NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

BNSSG ICS System Finance Report Month 4 – July 2023

Finance, Estates & Digital Committee

Thursday 24th August 2023

Shaping better health

Executive Summary – Key Messages

Month 4 - July 2023

Overall Financial Position

- At the end of July (month 4), the system has reported an overall **year to date (YTD) adverse variance against plan of £7.5m** (YTD plan = £11.8m deficit, YTD actual = £19.2m deficit). This represents a combined provider adverse variance against of plan of £7.5m, and an ICB break-even position. 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

• Impact of Industrial Action	(£5.2m)	
• Year to Date Efficiency Plan Under-Delivery	(£0.8m)	
• Agency Costs		(£1.0m)
• Microsoft 365 license funding		(£0.6m)

Other key variances to plan

• Funded Care packages (ICB)	(£4.7m)	
• Slippage on investments (ICB)		£4.7m

- At system level, **the total net risk to delivering the reported year-end position is £5.4m**, primarily linked to the cost of industrial action, and the partial withdrawal of funding for Microsoft licenses. Given the level of non-recurrent mitigations already played into this year's 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.

- **N.B.** Subsequent to the formal reporting of the risk position to NHS England as part of the monthly reporting cycle, there has been notification that there will be a revised approach to the allocations adjustments made for Microsoft licenses. The impact of this will be assessed and reflected in future assessment of financial risk.

Savings Delivery

- At the end of July, the system has **delivered 90% of its year-to-date efficiency plan** (a year-to-date shortfall of £2.1m)

- The systems **latest assessment of forecast full-year savings is 97%** (£72.5m forecast delivery against a plan of £74.4m - **a forecast shortfall of £1.9m**)

- Whilst this under-delivery is currently being mitigated non-recurrently in this financial year, in order to maintain trajectories as 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.

1. System Financial Performance Overview

Month 4 - July 2023

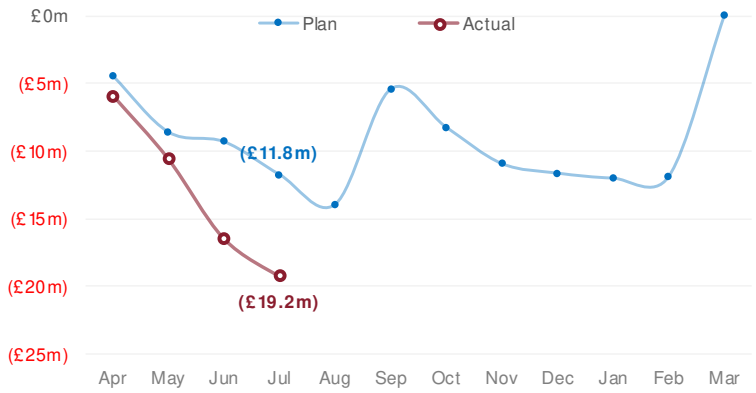
Financial performance
Forecast surplus / (deficit) v plan

£0.0m

Organisation	Plan	Actual	YTD Variance	FCST Variance
UHBW	(£5.8m)	(£9.4m)	(£3.6m)	£0.0m
NBT	(£5.9m)	(£9.4m)	(£3.5m)	£0.0m
AWP	£0.0m	(£0.3m)	(£0.3m)	£0.0m
NHS Providers	**(£11.8m)**	**(£19.2m)**	**(£7.5m)**	**£0.0m**
BNSSG ICB	£0.0m	£0.0m	(£0.0m)	£0.0m
Total System	**(£11.8m)**	**(£19.2m)**	**(£7.5m)**	**£0.0m**
Previous Month		(£7.1m)		£0.0m

Cumulative Surplus / (Deficit)
Year to Date surplus / (deficit) v plan

(£7.5m)



System Risk
Unmitigated risk as a % of ICB allocation

0.3%

Gross Risk	(£36.5m)
Gross Mitigations	£31.0m
Net Unmitigated Risk	**(£5.4m)**
Net Risk as a % of ICB allocation	**0.3%**
Risk adjusted forecast out-turn	**(£5.4m) deficit**
Previous Month	(£6.8m)

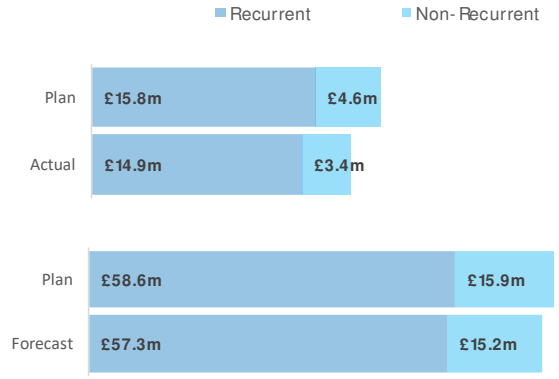
TOTAL Efficiency Delivery by Organisation
Forecast delivery v plan

(£1.9m)

Organisation	Plan	Actual	YTD Variance	FCST Variance
UHBW	£7.0m	£6.2m	(£0.8m)	(£1.9m)
AWP	£3.7m	£0.9m	(£2.8m)	£0.0m
NBT	£5.7m	£7.9m	£2.2m	£0.0m
NHS Providers	**£16.4m**	**£15.0m**	**(£1.4m)**	**(£1.9m)**
BNSSG ICB	£4.1m	£3.3m	(£0.8m)	£0.0m
Total System	**£20.5m**	**£18.3m**	**(£2.1m)**	**(£1.9m)**
Previous Month		(£1.2m)		(£6.9m)

System Efficiency Delivery
Year to Date and forecast delivery v plan

90%

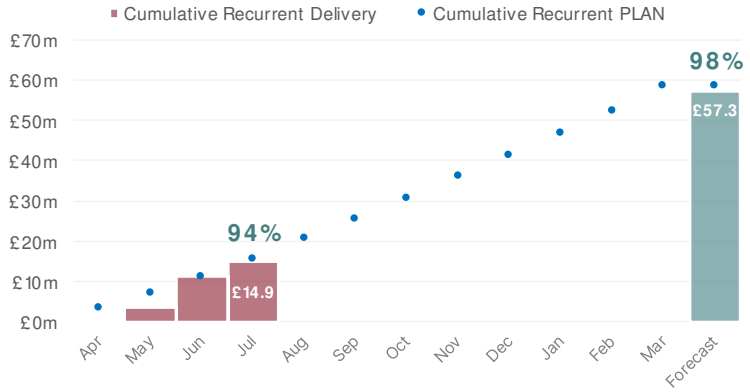


YTD
90%

Forecast
97%

System Recurrent Efficiency
Cumulative YTD and forecast delivery v plan

98%



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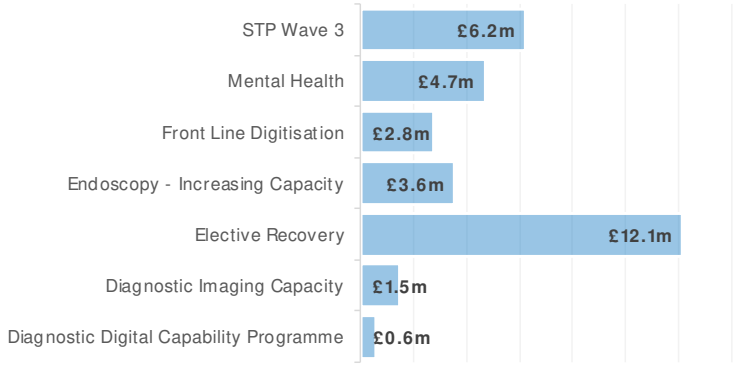
2. System Financial Performance Overview (2)

Month 4 - July 2023

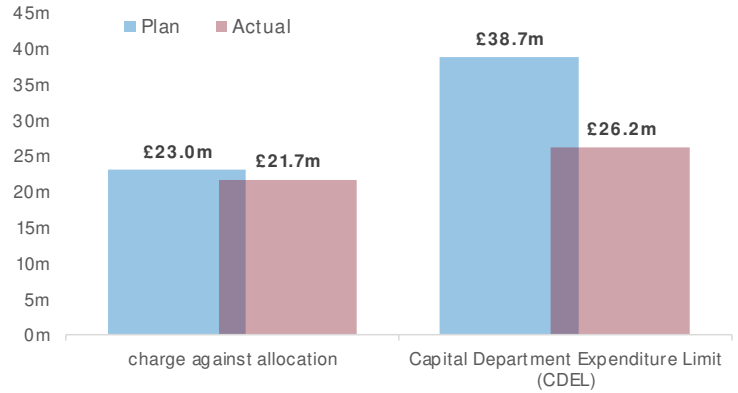
Capital Departmental Expenditure Limit - PLAN £152.8m

	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**

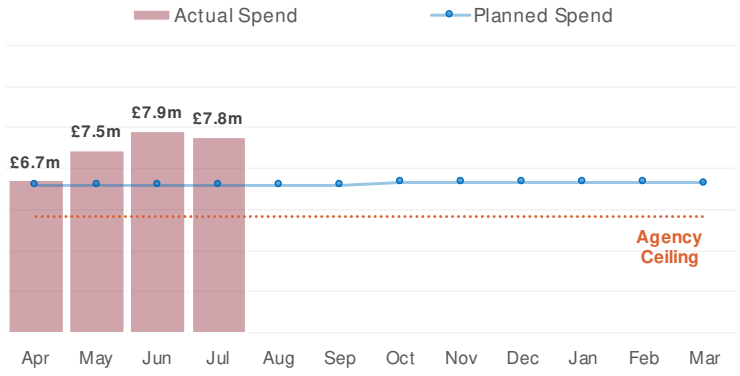
National Capital Funding Sources (Forecast Spend) £33.0m



Year to Date Capital Expenditure v Plan -£12.5m
Variance to capital plan



System Agency Expenditure £3.5m
YTD Over / Underspend (-) v Plan

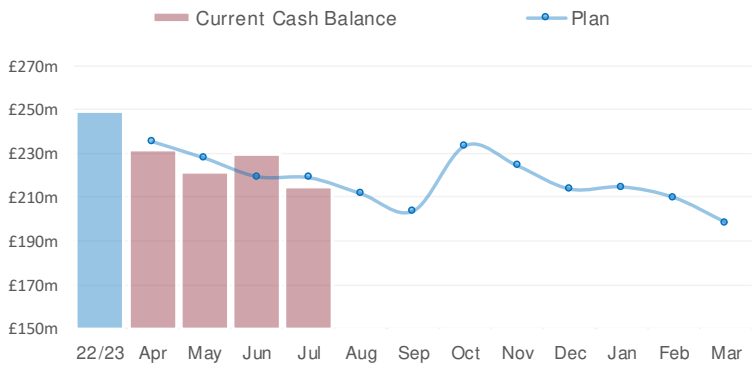


Better Payment Practice Code (BPPC) 2
Number of organisations missing BPPC target

Target = 95%

Organisation	Current Month %	Current Month Achieved?	Year to Date %	Year to Date Achieved?
UHBW	91.6%	N	90.4%	N
NBT	90.9%	N	91.7%	N
AWP	99.8%	Y	99.5%	Y
BNSSG ICB	98.5%	Y	98.6%	Y
System Average	**95.2%**	Y	**95.0%**	Y

Cash Balances -£4.3m
Cash and cash equivalents year to date variance v plan



3. Key Financial Performance Indicators

Month 4 - July 2023

1. Overall financial performance

		Plan	Actual	Variance	%	Previous Month	Variance by Organisation: UHBW	NBT	AWP	BNSSG ICB
1.1 Overall Variance from Plan	Year to Date	(£11.8m)	(£19.2m)	(£7.5m)	63%	(£7.1m)	(£3.6m)	(£3.5m)	(£0.3m)	(£0.0m)
	Forecast	£0.0m	£0.0m	£0.0m	0%	£0.0m	-	-	-	-
1.2 Net Unmitigated Risk	Net Unmitigated Risk	-	-	£5.4m		(£6.8m)	Measured at system level			
	(as a % of ICB allocation)	-	-	0.3%		0.3%				

2. Efficiency plan delivery

		Plan	Actual	Variance	% delivery	Previous Month	UHBW	NBT	AWP	BNSSG ICB
2.1 Annual Efficiency Plan	Year to Date	£20.5m	£18.3m	(£2.1m)	90%	92%	(£0.8m)	£2.2m	(£2.8m)	(£0.8m)
	Forecast	£74.4m	£72.5m	(£1.9m)	97%	91%	(£1.9m)	-	-	-
2.2 Recurrent Efficiency Plan	Forecast	£58.6m	£57.3m	(£1.2m)	98%	90%	(£0.8m)	£2.2m	(£2.6m)	-

3. System capital

		Plan	Actual	Variance	% delivery	Previous Month	UHBW	NBT	AWP	BNSSG ICB
3.1 Capital Departmental Expenditure Limit (CDEL)	Year to Date	£38.7m	£26.2m	(£12.5m)	68%	70%	(£3.3m)	(£9.6m)	£0.5m	-
	Forecast	£149.4m	£134.1m	(£15.3m)	90%	101%	-	(£15.3m)	-	-
3.2 Charge against Capital Allocation	Year to Date	£23.0m	£21.7m	(£1.4m)	94%	97%	(£3.3m)	£2.1m	(£0.1m)	-
	Forecast	£71.8m	£71.8m	£0.0m	100%	100%	-	-	-	-

4. Key Financial Performance Indicators (2)

Month 4 - July 2023

4. Liquidity (cash)

		Plan	Actual	Variance	%	Previous Month	Variance by Organisation: UHBW	NBT	AWP	BNSSG ICB
4.1 Cash Balances v Plan	Year to Date	£219.4m	£229.9m	£11m	5%	5% ↑	£9.7m	(£5.7m)	£6.7m	-
	Forecast	£198.5m	£220.8m	£22m	11%	11% ↓	£16.4m	£0.0m	£6.0m	

5. Other Key Financial Indicators

		Target Spend	Forecast / Actual	Achieved?	UHBW	NBT	AWP	BNSSG ICB
5.1 Mental Health Investment Standard	Forecast	£179.0m	£179.0m	Y	-	-	-	Y
5.2 ICB Running Cost Allowance	Forecast	£18.9m	£18.9m	Y	-	-	-	Y
5.3 Better Payment Practice Code	Number of Orgs Missing Target			2	N	N	Y	Y

6. Workforce

		Plan	Actual	Variance	%	Previous Month	UHBW	NBT	AWP	BNSSG ICB
6.1 Agency Expenditure v Plan	Year to Date	£26.4m	£29.9m	£3.5m	13%	12% ↓	(£1.4m)	£1.3m	£3.6m	-
	Forecast	£79.7m	£87.9m	£8.2m	10%	10% ↓	-	-	£8.2m	-
6.2 Agency Expenditure v Agency Ceiling	Year to Date	£23.3m	£29.9m	£6.6m	28%	27% ↓	Measured at system level			
	Forecast	£69.9m	£87.9m	£18.0m	26%	25% ↓				

5. System Financial Risk

Month 4 - July 2023

Organisation / System-wide	Description of Risk	Liklihood	Financial Impact before mitigations £'000K	Mitigations £'000K	Description of mitigating actions being taken by the system	Financial Impact after mitigations £'000K
System Wide	Cost of industrial action	High	(£5.2m)	£1.6m	Additional ESRF	(£3.6m)
System Wide	Microsoft 365 license	High	(£1.8m)	£0.0m	unmitigated risk	(£1.8m)
System Wide	April / May reduced activity v plan	High	(£1.0m)	£1.0m	Reduced ESRF target	£0.0m
Bristol, North Somerset And South Gloucestershire ICB	Independent Sector Activity over-performance	High	(£5.1m)	£5.1m	Additional ESRF	£0.0m
System Wide	YTD CIP under-delivery	High	(£3.6m)	£3.6m	non-recurrent mitigations & investment slippage	£0.0m
System Wide	AfC Band 2 - 3 Pay Banding - other staff	Medium	(£1.0m)	£1.0m	non-recurrent mitigations	£0.0m
Bristol, North Somerset And South Gloucestershire ICB	Underlying Position - CHC activity	Medium	(£8.1m)	£8.1m	Investment Slippage	£0.0m
System Wide	Agency Staff Expenditure	Medium	(£8.2m)	£8.2m	non-recurrent mitigations & investment slippage	£0.0m
North Bristol NHS Trust	Underlying Pathology Activity growth	Medium	(£2.2m)	£2.2m	SWAG funding	£0.0m
Avon And Wiltshire Mental Health Partnership NHS Trust	Loss of Local Authority Income	Medium	(£0.3m)	£0.3m	non-recurrent mitigations	£0.0m
	Total Gross (Risk) / Mitigations		**(£36.5m)**	**£31.0m**	**Total Net Risk**	**(£5.4m)**
	Gross Risk as a percentage of ICB allocation		-1.8%	1.5%	Net Risk as a percentage of ICB allocation	-0.3%

Appendix 1 – System I&E Summary (ICB & Combined Provider)

Month 4 - July 2023

	YTD Plan £m	Actual £m	Variance £m	Full-Year Plan £m	Forecast £m	Variance £m
System Revenue Resource Limit	**703.5**	**703.5**	**0.0**	**2,077.2**	**2,077.2**	**0.0**
BNSSG ICB Expenditure						
Acute Services	(350.8)	(350.4)	**0.4**	(1,032.9)	(1,032.9)	**(0.0)**
Mental Health Services	(76.1)	(75.2)	**0.9**	(226.9)	(226.9)	**0.1**
Community Health Services	(76.2)	(76.8)	**(0.6)**	(216.4)	(216.3)	**0.1**
Continuing Care Services	(37.3)	(42.0)	**(4.7)**	(114.0)	(123.9)	**(9.9)**
Primary Care Services	(60.8)	(60.8)	**0.0**	(181.9)	(181.9)	**0.0**
Primary Medical Services	(57.8)	(57.8)	**(0.1)**	(173.4)	(173.4)	**0.0**
Delegated Dental, Ophthalmic and Pharmacy Services	(28.2)	(27.1)	**1.1**	(84.2)	(84.2)	**(0.0)**
Other Commissioned Services	(3.7)	(3.5)	**0.1**	(11.0)	(11.0)	**0.0**
Other Programme Services	0.5	0.5	**0.0**	(2.5)	(2.5)	**0.0**
Reserves / Contingencies	(6.8)	(4.1)	**2.7**	(15.2)	(5.4)	**9.7**
Total ICB Programme Expenditure	**(697.3)**	**(697.2)**	**0.0**	**(2,058.3)**	**(2,058.3)**	**(0.0)**
ICB Running Costs	(6.2)	(6.3)	**(0.0)**	(18.9)	(18.9)	**0.0**
Total ICB Net Expenditure	**(703.5)**	**(703.5)**	**(0.0)**	**(2,077.2)**	**(2,077.2)**	**(0.0)**
ICB surplus / (deficit)	**£0.0m**	**£0.0m**	**(£0.0m)**	**£0.0m**	**£0.0m**	**£0.0m**
Combined Provider I&E						
Operating income from patient care activities	701.2	706.1	**4.9**	2,130.6	2,136.0	**5.4**
Other operating income	62.6	69.9	**7.3**	182.4	186.7	**4.3**
Total Operating Income	**763.8**	**776.0**	**12.2**	**2,313.0**	**2,322.7**	**9.7**
Substantive staff including on-costs	(445.1)	(438.5)	**6.5**	(1,308.3)	(1,291.1)	**17.2**
Bank staff including on-costs	(20.2)	(34.7)	**(14.5)**	(63.2)	(85.2)	**(22.0)**
Agency / contract	(26.8)	(30.0)	**(3.2)**	(80.8)	(89.0)	**(8.2)**
Other Staff Costs	2.0	0.5	**(1.5)**	5.9	5.9	**0.0**
Other Operating Expenditure	(262.6)	(273.2)	**(10.7)**	(802.9)	(803.4)	**(0.5)**
Total Operating Expenditure	**(752.7)**	**(776.0)**	**(23.3)**	**(2,249.3)**	**(2,262.8)**	**(13.5)**
OPERATING SURPLUS / (DEFICIT)	**11.1**	**(0.0)**	**(11.1)**	**63.7**	**59.9**	**(3.8)**
Net Finance Costs	(24.0)	(20.0)	**4.0**	(72.1)	(68.0)	**4.1**
Other Adjustments to Financial Performance	1.1	0.8	**(0.3)**	8.4	8.1	**(0.3)**
NHS Provider surplus / (deficit)	**(£11.8m)**	**(£19.2m)**	**(£7.5m)**	**£0.0m**	**£0.0m**	**£0.0m**
SYSTEM FINANCIAL PERFORMANCE	**(£11.8m)**	**(£19.2m)**	**(£7.5m)**	**£0.0m**	**£0.0m**	**£0.0m**

Appendix 2 – System Capital Summary (Combined Provider)

Gross capital expenditure	YTD Plan £m	Actual £m	Variance £m	Full-Year Plan £m	Forecast £m	Variance £m
Property, land and buildings	21.1	17.0	**4.2**	73.9	65.8	**8.1**
Plant and equipment	11.2	4.2	**7.1**	37.9	34.7	**3.2**
IT	3.4	1.4	**1.9**	14.8	14.7	**0.2**
Other	0.3	0.8	**(0.6)**	14.6	14.6	**0.0**
Gross capital expenditure	**36.0**	**23.4**	**12.6**	**141.2**	**129.7**	**11.5**
Less grants, donations and peppercorn leases	(0.1)	(0.5)	**0.5**	(0.2)	(4.0)	**3.8**
Total charge against CRL including IFRS impact	**35.9**	**22.9**	**13.0**	**141.0**	**125.7**	**15.3**
Less PFI capital (IFRIC12)	(0.6)	(0.3)	**(0.3)**	(2.0)	(2.0)	**0.0**
Plus PFI capital charges on a UK GAAP basis (e.g. residual interest)	3.4	3.7	**(0.2)**	10.3	10.3	**0.0**
Total Capital Departmental Expenditure Limit (CDEL)	**£38.7m**	**£26.2m**	**£12.5m**	**£149.4m**	**£134.1m**	**£15.3m**
Funding sources of CDEL						
Self Financed - Depreciation less PFI/Finance Lease payments	18.5	16.8	**1.6**	56.2	57.5	**(1.3)**
Self Financed - other internal capital cash	7.5	9.2	**(1.7)**	21.5	20.2	**1.3**
Capital loan repayments	(1.9)	(2.8)	**0.8**	(5.8)	(5.8)	**0.0**
Excess Sources	(1.0)	(1.6)	**0.5**	0.0	0.0	**0.0**
Purchase of Financial Assets	0.0	0.0	**0.0**	0.0	0.0	**0.0**
Sale of Financial Assets	0.0	0.0	**0.0**	0.0	0.0	**0.0**
Sub total: Net Internal Sources	**23.0**	**21.7**	**1.4**	**71.8**	**71.8**	**0.0**
Loan and Other Sources	1.6	0.1	**1.5**	17.8	18.9	**(1.1)**
National Sources	0.0	0.0	**0.0**	0.0	0.0	**0.0**
Total Charge against Capital Allocation (including impact of IFRS 16)	**24.6**	**21.8**	**2.8**	**89.6**	**90.7**	**(1.1)**
less Impact of IFRS 16	(1.6)	(0.1)	**(1.5)**	(17.8)	(18.9)	**1.1**
Charge against Capital Allocation (before impact of IFRS 16)	**£23.0m**	**£21.7m**	**£1.4m**	**£71.8m**	**£71.8m**	**£0.0m**
Other Funding Sources						
Screening - Diagnostics Programme	0.0	0.0	**0.0**	0.0	1.6	**(1.6)**
Diagnostic Digital Capability Programme	0.1	0.0	**0.1**	0.6	0.6	**0.0**
Diagnostic Imaging Capacity	0.1	0.0	**0.1**	1.6	1.5	**0.2**
Elective Recovery	8.3	0.0	**8.3**	25.0	12.1	**12.9**
Endoscopy - Increasing Capacity	1.9	0.0	**1.9**	8.5	3.6	**4.9**
Front Line Digitisation	0.0	0.0	**0.0**	2.8	2.8	**0.0**
Mental Health	0.3	0.6	**(0.4)**	4.7	4.7	**0.0**
STP Wave 3	0.0	0.1	**(0.1)**	6.2	6.2	**0.0**
PFI capital charges (e.g. residual interest)	3.4	3.7	**(0.2)**	10.3	10.3	**0.0**
Sub Total Other Funding Sources	**14.1**	**4.4**	**9.7**	**59.7**	**43.3**	**16.4**
Total Capital Departmental Expenditure Limit (CDEL)	**£38.7m**	**£26.2m**	**£12.5m**	**£149.4m**	**£134.1m**	**£15.3m**

Appendix 3.1 - System Efficiency Delivery (ICB & Combined Provider)

Month 4 - July 2023

	YTD Plan £m	Actual £m	Variance £m	Delivery %	Full-Year Plan £m	Forecast £m	Variance £m	Forecast Delivery %
Provider Pay Efficiencies								
Agency - price cap compliance	1.0	0.8	(0.2)	80%	3.3	2.8	(0.5)	84%
Agency - eliminate off framework supply	0.2	0.0	(0.2)	0%	1.4	1.2	(0.3)	81%
Bank - rate review	0.0	0.0	0.0	-	0.0	0.1	0.1	100%
Establishment reviews	2.1	2.4	0.3	115%	8.7	5.6	(3.1)	65%
E-Rostering	0.0	0.0	(0.0)	43%	0.1	0.1	0.0	113%
Digital transformation	0.0	0.0	(0.0)	0%	0.0	0.0	0.0	100%
Service re-design - pay	1.1	0.5	(0.6)	48%	8.6	9.1	0.5	106%
Other - pay	0.1	0.0	(0.1)	0%	0.3	0.6	0.4	245%
Unidentified - pay	0.3	0.0	(0.3)	0%	1.0	1.2	0.2	124%
Total Provider Pay Schemes	**4.8**	**3.7**	**(1.1)**	**78%**	**23.4**	**20.8**	**(2.6)**	**89%**
Provider Non-pay Efficiencies								
Medicines optimisation	0.8	0.8	0.0	102%	2.7	3.0	0.3	112%
Procurement (excl drugs) -non-clinical	1.2	0.4	(0.8)	36%	3.8	2.7	(1.0)	72%
Procurement (excl drugs) - medical and clinical	3.1	1.4	(1.8)	43%	9.9	5.1	(4.8)	52%
Estates and Premises transformation	0.7	0.8	0.2	123%	2.2	2.1	(0.1)	94%
Fleet optimisation	0.0	0.0	0.0	133%	0.1	0.2	0.1	153%
Pathology & imaging networks	0.2	0.7	0.5	320%	1.3	1.6	0.3	121%
Net zero carbon	0.0	0.0	0.0	-	0.0	0.2	0.2	100%
Corporate services transformation - non-pay	0.0	3.9	3.9	78660%	0.1	5.4	5.2	4778%
Digital transformation	0.0	0.0	(0.0)	38%	0.3	0.4	0.2	167%
Service re-design - Non-pay	0.7	0.9	0.2	133%	2.0	1.1	(0.9)	54%
Other - Non-pay (balance - please provide description)	0.1	0.1	(0.1)	48%	0.4	1.3	0.9	299%
Unidentified - non-pay (please provide commentary)	1.3	0.0	(1.3)	0%	4.0	3.0	(1.0)	74%
Total Provider Non-Pay Schemes	**8.2**	**9.0**	**0.8**	**110%**	**26.8**	**26.1**	**(0.7)**	**97%**

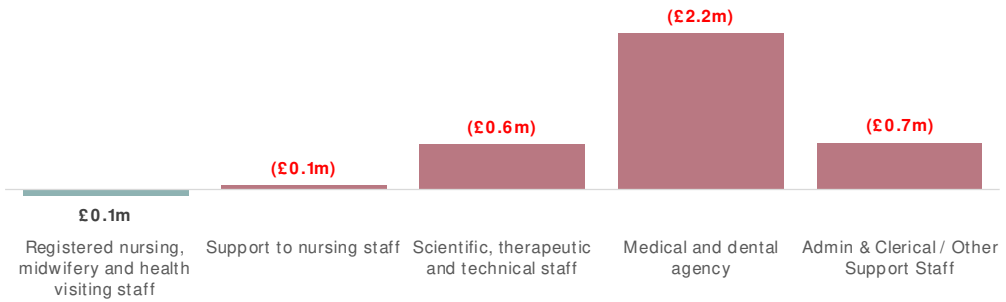
Appendix 3.2 – System Efficiency Delivery (ICB & Combined Provider)

Month 4 - July 2023

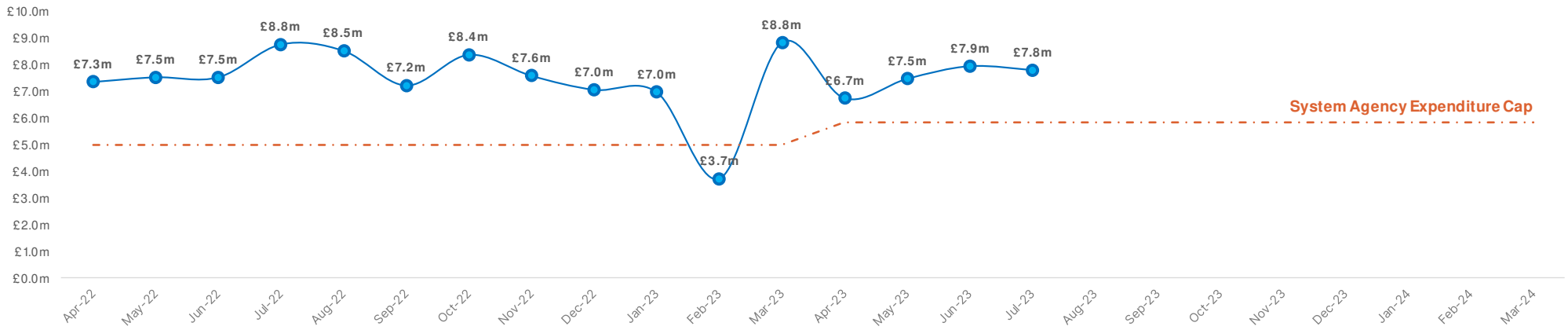
	Plan £m	Actual £m	Variance £m	Delivery %	Plan £m	Forecast £m	Variance £m	Forecast Delivery %
Provider Income Efficiencies								
Income Private Patient	0.1	0.3	**0.2**	430%	0.3	0.9	**0.7**	361%
Income Overseas Visitors	0.0	0.0	**(0.0)**	0%	0.1	0.1	**0.0**	100%
Income Non-Patient Care	3.3	2.0	**(1.3)**	60%	11.2	8.1	**(3.1)**	72%
Income Other (balance - please provide description)	0.1	0.0	**(0.0)**	68%	0.5	3.3	**2.8**	634%
Unidentified - Income (please provide commentary)	0.0	0.0	**0.0**	-	0.0	1.1	**1.1**	100%
Total Provider Income Schemes	**3.4**	**2.3**	**(1.1)**	**67%**	**12.1**	**13.5**	**1.4**	**111%**
Total Combined Provider Efficiencies	**£16.4m**	**£15.0m**	**(£1.4m)**	**92%**	**£62.3m**	**£60.3m**	**(£1.9m)**	**97%**
ICB Efficiencies								
All-age Continuing Care - Commissioning/Procurement	1.0	0.3	**(0.8)**	26%	3.1	3.1	**0.0**	100%
Primary Care Prescribing	0.9	1.4	**0.5**	155%	2.7	4.2	**1.5**	155%
Non-NHS Procurement	1.2	1.2	**0.0**	100%	3.7	3.7	**0.0**	100%
Running cost review	0.2	0.2	**0.0**	100%	0.5	0.5	**0.0**	100%
ICB efficiency impacting providers outside system:	0.2	0.2	**0.0**	100%	0.7	0.7	**0.0**	100%
Unidentified	0.5	0.0	**(0.5)**	0%	1.5	0.0	**(1.5)**	0%
Total ICB Efficiencies	**£4.1m**	**£3.3m**	**(£0.8m)**	**81%**	**£12.2m**	**£12.2m**	**£0.0m**	**100%**
TOTAL System Efficiencies	**£20.5m**	**£18.3m**	**(£2.1m)**	**90%**	**£74.4m**	**£72.5m**	**(£1.9m)**	**97%**

Appendix 4 – System Agency Staff Expenditure & Performance v Agency Ceiling

Month 4 - July 2023



	Year to Date		Forecast	
Plan	£26.4m		£79.7m	
Year to Date / Forecast Spend	£29.9m		£87.9m	
Variance to Plan	**(£3.5m)**	**13%**	**(£8.2m)**	**10%**
Variance to System Agency Ceiling	(£6.6m)	28%	(£18.0m)	26%
Target Agency Spend as a % of Total Pay	4.7%		4.7%	
Actual Agency Spend as a % of Total Pay	6.0%		6.0%	



Staff Group	YEAR TO DATE Plan £m	Actual £m	Variance £m	Variance %	UHBW £m	NBT £m	AWP £m	FORECAST Plan £m	Forecast £m	Variance £m	Variance %	UHBW £m	NBT £m	AWP £m
Registered nursing, midwifery and health visit	18.5	18.4	**0.1**	0%	1.3	0.5	(1.7)	55.4	57.0	**(1.6)**	3%	0.0	1.5	(3.1)
Support to nursing staff	3.0	3.1	**(0.1)**	2%	0.1	0.4	(0.6)	9.0	10.4	**(1.4)**	15%	0.0	0.0	(1.4)
Scientific, therapeutic and technical staff	0.4	1.0	**(0.6)**	162%	(0.2)	(0.4)	(0.0)	1.2	1.7	**(0.6)**	49%	0.0	(0.4)	(0.2)
Medical and dental agency	4.0	6.2	**(2.2)**	56%	0.0	(1.3)	(1.0)	12.3	15.7	**(3.4)**	28%	0.0	(0.6)	(2.8)
Admin & Clerical / Other Support Staff	0.6	1.3	**(0.7)**	112%	0.1	(0.5)	(0.4)	1.8	3.0	**(1.2)**	69%	0.0	(0.5)	(0.8)
Total Agency Spend	**26.4**	**29.9**	**(3.5)**	**13%**	**1.4**	**(1.3)**	**(3.6)**	**79.7**	**87.9**	**(8.2)**	**10%**	**0.0**	**0.0**	**(8.2)**
Agency costs as % of gross staff costs					**3.9%**	**4.5%**	**14.0%**					**4.7%**	**4.0%**	**13.0%**

Appendix 5 – Statement of Financial Position

Month 4 - July 2023

	UHBW			NBT			AWP			BNSSG ICB		
	March 2023 £m	Current Month £m	Movement £m	March 2023 £m	Current Month £m	Movement £m	March 2023 £m	Current Month £m	Movement £m	March 2023 £m	Current Month £m	Movement £m
PFI / LIFT Assests	0.0	0.0	**0.0**	294.7	292.8	**(1.9)**	35.9	34.3	**(1.7)**	0.0	0.0	**0.0**
Other property, plant and equipment	577.1	576.6	**(0.6)**	188.8	196.3	**7.5**	142.3	143.2	**0.9**	0.0	0.0	**0.0**
Leased Assets	99.2	108.7	**9.5**	8.7	7.9	**(0.7)**	17.5	17.2	**(0.3)**	0.0	0.0	**0.0**
Receivables due	1.8	1.8	**0.0**	1.4	1.4	**0.0**	0.2	0.2	**0.0**	0.0	0.0	**0.0**
Other non-current assets	20.0	18.8	**(1.2)**	17.6	17.2	**(0.5)**	2.1	1.7	**(0.4)**	0.5	0.4	**(0.1)**
Total non-current assets	**698.2**	**705.9**	**7.7**	**511.2**	**515.6**	**4.4**	**198.0**	**196.6**	**(1.4)**	**0.5**	**0.4**	**(0.1)**
Inventories	15.0	15.5	**0.5**	10.0	10.2	**0.2**	0.2	0.2	**0.0**	0.0	0.0	**0.0**
Receivables due	68.1	45.3	**(22.9)**	68.0	57.8	**(10.3)**	20.9	18.1	**(2.8)**	18.3	7.8	**(10.5)**
Cash and cash equivalents	128.0	108.1	**(19.9)**	104.0	75.3	**(28.7)**	17.0	31.2	**14.2**	0.1	(1.6)	**(1.6)**
Other current assets	(4.8)	(4.7)	**0.1**	(10.7)	(11.1)	**(0.4)**	0.0	0.0	**0.0**	0.0	0.0	**0.0**
Total current assets	**206.4**	**164.2**	**(42.2)**	**171.4**	**132.1**	**(39.2)**	**38.2**	**49.5**	**11.4**	**18.4**	**6.2**	**(12.2)**
Trade and other payables	(164.4)	(121.7)	**42.7**	(121.9)	(91.7)	**30.2**	(37.9)	(49.1)	**(11.2)**	(131.5)	(116.3)	**15.1**
Borrowings	(12.5)	(12.7)	**(0.2)**	(17.1)	(17.2)	**(0.1)**	(3.0)	(2.9)	**0.1**	(0.1)	0.0	**0.1**
Provisions	(0.3)	(0.3)	**0.0**	(4.1)	(4.0)	**0.1**	(3.7)	(3.7)	**0.0**	(13.3)	(10.2)	**3.1**
Other liabilities	(8.5)	(20.6)	**(12.1)**	(17.2)	(25.5)	**(8.3)**	0.0	0.0	**0.0**	0.0	0.0	**0.0**
Total current liabilities	**(185.7)**	**(155.3)**	**30.5**	**(160.2)**	**(138.3)**	**21.9**	**(44.6)**	**(55.6)**	**(11.1)**	**(144.9)**	**(126.6)**	**18.3**
Borrowings	(133.3)	(139.8)	**(6.5)**	(355.2)	(351.1)	**4.1**	(50.5)	(49.8)	**0.7**	0.0	0.0	**0.0**
Other non-current liabilities	(3.9)	(3.8)	**0.1**	(6.8)	(7.2)	**(0.4)**	(1.2)	(1.2)	**0.0**	0.0	0.0	**0.0**
Total non-current liabilities	**(137.2)**	**(143.6)**	**(6.4)**	**(362.0)**	**(358.3)**	**3.7**	**(51.7)**	**(51.0)**	**0.7**	**0.0**	**0.0**	**0.0**
Total net assets employed	**£581.7m**	**£571.2m**	**(£10.5m)**	**£160.4m**	**£151.2m**	**(£9.2m)**	**£139.9m**	**£139.5m**	**(£0.3m)**	**(£126.0m)**	**(£120.0m)**	**£6.0m**
Public dividend capital	326.6	326.6	**0.0**	469.1	469.1	**0.0**	141.4	141.4	**0.0**	0.0	0.0	**0.0**
Income and expenditure reserve	143.6	133.9	**(9.7)**	(376.7)	(385.9)	**(9.2)**	(79.5)	(79.1)	**0.4**	0.0	0.0	**0.0**
Revaluation reserve	111.3	110.6	**(0.7)**	68.0	68.0	**0.0**	77.9	77.2	**(0.8)**	0.0	0.0	**0.0**
I&E Reserve General Fund	0.0	0.0	**0.0**	0.0	0.0	**0.0**	0.0	0.0	**0.0**	(126.0)	(120.0)	**6.0**
Other reserves	0.1	0.1	**0.0**	0.0	0.0	**0.0**	0.0	0.0	**0.0**	0.0	0.0	**0.0**
Total taxpayers' and others' equity	**£581.6m**	**£571.2m**	**(£10.5m)**	**£160.4m**	**£151.2m**	**(£9.2m)**	**£139.9m**	**£139.5m**	**(£0.3m)**	**(£126.0m)**	**(£120.0m)**	**£6.0m**

Finance, Estates and Digital Committee OPEN Minutes
Thursday 22nd June 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
Jeff Farrar	Chair – ICB	JF
Sarah Truelove	Deputy Chief Finance Officer and Chief Finance Officer	SaT
Deborah El-Sayed	Director of Transformation and Chief Digital and Information Officer	DES
Christina Gray	Public Health	CG
Joanne Medhurst	Chief Medical Officer – ICB	JM
Brian Stables	Non-Executive Director – AWP	BS
Attending		
Jon Lund	Deputy Chief Finance Officer	JL
Sabrina Smithson	Exec PA (Note Taker)	SS
Helena Fuller	Associate Director of Business & Planning - ICB	HF
Dominic Griffin	Contract Manager – ICB	DG
Rachel Anthwal	Head of Contracts (Non – Acute) - ICB	
Simon Truelove	Director of Finance, AWP	SIT
Trisha Down	Associate Director Strategic Estate Development and Sustainable Health - NBT	TD
Dan Offord	Head of Digital Transformation and Portfolios – ICB	DO
Andy Carpenter	Digital Business Partner – (Transformation) – ICB	AC

Number	Item	Action
2.0	**Declarations of Interest** ***To consider declarations of interest and conflicts of interest arising from this agenda*** No new declaration of interest or conflicts of interests arose due to the Open meeting agenda items	
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	
6.0	**Programme of deep dives – AWP** A paper was circulated to the committee prior to the meeting. SIT attended and highlighted areas of the paper and the following questions arose: SW praised the work and papers ahead of the presentation. BS added in terms of governance, we have a new NED chairing Finance and Planning, and they are supporting colleagues to bring together the overall governance and risk. BS continued for Audit and Risk, which he chairs, the vice chair is the Finance & Planning NED so this is a good connection across the two committees.	

	ST wanted to give the committee some context that was heard at Southwest Directors of Finance meeting. The M2 position is worse than expected and there will be a particular focus on agency spend. AWP will look like an outlier, as there is an increase going into this year so, the savings are targeted. ST continued there will be a significant national scrutiny and making sure we are pushing on with getting plans delivered is going to be critical. CG asked about agency staff and do we have any in-house brokers. SIT returned the trust procurement team are very rigorous in terms of contracts, so majority of agency shifts are all frameworks. CG further asked will all NHS uplift awards come through the ICB. SIT advised where AWP non-pay is a lot less and because the national formula represents all providers this gives a problem. AWPs cost split is around 73% pay and the rest non-pay, whereby in an acute hospital it is around 64% of pay and the rest of it is non-pay. Because of that formula AWP get short-changed on the pay award.	
6.1	**N365 Licences Update** A paper was circulated to the committee prior to the meeting. DES highlighted areas of the paper and the following questions arose: SW commended the paper and encouraged use of cloud technologies which would give us access to the N365 suite. The Committee approved the recommendations in the report	
	Finance Reports	
7.0	**M2 Finance Report ICB & System inc Capital** A paper was circulated to the committee prior to the meeting. ST attended and highlighted areas of the paper and the following questions arose: CG asked for assurance regarding the pressures on continued health care particularly with children, but also for adults. Are the directors for children services sat around the table, as the Director for Children Services (DSC) and Director for Adult Social Services (DASS) are responsible for decisions around children and Adults and there is a shared risk. JM reported Denise Moorhouse is looking at this and it will go through the Risk and Ethics Advisory Forum (REAF) committee as-well. **Action – CG to let the DCS and DASS know that this is high on ICB agenda and seek their assurance that they are in the right place.** ST concluded the overall position of NHS and how challenged it is, there is an increase in more intervention from NHSE and this will include quarterly meetings with Julian Kelly, NHS England CFO.	
	To Note	
8.0	**Receive update from System DoFs Group** ST advised the update was primarily as above and reported the Medium-Term Financial Plan (MTFP) refresh will come back to FED next month and NHSE are looking for this to be completed by September.	
8.1	**Receive update from System Digital Delivery Group** DES provided a verbal update to the committee: - Connecting Care the cyber group is now live and the cyber risks will comeback to FED at some point in the future.	

	- Social Care piece flagged to committee. Digital social care capabilities have now been published, which includes some quite significant changes that will need to provide some support across social care, to be able to ensure that they deliver so that we have got whole system solutions. SW will the diagnostics going digital, will that be an extension of Proactive Care team (PACT) DES confirmed, yes.	
8.2	**Receive update from System Estates Steering Group** A paper was circulated to the committee prior to the meeting. ST highlighted the following areas: - Capital prioritisation, we are currently arranging tours of going round partners to put in context the capital risks/priorities. - Sustainability workshop is booked for July 23. DES Linked up estates and digital and advised we have done a test of NHSRoam and the initial test with NBT have been incredibly positive so we will create a programme around this.	
Any Other Business		
Key messages for ICB Board - Thanks, given to Simon Truelove and Brian Stables in terms of understanding how AWP are managing their risks now and clearly flagging and signalling their biggest area, which is workforce. How do we manage this across the system.		

Finance, Estates and Digital Committee OPEN Minutes
Thursday 27th July 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 Finance Officer and Chief Finance Officer	SaT
Deborah El-Sayed	Director of Transformation and Chief Digital and Information Officer	DES
Christina Gray	Public Health	CG
Nina Philipiddis	S151 Officer – Sought Glos	NP
Martin Sykes	Non-Executive Director – UHBW	MS
Attending		
Jon Lund	Deputy Chief Finance Officer	JL
Sabrina Smithson	Exec PA (Note Taker)	SS
Andy Carpenter	Primary Care Digital Lead	AC
Rob Ayerst	System Finance Lead	RA

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 with some spelling mistakes which were rectified.	
4.0	**Actions from Previous Meeting** The actions were reviewed and updated accordingly.	
	To Discuss	
6.0	**Programme of deep dives – UEC** *Item was deferred on the day of the meeting.*	
6.1	**Review forward work programme.** A paper was circulated to the committee prior to the meeting. ST highlighted areas of the paper and the following questions/discussions arose: SW asked about the Estates profile and looking at the estates across the patch with Local Authorities (LA), will this return to the committee. ST reported we are in the process of starting the estate strategy so it will be picked up with that. We have 2 Estate sub-groups one of which is a community estates group so this should be captured. CG asked after the governance and suggested a diagram of where the other discussions/decisions take place. ST responded a paper went to ICB Board about the decision-making framework and this will come back to the committee after September. CG noted Bristol have responded with the governance framework. SW added we need to be clear what each group is accountable/responsible for and understand how things get into the ICB committees. ACTION – ST to speak to Ellie Wetz about any further discussions/developments since the last discussion in July on decision making framework.	ST

	JC asked about the provider contribution to system efficiencies. There was assumption they would come under the Medium-Term Financial Plan (MTFP) review or would they need to be separate under an explicit heading. ST answered the programme of deep dives on the forward work planner is where they sit. When we move into Autum it will shift from provider focus to Health Care Improvement Group (HCIG). SW suggested on the programme of deep dives, can we reference the fuller schedule. SW also noted the Outline Business Cases/papers sometimes still have some of the template dialogue in the paper and this needs to be deleted/removed as can become confusing.	
	Finance Reports	
7.0	**M3 Finance Report ICB & System inc Capital** A paper was circulated to the committee prior to the meeting. ST highlighted areas of the paper and the following questions/discussions arose: SW observed before the industrial action, we had an elective recovery challenge, then the industrial action struck and we are creating a further recovery challenge. ST explained we have had an announcement from the NHSE Chief Finance Officer, but we have not had it in writing yet. We believe what they have agreed with Treasury is for April strikes they have in effect reduced the requirement of the NHS. Overall, the NHS was being asked to recover to 107% of 19/20 costed activity and they are saying that is reducing to 105% overall to take into account the impact of strikes up to the end of April. That is different at different systems, we were not asked to recover to 107% because of our challenged position last year. ST continued we understood of the announcement that will impact us by around £6million, but until we get the letter, we do not know and that is the current challenge. CG Praised the way the finances was laid out in the paper. CG observed the paper was written through a finance lens, which is where it lands but we need to get our analytics accurate as the pressures are predictable in learning disabilities. Going forward the conversation should be had earlier and modelling will allow us to see the pressures coming through. CG continued we need to be working as a system/collectively on solutions. SW agreed. CG further asked about the prevention and inequality funding streams, and where they were situated. ST responded the Anticipatory care funding is sat within reserves overall. Dave Jarrett is working up the plans and what it will be utilised, and this will come back to ICB Board. ST continued the other issue is some of the health inequalities funding has been committed last month to the asylum issue. CG asked if these figures could be presented. ACTION – Next months finance report to include breakdown of reserves. JL agreed with the points on predictability, and further explained the diagnostic work around the continuing health care and people coming through with complex needs in children and growing into adulthood we clearly know. In terms of the wider financial position, the underspend on some of those strategic reserves is being used to mitigate the overspend that we are experiencing on funded care placements. The bottom line of the ICB that does allow an in-year position to be break even, but there will be a very difficult judgment point coming about the pace at which the preventative and anticipatory investment can happen. These are the managing the in-year	JL

	financial pressure. The priority is to get assurance on the ability to control and contain that continuing healthcare pressure and then once some of that assurance is given, that can give more assurance to the investments. SW questioned the capacity/capability on the modelling, and suggested revisiting this and access to data sets which can help. We have NHS data sets which are clearly within our domain, but there are also other datasets that sit within LAs around demographics, inequalities and we need to look at how we start to drive our knowledge base and predict where we should be investing. NP asked about the recommendations for the report and asked to understand the break-even and deficit coming back to make payment, the message needs to be front and centre of everything. ST noted this was a fair comment and explained the complication this year is the impact of industrial action and the fact that we have had the notification but not in writing. From the system perspective because we must deliver in terms of getting a write-off of the historic debt, not just the ICB's. If the announcement takes down the overall requirement in terms of what we must deliver on elective recovery to get access to additional funds, then that issue should go away. We are advising the committee that this is a viable option. ST continued however, if we must there are ways of mitigating that, but it does mean we would not achieve some of what we wanted to in terms of being able to utilize the anticipatory care funds. From an ICB perspective, we can still see a route to delivering breakeven from a system perspective, but it is intertwined with the industrial action and the national solution to this. SW concluded we are focusing on 2 issues no.1. The longer-term debt that we need to clear as a system and no.2. The consequence of the current elective pressure and overspend, but also the ongoing impact. These are out of our control, but we must somehow resolve the current deficit position, otherwise, we are in more trouble next year. ST agreed and confirmed the goal was to remain focused on the things within our control. The savings recurrently and other basic costs we need to keep within budget, but we need to isolate the cost of industrial action and the impact of that. JL reassured the committee on the modelling for CHC we have taken this analysis through our population health management team and had a good discussion with them about the data they have access to. We are also doing some benchmarking across the whole Southwest to look at comparisons. The modelling is the volume of these highly complex individuals and changing their care needs over time can take time. LAs or at BNSSG level, there is not necessarily enough of the cohort of patients to predict. CG observed this there was an opportunity to work more with the LA's and bring a different lens to the question. SW concluded there are high risks we are all trying to manage, we are not on track to deliver the savings, and this might get out of hand quickly which causes huge discomfort at the committee in terms of what we said we would do.	
7.1	**Review & Refresh Medium Term Financial Plan** A paper was circulated to the committee prior to the meeting. RA attended and highlighted areas of the paper and the following questions/discussions arose: SW suggested Boards and Executives must understand this plan and own it. ST confirmed there are meetings due with the provider CEOs to discuss.	

	CG asked how the recurrent figure deficit of £112K refer to the previous paper where it was a system deficit of £16.4K. JL answered we have a balanced budget for the current year 23/24, but that relies on £98 million one-off funding. Our starting point is a balanced in-year position, but once you remove that one off non repeatable action, you have a starting position of £98million. What we saw in the previous report is we are at risk of deteriorating from that in-year, so we haven't factored that into the medium-term plan. We are assuming we can recover the in-year overspend. MS referred to slide 3 in his question and asked what the ideal shape of the graph would be, as it was hard to distinguish good and bad. ST answered strategically, we would want the Community Health services to increase further. We are trying to achieve moving from reactive care to more proactive care and shifting to the left in terms of anticipating people's care needs. We should be trying to alter that percentage of the cost base, to reduce the acute sector and to increase in Community health services and primary care services. We can see that over time, although the acute ones stayed broadly the same, primary care as well as community services have not managed to shift. Although we have increased community services because primary care hasn't increased at the same rate as other sectors, we haven't changed it overall. NP asked about the major investment list and how are we assessing the benefit of those investments. JL responded because there has been a large amount of investment which is incumbent on all of us to work out the benefits, where there is a business case or a proposition that does exist where there is several investments into urgent emergency care. The benefit of that on reducing long term care or reducing inpatient urgent care, is an aggregate number of initiatives rather than something you can pin on any one specific intervention, which is complicated. SW concluded the challenge question is in terms of the longer-term revenue consequence that we now need to grip, if we have overinflated in some parts and not seen any benefit realisation then we are carrying the consequence of that into the future. ST agreed. NP asked if the forecast position we had at this time actualised, would we fail too break-even. ST answered if we do not deliver this month's financial plan then we have the £117M brought forward for previous years and that would show in the MTFP as well as planning for how we were going to get back to recurrent break even. We would also have to plan to get back to better than recurrent break even, because we would have to repay that £117m over an undefined period. If the system does not deliver, then we go into a 'triple lock' process with the region, which means that every bit of spend above £100,000 you have to have authorised by the regional team. ST continued the challenge we have is that two weeks ago we had a meeting with the CFO of NHSE and if what we were presenting comes true in our system, we are back at breaking even. NP expressed concern that the tone of our papers is not conveying the urgency. CG suggested can the key messages/numbers be tweaked so it is more digestible for LA's and observed if you can get this over the line this year then you dispose of some enormous level of debt, so why would we not put a stop to things over the line. JC reassured the committee the messages relayed to the Board were very clear and concise and a true reflection of discussions that take place.	

	CG asked about inflation assumptions, and do you get inflationary uplifts to the NHS budgets and what are they predicted on? JL advised we do get uplift in allocation which includes anticipatory uplift of pay awards. This financial model assumes that inflationary pressures are fully funded nationally and the level of that is relatively low, therefore a risk that there will be an unfunded element. We are factually saying that is a risk that sits with government and not the local system. ST advised we have verbal confirmation that was announced by the pay review bodies that it will be fully funded to the NHS for the elements that are NHS responsible. This does not address some of the services that are commissioned by LA's but they will be funded by NHS. CG asked what about communities and ST advised that would be funded too. MS asked are we still doing the work, re mandatory services and making real savings on stopping services (clinical work, what gives us the clinical benefit). ST answered there are examples of that and BNSSG has tight policies which are tighter than the national template so the joint clinical strategy should look at this and some of that will include avoiding duplication and avoiding things a bit more. SW agreed with MS. JC asked about capital and the compliant profile 2-year plan. How comfortable are we about what you are required to sign-up to. ST responded we had a brief conversation as Directors of Finance (DoF) but we will come back to it next week. This requirement will be something basic as we don't want to distract our teams from doing the 10year plan and the guidance only came out last week. CG referred to Slide 11 and asked regarding the £98m deficit and where the gap was. ST advised by the end of 23/24 we will have an underlying deficit of £98m so the aim is to get to break-even at organisation level. The £16m we have discussed is just for Month 3. It is a profiling issue so we are £7m off as a system in month 3, but we have gone through the issue which means we should be back on-top of plan once the confirmation comes through. Now we are not resolving the deficits with providers as there is a low value spend which we still want to address, but there are benchmarking issues because of Covid.	
	To Note	
8.0	**Receive update from System DoFs Group** - ST updated on the positive work on the Finance Staff Development. Action – NP & JL to link in regarding LA colleagues joining Finance Staff Development	NP &JL
8.1	**Receive update from System Digital Delivery Group** ST highlighted on behalf of DES - The OBC for the Shared Data and Planning Platform (SDPP) there is work ensuring every organisation is completely understanding of the commitments they are making. A further update will be provided in due course	
8.2	**Receive update from System Estates Steering Group** A paper was circulated to the committee prior to the meeting. JC asked about the local plan update and is there an opportunity for a conversation not just about infrastructure but about how we can take assurance from what others are doing. ST advised it would be helpful for us to think about all roles in terms of the plan and connecting up with Public Health in terms of health impact.	

	CG was pleased to see the local plan went to the Estates group and commented we need to collectively adhere to this, as we can see it clearly from a city perspective so we have one city approach but there are 5 boards and some providers are not included. CG flagged there was slow progress on Primary Care estates, whereby one practice held a public meeting with plans but the LA did not have a spotlight on this. SW concluded if there are builds or things that requires planning consents, how do we get a bigger picture in doing that, how do we get an understanding. ACTION – ST & Tim James to meet with the developers and include LA colleagues in the early stages to understand the level of SIL funding that's required if they build in certain places. CG to coordinate	CG
Any Other Business		
Key messages for ICB Board - August FED Committee will be moved to the afternoon based on the Shaping our Future event - M3 Finance report the industrial action and the fact that we have had this notification but not in writing yet. - The longer-term debt that we need to clear as a system - The consequence of the current elective pressure and overspend, but also the ongoing impact. - The goal was to remain focused on the things within our control. The savings recurrently and other basic costs we need to keep within budget, but we need to isolate the cost of industrial action and the impact of that. -		