savings targets attached to the delivery of this item so we need to be mindful that we do not get into a position where we are double counting. NP continued explaining a patient discharged from hospital will be told they need to take their medication four times a day and they are not able to do that on their own so the LA's commission packages of care that are require a clinician to go and administer their medicine. This is very inefficient and difficult to manage. From a package of care perspective tech could be different so a clinician is not required. NP concluded clinicians should be on this journey too, because if the patients already been told they need this, it will already be in their package of care, so we are held in delivery mode. DES responded these points have come out in the report greatly, which is the technology exists to remind people around medication adherence. The challenge is how do we take this through a pathway change. By working together with clinicians as well, we will create benefits. When we have looked for the data that is going to help understand saving targets and trajectories, we have not been able to see anything. If we have the data and that is robustly coming through to LA's from those pilots and those approaches, then that might be something we could flag in the report, that there is already data flows because through the discovery we simply couldn't see any. **ACTION - NP & DES to meet outside the meeting to discuss the data access.** MS commended and supported the paper. SW asked can we pilot simple pathways to workout how we build confidence from a clinician/carer perspective. DES responded we are targeting the health and care improvement groups, but we did consider having a session in June's Seminar. CG observed in the LA's there is skill base for this work and we know we have the workforce, the domiciliary and care workforce who go into homes are the prevent. If we can get to that prevent space where we get the health assets, that's what we take the money out, that's how we get the flow. DES reported the industry is pushing use of the data you already have; it doesn't require us to buy more technology, it is used differently. DES concluded this is complicated and something we will look to ask board is how to narrow this down.	

	SW noted the work we take into that, is to understand from social care perspective what is already happening and pulling it out, so we have tangible numbers. CG added the LA CEOs should be notified of this and ask for someone more senior member of staff to attend. JC agreed with CG and for more senior involvement and taking it to seminar.	
	Finance Report	
7.0	**Report on the financial performance of the ICB** A paper was circulated to the committee prior to the meeting. ST highlighted areas of the papers and the following discussion/questions arose: JL praised the finance team and how we have all worked as a system has been commendable. JC & NP echoed the praise. NP asked are there any issues that will impact 23/24 and FMPT forecast. ST responded the ICB position as an organisation in terms of achieving this year end position, has not been using recurrent support. In the wider system we have an underline deficit of £28m so we need to work on the recurrent improvements and in terms of the way we did the budget setting, we have been doing the work looking at all those overs and under' s to really take those into account as we set the budget for 23/24. CG had 2 questions. 1 was regarding the pressures from the pay awards and how will this work as system. ST advised the pay award was covered in the budget paper and we have been advised it will be funded. There are negotiations of the cash reward in 22/23 for NHS staff only and the issue is Sirona are community staff who should get the reward, so that is a risk. JL added we are cited that non-NHS providers are offering significantly more as a reward, which is more of a financial risk to manage also. CG further asked when the ICB sets its budget and the growth money where do the decisions for budget setting allocation take place and when do they come to committee. ST responded after bringing the budget paper to the committee it then went to ICB board. CG suggested to flag this is as a system risk to work on together. ST countered it is agreed that we would include within the budget for 23/24 the funding £3.2 million recurrently for health and inequalities. But in year that's £2.3 and in 23/24, recurrently £5.8 million for anticipatory care, to close the financial position in 23/24. Jo Medhurst and Dave Jarrett are working up the plan in terms of the health and inequalities. They will both come back to the board in terms of what they're actually going to use to do with that resource and the benefits that all bring. So that's the work that's going on now. JL added from an ICB prospective on a non-recurrent basis, we feel like we've got financial mitigation, but on a recurrent basis if inflation stays high that is a pressure to our medium-term financial plan. SW asked about the impact on pension funding. ST confirmed there would be an expectation this would also be funded. The committee noted the paper.	
7.1	**ICB Savings Reports**	

	A paper was circulated to the committee prior to the meeting. ST & NS highlighted areas of the papers and the following discussion/questions arose: The committee noted the paper.	
7.2	**M12 NHS System Revenue & Capital Finance Report** Deferred to next month.	
	To Note	
8.0	**Receive update from System DoFs Group** ST gave a verbal update with the following highlights: The focus for the group was on delivery and ensuring we are doing everything we can to have the same ownership across the system of the delivery of the financial plan. ST continued we are also setting out a workplan with a deep dive on productivity in May and understanding the issues. We are scheduling in regular meetings with the Chief People Officers' and the Chief Operation Officers to join up the operational delivery with the financial delivery. MS added there is work taking place within the UHBW finance committee to look at the apparent inefficiency with regards to numbers of staff versus, outputs. MS continued anything that we can do collectively and individually as organisations I'm supportive of.	
8.1	**Receive update from System Digital Delivery Group** DES provided a verbal update with the following highlights: There has been a lot of focus on the National Digital Maturity assessment and that is across 11 domains, which doesn't include LA's or Primary care but we are looking at how to factor that in. We have a workshop on Friday 28th April to bring that all together. DES continued we are also looking at how we work through the architecture and questions posed the Board strategy session and we will be bringing the findings back at the beginning of April. We have small pots of money coming down from the centre for supporting elective care and focusing on the patients access and use of NHS app and patient portals. DES final point was the first Cyber Panel meeting took place last week which is now a more formal meeting with Andy Carpenter co-chairing and representing the ICB. There will be some reports from that group will be accessible to the board.	
8.2	**Receive update from System Estates Steering Group** A paper was circulated to the committee prior to the meeting. ST highlighted areas of the papers and the following discussion/questions arose: CG do we feel more confident now that we are locked in from a LA perspective as there are still discussions being heard that it could be more joined up. ST responded we have better links and looking at the attendees from the 20th Aprils meeting there was no-one present from BCC so anything to help this along would be appreciated.	

	CG further queried the utilising of the space and minimizing carbon. ST responded the first principle in our state strategy is about utilizing the estate we've got as well as we can and the first item on the agenda from the last Estates Steering group is about additional space requests. Those go through the locality partnerships before they come to the Estates Steering Group. So we are trying to keep the LA's engaged with the meetings and the work.	
Any Other Business		
Key messages for ICB Board - Work together to deliver the savings. - Continuation of thinking as a system and working as a system.		

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Finance, Estates and Digital Committee OPEN Minutes Thursday 25th May 2023, 09:00-12:00 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 Executive Officer and Chief Finance Officer	SaT
Deborah El-Sayed	Director of Transformation and Chief Digital information Officer	DES
Nina Philipiddis	S151 Officer - SGC	NP
Christina Gray	Public Health	CG
Attending		
Jon Lund	Deputy Chief Finance Officer	JL
Sabrina Smithson	Exec PA (Note Taker)	SS
Dave Jarrett	Executive Director of Integrated & Primary Care	DJ
Andy Newton	Head of Planned Care	AN
Tim James	Head of Strategic Estates	TJ
Jeremy Spearing	Deputy CFO (UHBW)	JS
Dan Offord	Head of Digital Transformation and Portfolios	DO

Number	Item	Action
2.0	**Declarations of Interest** ***To consider declarations of interest and conflicts of interest arising from this agenda*** - DES declared a new interest whereby her husband working for System C in EPR deployments. - JC confirmed will have a new interest to declare with effect from 01st July 2023. - NP declared they were no longer a trustee at Bristol Aerospace but now a member of CIPFA Council.	
3.0	**Minutes of the previous meeting** The minutes were confirmed to be true and accurate with some spelling mistakes which were rectified.	
4.0	**Actions from Previous Meeting** The actions were reviewed and updated accordingly.	
	To Discuss	
6.1	**Programme of deep dives: UHBW** A paper was circulated to the committee prior to the meeting. JS attended and highlighted areas of the paper and the following questions arose: SW commended the update. NP asked what governance arrangements will in be place from an assurance perspective. JS advised restabilising financial discipline to pre-covid levels and returning to clearer accountable to performance sessions, which include: Monthly Divisional reviews with execs and leadership team Deputy level colleagues maintain a pipeline programme of savings which are reviewed monthly.	

Shaping better health

	Each division now has a 'working smarter group' so there are change implementation throughout the organisation. A detailed saving plan template and a quality/equality assessment saving proposal which the Director of Nursing/Medical signs off. Main route of accountability is a 'Cost saving deliverable board' which has the Chief Operations Officer and directors, which is monthly. ST asked on the plan in terms of the income from patient care activities, is that being cautious. JS responded we are being cautious because the plan is back-loaded, and we are doing some analysis to understand as April reports was a positive surprise. ST then shared an observation with the committee that slide 16 system transformation savings is a separate line and we need to get above the line into Divisional operational plans as soon as possible. There is work going on to be clear about that with the urgent and emergency care group by the end of May. ST explained she is due to meet with the new Chief Operations Officer (COO) Jane Farrell and the committee need to be made aware that is a significant risk and we must get that properly built into every organisation position. JS added there is another schedule behind this one. The reason why we summarise it into one line is because the work that we are doing with the deputy COO's to understand the measurement, the capture and the recording of the delivery and how we cache that. There is one line, but so in the future reports it will be broken out into the components. CG stated interest in people management element and welcome the fact it is a system approach. As the staff are the biggest resource and moral is low, anything we can do collectively together around staff moral would be desirable. JC was conscious at board we have spoken about system in-efficiency and what we are not clear on is where UHBW are on that spectrum and asked do we have further to go. ST responded upon reflection we have an underlying deficit across the system of £98m and £55m of that is in UHBW and it has been highlighted that the processes have not been as clear as they used to be. ST continued Covid-19 impacted UHBW differently to NBT due to the nature of their estate, which means they have had a more challenged positions in terms of their productivity. There is more ownership now, but there is a long way to go so we have a clear idea on how we are recovering from that underlying deficit position.	
	To Note	
8.0	**Receive update from System DoFs Group** ST gave a verbal update: - Planning has now concluded so we are turning our attention to delivery. - We are focusing on Finance staff development, so every health organisation within the system has received NHS Finance accreditation level 1. Working towards Level 2 as a system. - We have put in place for 3rd Thursday of every month time held for Finance Staff Development across the system to share best practice. - Turning attention to refreshing the MTFP and have taken some of the discussions into the SW DoF meetings.	

	- Community Diagnostic Centres (CDC) programme where goalposts have been changing nationally all the time, there has been a lot of work to make sure we are driving the best value for the system. There is also background work being done whereby through that CDC contract having the facility in the North Bristol patch (Cribbs Causeway) and within the system utilizing resource to provide the Weston facility. Because the independent sector and the restricted nature of the national program, we are saying it wouldn't be economic to do the Weston scheme, so we think we can do that differently outside of the confines of the rigid CDC programme.	
8.1	**Receive update from System Digital Delivery Group** DES gave a verbal update: - Connecting Care re-procurement has some finances to bridge, and we are anticipating taking to Board in July so Committee in June. - There are issues around digital component of Stroke programme, which have been topic of conversations. There is a request from the stroke team to have a more sustainable solution. - The Autism support hub, which has been designed with Gloucester across the system has gone into a live BETA which has a go- or no-go decision. Online hub to promote the support first diagnosis second model where we support families on their pathway to diagnosing autism. - Digital social care. There is an ambition on digitalising social care, we signed this off last year. We are in a position where we are a little bit behind the curve, and we are trying to catch-up. Target of 108 care homes and nursing homes and we are at 68 now. There is a round of bidding we're in the process of and this is being structured where we can invest the money in not just digitising social care from a healthcare perspective but also from a technology enabled care. 20% of funding is allocated to understanding benefits and impacts of technology on enabled care. - Seminar session with Board, we have NHS provided Seminar and looking at leadership skills for digital/technical. NP asked how the decision was made that funding for digitalising was used by NSC. DES it has been divided up; it was initially that NSC would take the lead, but it hasn't been spent so it will get divided up. Happy to take offline.	
8.2	**Receive update from System Estates Steering Group** - As per Capital presentation in closed session	
Any Other Business		
Key messages for ICB Board - D2A delivery and procurement and the risk we are carrying moving forward. - Complexity of capital plan will continue to work on. - Delivery of savings. - UHBW deep dive was good. It was helpful to see how they were tracking and monitoring, so they had the right things, Jeremy Spearing praised. - Digital strategy important piece and identify the savings and benefits.		