



**Bristol, North Somerset  
and South Gloucestershire**  
Integrated Care Board

# **BNSSG ICS System Finance Report**

## **Month 10 – January 2024**

Finance, Estates & Digital Committee  
Thursday 22<sup>nd</sup> February 2024

## 1a) Overall Financial Position (year to date)

At the end of January (month 10), the system has reported an overall **year to date (YTD) adverse variance against plan of £7.6m** (YTD plan = £12m deficit, YTD actual = £19.6m deficit). This represents a combined provider adverse variance against of plan of £7.6m, and an ICB break-even position.

### Key Drivers – positive/ (adverse) variance to plan:

#### Impact of December & January Industrial Action **(£6.4m) adverse**

- of which direct costs (notably backfill costs at premium rates) **(£2.9m)**
- of which lost income due to reduced elective activity **(£3.5m)**

#### Other key variances to plan **(£1.1m) adverse**

- Elective income performance v plan **(£9.4m)**
- Year to Date Efficiency Plan Under-Delivery **(£10.4m)**
- Temporary Staffing Costs **(£4.1m)**
- ICB Primary Care Prescribing **(£2.0m)**
- ICB Funded Care placements **(£10.1m)**
- Slippage on investments & POD services underspend **£19.3m**
- Non-activity related income over-achievement **£16.4m**

## 1b) Forecast out-turn

As reported to FED last month the system received an additional £18.4m funding allocation to support financial pressures and risks, including (but not limited to industrial action), and submitted a financial forecast for the second half of the financial-year that maintained a forecast break-even out-turn position at both constituent provider and for the combined system.

**Continued industrial action in December and January has adversely impacted the system's financial position and forced a deterioration in the reported forecast out-turn position to a combined system deficit of £6.5m.** In line with NHS England communications, this forecast does not include the impact of the recently announced industrial action due to take place in February.

Our working assumption is that this 'uncontrollable' deficit will not impact the write-off of the historic accumulated ICB debtor impact the element of next year's capital allocation linked to current year revenue performance. An update will be provided to FED next month when formal communication is received from the national team, clarifying this position.

## 2) Savings Delivery

- Whilst at the end of December, the system is reporting **delivery of 82% of its year-to-date efficiency plan (£10.4m below plan)**, performance at constituent organisational level is varied, with the three provider organisations under-delivering against year-to-date savings plans, and varying degrees to which non-recurrent actions are supporting under-delivery against the recurrent savings programme.
- The ability to recover this under-delivery, whilst also identifying and delivering against a higher planned level of savings in the remainder of the year will continue to be a significant focus from all system partners.
- Directors of Finance are collaborating to ensure there is a consistent approach to measuring and reporting on the forecast delivery of savings across all constituent organisations. For example, the risk to likelihood of planned savings; the assumption of recurrent and non-recurrent full year impacts; and month and year of attribution of specific savings schemes

## 3) Changes to Capital Allocation and Reporting of Leases (IFRS16)

- As notified by NHSE England in December, Systems will now be monitored and expected to manage their operational capital expenditure against their total system operational capital allocations **including the incremental impact of IFRS 16**. (N.B. this is different from the approach taken during 2022/23 and to date in 2023/24 where providers and systems have been monitored against their system operational capital allocations before the incremental impact of IFRS 16).
- Each system has been allocated a share of £615m national CDEL uplift. BNSSGs share of this is £8.8m, increasing the total capital allocation to £84.1m. Based on this initial allocation, the ICB is currently forecasting a £7.7m overspend against the system operational capital envelope.
- Where there are significant IFRS 16 pressures and providers / systems may be able to access a national contingency fund, where certain criteria can be met. Soft intelligence from NHSE Regional team suggests there is reasonable likelihood this risk will be mitigated. In the event of an in-year overspend materialising, at this stage no guidance is available whether this would become repayable in future years.

## 4) Additional risks to delivery of forecast out-turn

- The system is reporting 2 additional areas of financial risk over and above the reported £6.5m forecast out-turn deficit (£9m gross risk in total):
- £7.5m combined acute provider risk associated with delivery of elective activity plans in the remainder of the year, and linked to national elective recovery funding, mitigated through delivery of operational and divisional recovery plans
- £1.5m ICB risk associated with managing the costs of Funded Care placements mitigated by continued monitoring of the delivery of savings, ensuring the assumptions and outputs are tested and triangulated, and development of standard report for monitoring and forecasting requirements.

## 5) Next Steps

- Constituent organisational Directors of Finance will continue to direct respective Boards to focus attention and action on delivering recurrent savings plans, and where possible over the coming period of likely increased emergency activity, continue to place emphasis on elective activity delivery, recognising the importance of delivering against restated elective recovery targets, to maximise the level of elective recovery income the system earns. These are both key deliverables in the remainder of this year that will ensure the system achieves breakeven in line with 2023/24 Operational Plan and gives the system the best possible opportunity to deliver breakeven (excluding the impact of Industrial Action as previously referenced) in 2024/25.
- Continued enactment of the actions as set out in the Financial Forecast Outturn Change Protocol, including development of the processes to support a 'double-lock' within the system for any investments above £50,000 with sign-off required by both the organisation and the system.
- Continued dialogue with regional NHS England colleagues to explore opportunities to access additional capital resource, including the national contingency and minimise the risk of any overspend against the notified capital allocation.

- The ICB was established with an **accumulated brought-forward debt of £117m** derived from net historical clinical commissioning group (CCG) overspends. If the system and ICB achieve breakeven in 2023/24 (having achieved this in 2022/23), the historic debt will be written off. **Failure to deliver this breakeven requirement will have the balance reinstated and it will therefore become repayable**
- In-Year deterioration from the planned break-even position triggers several conditions for both ICB and providers within the system:
  - **Provider: double-lock sign-off process for any investments above £50,000** with sign-off required by the organisation and the system
  - **System: triple-lock sign-off process for any investments above £100,000** with sign-off required by the organisation, system and NHSE regional team
  - Additional reporting requirements to NHSE/I
  - Further **restrictions on recruitment, agency, consultancy and bank usage** may be imposed at the discretion of the regional team
  - **Capital funding restrictions**
    - C. £5m reduction in system capital funding
    - limited access to national capital funding streams

# 1a. Key Financial Performance Indicators

Month 10 – January 2024

	plan	actual	surplus / (deficit)		UHBW	NBT	AWP	BNSSG ICB	previous month
<b>1. Overall System Financial Performance</b>									
1.1 Year to Date Surplus / (Deficit)	(£12.0m)	(£19.6m)	(£7.6m)	deficit to plan	(£4.4m)	(£2.8m)	(£0.4m)	(£0.0m)	(£6.5m) ↓
1.2 Forecast Financial performance	(£12.0m)	£0.0m	(£6.5m)	deficit to plan	(£4.3m)	(£2.1m)	(£0.1m)	£0.0m	(£2.0m) ↓
1.3 Risk to Forecast Outturn (£)			£0.0m		-	-	-	-	£0.0m ←
1.4 Risk to Forecast Outturn (%)			0.0%		-	-	-	-	0.0% ←
<b>2. Efficiency Plan Status</b>									
2.1a Efficiency Plan Delivery (Year to Date £)	£58.3m	£47.8m	(£10.4m)	under delivery	79%	84%	39%	123%	(£9.4m) ↓
2.1b Efficiency Plan Delivery (Year to Date %)			82%		79%	84%	39%	123%	82% ↑
2.2a Efficiency Plan Delivery (Forecast £)	£74.4m	£69.0m	(£5.4m)	under delivery	79%	84%	39%	123%	(£6.6m) ↑
2.2b Efficiency Plan Delivery (Forecast %)			93%		78%	91%	100%	123%	91% ↑
<b>3. System capital</b>									
3.1 Charge against Capital Allocation (including impact of IFRS16)	£84.1m	£91.8m	£7.7m	overspend	-	-	-	-	£8.6m ↑
3.2 Forecast Capital Expenditure funded nationally			£26.5m	forecast spend	£2.2m	£9.4m	£14.8m	-	£25.8m ↑

# 1b. Key Financial Performance Indicators (2)

Month 10 – January 2024

	plan	actual	surplus / (deficit)		UHBW	NBT	AWP	BNSSG ICB	previous month
<b>4. Workforce</b>									
4.1 Year to Date Agency Expenditure v Plan	£66.3m	£72.4m	£6.0m	overspend	-	-	-	-	£6.4m ↑
4.2 Forecast Agency Expenditure v Plan	£79.7m	£83.9m	£4.2m	overspend	-	-	-	-	£5.3m ↑
4.3 Forecast Agency Expenditure v Agency Ceiling	£69.9m	£83.9m	£14.0m	overspend	-	-	-	-	£15.1m ↑
4.4 Agency Spend as a % of total staff costs	4.7%		5.6%		3.5%	4.4%	13.6%	-	5.6% ←
<b>5. Liquidity(cash)</b>									
5.1 Cash Balances v Plan	£214.7m	£202.8m	(£11.9m)	lower than plan	(£1.4m)	(£35.0m)	£24.4m	-	(£15.1m) ↑
<b>6. Other Key Financial Indicators</b>									
6.1 Mental Health Investment Standard									
minimum investment achieved			Y						
6.2 ICB Running Cost Allowance									
Planned Expenditure within allowance			Y						
6.3 Better Payment Practice Code									
Number of Organisations Missing 95% Target			2		90%	92%	99%	99%	

# 2a. System Financial Performance Overview

Month 10 – January 2024

## 1. Forecast Surplus / (Deficit)

↓ £6.5m deficit

Forecast surplus / (deficit) v plan

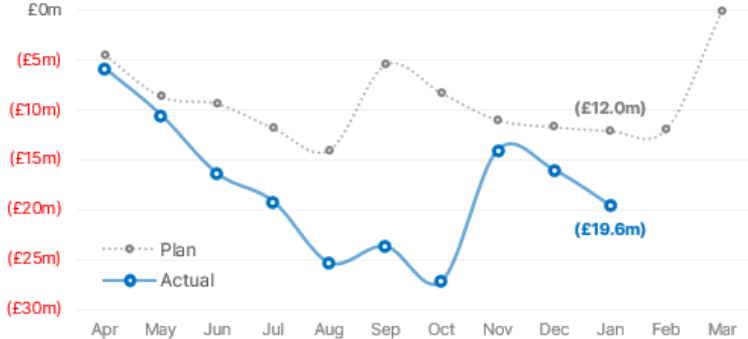
Organisation	Plan	Actual	YTD Variance	FCST Variance
UHBW	(£9.4m)	(£13.8m)	(£4.4m)	(£4.3m)
NBT	(£2.6m)	(£5.4m)	(£2.8m)	(£2.1m)
AWP	£0.0m	(£0.4m)	(£0.4m)	(£0.1m)
<b>NHS Providers</b>	<b>(£12.0m)</b>	<b>(£19.6m)</b>	<b>(£7.6m)</b>	<b>(£6.5m)</b>
BNSSG ICB	£0.0m	£0.0m	(£0.0m)	£0.0m
<b>Total System</b>	<b>(£12.0m)</b>	<b>(£19.6m)</b>	<b>(£7.6m)</b>	<b>(£6.5m)</b>

Previous Month (£2.0m) (£5.6m)

## 2. YTD Cumulative Surplus / (Deficit)

↓ £7.6m deficit

Year to Date surplus / (deficit) v plan



## 3. Risk to Forecast Outturn

↓ 0.0%

Unmitigated risk as a % of ICB allocation

Gross Risk	(£9.0m)
Gross Mitigations	£9.0m
<b>Net Unmitigated Risk</b>	<b>£0.0m</b>
<b>Net Risk as a % of ICB allocation</b>	<b>0.0%</b>

**Risk adjusted forecast out-turn** (£6.5m deficit)

Previous Month (£5.6m)

## 4a. YTD Efficiency Delivery

↓ £10.4m below plan

Year to date delivery v plan

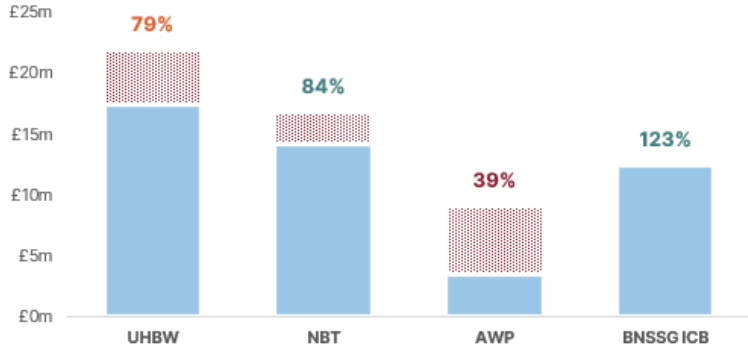
Organisation	Plan	Actual	YTD Variance	FCST Variance
UHBW	£22.0m	£17.5m	(£4.6m)	(£6.0m)
NBT	£16.9m	£14.3m	(£2.6m)	(£2.2m)
AWP	£9.2m	£3.5m	(£5.6m)	£0.0m
<b>NHS Providers</b>	<b>£48.1m</b>	<b>£35.3m</b>	<b>(£12.8m)</b>	<b>(£8.2m)</b>
BNSSG ICB	£10.2m	£12.5m	£2.4m	£2.8m
<b>Total System</b>	<b>£58.3m</b>	<b>£47.8m</b>	<b>(£10.4m)</b>	<b>(£5.4m)</b>

Previous Month (£9.4m) (£6.6m)

## 4b. YTD Efficiency Delivery by Org.

↓ 82%

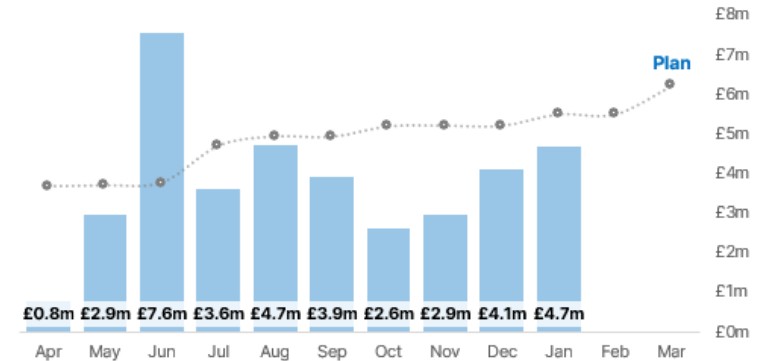
Year to date delivery v plan



## 4c. System RECURRENT Efficiency

↓ 81%

Monthly delivery v plan





# 2b. System Financial Performance Overview (2)

Month 10 – January 2024

## 5a. Full Year Charge Against capital Allocation

**£7.8m  
overspend**

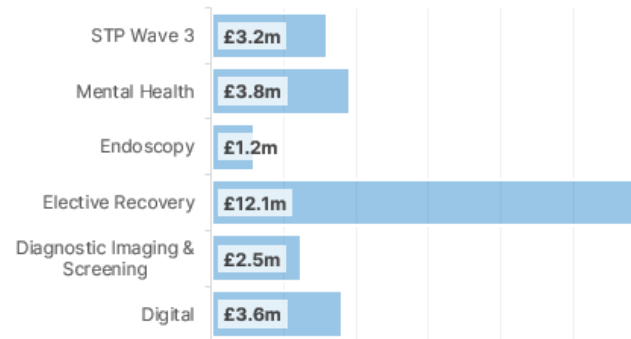
Forecast variance to plan

Combined Provider & ICB operational allocation	£75.3m
IFRS 16 CDEL uplift allocation	£8.8m
<b>Operational Capital Allocation (including IFRS 16 uplift)</b>	<b>£84.1m</b>
Provider Forecast Expenditure	(£72.0m)
BNSSG ICB Capital Grants & Acquisitions	(£3.5m)
Provider Forecast Lease expenditure (IFRS16)	(£28.5m)
<b>Charge against Capital Allocation</b>	<b>(£103.9m)</b>
less IFRS 16 Intra DHSC group adjustments	£12.0m
<b>Forecast Variance to capital allocation</b>	<b>(£7.8m)</b>

## 5b. National Capital Funding

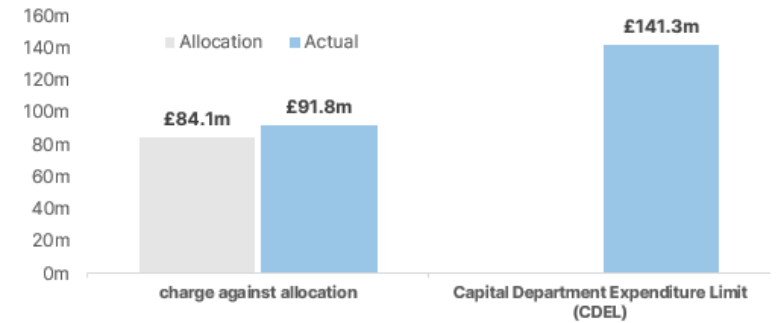
**£26.5m**

Forecast spend linked to national funding sources



## 5c. Total Capital Expenditure

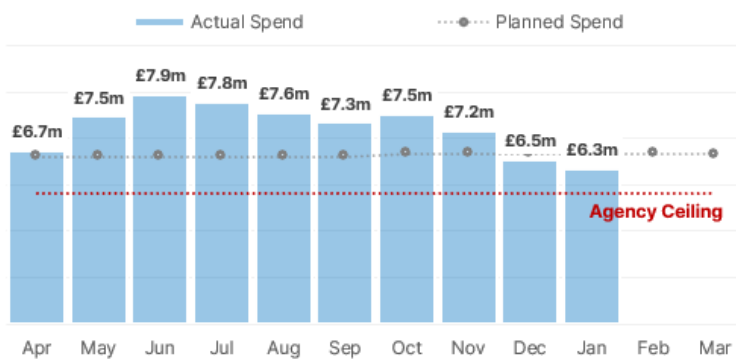
In-Year Capital Expenditure forecast



## 6. System Agency Expenditure

**£6.0m  
overspend**

YTD **Over** / **Underspend** (-) v Plan



## 7. Better Payment Practice Code (BPPC)

**2**

Number of organisations missing BPPC target

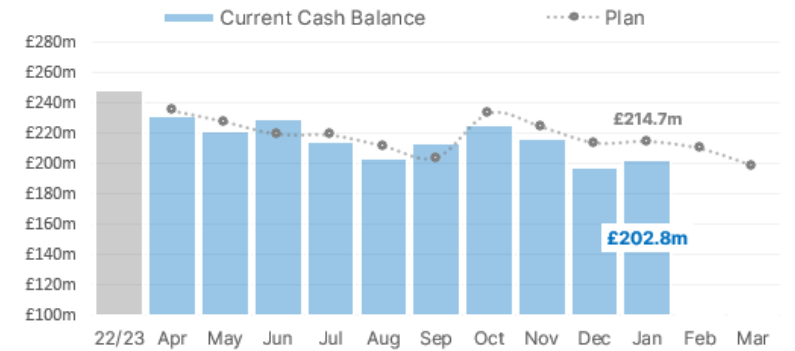
**Target = 95%**

Organisation	Current Month		Year to Date	
	%	Achieved?	%	Achieved?
UHBW	88.2%	N	90.1%	N
NBT	89.7%	N	92.1%	N
AWP	97.8%	Y	98.6%	Y
BNSSG ICB	99.1%	Y	98.1%	Y
<b>System Average</b>	<b>93.7%</b>	<b>N</b>	<b>94.7%</b>	<b>N</b>

## 8. Cash Balances

**£11.9m  
under plan**

Cash and cash equivalents year to date variance v plan



### 3. System Financial Risk

Month 10 – January 2024

Organisation / System-wide	Description of Risk	Likelihood	Impact before mitigations £'000K	Mitigations £'000K	Description of mitigating actions being taken by the system	Financial Impact after mitigations £'000K	Prior Month Net Risk £'000K
ICB	Funded Care demand	Medium	(£1.5m)	£1.5m	non-recurrent balance sheet flexibility	£0.0m	£0.0m ←
Acute Providers	Elective Activity earnings	Medium	(£7.5m)	£7.5m	Continued Divisional Recovery Plans / Delivery of H2 plan	£0.0m	£0.0m ←
System Wide	Impact of Industrial Action to end of September on cost base and ESRF activity income	Removed	£0.0m	£0.0m	National H2 Funding settlement	£0.0m	£0.0m ←
ICB	Prescribing run-rate	Removed	£0.0m	£0.0m	Risk removed	£0.0m	£0.0m ←
System Wide	Winter Pressures / Discharge to Assess risk pool	Removed	£0.0m	£0.0m	Risk removed	£0.0m	£0.0m ←
System Wide	Microsoft 365 license	Removed	£0.0m	£0.0m	Risk removed	£0.0m	£0.0m ←
<b>Total Gross (Risk) / Mitigations</b>			<b>(£9.0m)</b>	<b>£9.0m</b>	<b>Total Net Risk</b>	<b>£0.0m</b>	<b>£0.0m ←</b>

Gross Risk as a percentage of ICB allocation -0.4%

Net Risk as a percentage of ICB allocation 0.0%

## Appendix 1

### System I&E Summary (ICB & Combined Provider)

	YTD Plan £m	Actual £m	Variance £m	Full-Year Plan £m	Forecast £m	Forecast Variance £m
<b>ICB Revenue Resource Limit</b>	<b>£1,816.4m</b>	<b>£1,816.4m</b>	<b>£0.0m</b>	<b>£2,147.9m</b>	<b>£2,147.9m</b>	<b>£0.0m</b>
<b>BNSSG ICB Expenditure</b>						
Acute Services	(191.8)	(921.7)	(1.9)	(1,087.1)	(1,089.4)	(2.3)
Mental Health Services	(191.8)	(191.5)	0.3	(230.8)	(230.9)	(0.1)
Community Health Services	(196.0)	(196.3)	(0.3)	(224.7)	(224.5)	0.2
Continuing Care Services	(95.4)	(105.5)	(10.1)	(114.1)	(125.9)	(11.8)
Primary Care Services	(153.7)	(156.0)	(2.3)	(185.2)	(186.8)	(1.6)
Primary Medical Services	(152.3)	(152.5)	(0.2)	(175.9)	(175.8)	0.1
Delegated Dental, Ophthalmic and Pharmacy Services	(71.2)	(63.9)	7.2	(85.7)	(77.1)	8.6
Other Commissioned Services	(9.8)	(9.6)	0.2	(11.8)	(11.6)	0.2
Other Programme Services	(2.8)	(3.4)	(0.6)	(5.0)	(5.8)	(0.7)
Reserves / Contingencies	(6.4)	1.2	7.7	(7.3)	0.1	7.5
<b>Total ICB Programme Expenditure</b>	<b>(1,799.1)</b>	<b>(1,799.1)</b>	<b>0.0</b>	<b>(2,127.7)</b>	<b>(2,127.7)</b>	<b>(0.0)</b>
ICB Running Costs	(17.2)	(17.3)	(0.0)	(20.2)	(20.2)	0.0
<b>Total ICB Net Expenditure</b>	<b>(1,816.4)</b>	<b>(1,816.4)</b>	<b>(0.0)</b>	<b>(2,147.9)</b>	<b>(2,147.9)</b>	<b>(0.0)</b>
<b>ICB surplus / (deficit)</b>	<b>£0.0m</b>	<b>£0.0m</b>	<b>(£0.0m)</b>	<b>£0.0m</b>	<b>£0.0m</b>	<b>£0.0m</b>
<b>Combined Provider I&amp;E</b>						
Operating income from patient care activities	1,783.7	1,843.8	60.2	2,145.4	2,215.0	69.6
Other operating income	152.8	186.8	34.1	182.5	218.4	36.0
<b>Total Operating Income</b>	<b>1,936.4</b>	<b>2,030.7</b>	<b>94.2</b>	<b>2,327.9</b>	<b>2,433.5</b>	<b>105.6</b>
Substantive staff including on-costs	(1,113.2)	(1,119.7)	(6.5)	(1,323.2)	(1,340.5)	(17.2)
Bank staff including on-costs	(52.3)	(91.6)	(39.3)	(63.2)	(107.6)	(44.4)
Agency / contract	(67.3)	(72.7)	(5.4)	(80.8)	(85.0)	(4.2)
Other Staff Costs	4.9	2.4	(2.4)	5.9	5.6	(0.2)
Other Operating Expenditure	(663.4)	(731.9)	(68.6)	(802.9)	(868.2)	(65.4)
<b>Total Operating Expenditure</b>	<b>(1,891.2)</b>	<b>(2,013.5)</b>	<b>(122.3)</b>	<b>(2,264.2)</b>	<b>(2,395.6)</b>	<b>(131.4)</b>
<b>OPERATING SURPLUS / (DEFICIT)</b>	<b>45.2</b>	<b>17.2</b>	<b>(28.1)</b>	<b>63.7</b>	<b>37.8</b>	<b>(25.8)</b>
Net Finance Costs	(60.1)	(120.9)	(60.8)	(72.1)	(133.1)	(61.0)
Other Adjustments to Financial Performance	2.8	84.1	81.3	8.4	88.8	80.4
<b>NHS Provider surplus / (deficit)</b>	<b>(£12.0m)</b>	<b>(£19.6m)</b>	<b>(£7.6m)</b>	<b>£0.0m</b>	<b>(£6.5m)</b>	<b>(£6.5m)</b>
<b>SYSTEM FINANCIAL PERFORMANCE</b>	<b>(£12.0m)</b>	<b>(£19.6m)</b>	<b>(£7.6m)</b>	<b>£0.0m</b>	<b>(£6.5m)</b>	<b>(£6.5m)</b>

## System Capital Summary

(Forecast Variance to Capital Allocation)

	Combined Provider £m	ICB £m	System TOTAL £m
<b>System Level Capital Envelope Analysis</b>			
2023/24 Capital Allocation (excluding Prior Year Revenue Performance allocation)	£68.5	£1.7	<b>£70.2</b>
Confirmed Prior Year Revenue Performance Allocation	£5.1	£0.0	<b>£5.1</b>
Less transfer to the ICB Allocation	(£1.8)	£1.8	<b>£0.0</b>
<b>2023/24 Total Capital Allocation (Indicative)</b>	<b>£71.8</b>	<b>£3.5</b>	<b>£75.3</b>
IFRS 16 CDEL uplift allocation	£8.8	£0.0	<b>£8.8</b>
<b>2023/24 Total Capital Allocation (including IFRS 16 CDEL uplift)</b>	<b>£80.6m</b>	<b>£3.5m</b>	<b>£84.1m</b>

	Combined Provider £m	ICB £m	System TOTAL £m
<b>Provider Forecast Expenditure (owned assets)</b>			
Routine maintenance (non-backlog)	£9.5	-	<b>£9.5</b>
Backlog Maintenance	£16.7	-	<b>£16.7</b>
New Build	£15.2	-	<b>£15.2</b>
Equipment	£7.8	-	<b>£7.8</b>
Plant and machinery	£18.6	-	<b>£18.6</b>
Fire Safety	£1.5	-	<b>£1.5</b>
IT	£9.1	-	<b>£9.1</b>
<b>Sub total before donations and leases</b>	<b>£78.5</b>	<b>£0.0</b>	<b>£78.5</b>
less Donations	(£3.5)	-	<b>(£3.5)</b>
less Disposals	(£0.2)	-	<b>(£0.2)</b>
Less PFI capital (IFRIC12)	(£3.0)	-	<b>(£3.0)</b>
plus IFRS16 Leases	£28.5	-	<b>£28.5</b>
<b>Provider Charge against Capital Allocation (including impact of IFRS 16)</b>	<b>£100.3m</b>	<b>£0.0m</b>	<b>£100.3m</b>

	Combined Provider £m	ICB £m	System TOTAL £m
<b>ICB Summary</b>			
GPIT	-	£1.1	<b>£1.1</b>
Other Capital Acquisition	-	£0.3	<b>£0.3</b>
Improvement Grant	-	£0.6	<b>£0.6</b>
Other Capital Grant	-	£1.5	<b>£1.5</b>
<b>ICB Charge against Capital Allocation</b>	<b>£0.0m</b>	<b>£3.5m</b>	<b>£3.5m</b>

<b>less IFRS 16 Intra DHSC group adjustments</b>	<b>(£12.0)</b>	£0.0	<b>(£12.0)</b>
<b>Operational Capital Expenditure Forecast</b>	<b>£88.3m</b>	<b>£3.5m</b>	<b>£91.8m</b>
<b>(Over) / Underspend v Capital Allocation</b>	<b>(£7.7m)</b>	<b>£0.0m</b>	<b>(£7.7m)</b>

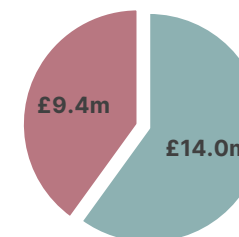
## Provider Capital Detail

	YTD Plan £m	Actual £m	Variance £m	Full-Year Plan £m	Forecast £m	Forecast Variance £m
<b>Internally Funded (owned assets)</b>						
Routine maintenance (non-backlog)	8.6	3.9	4.7	10.8	9.5	1.3
Backlog Maintenance	5.7	15.7	(10.0)	6.9	16.7	(9.8)
New Build	16.1	12.5	3.6	19.4	15.2	4.2
Equipment	2.9	7.4	(4.5)	3.5	7.8	(4.3)
Plant and machinery	16.5	10.2	6.3	19.9	18.6	1.2
Fire Safety	2.1	0.8	1.3	2.5	1.5	1.0
IT	8.3	5.5	2.8	11.1	9.1	2.0
Fleet, Vehicles & Transport	0.0	0.0	0.0	0.0	0.0	0.0
Other	0.0	0.0	0.0	0.0	0.0	0.0
<b>sub total</b>	<b>60.3</b>	<b>56.1</b>	<b>4.2</b>	<b>74.0</b>	<b>78.5</b>	<b>(4.5)</b>
less donations	(0.2)	(3.0)	2.9	(0.2)	(3.5)	3.3
less disposals	0.0	(0.2)	0.2	0.0	(0.2)	0.2
less PFI capital (IFRIC12)	(1.6)	(2.2)	0.6	(2.0)	(3.0)	1.0
<b>Charge against Capital Allocation (before IFRS 16)</b>	<b>£58.6m</b>	<b>£50.7m</b>	<b>£7.8m</b>	<b>£71.8m</b>	<b>£71.8m</b>	<b>£0.0m</b>
<b>IFRS16 Leases</b>						
Routine maintenance (non-backlog)	9.3	7.4	2.0	9.3	7.8	1.5
Other	0.0	14.7	(14.7)	3.7	14.7	(11.0)
Plant and machinery	3.9	4.5	(0.6)	4.7	5.8	(1.1)
Fleet, Vehicles & Transport	0.1	0.1	(0.0)	0.1	0.2	(0.1)
<b>Total Internally Funded</b>	<b>13.3</b>	<b>26.7</b>	<b>(13.3)</b>	<b>17.8</b>	<b>28.5</b>	<b>(10.7)</b>
<b>Total Charge against Capital Allocation (including IFRS 16)</b>	<b>£71.9m</b>	<b>£77.4m</b>	<b>(£5.5m)</b>	<b>£89.6m</b>	<b>£100.3m</b>	<b>(£10.7m)</b>
<b>PFI capital charges (e.g. residual interest)</b>						
PFI capital charges (e.g. residual interest)	8.6	9.2	(0.6)	10.3	11.0	(0.7)
<b>National Programme Funding</b>						
Critical Cybersecurity Infrastructure Risks	0.0	0.0	0.0	0.0	0.2	(0.2)
Diagnostic Digital Capability Programme	0.2	0.0	0.2	0.6	0.5	0.0
Diagnostic Imaging Capacity	0.3	0.0	0.3	1.6	0.3	1.4
Elective Recovery/Targeted Investment Fund	20.8	2.1	18.7	25.0	12.1	12.9
Endoscopy - Increasing Capacity	4.7	0.0	4.6	8.5	1.2	7.3
Front Line Digitisation	0.7	0.0	0.7	2.8	3.4	(0.7)
Mandate Transfer - National	0.0	0.0	0.0	0.0	1.7	(1.7)
Mental Health	2.7	1.3	1.4	4.7	3.8	0.9
Screening - Diagnostics Programme	0.0	0.1	(0.1)	0.0	0.1	(0.1)
STP Wave 3	4.0	2.2	1.8	6.2	3.2	3.0
UEC Capacity	0.0	0.0	0.0	0.0	0.0	0.0
<b>Total National Programme Funding</b>	<b>33.5</b>	<b>5.7</b>	<b>27.8</b>	<b>49.4</b>	<b>26.5</b>	<b>22.9</b>
<b>Total Capital Departmental Expenditure Limit (CDEL)</b>	<b>£114.0m</b>	<b>£92.3m</b>	<b>£21.7m</b>	<b>£149.4m</b>	<b>£137.8m</b>	<b>£11.6m</b>

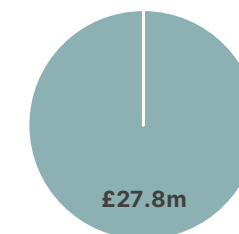
Efficiency Delivery (Provider)

	YTD Plan £m	Actual £m	Variance £m	Delivery %	Full-Year Plan £m	Forecast £m	Variance £m	Forecast Delivery %
<b>Provider Pay Efficiencies</b>								
Agency - price cap compliance	2.7	1.6	(1.2)	57%	3.3	1.9	(1.4)	57%
Agency - eliminate off framework supply	1.1	0.1	(1.0)	9%	1.4	0.3	(1.1)	22%
Establishment reviews	5.4	6.6	1.2	123%	8.7	7.9	(0.8)	91%
E-Rostering	0.1	0.0	(0.0)	49%	0.1	0.0	(0.0)	50%
Digital transformation	0.0	0.0	(0.0)	0%	0.0	0.0	0.0	100%
Service re-design - pay	6.7	1.5	(5.2)	22%	8.6	1.9	(6.7)	22%
Other - pay	0.2	0.2	(0.0)	86%	0.3	0.8	0.5	303%
Unidentified - pay	0.8	0.0	(0.8)	0%	1.0	1.1	0.1	107%
<b>Total Provider Pay Schemes</b>	<b>17.0</b>	<b>10.0</b>	<b>(7.0)</b>	<b>59%</b>	<b>23.4</b>	<b>14.0</b>	<b>(9.4)</b>	<b>60%</b>
<b>Provider Non-pay Efficiencies</b>								
Medicines optimisation	2.2	2.5	0.3	116%	2.7	3.1	0.4	115%
Procurement (excl drugs) -non-clinical	3.1	2.1	(1.0)	67%	3.8	3.3	(0.4)	88%
Procurement (excl drugs) - medical and clinical	8.1	3.9	(4.2)	48%	9.9	5.3	(4.6)	53%
Estates and Premises transformation	1.8	1.7	(0.1)	93%	2.2	2.3	0.1	104%
Fleet optimisation	0.1	0.0	(0.1)	38%	0.1	0.1	(0.1)	39%
Pathology & imaging networks	0.9	1.1	0.2	117%	1.3	1.2	(0.0)	97%
Corporate services transformation - non-pay	0.0	5.4	5.4	15443%	0.1	5.5	5.3	4871%
Digital transformation	0.1	0.0	(0.1)	28%	0.3	0.3	0.0	115%
Service re-design - Non-pay	1.6	1.1	(0.6)	66%	2.0	1.1	(0.8)	58%
Other - Non-pay (balance - please provide description)	0.3	0.3	(0.1)	78%	0.4	2.9	2.5	655%
Unidentified - non-pay (please provide commentary)	3.3	0.0	(3.3)	0%	4.0	2.5	(1.5)	62%
<b>Total Provider Non-Pay Schemes</b>	<b>21.7</b>	<b>18.0</b>	<b>(3.6)</b>	<b>83%</b>	<b>26.8</b>	<b>27.8</b>	<b>1.0</b>	<b>104%</b>
<b>Provider Income Efficiencies</b>								
Income Private Patient	0.2	0.3	0.2	197%	0.3	0.8	0.5	314%
Income Overseas Visitors	0.1	0.1	0.0	130%	0.1	0.1	0.0	100%
Income Non-Patient Care	8.8	6.4	(2.4)	73%	11.2	8.3	(2.9)	74%
Income Other (balance - please provide description)	0.4	0.4	0.0	101%	0.5	2.1	1.6	402%
Unidentified - Income (please provide commentary)	0.0	0.0	0.0	-	0.0	0.8	0.8	100%
<b>Total Provider Income Schemes</b>	<b>9.4</b>	<b>7.2</b>	<b>(2.2)</b>	<b>76%</b>	<b>12.1</b>	<b>12.2</b>	<b>0.1</b>	<b>101%</b>
<b>Total Combined Provider Efficiencies</b>	<b>£48.1m</b>	<b>£35.3m</b>	<b>(£12.8m)</b>	<b>73%</b>	<b>£62.3m</b>	<b>£54.0m</b>	<b>(£8.2m)</b>	<b>87%</b>

Provider pay



Provider non-pay



Provider income



Efficiency Delivery (ICB & System total)

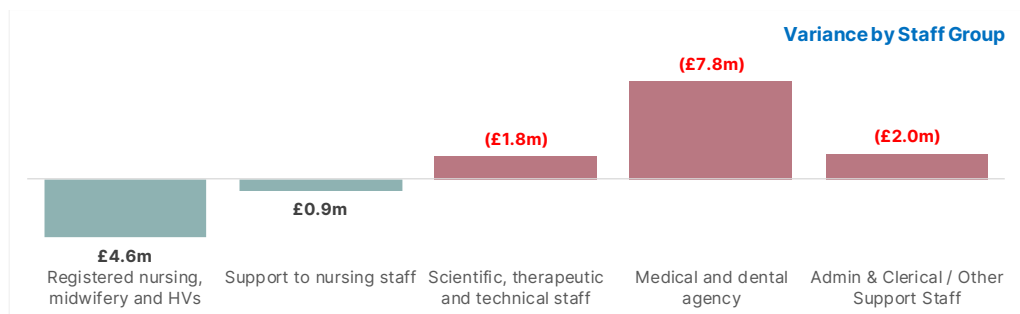
ICB Efficiencies	YTD Plan £m	Actual £m	Variance £m	Delivery %
All-age Continuing Care - Commissioning/Procurement	2.6	2.6	(0.0)	99%
Primary Care Prescribing	2.2	5.8	3.6	261%
Non-NHS Procurement	3.1	3.1	0.0	100%
Running cost review	0.5	0.5	0.0	100%
ICB efficiency impacting providers outside system:	0.6	0.6	0.0	100%
Unidentified	1.2	0.0	(1.2)	0%
<b>Total ICB Efficiencies</b>	<b>£10.2m</b>	<b>£12.5m</b>	<b>£2.4m</b>	<b>123%</b>
<b>TOTAL System Efficiencies</b>	<b>£58.3m</b>	<b>£47.8m</b>	<b>(£10.4m)</b>	<b>82%</b>

Full-Year Plan £m	Forecast £m	Variance £m	Forecast Delivery %
3.1	3.4	0.3	111%
2.7	6.6	3.9	246%
3.7	3.7	0.0	100%
0.5	0.5	0.0	100%
0.7	0.7	0.0	101%
1.5	0.0	(1.5)	0%
<b>£12.2m</b>	<b>£15.0m</b>	<b>£2.8m</b>	<b>123%</b>
<b>£74.4m</b>	<b>£69.0m</b>	<b>(£5.4m)</b>	<b>93%</b>

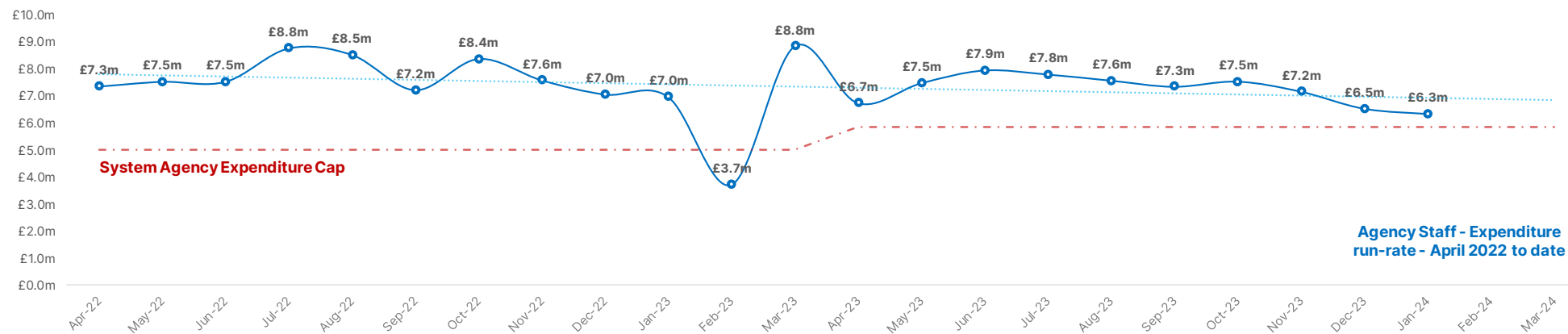
ICB



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



	Year to Date	Forecast
Plan	£66.3m	£79.7m
Year to Date / Forecast Spend	£72.4m	£83.9m
<b>Variance to Plan</b>	<b>(£6.0m) 9%</b>	<b>(£4.2m) 5%</b>
<b>Variance to System Agency Ceiling</b>	<b>(£14.1m) 24%</b>	<b>(£14.0m) 20%</b>
<b>Target Agency Spend as a % of Total Pay</b>	<b>4.7%</b>	<b>4.7%</b>
<b>Actual Agency Spend as a % of Total Pay</b>	<b>5.6%</b>	<b>5.5%</b>



Staff Group	YEAR TO DATE							FORECAST						
	Plan £m	Actual £m	Variance £m	Variance %	UHBW £m	NBT £m	AWP £m	Plan £m	Forecast £m	Variance £m	Variance %	UHBW £m	NBT £m	AWP £m
Registered nursing, midwifery and HVs	46.2	41.5	4.6	-10%	5.4	3.4	(4.2)	55.4	48.1	7.3	-13%	6.0	5.8	(4.6)
Support to nursing staff	7.5	6.6	0.9	-12%	0.3	1.1	(0.5)	9.0	7.7	1.3	-15%	0.4	1.3	(0.4)
Scientific, therapeutic and technical staff	1.0	2.8	(1.8)	181%	(0.6)	(1.1)	(0.1)	1.2	3.2	(2.0)	175%	(0.8)	(1.2)	(0.1)
Medical and dental agency	10.2	17.9	(7.8)	76%	(0.7)	(4.4)	(2.7)	12.3	20.5	(8.2)	67%	(0.7)	(4.3)	(3.2)
Admin & Clerical / Other Support Staff	1.5	3.5	(2.0)	135%	0.5	(1.3)	(1.2)	1.8	4.4	(2.6)	146%	0.6	(1.6)	(1.5)
<b>Total Agency Spend</b>	<b>66.3</b>	<b>72.4</b>	<b>(6.0)</b>	<b>9%</b>	<b>5.0</b>	<b>(2.4)</b>	<b>(8.6)</b>	<b>79.7</b>	<b>83.9</b>	<b>(4.2)</b>	<b>5%</b>	<b>5.5</b>	<b>0.0</b>	<b>(9.8)</b>
Agency costs as % of gross staff costs					3.5%	4.4%	13.6%					3.6%	3.9%	13.4%



## Appendix 5 Statement of Financial Position

	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	289.4	(5.3)	35.9	34.3	(1.7)	0.0	0.0	0.0
Other property, plant and equipment	577.1	571.1	(6.0)	188.8	203.6	14.8	142.3	144.4	2.1	0.0	0.0	0.0
Leased Assets	99.2	112.3	13.1	8.7	9.5	0.8	17.5	19.0	1.6	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	17.5	(2.5)	17.6	16.5	(1.1)	2.1	1.5	(0.5)	0.5	0.5	(0.0)
<b>Total non-current assets</b>	<b>698.2</b>	<b>702.7</b>	<b>4.5</b>	<b>511.2</b>	<b>520.4</b>	<b>9.3</b>	<b>198.0</b>	<b>199.5</b>	<b>1.5</b>	<b>0.5</b>	<b>0.5</b>	<b>(0.0)</b>
Inventories	15.0	16.5	1.4	10.0	9.8	(0.2)	0.2	0.2	(0.0)	0.0	0.0	0.0
Receivables due	68.1	53.8	(14.4)	68.0	66.6	(1.4)	20.9	18.1	(2.8)	18.3	25.1	6.8
Cash and cash equivalents	128.0	100.2	(27.8)	104.0	66.1	(37.9)	17.0	36.4	19.4	0.1	16.2	16.1
Other current assets	(4.8)	(7.5)	(2.7)	(10.7)	(10.8)	(0.1)	0.0	0.0	0.0	0.0	0.0	0.0
<b>Total current assets</b>	<b>206.4</b>	<b>163.0</b>	<b>(43.4)</b>	<b>171.4</b>	<b>131.7</b>	<b>(39.7)</b>	<b>38.2</b>	<b>54.7</b>	<b>16.6</b>	<b>18.4</b>	<b>41.3</b>	<b>22.9</b>
Trade and other payables	(164.4)	(130.1)	34.3	(121.9)	(80.0)	41.9	(37.9)	(53.3)	(15.4)	(131.5)	(118.7)	12.8
Borrowings	(12.5)	(13.0)	(0.4)	(17.1)	(27.7)	(10.6)	(3.0)	(2.6)	0.4	(0.1)	0.0	0.1
Provisions	(0.3)	(0.4)	(0.1)	(4.1)	(3.9)	0.2	(3.7)	(3.7)	0.0	(13.3)	(10.8)	2.5
Other liabilities	(8.5)	(21.3)	(12.8)	(17.2)	(28.4)	(11.2)	0.0	0.0	0.0	0.0	0.0	0.0
<b>Total current liabilities</b>	<b>(185.7)</b>	<b>(164.7)</b>	<b>21.0</b>	<b>(160.2)</b>	<b>(140.0)</b>	<b>20.2</b>	<b>(44.6)</b>	<b>(59.5)</b>	<b>(14.9)</b>	<b>(144.9)</b>	<b>(129.5)</b>	<b>15.4</b>
Borrowings	(133.3)	(140.6)	(7.3)	(355.2)	(574.2)	(219.0)	(50.5)	(83.2)	(32.7)	0.0	0.0	0.0
Other non-current liabilities	(3.9)	(3.7)	0.1	(6.8)	(7.1)	(0.4)	(1.2)	(1.1)	0.1	0.0	0.0	0.0
<b>Total non-current liabilities</b>	<b>(137.2)</b>	<b>(144.3)</b>	<b>(7.2)</b>	<b>(362.0)</b>	<b>(581.3)</b>	<b>(219.3)</b>	<b>(51.7)</b>	<b>(84.3)</b>	<b>(32.6)</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Total net assets employed</b>	<b>£581.7m</b>	<b>£556.6m</b>	<b>(£25.0m)</b>	<b>£160.4m</b>	<b>(£69.1m)</b>	<b>(£229.5m)</b>	<b>£139.9m</b>	<b>£110.4m</b>	<b>(£29.5m)</b>	<b>(£126.0m)</b>	<b>(£87.7m)</b>	<b>£38.3m</b>
Public dividend capital	326.6	326.2	(0.4)	469.1	477.9	8.8	141.4	144.4	3.0	0.0	0.0	0.0
Income and expenditure reserve	143.6	120.7	(22.9)	(376.7)	(615.0)	(238.3)	(79.5)	(110.1)	(30.6)	0.0	0.0	0.0
Revaluation reserve	111.3	109.6	(1.8)	68.0	68.0	0.0	77.9	76.0	(1.9)	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)	(87.7)	38.3
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
<b>Total taxpayers' and others' equity</b>	<b>£581.6m</b>	<b>£556.6m</b>	<b>(£25.0m)</b>	<b>£160.4m</b>	<b>(£69.1m)</b>	<b>(£229.5m)</b>	<b>£139.9m</b>	<b>£110.4m</b>	<b>(£29.5m)</b>	<b>(£126.0m)</b>	<b>(£87.7m)</b>	<b>£38.3m</b>

## Appendix 6 Statement of Cash Flows

	UHBW			NBT			AWP		
	YTD Plan £m	Actual £m	Variance £m	YTD Plan £m	Actual £m	Variance £m	YTD Plan £m	Actual £m	Variance £m
<b>Operating surplus/(deficit)</b>	<b>(1.7)</b>	<b>(16.8)</b>	<b>(15.1)</b>	<b>37.5</b>	<b>26.8</b>	<b>(10.7)</b>	<b>9.5</b>	<b>7.1</b>	<b>(2.3)</b>
<b>Non-cash income and expense:</b>	0.0	0.0	<b>0.0</b>	0.0	0.0	<b>0.0</b>	0.0	0.0	<b>0.0</b>
Depreciation and amortisation	35.0	35.0	<b>0.0</b>	26.7	19.4	<b>(7.3)</b>	6.5	7.0	<b>0.5</b>
Impairments and reversals	0.0	9.8	<b>9.8</b>	0.0	1.3	<b>1.3</b>	0.0	0.0	<b>0.0</b>
Income recognised in respect of capital donations (cash and non-cash)	0.0	(1.3)	<b>(1.3)</b>	(0.2)	(1.2)	<b>(1.1)</b>	0.0	0.0	<b>0.0</b>
Amortisation of PFI deferred income / credit	0.0	0.0	<b>0.0</b>	(0.1)	(0.1)	<b>(0.0)</b>	0.0	0.0	<b>0.0</b>
(Increase)/decrease in receivables	0.0	17.0	<b>17.0</b>	(2.8)	(0.1)	<b>2.7</b>	(0.1)	2.8	<b>2.9</b>
(Increase)/decrease in other current assets	0.0	0.0	<b>0.0</b>	0.0	0.0	<b>0.0</b>	0.0	(0.0)	<b>(0.0)</b>
(Increase)/decrease in inventories	0.0	(1.4)	<b>(1.4)</b>	0.0	0.2	<b>0.2</b>	0.0	0.0	<b>0.0</b>
Increase/(decrease) in trade and other payables	(4.5)	(31.3)	<b>(26.8)</b>	(1.1)	(40.0)	<b>(38.9)</b>	(4.7)	16.9	<b>21.7</b>
Increase/(decrease) in other liabilities	0.0	12.8	<b>12.8</b>	5.5	11.6	<b>6.1</b>	0.0	0.0	<b>0.0</b>
Increase/(decrease) in provisions	0.0	(0.1)	<b>(0.1)</b>	0.0	(0.2)	<b>(0.2)</b>	0.0	(0.1)	<b>(0.1)</b>
<b>Net cash generated from / (used in) operations</b>	<b>28.7</b>	<b>23.6</b>	<b>(5.1)</b>	<b>65.6</b>	<b>17.9</b>	<b>(47.6)</b>	<b>11.2</b>	<b>33.8</b>	<b>22.6</b>
<b>Cash flows from investing activities</b>									
Interest received	2.5	5.9	<b>3.4</b>	1.7	3.7	<b>2.0</b>	0.2	1.5	<b>1.3</b>
Purchase of intangible assets	(3.7)	0.0	<b>3.7</b>	0.0	0.0	<b>0.0</b>	0.0	0.0	<b>0.0</b>
Purchase of property, plant and equipment and investment property	(29.0)	(37.5)	<b>(8.5)</b>	(54.7)	(27.7)	<b>27.0</b>	(10.5)	(8.0)	<b>2.5</b>
Receipt of cash donations to purchase capital assets	0.0	1.3	<b>1.3</b>	0.2	1.2	<b>1.1</b>	0.0	0.0	<b>0.0</b>
<b>Net cash generated from/(used in) investing activities</b>	<b>(30.1)</b>	<b>(30.3)</b>	<b>(0.1)</b>	<b>(52.8)</b>	<b>(22.8)</b>	<b>30.0</b>	<b>(10.3)</b>	<b>(6.6)</b>	<b>3.8</b>
<b>Cash flows from financing activities</b>									
Public dividend capital received	0.0	0.1	<b>0.1</b>	31.0	8.8	<b>(22.2)</b>	7.5	3.0	<b>(4.5)</b>
Public dividend capital repaid	0.0	(0.4)	<b>(0.4)</b>	0.0	0.0	<b>0.0</b>	0.0	0.0	<b>0.0</b>
Loans from Department of Health and Social Care - repaid	(5.7)	(5.7)	<b>0.0</b>	0.0	0.0	<b>0.0</b>	0.0	0.0	<b>0.0</b>
Capital element of lease liability repayments	(6.9)	(5.8)	<b>1.0</b>	(1.9)	(1.6)	<b>0.2</b>	(1.5)	(1.2)	<b>0.3</b>
Capital element of PFI, LIFT and other service concession payments	0.0	0.0	<b>0.0</b>	(8.2)	(10.6)	<b>(2.4)</b>	(1.4)	(2.7)	<b>(1.3)</b>
Interest paid	(1.5)	(1.5)	<b>0.0</b>	0.0	0.0	<b>0.0</b>	0.0	0.0	<b>0.0</b>
Interest element of lease liability repayments	(0.9)	(1.0)	<b>(0.1)</b>	(0.4)	(0.2)	<b>0.3</b>	0.0	(0.1)	<b>(0.1)</b>
Interest element of PFI, LIFT and other service concession obligations	0.0	0.0	<b>0.0</b>	(35.3)	(30.9)	<b>4.4</b>	(7.0)	(4.6)	<b>2.4</b>
PDC dividend (paid)/refunded	(6.0)	(6.6)	<b>(0.6)</b>	(3.9)	1.5	<b>5.4</b>	(1.5)	(2.2)	<b>(0.7)</b>
<b>Net cash generated from/(used in) financing activities</b>	<b>(21.0)</b>	<b>(21.1)</b>	<b>(0.1)</b>	<b>(18.7)</b>	<b>(33.0)</b>	<b>(14.3)</b>	<b>(3.9)</b>	<b>(7.8)</b>	<b>(4.0)</b>
<b>Increase/(decrease) in cash and cash equivalents</b>	<b>(£22.5m)</b>	<b>(£27.8m)</b>	<b>(£5.3m)</b>	<b>(£5.9m)</b>	<b>(£37.9m)</b>	<b>(£31.9m)</b>	<b>(£3.0m)</b>	<b>£19.4m</b>	<b>£22.4m</b>
Restated cash and cash equivalents at start of period	124.1	128.0	<b>4.0</b>	107.0	104.0	<b>(3.1)</b>	15.0	17.0	<b>2.0</b>
<b>Cash and cash equivalents at end of period</b>	<b>£101.6m</b>	<b>£100.2m</b>	<b>(£1.4m)</b>	<b>£101.1m</b>	<b>£66.1m</b>	<b>(£35.0m)</b>	<b>£12.0m</b>	<b>£36.4m</b>	<b>£24.4m</b>

## Finance, Estates and Digital Committee OPEN Minutes Thursday 25 January 2024, 09:00 – 12:00, Microsoft Teams

Present		Initials
Steve West	Finance, Estates and Digital Committee – Chair	SW
Sarah Truelove	Chief Finance Officer - ICB	ST
Deborah El-Sayed	Director of Transformation and Chief Digital and Information Officer	DES
John Cappock	Non-Executive Director - ICB	JC
Christina Gray	Director of Public Health – BCC	CG
Nina Philippidis	S151 Officer – SGC	NP
Attending		
Jon Lund	Deputy Chief Finance Officer - ICB	JL
Seb Habibi	Deputy Director of Transformation (item 6.5)	SH
Rob Hayday	Chief of Staff – ICB (item 5.3)	RH
Rachel Smith	Exec PA (Note Taker)	RSm

	Item	Action
1.0	<p><b>Apologies for Absence</b> Apologies were received from Shane Devlin, BNSSG ICB; Jo Medhurst, BNSSG ICB; Rosi Shepherd, BNSSG ICB; Brian Stables, AWP; Richard Gaunt, NBT; Martin Sykes, UHBW.</p>	
2.0	<p><b>Declarations of Interest</b> There were no declarations of interest for the open session.</p>	
3.0	<p><b>Minutes of the previous meeting</b> The minutes of the meeting held on 21 December 2023 were agreed to be an accurate record of the meeting, with the addition of Christina Gray’s apologies.</p>	
4.0	<p><b>Actions from previous meetings and matters arising</b> The action log was reviewed and updated accordingly.</p> <p>In relation to action 6.1 / 26 October 2023 and concerns raised by Christina Gray (CG) around the Charlotte Keel procurement process, Sarah Truelove (ST) clarified that this particular procurement did not fail due to lack of engagement with partners, but for a number of different reasons; the Procurement Policy was in the process of being updated and would include a checklist designed to prevent any future instances.</p>	
<b>To discuss</b>		
5.2	<p><b>Update on 24/25 Planning (including budget setting)</b> ST advised that the planning guidance for 2024/25 would not be released until the end of January 2024 at the earliest but system operational planning had commenced, and local planning guidance issued through the system planning networks to enable organisations to develop a balanced budget with fully developed savings plans. It was expected that final submissions to NHSE would be expected in May 2024 but the ICB was planning for its first submission in March to be its final submission, subject to minor amendments. A third planning day was scheduled for 20 February, with a further planning day arranged for 14 March. Performance objectives had been presented to and approved by the System Executive Group but key areas of concerns remained around savings plans delivery, increasing funded care expenditure and inflation above funded levels.</p> <p>In response to a query from CG regarding pay uplifts, ST clarified that the ICB would be funded for the impact of NHS pay awards but not for other commissioners. ST highlighted the ongoing discussions between the Treasury, DHSC and NHSE and the potential risk nationally which may have different impacts on the ICB in terms of other budgets not being available as it may not be funded nationally.</p> <p>John Cappock (JC) welcomed the clear format of the paper and suggested an update be presented to the ICB Board to highlight the exemplar system working as documented in the paper. ST confirmed that the paper to be presented to the ICB Board closed session on 1 February 2024, and advised this would be shared (via the System Executive Group) across the whole system, with system planners and also the Health and Care Improvement Groups.</p>	

	Item	Action
	<p>Furthermore, ST and Jon Lund (JL) were scheduled to meet with the system Chief People Officers and Chief Nursing Officers to discuss this to ensure triangulation with the work around the workforce and the headcount, particularly given the significant increases in headcount over the last few years and it was essential to see the benefit of those increases.</p> <p>JL highlighted further risks related to general non-pay inflation, which is significantly higher than previously budgeted but also the real / national living wage and the impact on the workforce of any future pay award. Some growth funding had been held back as a contingency but Executive-level decisions would be required over the coming weeks as to how this funding is deployed, on a case by case basis.</p>	
5.3	<p><b>Corporate Risk Register &amp; ICB Board Assurance Framework</b></p> <p>ST introduced the report, which provided oversight of all risks with a current score of 12 and above; it was noted that the FED Committee was not necessarily responsible for the oversight or management of all risks contained within the report.</p> <p>ST drew the Committee's attention to risk DRR EST - 01 2324, related to the central Weston development, which was at a critical stage and would be highlighted to the ICB Board meeting on 1 February 2024. It was positive to note the support from the NHSE's Deputy Director of Primary Care Estates but the situation remained challenging and different solutions were being discussed, including the option of the ICB taking on the head lease of a building. A business case would be presented to the ICB Board for approval in due course.</p> <p>JC reflected on the recent issues concerning some contracts and whether this needed to be discussed in more detail; this was echoed by CG. ST advised this was being considered as part of the Procurement policy being developed by the Business and Planning team, following a presentation at the ICB Board in December 2023 on lessons learned from a number of procurements. It would also be considered for inclusion within the internal audit plan for 2024/25.</p> <p>CG supported the suggested move towards local management of buildings / accommodation, which would allow much greater flexibility.</p> <p>CG also welcomed the inclusion of the Termination of Pregnancy service (TOPS) provision on the risk register, due to its critical nature, and which also demonstrated progress in joint procurement of services. In response to a query from JL, CG confirmed TOPS were included as a sub-set of a wider risk related to sexual health services within Bristol City Council's risk register, but with a different narrative (as TOPS were effectively an NHS service) but agreed it was a good example of the complexities around joint procurement and partnership working.</p> <p>Rob Hayday (RH) advised that the report highlighted risks drawn from individual Directorate Risk Registers which had a financial, estates or digital element i.e. primary care prescribing overspend and provided assurance to FED that there was active management of each of the risks. RH suggested that, for future Risk Register updates, it may be useful for the risk owners to be in attendance to provide updates or answer any queries around their particular risk/s.</p> <p>CG welcomed the clearly laid out report.</p> <p>It was agreed for the Committee to receive quarterly risk reports but if, in the intervening period, there were significant concerns about a particular risk, this could be escalated to a meeting as and when required. ST and RH would also agree the content for the report.</p>	ST/RH
	<b>To approve</b>	
6.5	<p><b>Digital Portfolio Prioritisation</b></p> <p>Deborah El-Sayed (DES) introduced the paper which detailed the portfolio of projects to drive forward the Digital Strategy, and also the proposed approach. The paper also included references and crossover with the ICB Medium Term Financial Plan (MTFP) in terms of the investments required to deliver the strategy. The projects would also ensure cash releasing savings were realised, in addition to a number of other benefits.</p> <p>The portfolio been presented to a number of fora, including the Digital Executive Group, ICB Executive Team and the Clinical Informatics Group, for feedback and comment. Endorsement and approval of the portfolio would enable progression to the next stage, including the development of business cases to support the projects.</p> <p>Seb Habibi (SH) advised that during 2023/24, the digital prioritisation portfolio had been aligned to both the Digital Strategy and the System Integrated Care Strategy and delivery of key projects had progressed.</p>	

Item	Action
<p>Work had also been undertaken with the Digital Delivery Board and the Clinical Informatics Cabinet to gain a clear understanding of projects which had commenced and to identify a list of projects for phase 2. Feedback received suggested it would be beneficial to build upon the progress already made and focus on a small list of priority projects whilst meeting the 6 objectives of the Digital Strategy.</p> <p>The costs and savings assumptions associated with the proposed portfolio were affordable within the level of investment detailed within the MFTP and were expected to deliver savings commensurate with the summary in the plan. It was expected, however, that there would a time-lag of 12 – 24 months between the investments and delivery of savings, which was a key risk to be managed. The paper set out a number of mitigations to manage the risks, including utilising flexibility within the SDPP budget where possible.</p> <p>In terms of next steps, subject to ICB Board approval, all projects would be progressed in line with the gateway process or respective provider governance processes, resulting in the development of a Project Initial Document (PID) and business case for the projects (where warranted). In terms of reporting, monthly update reports would be presented to FED, with quarterly reports presented to the Executive Team, in addition to Digital Delivery Board oversight and monitoring, with Gateway panel review at specific milestones / decision points. Central to this would be clarity around benefits realisation to enable the digital portfolio to be a trailblazer in this space.</p> <p>A number of the projects were highlighted, including:</p> <ul style="list-style-type: none"> <li>➤ IT infrastructure and service integration: There have also been discussions with AWP and Sirona regarding their infrastructure ambitions which could be included in a subsequent phase to enable a shared service model.</li> <li>➤ Expanding “Work Anywhere” capabilities: to enable staff work remotely from any NHS or local authority building in BNSSG.</li> <li>➤ Digital Academy: aiming to upskill the workforce to develop digital skills and to realise benefits from system investments in digital infrastructure and systems. A digital health hub has also been established, developed with UHBW, UWE, University of Bristol, and the universities in Bath and Devon. The digital hub also has links to the People Academy.</li> <li>➤ NHS App: all ICS systems are mandated to promote the uptake of NHS app for people to access information to support their health, self-care and to access services. At present, approximately 59% of the population within BNSSG are currently registered and the ambition is to increase usage and uptake. Next steps include plans to increase functionality currently available within the app and to integrate secondary care correspondence through the app.</li> <li>➤ Patient access for community pharmacy: to develop the community pharmacy consultation and referral. The ultimate target is to reduce GP appointments but at present, only the prescription costs savings have been included in the proposed savings.</li> </ul> <p>SW welcomed the proposals and direction of travel but stressed the importance of ensuring projects were agreed and delivered, in addition to a strong communications and engagement plan. DES confirmed that a strong campaign was planned and would ensure the public were not only aware of the proposals but that the messaging was consistent in all GP practices.</p> <p>ST was supportive of the proposed portfolio but queried the financial benefits of the digital maturity in Social Care and VCSE project. DES acknowledged the benefits of this particular project may not be as strong as some of the others and would focus more on the dependency connections before the benefits were realised. DES also acknowledged that further work was required to develop this project, including how the benefits are to be measured.</p> <p>CG suggested that expansion of the narrative around digital maturity and what it meant would be useful. DES advised that it was in relation to the maturity of digitisation in the VCSE sector / care homes i.e. access to shared care records, understanding of data protection etc and to support these areas to make improvements. DES and CG would meet offline to discuss the correlations with the Social Care Digital Strategy, ideally prior to the next ICB Board meeting.</p> <p>JL updated on the work underway to identify the tracking of the benefits and how they would be translated into funding and ultimately to which organisation the benefit accrues to.</p> <p>The recommendation to progress to the ICB Board was approved. DES advised that as the report would be presented to the ICB Board Open session, the financial information would be removed, due to the commercial nature, but would include assurance that the financial detail had been reviewed by this Committee.</p>	<p>DES / CG</p>

	Item	Action
	DES highlighted that the report included a number of assumptions around areas of work that would pause / be stopped, and also the need to ensure any new investment considered its data and digital investment requirements as an integral part of the investment. This approach was endorsed by the Committee.	
<b>Finance Report</b>		
7.1	<p><b>M9 Finance Report ICB &amp; System inc Capital ICB Savings report</b></p> <p>ST reported that subsequent to the submission of the H2 plan, there had been further industrial action and there had been the understanding that the costs would be covered locally. ST contacted the national team outlining concerns and implications of this on the year end position. The national team have verbally confirmed that national funding would be received but the working assumption was that any reasonable costs arising from industrial action would be eliminated from the business rules. Written confirmation was awaited, as discussions between the national team and the Treasury continued.</p> <p>ST advised that M9 reporting had been completed and work continued on the forecast outturn both to inform planning for 2024/25 and for year-end.</p> <p>JL reported that one of the key areas for the providers was that their elective income was a key part of recovering their financial position, and this was further exacerbated by the latest round of industrial action.</p> <p>In respect of the ICB, JL highlighted some areas of concern, including the run rate of spend on funded care continuing at its current rate, putting further pressure on the budget and resulting in a worse position than expected at year end. In-year mitigations included a reduction of prescribing costs and a continued underspend on dentistry activity, although this was less positive from a patient perspective. Whilst the two financial benefits effectively offset the funded care spend, it cannot be relied upon going forward. SW expressed concern around the dentistry position, particularly in terms of health inequalities and the general issue around dental provision. JL highlighted the additional subsidy from the ICB to reinvigorate dental provision in St Paul's but recognised this was only a small part of a systemic problem.</p> <p>JL also advised internal discussions with budget holders continued to ensure they were fully aware of their actions and responsibilities as the year-end approached.</p> <p>Steve West (SW) referenced the new dental school in Bristol and the possibility of expanding the service that could be provided. JL took an action to look into this further and also highlighted that the transfer of the dental school from UHBW to the University facility has also caused a cost pressure to UHBW.</p> <p>JC endorsed SW's comments and encouraged further scrutiny to the extent to which the ICB could be prescriptive around the patients treated by dental students.</p> <p>JL drew the Committee's attention to an issue around capital funding flows. A deep dive has been completed and there was confidence in the forecast position but there was a technical accounting issue relating to lease accounting (IFRS 16) which was not yet fully resolved and may result in an overspend position in the capital budget at year-end. The discussions were live at both a regional and national level.</p> <p>In terms of individual organisations, ST advised that a deep dive was scheduled for 30<sup>th</sup> January to check all were still in line with their projected positions.</p> <p>CG queried the latest position around mental health spend and also inequalities / prevention funding in the report; JL provided a high level update regarding the Health Inequalities fund (£3.2m) in that monies had been deployed to migrant health and also to the localities to take forward specific initiatives to support reducing health inequalities. In anticipatory care, a number of projects had been allocated funding in 2023/24 and some deferred to next year. Dave Jarrett, Director of Integrated and Primary Care, was leading this work and would update the ICB Board in due course. CG suggested it would be useful to have these areas drawn out in future reports; JL to consider how this can be included.</p> <p>In terms of mental health, JL reported that AWP were still carrying significant financial deficit, but were on track to breakeven. This was being closely monitored and it was noted that significant work was required to find a long term solution, particularly in relation to their workforce challenges.</p>	<p>JL</p> <p>JL</p>

	Item	Action
<b>To Note</b>		
8.1	<p><b>System DoFs Group</b></p> <p>ST reported that the main discussions in the System DOFs group focussed on operational planning and the year-end. Also highlighted was agreement from each of the provider organisations to commit to a standard operating protocol position and the UHBW peer review had progressed to a peer to peer review with NBT. AWP are completing an initial phase of work and would then consider the appropriate level of peer review.</p> <p>A process was also being developed for implementing the double lock and includes a review of previous investments where benefits had not been realised. The process would be presented to the Committee in due course.</p> <p>JL also highlighted on a retrospective review currently underway of investments and workforce headcount changes; the output of the review would be presented to the Committee in February 2024. It was also intended to present the output to the People Committee.</p>	
8.2	<p><b>Digital Delivery Board</b></p> <p>DES reported on an article in the HSJ (and on the cover page) which highlighted BNSSG ICB as 1 of 7 systems in the country with a cyber plan. The Joint Cyber Group continued to work more collegiately together and would hopefully start to yield some benefits.</p> <p>The Digital Delivery Board meeting also discussed the current challenges with the NHS @ home digital infrastructure; this included data sharing to ensure all clinicians could access the email system currently used by Sirona. The 2<sup>nd</sup> component related to a wider data sharing approach, and the development of a data sharing charter, developed by systems SIROs and Caldicott Guardians. The charter, which would be crucial in data sharing for both primary and secondary users and public health, would be presented to the Committee in due course.</p> <p>DES also updated on the innovation project linked to COPD and CVD which is progressing well.</p> <p>The Committee also noted the appointment of Kerry Darvill as Programme Director for the Shared Data and Planning Platform (SDPP). Kerry would commence in post on 19 February 2024.</p>	
8.3	<p><b>System Estates Steering Group</b></p> <p>ST reported that work continued on the development of the infrastructure strategy and capital prioritisation and there was no specific update, following the Board Seminar.</p>	
<b>Any Other Business</b>		
	<p><b>Key messages for ICB Board</b></p> <p>SW reflected on discussions with Jeff Farrar, ICB Chair, around ensuring ICB Board meeting agendas allowed for more creative and strategic discussions, rather than receiving a large number of papers for review.</p> <p>ST suggested it may be useful for FED to give consideration around system working, and the system's role in responding appropriately / challenging to some of the national approaches.</p> <p>CG reflected that it was sometimes easy to be presented with significant amounts of detail for a number of agenda items which doesn't then allow a wider view and papers presented to the Committee should clearly draw out the key issues. SW recognised the difficulties around this, particularly as the ICB continued to navigate through and alignment of the various internal committees and also into the wider system.</p> <p>SW also reflected on a potentially turbulent political year ahead, locally and nationally. CG echoed SW's comments and advised that there would be significant changes to the current governance / committee system in Bristol City Council, which may affect the decision making process for a period of time.</p>	
	<p><b>Date of Next Meeting</b></p> <p>Thursday 22<sup>nd</sup> February 2024 – 09:00-12:00, MS Teams</p>	