

## BOARD MEETING

<b>Title</b>	Finance Report - Month 6 (September)		
<b>Paper Date:</b>	5 November 2024	<b>Board Meeting Date:</b>	19 November 2024
<b>Purpose:</b>	Assurance	<b>Agenda Item:</b>	M6 Finance Report
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### Executive Summary

*Please provide a succinct / brief executive summary of the paper. This can include (as relevant):*

- **To brief the Committee on the financial position of the ICB and wider system at M6 (September) 2024**
- Buckinghamshire Healthcare NHS Trust - £.8m negative variance to plan YTD at M6 which is net impact of Industrial Action.
- Oxford Health NHS Foundation Trust - M6 plan and actuals include £1.3m of deficit funding and £155k of industrial action funding which is driving the favourable variance to plan of £0.2m.
- Oxford University Hospitals NHS Foundation Trust - £8.7m negative variance to plan YTD. Income and non-pay variances are largely due to over-performance against value agreed through contract negotiations on HCDD with c25% of this as system cost pressure with the balance being NHSE/other ICBs.
- Royal Berkshire NHS Foundation Trust - £6.1m negative variance to plan YTD. Non-pay, clinical supplies and services is £3.4m as the Trust recovers elective activity. Drugs overspent is offset by income and phasing of efficiency plans/ timing of efficiency realisation also contribute to the adverse variance.
- The ICB is reporting a £2.1m deficit YTD variance relating to HCDD and S117 placements.

### Action Required

The board are asked to:

- *Note the reported deficit for the ICB and the wider system and to consider/identify further actions to mitigate.*

### Conflicts of Interest:

*(Delete all rows on the right that are not applicable – leaving only the correct option.)*

Conflict noted: conflicted party can participate in discussion and decision

This report contains information including the financial performance of organisations that partner members of the Board lead/are employed by. The perspective of these members is an important aspect to enable the Board to focus on where the ICB and system contribute to improvement.

### Date/Name of Committee/ Meeting, Where Last Reviewed:

5 November 2024 System Productivity Committee

## BOB ICB Finance Report

### Month 6 2024/25

#### Context

At Month 6, BOB ICS is reporting a £40.6m deficit overall. This is an adverse variance of £17.4m against a YTD plan of £23.2m, and a month-on-month improvement of £1.6m from M5.

The position also includes £30m non-recurrent deficit support funding received in M6 from NHSE to relieve the planned deficit that was reported at M5.

On a full year basis, the expectation is a breakeven position across the ICS with the help of £60m deficit support funding.

#### The main drivers to the M6 Provider positions are:

- **Berkshire Healthcare NHS Foundation Trust** – M6 on plan, Trust is planning for FY surplus of £1.9m. ERF on track to earn £5m included in plan including Frimley ICB contribution. Overspend in OAPs costs are partially offset by Specialist placements costs which are lower than planned.
- **Buckinghamshire Healthcare NHS Trust** - the Trust is delivering its financial plan, excluding the net impact of Industrial Action £(0.8)m due to a combination of non-recurrent items (£2.0m PFI deed of variation and £1.3m prior year VAT rebate), increased income due to 2024/25 contract agreements, offsetting unplanned prior year costs £(0.8)m and activity / contract risk £(2.9)m and lower than planned efficiency savings.
- **Oxford Health NHS Foundation Trust** - M6 plan and actuals include £1.3m of deficit funding and £155k of industrial action funding which is driving the favourable variance to plan.
- **Oxford University Hospitals NHS Foundation Trust** - Plan is adjusted for £3.9m (50% of deficit funding). Income and non-pay variances are largely due to over-performance against value agreed through contract negotiations on HCDD with c25% of this as system cost pressure with the balance being NHSE/other ICBs.
- **Royal Berkshire NHS Foundation Trust** -Non-pay, clinical supplies and services is £3.4m higher than plan at month 6 YTD as the Trust recovers elective activity. Drugs overspent is offset by income and phasing of efficiency plans/ timing of efficiency realisation also contribute to the adverse variance. The variance reported at M6 is against submitted NHSE plan rather than rephased plan and excludes the effect of the contract difference with the ICB which has been agreed to be processed in M7.

#### The main drivers to the M6 ICB position are:

A YTD deficit position of £2.1m against a deficit plan of £0.2m (£2.4m M5, £5.9m M4).

Whilst work is underway to analyse and cleanse the position to date, the main drivers continue to be:

- Overperformance on Acute relating to HCDD - Monthly challenges will be established in line with terms of contract and HCDD framework. Challenge reports have started to be submitted to the Trusts with regards to HCDD so that we can gain further assurance on appropriate funding and work together to better understand the position. The ICB is awaiting formal responses from the Trusts.

- Significant costs related to Mental Health section 117 aftercare and placements across the ICB continue to see activity and cost increases. More robust engagement with the councils is planned to address the issues as system partners.
- Phasing of efficiency plans vs actual delivery create variances to the plan. With dedicated resource supporting the delivery of the plans, this will provide the ICB with the risk rated overview of what can be achieved.

# **BOB ICB Finance Report**

**Month 6 2024/25**

# BOB system summary position M6

Surplus / (Deficit) - Financial Position M6	Plan YTD (Pre-Deficit Funding)	Deficit Funding	Plan YTD (Post-Deficit Funding)	Actual YTD (Pre-Deficit Funding)	Actual YTD (Post Deficit Funding)	Variance YTD Post Deficit Funding	Variance YTD (as % of Income/ Allocation)	Original Plan 24/25	As % of Original Income	Deficit Funding	Revised Plan 24/25	% of Revised Income
	£'m	£'m	£'m	£'m	£'m	£'m	%	£'m	%	£'m	£'m	%
Berkshire Healthcare NHS Foundation Trust	1.4	0.0	1.4	1.4	1.4	0.0	0.0%	1.9	0.5%	0.0	1.9	0.5%
Buckinghamshire Healthcare NHS Trust	(17.1)	11.1	(6.0)	(17.8)	(6.7)	(0.8)	(0.2%)	(22.9)	(3.7%)	22.2	(0.7)	(0.1%)
Oxford Health NHS Foundation Trust	(2.3)	1.3	(1.0)	(2.1)	(0.8)	0.2	0.1%	(2.7)	(0.4%)	2.6	(0.1)	(0.0%)
Oxford University Hospitals NHS Foundation Trust	(21.0)	3.9	(17.1)	(29.7)	(25.8)	(8.7)	(1.1%)	(8.1)	(0.5%)	7.9	(0.2)	(0.0%)
Royal Berkshire NHS Foundation Trust	(7.4)	7.0	(0.3)	(13.5)	(6.5)	(6.1)	(2.0%)	(14.5)	(2.4%)	14.1	(0.4)	(0.1%)
<b>Provider Total</b>	<b>(46.4)</b>	<b>23.4</b>	<b>(23.0)</b>	<b>(61.7)</b>	<b>(38.3)</b>	<b>(15.3)</b>		<b>(46.3)</b>		<b>46.7</b>	<b>0.5</b>	
Buckinghamshire, Oxfordshire And Berkshire West ICB	(6.9)	6.6	(0.2)	(8.9)	(2.3)	(2.1)	(0.1%)	(13.7)	(0.4%)	13.3	(0.5)	(0.0%)
<b>ICS Total</b>	<b>(53.2)</b>	<b>30.0</b>	<b>(23.2)</b>	<b>(70.6)</b>	<b>(40.6)</b>	<b>(17.4)</b>		<b>(60.0)</b>		<b>60.0</b>	<b>(0.0)</b>	

Overall, BOB ICS is reporting a £40.6m deficit at M6. This is an adverse variance of £17.4m against a YTD plan of £23.2m, and a month-on-month improvement of £1.6m from M5. The position also includes £30m non-recurrent deficit funding received in M6 from NHSE to relieve the planned deficit that was reported at M5. *The table above demonstrates the pre and post deficit funding for clarity.*

### The main drivers to the provider positions are:

- **Berkshire Healthcare NHS Foundation Trust** – M6 on plan, Trust is planning for FY surplus of £1.9m. ERF on track to earn £5m included in plan including Frimley ICB contribution. Overspend in OAPs costs are partially offset by Specialist placements costs which are lower than planned.
- **Buckinghamshire Healthcare NHS Trust** - the Trust is delivering its financial plan, excluding the net impact of Industrial Action £(0.8)m due to a combination of non-recurrent items (£2.0m PFI deed of variation and £1.3m prior year VAT rebate), increased income due to 2024/25 contract agreements, offsetting unplanned prior year costs £(0.8)m and activity / contract risk £(2.9)m and lower than planned efficiency savings.
- **Oxford Health NHS Foundation Trust** - M6 plan and actuals include £1.3m of deficit funding and £155k of industrial action funding which is driving the favourable variance to plan.
- **Oxford University Hospitals NHS Foundation Trust** - Plan is adjusted for £3.9m (50% of deficit funding). Income and non-pay variances are largely due to over-performance against value agreed through contract negotiations on HCDD with c25% of this as system cost pressure with the balance being NHSE/other ICBs.
- **Royal Berkshire NHS Foundation Trust** -Non-pay, clinical supplies and services is £3.4m higher than plan at month 6 YTD as the Trust recovers elective activity. Drugs overspent is offset by income and phasing of efficiency plans/ timing of efficiency realisation also contribute to the adverse variance. The variance reported at M6 is against submitted NHSE plan rather than rephased plan and excludes the effect of the contract difference with the ICB which has been agreed to be processed in M7.

The ICB reported a YTD deficit position of £2.1m against a deficit plan of £0.2m (£2.4m M5, £5.9m M4).

Whilst work is underway to analyse and cleanse the adverse variances to date, the main drivers continue to be:

- Overperformance on Acute relating to HCDD - Monthly challenges will be established in line with terms of contract and HCDD framework. Challenge reports have started to be submitted to the Trusts with regards to HCDD so that we can gain further assurance on appropriate funding and work together to better understand the position. The ICB is awaiting formal responses from the Trusts.
- Significant costs related to Mental Health section 117 aftercare and placements across the ICB continue to see activity and cost increases. More robust engagement with the councils is planned to address the issues as system partners.
- Phasing of efficiency plans vs actual delivery create variances to the plan. With dedicated resource supporting the delivery of the plans, this will provide the ICB with the risk rated overview of what can be achieved.

# ICB Finances

<b>BOB ICB OVERALL by Service Line M6</b>	<b>YTD Budget</b>	<b>YTD Actual</b>	<b>YTD Variance</b>	<b>Annual Budget</b>	<b>Forecast Outturn</b>	<b>Forecast Variance</b>
	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>
Acute	924.8	933.6	(8.8)	1,773.6	1,789.9	(16.3)
Community Health Services	205.3	206.4	(1.1)	405.7	408.5	(2.8)
Continuing Care	112.0	112.5	(0.5)	224.0	224.0	0.0
Mental Health	180.1	188.8	(8.7)	358.4	374.1	(15.7)
Other Programme	23.3	4.5	18.8	60.3	25.7	34.6
Primary Care	25.7	26.5	(0.7)	51.0	52.4	(1.4)
Prescribing, Central Drugs and Oxygen	141.1	142.1	(1.0)	282.2	283.3	(1.2)
Pharmacy, Optometry and Dentistry (POD)	64.0	63.7	0.3	138.5	134.8	3.7
Delegated Co-Commissioning	178.5	178.5	0.0	344.2	344.2	0.0
<b>Total Programme Commissioned Costs</b>	<b>1,854.8</b>	<b>1,856.7</b>	<b>(1.8)</b>	<b>3,638.0</b>	<b>3,637.0</b>	<b>1.0</b>
Admin Costs	14	14	(0)	28	29	(1)
<b>Total before ICB Surplus/(Deficit)</b>	<b>1,868.7</b>	<b>1,870.8</b>	<b>(2.1)</b>	<b>3,666.3</b>	<b>3,666.3</b>	<b>0.0</b>
ICB Surplus / (Deficit)	(0)	0	(0)	(0)	0	(0)
<b>Total after Surplus/ (Deficit)</b>	<b>1,868.5</b>	<b>1,870.8</b>	<b>(2.3)</b>	<b>3,665.9</b>	<b>3,666.3</b>	<b>(0.4)</b>

At M6, the net in-month position improved by £1.6m compared to the previous month.

**The key areas of movement are:**

- **Acute:** Driven by High-Cost Drugs and Devices (HCDD) against contract plan value agreed through contract negotiations; increased activity not covered by ERF income for Unbundled Radiology, Nuclear Medicine and Chemo and increase in Independent Sector Provider (ISP) activity (excluding Elective Recovery Funding (ERF)).
- **Continuing Healthcare (CHC):** Data cleaning and review of Domiciliary Care position has led to a break-even position this month.
- **Community** (Interim Health Funded individuals): Non-CHC related expenditure adding pressure to the budget.
- **Mental Health/ LDA:** Significant costs relating to Section 117 aftercare and placements across the three places, with a potential full-year impact of £15.7million.
- **Prescribing:** With opportunities crystallising, unplanned pressures relating to nationally agreed price concessions on Apixaban reduced the favourable position.

**The on-going actions to manage the position include:**

- ICB Executive and Budget Holders continue to review the year-to-date spend and the plan for the second half of the year, to evaluate the risks around the delivery of the full year position. These reviews include monitoring progress against CIP and stretch targets and continuing to identify mitigations where necessary.
- Analysis of HCDD costs is underway, led by finance and contracting together with the Medicines Optimisation Team SMEs to address procurement issues raised by MOT. A HCDD dashboard is in development by business intelligence in conjunction with finance and contracting colleagues. Procurement issues raised for insulin pump are being picked up through finance/contracting routes with providers
- On-going review and transformation of CHC to ensure planned savings delivery is optimised. Risk assessed improvements have been reflected in the M6 position.
- In depth review of the Mental Health forecast to clearly understand the different drivers of pressure visible and work through how appropriate corrective action can be taken to address these and manage spend.

Acute M6 24/25	YTD Budget £'m	YTD Actual £'m	YTD Variance £'m	Annual Budget £'m	Forecast Outturn £'m	Forecast Variance £'m
NHS providers	810.1	813.2	(3.1)	1,556.4	1,562.7	(6.2)
Independent Sector Providers	26.1	29.0	(2.9)	52.2	57.5	(5.3)
Discharge to assess cost	2.0	2.0	(0.0)	4.0	4.0	0.0
Equipment- Diabetic Pump	0.5	1.1	(0.6)	1.1	2.1	(1.1)
Urgent Care	2.2	2.2	0.0	4.4	4.4	0.0
London Providers	15.1	16.3	(1.2)	30.2	32.6	(2.5)
Voluntary Sector Grants	0.1	0.1	0.0	0.3	0.3	0.0
Winter Resilience costs	0.1	0.1	0.0	0.2	0.2	0.0
Acute LVA	12.5	12.5	(0.0)	12.5	12.5	0.0
Acute NCA	3.6	4.5	(0.9)	7.1	8.6	(1.5)
Ambulance Services	43.6	43.6	0.0	87.2	87.2	0.0
Patient Transport	8.8	8.8	(0.0)	18.0	17.7	0.4
<b>Grand Total</b>	<b>924.8</b>	<b>933.6</b>	<b>(8.8)</b>	<b>1,773.6</b>	<b>1,789.9</b>	<b>(16.3)</b>
<i>Prior Month</i>	<i>747.6</i>	<i>755.0</i>	<i>(7.5)</i>	<i>1,729.1</i>	<i>1,745.8</i>	<i>(16.8)</i>

Key reasons for variance	Acute M6 £m
<b>Key Pressures:</b>	
Drugs *	(9.2)
Devices**	(4.0)
Unbundled Radiology***	(10.8)
Other Trust / IS variances	(23.4)
CIP unallocated	(5.1)
Diabetic Pumps	(1.1)
<b>Total Pressures</b>	<b>(53.7)</b>
<b>Key Mitigations:</b>	
ERF Income	20.7
Contract finalisation provision	16.5
Other (PTS, non-ERF NCA)	0.2
<b>Total Pressures</b>	<b>37.4</b>
<b>Variance</b>	<b>(16.3)</b>

At M6, the YTD position is an adverse £8.8m against plan with a full year adverse variance of £16.3m. This is £0.5m improvement month-on-month, with High-Cost Drugs/Devices and Unbundled Radiology continuing to be the main drivers. The full year outturn position includes £20.7m ERF income (adverse movement of £0.4m from M5) mainly due to reduced activity from the IS providers. The ERF income will be split according to providers in M7 and once Q1 performance information is published by NHSE, a review will be carried out to compare and develop the internal forecasting of ERF income.

**The main variances relate to:**

- **NHS Providers** – High-Cost Drugs and Devices (HCDD) against contract plan value agreed through contract negotiations; increased activity not covered by ERF income for Unbundled Radiology, Nuclear Medicine and Chemo and increase in Independent Sector Provider (ISP) activity (excluding Elective Recovery Funding (ERF)).
- **IS Providers** – whilst PbR activity will be mitigated through ERF income, Outpatient Follow-Up activity is not. This element represents circa 10% of the overall IS activity.
- **Equipment- Diabetic Pump** – The process for the procurement of diabetes devices varies between the 3 acute providers in BOB ICS. With OUH and RBFT, devices are procured directly from the suppliers and ICB charged via the contract. For BHT, suppliers currently invoice ICB finance directly for BHT through a historic arrangement . Discussions are on-going to ensure the process is uniformed across to allow for effective cost validation through Blueteq .
- **London Providers** – overspend mainly due to Elective ERF (£1.5m) which will be matched-off next month and HCDD (£1m).
- **NCA** - The adverse variance of £1.5m forecast outturn relates to £1.3m in-year activity and unfunded £0.2m from 2023/24 (confirmed March 2024 activity). The spend continues to be driven by Community Health Eye Care (CHEC) , an Ophthalmology provider, who’s position has improved from last month by £0.8m. As this provider has now moved from NCA to a contract, their activity is now available to be included in the estimate for ERF income. The forecast for other providers has also improved by circa £0.2m.

The acute position also includes non-provider specific CIP target of £5m for prescribing, covering challenges and biosimilar switches. Some challenges have been agreed with BHT and OUH (c£0.3m, covering mischarged commissioners etc.) and the achieved CIP will be reflected in High-Cost Drugs forecasts going forward. There is also a net £16.5m budget provision held to cover provider offers and other related pressures that will be allocated once contracts are signed.

# ICB Acute M6 – key provider information

The table below highlights the performance of the three in-system Acute Trusts in BOB ICS.  
(It is an extract from the NHS providers row in the previous table in Slide 5):

Comparison of contract offer to forecast expenditure	Elective ERF £m	Other Elective (includes HCDD) £m	Fixed £m	Total £m
<b>Buckinghamshire Healthcare NHST</b>				
Contract Offer (pending finalisation)	100.4	21.2	291.3	412.9
Forecast Expenditure	109.1	23.9	291.3	424.3
<b>Variance</b>	<b>(8.8)</b>	<b>(2.7)</b>	<b>0.0</b>	<b>(11.4)</b>
<b>Oxford University Hospitals NHSFT</b>				
Contract Offer (pending finalisation)	154.4	52.9	395.6	602.9
Forecast Expenditure	153.1	69.0	395.6	617.7
<b>Variance</b>	<b>1.3</b>	<b>(16.1)</b>	<b>0.0</b>	<b>(14.8)</b>
<b>Royal Berkshire NHSFT</b>				
Contract Offer (pending finalisation)	109.8	31.9	269.4	411.1
Forecast Expenditure	111.3	34.6	269.4	415.3
<b>Variance</b>	<b>(1.5)</b>	<b>(2.7)</b>	<b>0.0</b>	<b>(4.2)</b>
<b>In System NHS Acute Providers Total Variance</b>	<b>(8.9)</b>	<b>(21.5)</b>	<b>0.0</b>	<b>(30.4)</b>
<i>Previous month</i>	<i>(9.6)</i>	<i>(22.9)</i>	<i>0.0</i>	<i>(32.6)</i>

There is a forecast overperformance of £30.4m for the three in-System Acute Trusts, representing a net overperformance on the variable elements of the contract with the ERF element offset by the overperformance funding from NHSE.

- **BHT** - will continue to exceed activity targets for elective ERF, albeit slightly lower than last month at £8.8m.
- **OUH** - has adversely moved to £1.3m under target.
- **RBFT** - expected overperformance has increased from last month to £1.5m.

The net effect of all three provider movements are an adverse reduction in income of circa £0.75m month on month.

Analysis of Other Elective Variance	High-Cost Drugs *	High-Cost Devices **	Unbundled Radiology / Nuclear Medicine ***	Total
	£'m	£'m	£'m	£'m
Buckinghamshire Healthcare NHS Trust	(1.2)	0.1	(1.6)	(2.7)
Oxford University Hospitals NHS Foundation Trust	(5.7)	(3.5)	(6.9)	(16.1)
Royal Berkshire NHS Foundation Trust	(1.7)	(0.3)	(0.8)	(2.7)
<b>In System NHS Acute Providers - Other Elective Variance</b>	<b>(8.6)</b>	<b>(3.7)</b>	<b>(9.3)</b>	<b>(21.5)</b>
Out of System NHS Acute Providers - Other Elective Variance	(0.7)	(0.3)	(1.5)	(2.5)
<b>ALL NHS Acute Providers - Other Elective Variance</b>	<b>(9.2)</b>	<b>(4.0)</b>	<b>(10.8)</b>	<b>(24.0)</b>
<i>Prior Month</i>	<i>(9.0)</i>	<i>(3.9)</i>	<i>(11.5)</i>	<i>(24.5)</i>

### Other Elective (Includes HCDD):

Forecast overspend for the Other Variable category is £24.0m, a favourable movement of £0.5m from M5.

Community Health Services M6 24/25	YTD Budget £'m	YTD Actual £'m	YTD Var £'m	Annual Budget £'m	Forecast Outturn £'m	Forecast Variance £'m
NHS provider	130.2	130.2	(0.0)	254.1	254.1	(0.0)
BCF S75	44.4	44.4	0.1	90.2	90.1	0.1
Palliative care	3.5	3.2	0.3	7.0	6.5	0.5
Intermediate care	3.9	4.2	(0.3)	7.8	8.5	(0.7)
Child & Young Persons	0.7	0.7	(0.0)	1.3	1.4	(0.0)
Endoscopy, Ultrasound, TOP, Audiology, Physio	8.7	9.0	(0.3)	17.5	18.5	(1.0)
Non CHC NCA	0.0	1.0	(1.0)	0.0	2.1	(2.1)
Health Inequalities & LTC	5.4	5.2	0.3	10.9	10.4	0.5
Community Equipment	8.5	8.6	(0.1)	16.9	16.9	0.0
<b>Total</b>	<b>205.3</b>	<b>206.4</b>	<b>(1.1)</b>	<b>405.7</b>	<b>408.5</b>	<b>(2.8)</b>

- **Intermediate Care:** YTD overspend of £0.3m, with forecasted overspend of £0.6m in a year, mainly due to unachieved CIP YTD by £0.5m and forecasted £1m in year with no schemes identified.
- **Endoscopy, Ultrasound, Termination of Pregnancy (TOP), Physiotherapy:** The YTD overspend of £0.2m, with forecasted overspend of £1m in a year, primarily due to above-plan activity linked to the Elective Recovery Funding (ERF) initiative on Endoscopy, Ultrasound, Physio service activities.
- **Non-CHC NCA:** The YTD overspend by £0.9m, with forecast overspend of £2.1m. The non CHC is forecasting an overspend at the present time and the budget is being reviewed. There are an increasing number of exceptional cases that require sign off to support discharge and the ICB is reviewing the policy and procedures around these decisions
- **Health Inequalities & LTC:** at M6 there is a YTD underspend of £0.3m and a forecast underspend of £0.5m. This is made up of Health Inequalities underspend of £0.3m YTD and £0.6m FOT which includes staff costs relating to LTC where the funding from Long Covid allocation (15% top-slice) was not deducted prior to contract agreement with providers. The LTC team have also delivered savings of £0.2m to date to support ICB's overall financial position.
- **Community Area:** Includes a £4.395m CIP target, with £1.689m achieved due to budget cuts reflected in the report. Whilst a £0.5m CIP in Equipment is forecasted to be achieved 50% by end of the year and YTD targets have not been met. The remaining £1.206m CIP for Non-CHC NCA has not been achieved, resulting in YTD overspend of £0.9m and a forecasted overspend of £2.1m. Similarly, £1m CIP in Intermediate care has not achieved YTD and not forecasted to achieve as of M6 reporting.

# ICB Mental Health & Learning Disability/Autism M6

Buckinghamshire, Oxfordshire  
and Berkshire West  
Integrated Care Board

MH and LDA M6 24/25 By Place	YTD Budget £m	YTD Actual £m	YTD Variance £m	Annual Budget £m	Forecast £m	Variance £m
<b>NHS by place:</b>						
Berkshire	42.8	42.9	(0.1)	85.5	85.5	0.0
Oxfordshire	66.1	66.1	0.0	132.2	132.2	0.0
Buckinghamshire	28.3	28.3	(0.0)	56.6	56.7	(0.0)
LVA	1.9	1.9	(0.0)	1.9	1.9	(0.1)
<b>Total NHS</b>	<b>139.1</b>	<b>139.2</b>	<b>(0.2)</b>	<b>276.3</b>	<b>276.3</b>	<b>(0.1)</b>
<b>Non-NHS by place:</b>						
Berkshire	13.1	14.5	(1.4)	26.3	28.3	(2.0)
Oxfordshire	1.3	5.6	(4.3)	2.6	11.2	(8.6)
Buckinghamshire	10.3	13.0	(2.7)	20.5	25.3	(4.8)
Corporate	0.6	0.7	(0.1)	1.2	1.4	(0.2)
SDF	15.8	15.8	(0.0)	31.5	31.5	0.0
<b>Total Non-NHS</b>	<b>41.1</b>	<b>49.6</b>	<b>(8.5)</b>	<b>82.1</b>	<b>97.7</b>	<b>(15.6)</b>
<b>Total</b>	<b>180.1</b>	<b>188.8</b>	<b>(8.7)</b>	<b>358.4</b>	<b>374.1</b>	<b>(15.7)</b>

MH and LDA M6 24/25 By Service	YTD Budget £m	YTD Actual £m	YTD Variance £m	Annual Budget £m	Forecast £m	Variance £m
MH NCA/OAPs esp. Bucks	3.9	2.2	1.7	6.0	2.6	3.4
CAMHS	11.8	11.8	0.1	23.7	23.5	0.1
Community placements	59.3	60.8	(1.4)	118.7	121.2	(2.5)
Supported housing	0.3	0.7	(0.4)	0.5	1.3	(0.7)
S117, individual MH/LDA	57.2	64.3	(7.0)	114.5	128.3	(13.8)
Dementia	1.0	1.2	(0.2)	2.1	2.4	(0.3)
ADHD Right to Choose	0.6	1.0	(0.4)	1.2	2.0	(0.8)
SDF	13.9	13.9	0.0	27.7	27.7	0.0
Other/NHS block	32.1	32.9	(1.1)	64.0	65.1	(1.1)
<b>Total</b>	<b>180.1</b>	<b>188.8</b>	<b>(8.7)</b>	<b>358.4</b>	<b>374.1</b>	<b>(15.7)</b>

At M6, the YTD position is an adverse £8.7m against plan with a full year adverse variance of £15.7m. The YTD adverse movement of £1.9m from M5 relates to Sec.117 packages of care forecast increasing, predominantly in Residential and Nursing Home bed costs. A deep dive exercise was carried out in M6 to ascertain the pressure points in activity so that targeted mitigations can be implemented in time to see benefits in-year. This exercise is also to support the 2025/26 planning round to ensure we account for the services and therefore costs that need to be underpinned by contracts/ agreements. The two tables above are breakdown by providers and by service line to help analyse the position.

With NHS providers on Block contracts (77% of total budget), the variance of £0.1m relates to Low Volume Activity (LVA) that is not part of the Block (IV + TTO + prescription).

The remainder is non-NHS providers (14%), and mainly made up of the three county councils in BOB. Contractual agreements are via Sec.75 and therefore, these agreements will need to reflect the appropriate health and social care contribution to meet the health and wellbeing needs of people who live in the Buckinghamshire, Oxfordshire and Berkshire West area.

- **West Berkshire Council**– the adverse variance is due to supported housing over and above the planned activity.
- **Oxfordshire County Council** – includes an income loss of circa £3.7m contribution to the mental health pooled budget for supported housing services that fit in the community model, that are not delivered in hospitals. The agreements and the adjustments relating to this are currently being reviewed to confirm the service provision with the ICB. There is also a budget reduction of £2.1m from 2023/24 relating to the 50:50 share of the Sec.117 costs with the council. The ICB will start discussions with the council to review the health and social care needs assessment tool by implementing validation processes to ensure the patients receive the right level of health and social care support.
- **Buckinghamshire County Council** – the adverse variance of £4.8m mainly relates to mental health NCAs and mental health act activity. Similar to the other two councils in BOB, work will commence to agree indicative activity levels that will inform the Sec.75 in 2025/26.

# ICB Prescribing M6

GP Prescribing M6 24/25	YTD Budget £'m	YTD Actual £'m	YTD Var £'m	Annual Budget £'m	Forecast Outturn £'m	Forecast Variance £'m
GP Prescribing	140.2	141.1	(0.9)	280.3	278.5	1.8
CIP	(8.5)	(8.0)	(0.4)	(16.9)	(13.3)	(3.6)
Drugs Met Centrally	4.3	4.3	0.1	8.7	8.5	0.2
Oxygen	0.9	0.9	0.0	1.9	1.8	0.0
GP Incentive Schemes	0.9	0.9	0.0	1.7	1.7	0.0
Dressing Products	3.0	2.8	0.2	5.9	5.5	0.4
Prescribing Decision software	0.3	0.3	(0.0)	0.6	0.6	(0.0)
<b>Total</b>	<b>141.1</b>	<b>142.1</b>	<b>(1.0)</b>	<b>282.2</b>	<b>283.3</b>	<b>(1.2)</b>

As of Month 6, data for April to July 2024 is available. The forecasts above reflect a modest 2.1% growth for the remainder of the year, accounting for additional pressures from NICE TAs related to Rimegepant, Daridorexant, and other horizon-scanning factors. The planned CIP, initially set at £16.9m, is now forecasting a year-end delivery of £13.3m. The underperformance is largely attributed to the potential impact of GP actions (a £2.4m reduction) and a benefit from the Rivaroxaban price drop in September, now forecasted at £1.876m. Additionally, last month saw a price concession announced for Apixaban, further adversely impacting the CIP by £3m..

Potential risks include changes in growth rates, future price concessions, drug shortages, and the effects of the Pharmacy First scheme and other services.

Notably, the main cost drivers appear to be within the Endocrine system, which has seen an increase of £1.4m year to date. Dapagliflozin alone has exerted significant pressure, adding over £1m in costs within just four months, aligned with unavoidable NICE TA guidance. In parallel, the impact on diabetes-related appliances is also evident. For instance, the Freestyle Libre 2 Sensor, which transmits real-time glucose readings to users' smartphones, has already generated an additional £1.2m in costs within the same period. This spike is directly linked to updated NICE guidance, which has expanded its use to a larger cohort of patients.

# ICB Primary Care & Pharmacy, Optometry, Dental (POD) M6

Primary Care M6 24/25	YTD Budget £'m	YTD Actual £'m	YTD Variance £'m	Annual Budget £'m	Forecast Outturn £'m	Forecast Variance £'m
GP LCS	7.6	7.6	0.0	15.3	15.3	0.0
PC Investment	2.3	2.1	0.2	4.6	4.4	0.2
GPIT/Digital	4.0	5.0	1.0	8.0	10.0	(2.0)
PC Transformation	3.0	2.9	0.1	5.6	5.3	0.3
GP Delegated	178.5	178.5	0.0	344.1	344.1	0.0
POD Delegated	64.0	63.7	0.3	138.5	134.8	3.7
<b>Total</b>	<b>259.4</b>	<b>259.8</b>	<b>1.6</b>	<b>516.1</b>	<b>513.9</b>	<b>2.2</b>

As at month 6 the GPIT / Digital budget has a forecast variance for the year of a £2m overspend. Some of these costs may be offset by primary care SDF funds of £1.3m which have previously been used to fund digital transformation projects and will now focus on ensuring that the digital elements of the Primary Care Strategy are fulfilled. The SDF funds will now fund some posts within the Digital Team (up to £300k), as well as non-pay costs such as EMIS clinical services.

In addition, Digital Team pay costs have been transferred from the ICB running costs budget to the GPIT programme budget so that the ICB can achieve its financial targets.

As at month 6 the POD Delegated budget has a forecast variance for the year of a £3.7m underspend. Of this £3.4m relates to additional dental contract claw back funds for 23/24, where contractors have been paid upfront for 100% of their contract value but the actual contract activity is below this. The ICB accrued anticipated dental claw back funds for 23/24 at year end to the value of £4.4m but current data shows that a total of £7.8m is now expected, thus the additional benefit of £3.4m to be recognised in 24/25. The actual funds received so far for 23/24 has not reached the accrued level of £4.4m, once it does then the YTD position will reflect this.

The additional £300k underspend in the forecast variance relates to an underspend in ophthalmic activity this year which can be recognised for month 6.

# ICB Continuing Health Care (CHC) M6

CHC Budget and spend is split into 2 main areas. Packages of Care (PoC), driven by the Broadcare database and Continuing Healthcare Assessment & Support (CHAS), of which 85% of the budget is allocated to pay (substantive and agency).

Continuing Healthcare FOT M6 24/25	Annual Budget £'m	Forecast Outturn £'m	Forecast Variance £'m
Bucks	73.5	72.8	0.7
Oxon	106.6	102.8	3.8
Berkshire West	33.7	36.3	(2.6)
Uplift, not allocated	8.8	5.1	3.7
Anticipated CIP delivery (not on Broadcare)	(6.0)	(0.6)	(5.4)
CHAS	7.5	7.6	(0.1)
<b>Total</b>	<b>224.0</b>	<b>224.0</b>	<b>0.0</b>

CHAS M6 24/25	Annual Budget £'000	Forecast Outturn £'000	Forecast Variance £'000
Establishment, licences	54	155	(101)
Legal fees	162	120	42
Premises	76	94	(18)
Purchase of Healthcare	528	0	528
Salaries and wages	6,174	4,451	1,723
Agency	205	1,830	(1,625)
Other professional	101	653	(552)
Supplies & services	161	295	(134)
Education & training	2	2	0
<b>Total</b>	<b>7,463</b>	<b>7,600</b>	<b>(137)</b>

## Packages of care

FOT position is a small underspend of £137k, an improvement of £2.4m from M5. Within the Broadcare figures, Bucks is showing an improvement of £0.6m to a FOT underspend of £0.7m. The Oxon FOT underspend of £2.3m at M5 has improved by £1.5m to £3.8m. This is largely due to release of £1.4m of the Domiciliary Care accrual. The BW FOT overspend worsened by £0.1m and is now £2.6m. Overall net cases increased by 26 compared with 15 in M5.

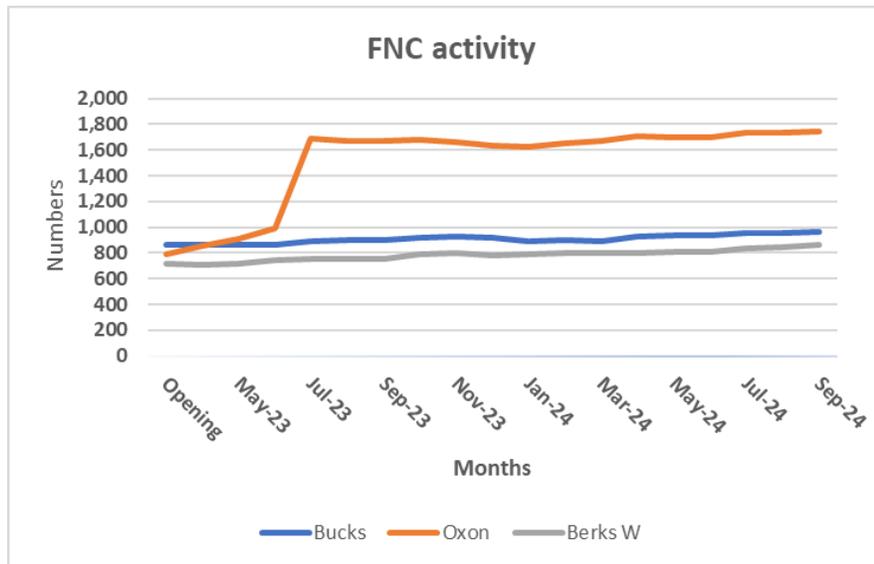
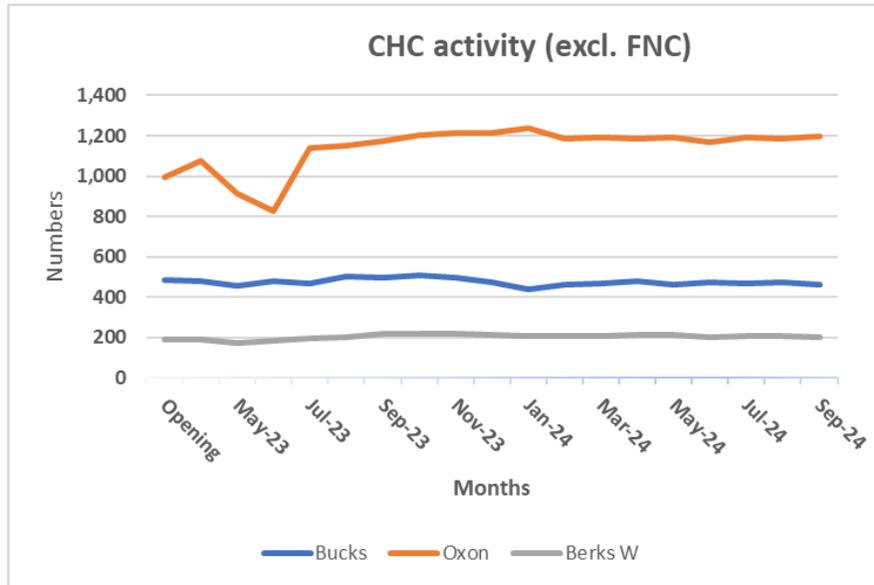
There was a release of £0.45m from the budget set aside for growth and uplifts in recognition of the activity increase. CIP shown of £0.6m is that anticipated to be achieved in the remainder of the year although work is ongoing to identify further areas for savings. CIP of £1.765m for the year 24/25 has been achieved already from work in 24/25 and the impact is within the Broadcare figures. The M6 YTD position is an overspend of £0.640m, mainly due to clients whose costs were only in the first 6 months.

## CHAS

This relates to the non-packages of care spend, reporting a FOT overspend of £137k, an adverse movement of £261k from the FOT overspend of £124k at M5. The change relates primarily to increased DOLS costs to fund backlogs and costs that were not transparent at M5. The overall position is driven by:

- Broadcare licences, not within the budget setting.
- Premises: Saffron House and Sandford Gate
- Agency staff dependency, work is underway to reduce agency use. This line includes the costs of the CIP lead forecast to end of the year. This is being reviewed in line with the new structure.
- Pay costs are showing a FOT underspend but this is likely to reduce as we move towards the new structure as vacancies are forecast to be filled. New structure released on 8.7.24 for consultation.
- Other professional is DOLS (Deprivation of Liberty Safeguards) expenses and includes prior year costs for one place not accrued £72k and which were not budgeted for in 24-25. DOLS costs are being reviewed as it is apparent there are some backlog cases which have not been included within the forecast.
- Supplies and services includes the costs for the CHF in Oxon which have now been agreed at c£50k less than originally forecast but also the extension of the Arden Gem contract which is c£61k more than forecast.
- Purchase of Healthcare line is the balancing budget and offsets pressures.

# ICB CHC Activity M6



Movt M5 to M6 activity	Bucks	Oxon	BW	Total	
<b>B/fwd. cases made up of:</b>		1,431	2,922	1,055	5,408
<b>B/fwd. still ongoing</b>					
PoC unchanged	1,255	2,718	958	4,931	
PoC increases	49	62	22	133	
PoC decreases	127	142	75	344	
<b>B/fwd now ended</b>					
Cases ended RIP	(69)	(93)	(52)	(214)	
Cases ended other	(15)	(19)	(12)	(46)	
New cases	78	120	65	263	
Restarts	2	10	11	23	
<b>Total current month ongoing</b>	<b>1,427</b>	<b>2,940</b>	<b>1,067</b>	<b>5,434</b>	

Per the table above, overall activity from M5 is showing 286 new and restarted cases (M5 283) with 260 cases ended (M5 268), made up of RIPs with some invalid cases. The net movement between M5 and M6 is an increase of 26 cases (M4 to M5, an increase of 15 cases). The table also shows 135 on going packages having increases to their costs (M5 197) whilst 84 had a decrease (M5 82).

The graphics on the left show CHC activity (excluding FNC) and FNC activity only, from March 2023 to date for the 3 places. There are some fluctuations in the Oxon data as a result of the introduction of the Broadcare database and work to ensure data was correct. This has been a long on-going process.

The table below shows costs per head of population at M6.

Costs & popn M6	Bucks	Oxon	BW	Uplift/CIP	Care costs	CHAS	Total
FOT costs per Broadcare £	72,802,000	102,774,000	36,290,000	4,534,000	216,400,000	7,600,000	224,000,000
Popn	590,858	818,924	585,283		1,995,065		1,995,065
Cost per head £	123	125	62		108		112
Cost per 50k/popn £	6,160,702	6,274,941	3,100,210		5,423,382		5,613,852

# ICB Staff WTEs M6

ICB Staff WTEs M6 Directorate	2024/25 Pay Budget			2024/25 Permanent staff in post M6			2024/25 WTE Variances post M6		
	Running costs	Programme	Total	Running costs	Programme	Total	Running costs	Programme	Total
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Nursing	34	152	186	44	105	149	10	(47)	(37)
Delivery	49	8	56	44	5	49	(5)	(3)	(7)
Governance	13		13	9		9	(4)	0	(4)
Medical	43	57	101	37	47	85	(6)	(10)	(16)
IT/DAAT	1	18	19	1	14	15	0	(4)	(4)
People	11		11	10		10	(2)	0	(2)
Comms/Engagment	9		9	8		8	(0)	0	(0)
Strategy & Partnerships	5		5	2		2	(3)	0	(3)
Finance & Contracting	65		65	56		56	(9)	0	(9)
Corporate/Senior Leadership Team	15		15	13		13	(2)	0	(2)
Programme Wide			0		14	14			
<b>Totals</b>	<b>245</b>	<b>235</b>	<b>480</b>	<b>225</b>	<b>185</b>	<b>410</b>	<b>(20)</b>	<b>(64)</b>	<b>(84)</b>

- Per the table above, overall actual Staff in Posts at M6 is showing 84 wte less than plan across both running cost and programme budgets. This is mainly due to vacancies being held across Nursing, Medical, Delivery and Finance directorates.
- Additional staff in programme are all TVCA and fully funded therefore not part of variance total.
- The work to ensure that all staff are correctly assigned across directorates, relevant income streams assigned, and any duplicate budgets removed are in the main complete but there are missing budgets which need to be resolved in-year, where possible.
- One such pay budget is the Medicine Optimisation Team, where an incorrect budget reduction of £0.56m has meant that the underspend reported in MOT should be higher by this same value, reflecting a higher underspend. This will be corrected for the 2025/26 planning round in line with the approved and fully costed structure.

# ICB Staff Costs M6

**Buckinghamshire, Oxfordshire  
and Berkshire West**  
Integrated Care Board

ICB Staff YTD M6 Directorate	2024/25 Pay Budget			2024/25 Permanent staff in post M6			2024/25 Variances in post M6		
	Running costs	Programme	Total	Running costs	Programme	Total	Running costs	Programme	Total
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Nursing	1,749	4,134	5,883	1,682	3,042	4,724	(67)	(1,092)	(1,159)
Delivery	2,542	15	2,557	2,060	199	2,259	(482)	184	(298)
Governance	438		438	287		287	(151)	0	(151)
Medical	1,815	2,030	3,844	1,399	1,561	2,960	(416)	(469)	(884)
IT/DAAT	27	1,055	1,082	27	1,063	1,090	0	9	9
People	466		466	199		199	(267)	0	(267)
Comms/Engagment	338		338	232		232	(107)	0	(107)
Strategy & Partnerships	250		250	135		135	(114)	0	(114)
Finance & Contracting	2,177		2,177	1,719		1,719	(458)	0	(458)
Corporate/Senior Leadership Team	1,090		1,090	1,040		1,040	(49)	0	(49)
Programme Wide					268	268			
<b>Totals</b>	<b>10,891</b>	<b>7,233</b>	<b>18,124</b>	<b>8,780</b>	<b>6,134</b>	<b>14,914</b>	<b>(2,111)</b>	<b>(1,368)</b>	<b>(3,478)</b>

Staff costs are split between programme and running costs however the programme split is not complete as there is no FOT or budgets in for MH/Specialist Commissioning.

The underspend is indicative of the on-going vacancies as a result of the recruitment freeze. Programme Wide spend is the TVCA staff costs which are funded so have no variance calculation

# ICB Risk and Mitigations M6



Lead	Service Line	Description	Annual Value £'m	Likelihood (High / Medium / Low)
Matthew Metcalfe	Acute	RBH contract Variance	£5.7	Medium
Rachael Corser	Mental Health	AMH/CYP growth esp. S117 BW	£2.3	Medium
Rachael De Caux	PC Prescribing	Collective action and IA -script switch	£0.0	Medium
Matthew Tait	Acute	UEC SCAS - Contract Risk	£1.8	Medium
Kate Holmes	Acute	RBH UEC and Covid testing 2023/24	£1.6	Medium
Kate Holmes	Acute	CNST 2024/25	£1.3	Medium
Kate Holmes	Acute	Other Contracts risks	£1.0	Medium
Kate Holmes	Acute	Hillingdon HFT Contract risk	£1.0	Medium
Rachael Corser	CHC	CHC, growth risk (M5 released demographic growth funds)	£1.0	Medium
Rachael Corser	CHC	CHC Backdated client	£0.6	Medium
Dan Leveson	Community	OCC Live Well risk share MH Oxon	£0.6	Medium
Dan Leveson	CHC	Refund of Oxon PHBs from OCC, unadjusted PoC on Broad Care	£0.5	Medium
Rachael Corser	Mental Health	MH Bucks S117-provided by BCC	£0.4	Medium
Matthew Tait	Community	Community (Endoscopy, ultrasound, Physio) ERF driver	£1.3	Medium
Dan Leveson	Community	OCC BCF contribution to staff costs	£0.4	Medium
<b>TOTAL ICB RISK</b>			<b>£19.3</b>	

Rachael De Caux	ICB Wide	CIP Delivery	-£5.2	Low
Rachael Corser	CHC	CHC Data Cleanse	-£3.7	Medium
Matthew Tait	Acute	UEC SCAS - Contract Risk	-£1.8	Medium
Victoria Oatley Groom	Digital	HTAAF	-£0.3	Low
Rachael De Caux	PC Prescribing	Stoma and Catheter - new contracts with external company	-£0.2	Medium
Rachael De Caux	PC Prescribing	Reducing medicines waste "Only order what you need" campaign	-£0.2	Medium
Rachael De Caux	Community	South Bucks capacity	-£0.2	Medium
Rachael De Caux	PC Prescribing	Wound Care	-£0.1	Medium
<b>TOTAL ICB Opportunities</b>			<b>-£11.7</b>	

<b>Total Net Risk/(Opportunity)</b>	<b>£7.6</b>
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The Risk and Mitigations for the ICB are areas considered over and above the reported position. They focus on key uncertainties which may impact on the achievement of one or more of our objectives to deliver the reported position.

At Month 6, the total risks of £19.3m identified has been risk rated and mitigated by opportunities amounting to £11.7m, leaving a potential net unmitigated risk of £7.6 million.

Whilst the most significant risk of £5.65m relates to the finalisation of the RBFT (Royal Berkshire NHS Foundation Trust) contract agreement, senior level discussions have taken place to agree the position as a system.

Risk around GP collective action and the potential impact on Prescribing costs and CIP delivery has now been included within Prescribing.

Key opportunities for mitigation include potential efficiencies that could enable greater achievement of the CIP target, although the likelihood of this materialising remains low. Other opportunities include reducing CHC forecast through further data cleansing efforts.

*NB: As explained in slide 10 (ICB Primary Care & Dental, Optometry, Pharmacy (DOP)) M6 – the Dental Clawback gain in 2024/25 of £3.4m is already reflected in the FOT position and hence not in the Risks & Opps table.*

Efficiency by scheme	YEAR TO DATE			ANNUAL		
	Plan Year to date	Actual Year to date	Variance to date	Annual Plan	Annual forecast	variance to plan
	£m	£m	£m	£m	£m	£m
HCD Biosimilars	1.6	0.0	1.6	3.1	0.0	3.1
HCD system working	1.0	0.0	1.0	2.0	0.0	2.0
Other Acute challenges	1.5	0.3	1.2	3.0	0.7	2.4
All Age continuing care - commissioning	3.0	0.6	2.4	6.0	2.4	3.6
S117 BW	0.5	0.2	0.3	1.0	0.2	0.8
SDF: Cardiac rehab defer until later, in process	0.1	0.1	0.0	0.2	0.2	0.0
Digital Efficiencies	0.3	0.3	0.0	0.6	0.6	0.0
Primary Care - Prescribing	8.5	8.0	0.4	16.9	13.3	3.6
Community Equipment Loan	0.3	0.1	0.1	0.5	0.3	0.2
Nursing Portfolio	0.5	0.0	0.5	1.0	0.0	1.0
SDF: Other - Womens Health Hubs -delay start	0.1	0.1	0.0	0.1	0.1	0.0
£1m in year allocations <0.6m further stretch target	0.6	0.6	0.0	1.2	1.2	0.0
<b>Total reported as per June 24 Plan resubmission</b>	<b>17.8</b>	<b>10.3</b>	<b>7.5</b>	<b>35.7</b>	<b>19.0</b>	<b>16.7</b>
<b>Additional Savings and Budgets Removed</b>						
HCD investments	2.8	2.8	0.0	5.7	5.7	0.0
Reduction in Ambulance growth	0.5	0.5	0.0	1.0	1.0	0.0
MH Complex care packages savings	0.6	0.0	0.6	1.2	0.0	1.2
WSOA - Community Paed Service slipage across CIT/Comm Paeds and Neuro	0.2	0.2	0.0	0.4	0.4	0.0
Health Inequalities	0.5	0.5	0.0	0.9	0.9	0.0
Interim Health placements & further push on Community Equipment loan service	0.6	0.6	0.0	1.2	0.0	1.2
Commissioning Schemes - delay start	0.2	0.2	0.0	0.4	0.4	0.0
Community Equipment Loan	0.0	0.0	0.0	0.1	0.1	0.0
Income (Asylum seeker from Home Office)	0.3	0.4	(0.1)	0.5	0.7	(0.2)
POD dental clawback	1.0	1.0	0.0	2.0	2.0	0.0
Cost Pressure -Stranded costs removed	0.5	0.4	0.1	1.1	0.9	0.2
Clinical Academic - Oxon notice given for service	0.2	0.2	0.0	0.4	0.4	0.0
Convergence Adj (0.19 %) - Transformation	1.6	1.6	0.0	3.3	3.3	0.0
£1m in year allocations <0.6m further stretch target	0.2	0.2	0.0	0.4	0.4	0.0
<b>Additional Savings Budgets Removed</b>	<b>9.2</b>	<b>8.7</b>	<b>0.5</b>	<b>18.5</b>	<b>16.1</b>	<b>2.4</b>

As of Month 6, the Cost Improvement Plans (CIPs) are falling short by £19.1 million against annual targets, resulting in a negative year-to-date variance of £8.0 million. This month, we do not anticipate any recovery in forecasts, as there are currently no plans in place to address this shortfall.

In High Cost Drugs and challenges, the year-end target is £5.1m. There is significant risk against delivery of this CIP. This is due to delay in contract agreement with providers (RBFT yet to be agreed) so delay in implementation of new prescribing frameworks / Blueteg until new contracts detail has been agreed. Detail and time frames agreed have also impacted potential for delivery. The Medicines Optimisation Team continue to work with providers to try to mitigate.

In the All-age Continuing Healthcare (CHC) sector, the year-end target stands at £6 million, with only £2.4 million projected to be achieved. The team is actively working to address this gap through measures such as enhanced data cleansing, reviewing packages etc.

For Primary Care Prescribing, the CIP target is £16.9 million, with an expected year-end delivery of £13.3 million. This shortfall is primarily attributed to the potential impacts of GP industrial actions.

Additionally, other areas are facing delays in delivery, largely due to the late initiation of projects and the finalisation of contracts. A comprehensive review of CIPs is being conducted alongside planned cost control evaluations at the Executive level in the coming months to identify opportunities for further delivery improvements.

# ICB Other Financial Statements – Balance Sheet M6

Statement of financial position as at:	As at 31 March 24	As at 31 August 24	Movement	As at 30 September 24
	£m	£m	£m	£m
<b>30 September 2024</b>				
Non current assets	1.9	1.6	0.0	1.5
<b>Total non current assets</b>	<b>1.9</b>	<b>1.6</b>	<b>0.0</b>	<b>1.5</b>
NHS receivables -revenue	3.4	1.0	0.2	1.3
NHS prepayments and accrued income	0.7	3.9	-0.8	3.0
Non-NHS receivables - revenue	0.6	0.8	-0.3	0.5
Non-NHS prepayments and accrued income	8.9	14.8	2.4	17.2
Other receivables	34.8	7.9	0.6	8.5
<b>Total trade and other</b>	<b>48.4</b>	<b>28.5</b>	<b>2.1</b>	<b>30.6</b>
Cash	0.6	24.3	-23.5	0.8
<b>Total current assets</b>	<b>50.9</b>	<b>54.3</b>	<b>-21.5</b>	<b>32.9</b>
NHS payables - revenue	-16.7	-11.4	-2.4	-13.8
NHS accruals and deferred income	-24.9	-30.6	-31.7	-62.3
Non-NHS payables - revenue	-33.9	-27.4	3.6	-23.8
Non-NHS payables - capital	0.0	0.0	0.0	0.0
Non-NHS accruals and deferred income	-89.8	-123.1	-3.6	-126.6
Other payables	-56.7	-15.5	-4.9	-20.4
Borrowings	0.0	-1.9	-3.7	-5.6
Provisions	-3.2	-2.5	0.0	-2.5
<b>Total current liabilities</b>	<b>-225.3</b>	<b>-212.4</b>	<b>-42.6</b>	<b>-255.1</b>
<b>Total non current liabilities</b>	<b>-0.8</b>	<b>-1.1</b>	<b>0.0</b>	<b>-1.1</b>
<b>Total assets employed</b>	<b>-175.2</b>	<b>-159.2</b>	<b>-64.1</b>	<b>-223.3</b>
<b>General fund</b>	<b>-175.2</b>	<b>-159.2</b>	<b>-64.1</b>	<b>-223.3</b>
<b>Total taxpayers equity</b>	<b>-175.2</b>	<b>-159.2</b>	<b>-64.1</b>	<b>-223.3</b>

The statement of financial position summarises the assets and liabilities of the ICB at a point in time.

- Receivables have increased by £2.05m and now stand at £30.55m.
- Cash ledger balance at 30 September stands at £0.79m.
- Current liabilities have increased by £42.64m and now stand at £255.05m.
- The net result is an increase in total taxpayers equity of £64.09m.

# ICB Other Financial Statements

## Receivables and Cash M6

### Receivables

Aged receivables	NHS receivables		Non-NHS receivables		Total	
	Value (£m)	No	Value (£m)	No	Value (£m)	No
Less than 31 days (not due)	0.35	2	0.68	8	1.03	10
Between 31 - 60 days	0.08	1	0.00	0	0.08	1
Between 61 - 90 days	0.00	0	0.00	0	0.00	0
Greater than 90 days	0.82	5	0.11	4	0.93	9
<b>Total</b>	<b>1.26</b>	<b>8</b>	<b>0.79</b>	<b>12</b>	<b>2.05</b>	<b>20</b>

- At the end of month 6, BOB ICB had 5 NHS and 4 non-NHS overdue invoices over 90 days.
- NHS invoices (5) over 90 days are in dispute and disputed amounts have been escalated to relevant BOB senior managers. The remaining invoice is in query and awaiting authorisation to proceed to raise credit note for full amount.
- Non-NHS - Customers contacted, regarding outstanding salary overpayment efforts to recover amount is being progressed via legal route.

### Cash drawings

Main cash drawdown to date	Prescribing to date	Total cash drawings to date	Current allocation	Drawings to date as a % of allocation
£m	£m	£m	£m	%
1,645.43	177.25	1,822.68	3,665.53	49.7%

- The ICB processed a cash drawdown of £248.45m in September resulting in a total annual figure of £1,645.43m.
- The drawings against prescribing stand at £177.25m (including £34.16m dental). The ICB drew down total amount to £1,822.68m, this represents 49.7% of the cash drawdown requirement (CDR) against current allocation of £3,665.53m.
- At the end of the month BOB ICB had £0.79m cash at bank which represents 0.32% of cash drawn down for the month.
- As such BOB ICB is achieving NHSE cash at bank target which should be no greater than 1.25% of cash drawn down for the month.

# ICB Other Financial Statements – Payables M6

Aged payables - value	Not Due	Overdue	Overdue	Overdue	Overdue	Total
		1-30 days	31-60 days	61-90 days	90+ days	
	£m	£m	£m	£m	£m	
At 31 July	9.22	10.79	3.83	2.14	17.00	42.98
At 31 August	13.78	1.62	8.15	3.30	17.73	44.57
At 30 September	14.37	2.31	2.63	1.39	14.48	35.18
Aged payables - volume	Nos	Nos	Nos	Nos	Nos	Total Nos
At 31 July	1,460	574	316	292	1,478	4,120
At 31 August	1,038	626	382	232	1,602	3,880
At 30 September	1,066	434	427	279	1,578	3,784

The ICB aged payables show the amount of unpaid invoices as at 30th September 2024 which includes authorised and unauthorised invoices and credit notes.

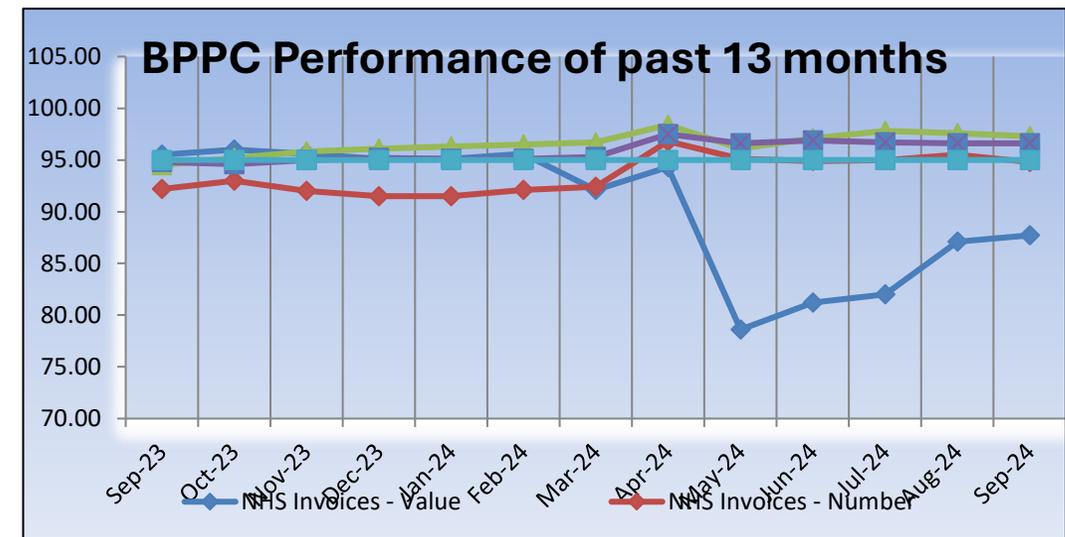
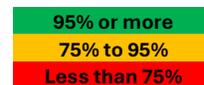
The value of NHS invoices has been significantly reduced with the introduction of block payments, which are not invoiced.

The Better payment practice code requires the ICB to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later. The target for achievement is 95%. The ICB is achieving its target of paying NHS invoices by volume and Non NHS invoices by volume and by value. Performance of NHS invoices by value continues to be adversely affected by a few invoices under query not being placed on hold.

BPPC Performance 13 months chart - Sept 2023 to Sept 2024

NHS by value percentage fall in May 2024 is due to two large value invoices paid late resulting in BPPC significant underperformance.

Better payment practice code - payment within 30 days (cumulative ytd)	NHS invoices		Non NHS invoices		Total	
	Value of invoice £m	Number	Value of invoices £m	Number	Value of invoice £m	Number
Total invoices paid	23.90	421	198.29	24,619	222	25,040
Total invoices paid within 30 days	20.97	399	193.00	23,785	214	24,184
% Paid within 30 days	87.7%	94.8%	97.3%	96.6%	96.3%	96.6%
Rating	<b>Amber</b>	<b>Amber</b>	<b>Green</b>	<b>Green</b>	<b>Green</b>	<b>Green</b>



# Provider Finances

# Berkshire Healthcare FT provider summary

Income and Expenditure	M6			YTD			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£m								
Income	30.6	30.6	(0.0)	183.6	183.7	0.1	368.2	368.7	0.4
Workforce pay cost	(23.5)	(23.2)	0.3	(139.6)	(138.6)	1.0	(282.5)	(281.5)	1.0
Non-pay cost	(6.6)	(6.8)	(0.2)	(41.4)	(42.8)	(1.4)	(81.1)	(82.6)	(1.5)
Non operating Items	(0.2)	(0.2)	(0.0)	(1.3)	(0.9)	0.4	(2.7)	(2.7)	0.1
<b>Surplus/(deficit)</b>	<b>0.3</b>	<b>0.3</b>	<b>0.0</b>	<b>1.4</b>	<b>1.4</b>	<b>0.0</b>	<b>1.9</b>	<b>1.9</b>	<b>(0.0)</b>
<b>As % of income</b>	<b>1.0%</b>	<b>1.0%</b>	<b>0.0%</b>	<b>0.8%</b>	<b>0.8%</b>	<b>0.0%</b>	<b>0.5%</b>	<b>0.5%</b>	<b>(0.0%)</b>

Efficiencies	M6			YTD			Forecast		
	M6 Plan	M6 Actuals	M6 Variance	YTD Plan	YTD Actual	YTD Variance	Forecast Plan	Forecast Actual	Forecast Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Pay	0.3	0.1	(0.2)	1.6	0.6	(1.0)	3.3	2.4	(0.9)
Non-Pay	0.6	0.3	(0.3)	3.2	1.7	(1.4)	7.1	4.3	(2.8)
Income	0.1	0.1	0.0	0.6	0.9	0.3	1.2	1.2	0.0
<b>Total Recurrent</b>	<b>0.9</b>	<b>0.6</b>	<b>(0.4)</b>	<b>5.3</b>	<b>3.2</b>	<b>(2.1)</b>	<b>11.5</b>	<b>7.8</b>	<b>(3.7)</b>
Pay	0.0	0.6	0.6	0.0	3.2	3.2	0.0	3.7	3.7
Non-Pay	0.2	0.0	(0.2)	1.1	0.0	(1.1)	2.1	2.1	0.0
Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>Total Non-Recurrent</b>	<b>0.2</b>	<b>0.6</b>	<b>0.4</b>	<b>1.1</b>	<b>3.2</b>	<b>2.1</b>	<b>2.1</b>	<b>5.8</b>	<b>3.7</b>
<b>Total Efficiencies</b>	<b>1.1</b>	<b>1.1</b>	<b>(0.0)</b>	<b>6.4</b>	<b>6.4</b>	<b>0.0</b>	<b>13.6</b>	<b>13.6</b>	<b>0.0</b>

Workforce pay costs	M6			YTD			Forecast		
	M6 Plan	M6 Actuals	M6 Variance	YTD Plan	YTD Actual	YTD Variance	Forecast Plan	Forecast Actual	Forecast Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Substantive	(20.6)	(20.5)	0.1	(122.9)	(122.9)	0.0	(248.5)	(248.5)	0.0
Bank	(2.1)	(1.7)	0.4	(12.2)	(11.4)	0.8	(24.9)	(24.1)	0.8
Agency	(0.7)	(0.7)	0.0	(4.0)	(4.0)	0.0	(8.0)	(8.0)	0.0
<b>Total workforce pay cost</b>	<b>(23.4)</b>	<b>(22.9)</b>	<b>0.5</b>	<b>(139.1)</b>	<b>(138.2)</b>	<b>0.9</b>	<b>(281.5)</b>	<b>(280.6)</b>	<b>0.9</b>
Of which Capitalised	0.0	(0.2)	(0.2)	0.0	0.1	0.1	0.0	0.1	0.1

Workforce WTE	M6			Forecast		
	M6 Plan	M6 Actuals	M6 Variance	Forecast Plan	Forecast Actual	Forecast Variance
Substantive WTE	4,703	4,689	(14)	4,697	4,697	0
Bank WTE	478	388	(91)	457	457	0
Agency WTE	69	66	(3)	60	60	0
<b>Total workforce WTE</b>	<b>5,250</b>	<b>5,142</b>	<b>(108)</b>	<b>5,214</b>	<b>5,214</b>	<b>0</b>

BHFT is planning for FY surplus of £1.9m

Month 6 YTD on plan.

ERF on track to earn £5m included in plan incl. Frimley ICB contribution.

OAPs costs being £0.5m over plan, although partially offset by Specialist placements costs being £0.4m lower than planned.

Bank interest £0.5m better than plan

Several efficiency schemes still in development incl. Opt to Tax scheme for Frimley properties. Still expecting to deliver.

Planned reduction in PICU placements scheme behind plan, but mitigated YTD and ahead of plan via non-recurrent underspends against planned divisional control totals

Workforce costs £0.8m below plan (after excluding capitalised costs) due to lower use of temporary staffing through summer months.

Planned SDF slippage of £0.5m YTD in line with stretched surplus plan and reflected in pay underspend

## Key Risks:

- Risk around MH IP Unit, rolling programme of bed closures, programme being scheduled to minimise impact.
- Significant pressure for IP MH beds. Internally managing risk within plan and will need to manage via existing MHIS/SDF.
- AFC pay award vs CUF Funding (Historical issue for Mental Health/Community which have greater % of pay costs vs national average used.)
- Band 2/3 regarding and back pay issue – will require to be internally funded via exiting resources

\* Pay costs in detailed table differ from I&E table as it excludes Apprenticeship Levy/ P11D NI

# Bucks Healthcare provider summary

Income and Expenditure	M6			YTD			Forecast		
	M6 Plan	M6 Actuals	M6 Variance	YTD Plan	YTD Actual	YTD Variance	Forecast Plan	Forecast Actual	Forecast Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Income	62.4	64.9	2.5	318.8	321.8	3.1	639.5	639.5	0.0
Workforce pay cost	(31.3)	(32.3)	(1.0)	(191.1)	(195.1)	(4.1)	(379.1)	(379.1)	0.0
Non-pay cost	(20.6)	(21.6)	(1.0)	(123.9)	(123.8)	0.0	(241.5)	(241.5)	0.0
Non operating Items	(1.6)	(1.7)	(0.0)	(9.8)	(9.6)	0.2	(19.6)	(19.6)	(0.0)
<b>Surplus/(deficit)</b>	<b>8.8</b>	<b>9.3</b>	<b>0.5</b>	<b>(6.0)</b>	<b>(6.7)</b>	<b>(0.8)</b>	<b>(0.7)</b>	<b>(0.7)</b>	<b>0.0</b>
<b>As % of income</b>	<b>14.1%</b>	<b>14.4%</b>	<b>0.9%</b>	<b>(1.9%)</b>	<b>(2.1%)</b>	<b>(0.2%)</b>	<b>(0.1%)</b>	<b>(0.1%)</b>	<b>0.0%</b>

**Note: £22.2m deficit support funding received in M6 (50% recognised in YTD).**

YTD deficit of £6.7m which is on plan excluding £0.8m net impact of IA.

Financial plan being delivered due to non-recurrent items (£2.0m PFI deed of variation, £1.3m prior year VAT rebate) and increased contract income from 24/25 contract agreements offsetting unplanned prior year costs (£0.8m), activity/contact risk (£2.9m) and lower than planned efficiency savings.

Efficiencies	M6			YTD			Forecast		
	M6 Plan	M6 Actuals	M6 Variance	YTD Plan	YTD Actual	YTD Variance	Forecast Plan	Forecast Actual	Forecast Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Pay	2.0	0.8	(1.2)	8.8	4.8	(4.0)	20.7	17.3	(3.4)
Non-Pay	0.3	0.2	(0.1)	1.8	1.2	(0.7)	5.2	5.4	0.2
Income	0.7	1.3	0.7	3.9	5.0	1.1	7.9	11.1	3.2
<b>Total Recurrent</b>	<b>3.0</b>	<b>2.3</b>	<b>(0.7)</b>	<b>14.6</b>	<b>11.0</b>	<b>(3.6)</b>	<b>33.7</b>	<b>33.7</b>	<b>0.0</b>
Pay	0.0	0.0	0.0	0.0	0.0	0.0	2.8	2.8	0.0
Non-Pay	0.1	0.0	(0.1)	0.3	0.8	0.5	8.9	4.6	(4.3)
Income	0.0	1.3	1.3	0.0	1.3	1.3	0.0	4.3	4.3
<b>Total Non-Recurrent</b>	<b>0.1</b>	<b>1.3</b>	<b>1.2</b>	<b>0.3</b>	<b>2.1</b>	<b>1.8</b>	<b>11.7</b>	<b>11.7</b>	<b>0.0</b>
<b>Total Efficiencies</b>	<b>3.0</b>	<b>3.6</b>	<b>0.6</b>	<b>14.9</b>	<b>13.1</b>	<b>(1.8)</b>	<b>45.5</b>	<b>45.5</b>	<b>0.0</b>

£2.0m PFI Deed of Variation benefit (earlier than planned), prior year VAT benefit £1.3m, offset by utility costs £(0.7)m, £(0.8)m prior year costs and outsourcing £(1.1)m and passthrough drugs £0.3m and in-tariff drugs £(1.25)m.

Income is better than plan due to the receipt of £0.5m Industrial Action funding, £0.6m 24/25 overperformance YTD and benefit of £1.3m linked to 24/25 contracts. This has been offset by an Income and Activity risk adjustment of £2.9m and other items including pass through drugs and non-contract income.

Workforce pay costs	M6			YTD			Forecast		
	M6 Plan	M6 Actuals	M6 Variance	YTD Plan	YTD Actual	YTD Variance	Forecast Plan	Forecast Actual	Forecast Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Substantive	(31.1)	(30.0)	1.1	(188.7)	(179.3)	9.4	(375.4)	(359.9)	15.4
Bank	(0.1)	(2.6)	(2.4)	(1.6)	(15.4)	(13.8)	(2.4)	(21.4)	(18.9)
Agency	(0.1)	(0.4)	(0.3)	(0.8)	(3.3)	(2.5)	(1.3)	(3.6)	(2.3)
<b>Total workforce pay cost</b>	<b>(31.3)</b>	<b>(33.0)</b>	<b>(1.7)</b>	<b>(191.1)</b>	<b>(197.9)</b>	<b>(6.9)</b>	<b>(379.1)</b>	<b>(384.9)</b>	<b>(5.8)</b>
Of which Capitalised	0.0	0.8	0.8	0.0	2.8	2.8	0.0	5.8	5.8

Pay reduced compared to last year's average but over plan by £4.0m (after excl. capitalised costs). c. ½ of variance due to costs offset by income (e.g. £0.3m IA and £1.8m consultant and middle grade pay award). Pressure due to lower than planned pay efficiencies and increased costs to support clinical activity

Efficiency reporting £1.8m behind plan. £2.0m PFI deed of variation is not part of the efficiency programme, however activity overperformance is included from M6.

Sustained and recurrent reduction in pay is required, as is delivery of operational plan activity within current budgets.

Workforce WTE	M6			Forecast		
	M6 Plan	M6 Actuals	M6 Variance	Forecast Plan	Forecast Actual	Forecast Variance
Substantive WTE	6,288	6,286	(1)	6,214	6,214	0
Bank WTE	257	415	158	257	257	0
Agency WTE	80	67	(13)	80	80	0
<b>Total workforce WTE</b>	<b>6,625</b>	<b>6,767</b>	<b>143</b>	<b>6,551</b>	<b>6,551</b>	<b>0</b>

Risks include:

Ongoing delivery and reduction in pay run rate in line with plan (delivery assumed)

Payment for planned elective and diagnostic activity .

Conclusion of 24/25 contract agreement with NWL ICB due to BOB ICB dispute with Hillingdon

Settlement of employment relations dispute (nil impact assumed)

# Oxford Health FT provider summary (1)

Income and Expenditure	M6			YTD			Forecast		
	M6 Plan	M6 Actuals	M6 Variance	YTD Plan	YTD Actual	YTD Variance	Forecast Plan	Forecast Actual	Forecast Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Income	54.2	55.7	1.5	318.1	325.0	6.9	639.2	652.4	13.1
Workforce pay cost	(31.4)	(31.2)	0.2	(188.6)	(186.7)	1.9	(377.3)	(382.0)	(4.8)
Non-pay cost	(21.8)	(23.2)	(1.4)	(130.5)	(139.1)	(8.6)	(262.7)	(270.9)	(8.2)
Non operating Items	0.3	0.1	(0.1)	(0.0)	0.0	0.1	0.7	0.5	(0.2)
<b>Surplus/(deficit)</b>	<b>1.2</b>	<b>1.4</b>	<b>0.2</b>	<b>(1.0)</b>	<b>(0.8)</b>	<b>0.2</b>	<b>(0.1)</b>	<b>(0.1)</b>	<b>0.0</b>
<b>As % of income</b>	<b>2.2%</b>	<b>2.5%</b>	<b>0.4%</b>	<b>(0.3%)</b>	<b>(0.2%)</b>	<b>0.1%</b>	<b>(0.0%)</b>	<b>(0.0%)</b>	<b>0.0%</b>

**Note: £2.6m deficit support funding received in M6 (50% recognised in YTD).**

OHFT is reporting a £0.8m deficit YTD which is £0.2m better than plan.

Efficiencies	M6			YTD			Forecast		
	M6 Plan	M6 Actuals	M6 Variance	YTD Plan	YTD Actual	YTD Variance	Forecast Plan	Forecast Actual	Forecast Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Pay	0.4	0.4	0.1	2.2	2.6	0.5	4.5	5.4	0.9
Non-Pay	0.2	0.2	(0.1)	1.5	0.9	(0.6)	3.0	1.8	(1.1)
Income	0.1	0.1	0.0	0.4	0.4	0.0	0.7	0.7	0.0
<b>Total Recurrent</b>	<b>0.7</b>	<b>0.6</b>	<b>(0.0)</b>	<b>4.0</b>	<b>3.9</b>	<b>(0.1)</b>	<b>8.1</b>	<b>7.9</b>	<b>(0.2)</b>
Pay	1.7	1.6	(0.1)	10.0	9.6	(0.5)	20.2	13.1	(7.0)
Non-Pay	1.0	1.1	0.1	6.0	6.6	0.6	12.0	19.2	7.3
Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>Total Non-Recurrent</b>	<b>2.7</b>	<b>2.7</b>	<b>0.0</b>	<b>16.0</b>	<b>16.1</b>	<b>0.1</b>	<b>32.1</b>	<b>32.3</b>	<b>0.2</b>
<b>Total Efficiencies</b>	<b>3.3</b>	<b>3.3</b>	<b>0.0</b>	<b>20.0</b>	<b>20.0</b>	<b>0.0</b>	<b>40.3</b>	<b>40.3</b>	<b>0.0</b>

Favourable variance due to £155k of industrial action funding received.

Plan profile of agency and substantive updated in M6 so that agency plan profile matches internal Trust plan. This results in large in month variances on substantive and agency.

Efficiencies on plan overall, although the mix of recurrent and non-recurrent schemes has changed from plan stage.

Workforce pay costs	M6			YTD			Forecast		
	M6 Plan	M6 Actuals	M6 Variance	YTD Plan	YTD Actual	YTD Variance	Forecast Plan	Forecast Actual	Forecast Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Substantive	(24.5)	(26.9)	(2.5)	(158.6)	(158.4)	0.3	(322.0)	(326.7)	(4.7)
Bank	(2.6)	(2.9)	(0.3)	(15.9)	(16.8)	(0.9)	(31.7)	(33.6)	(1.8)
Agency	(4.5)	(1.8)	2.7	(15.1)	(13.4)	1.7	(25.5)	(25.3)	0.1
<b>Total workforce pay cost</b>	<b>(31.6)</b>	<b>(31.7)</b>	<b>(0.1)</b>	<b>(189.6)</b>	<b>(188.5)</b>	<b>1.0</b>	<b>(379.2)</b>	<b>(385.6)</b>	<b>(6.4)</b>
Of which Capitalised	0.0	0.1	0.1	0.0	0.8	0.8	0.0	1.6	1.6

The main risk is a possible charge to the I&E from the settlement figure to exit the PFI contract (see next tab for detail). The key intervention is to work with our valuers and solicitors to ensure that this figure is as low as possible and to avoid any charge to the I&E.

Workforce WTE	M6			Forecast		
	M6 Plan	M6 Actuals	M6 Variance	Forecast Plan	Forecast Actual	Forecast Variance
Substantive WTE	6,269	6,390	121	6,290	6,290	0
Bank WTE	577	605	28	572	572	0
Agency WTE	264	219	(46)	258	258	0
<b>Total workforce WTE</b>	<b>7,111</b>	<b>7,214</b>	<b>104</b>	<b>7,120</b>	<b>7,120</b>	<b>0</b>

\* Pay costs in detailed table differ from I&E table as it excludes 'recoveries in respect of staff costs netted off expenditure'

# Oxford Health FT provider summary (2)



**Buckinghamshire, Oxfordshire  
and Berkshire West**  
Integrated Care Board

## **OH PFI issue background**

OHFT hold a PFI lease with Semperian for its medium secure forensics inpatient unit and support block, based at its Littlemore site. The PFI was entered into on 5th Sept 1998, making it one of the first wave of PFI schemes. The lease is for 125 years, subject to early break at 25yrs (Sept 2024) or 50yrs (Sept 2049). Early exit at a break point brings with it a requirement for OHFT to make a termination payment to Semperian against the value of their leasehold interest. There is no clear methodology within the PFI lease for how this should be valued and so there is uncertainty on that likely cost. There is a facilities management agreement alongside the PFI lease agreement, however this naturally expires after 25yrs, being Sept 2024.

It has always been OHFT's intention to exit the PFI scheme at the earliest point, due to the lack of direct control over the site and value for money considerations of the annual PFI payments. As such, OHFT has accounted for their PFI scheme, under IFRIC 12. This entails unwinding liability repayments, lifecycle costs and finance costs over the assumed 25 year period. However, the accounting did not account for a compensation payment to the PFI company, accordingly no [DEL] provision has been made. An estimate of the compensation payment should have been provided and accounted for from the beginning of the arrangement. As such, OHFT face a set of one-off financial impacts in FY 24/25 dependent on the value of the lease interest payment settlement agreed with Semperian. OHFT have worked with both its external auditors and NHSE central accounting team to agree the correct treatment and impact in FY 24/25. For context, as impact is related to the value of assets on the Trust balance sheet, the total value of the assets is £13.3m in the OHFT 23/24 accounts.

## **Financial Impact**

The financial impact, and how it impacts are dependent on the final settlement agreement value as follows:

- For any settlement cost up to value of assets on the balance sheet, i.e. £13.3m, any payment scores against the Trust capital CDEL and therefore system CDEL
- Any cost in excess of the value of assets on the balance sheet, i.e. any payment above £13.3m which scores to capital, will score against the Trusts I&E statement (RDEL) and will impact the revenue position as reported to NHSE as a part of the system control total.

The value of the likely exit payment is not yet accurately known, as significant due diligence work is being undertaken in order to minimise any potential cost. Initial valuations have been shared by both parties, on a without prejudice basis, and the range of risk is £5.1m - £14.7m, less any costs to be drawn out of the due diligence work, such as lifecycle works not completed. Project Co have now referred the matter of valuation dispute to RICS and an arbitrator has been appointed. As at 15/10 the Trust have not yet received correspondence from the arbitrator and so next steps and timeline not fully known. As it stands it is still expected to last 4-6 months.

OHFT are working closely with their auditors, KPMG, IPA and NHSE national and regional teams to resolve. IPA and NHSE National teams are keen to assist due to the precedent for other NHS and other public sector bodies approaching the end of similar PFI contracts.

Oxford Health will retain any potential underspends or surplus during the year (from all areas) to offset as much of this risk as possible. However, the level of the PFI risk is such that an overspend impacting the system and region, most likely in capital, cannot be ruled out at this stage (and there is no provision for either). The Trust continues to actively look into any potential mitigation plans, working with the ICB

# Oxford University Hospitals FT provider summary (1)

**Buckinghamshire, Oxfordshire  
and Berkshire West**  
Integrated Care Board

Income and Expenditure	M6			YTD			Forecast		
	M6 Plan	M6 Actuals	M6 Variance	YTD Plan	YTD Actual	YTD Variance	Forecast Plan	Forecast Actual	Forecast Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Income	135.1	139.2	4.2	787.9	800.1	12.2	1,584.9	1,596.7	11.8
Workforce pay cost	(73.7)	(76.9)	(3.2)	(453.8)	(462.6)	(8.7)	(894.9)	(896.1)	(1.3)
Non-pay cost	(54.9)	(57.0)	(2.1)	(330.9)	(344.7)	(13.8)	(644.3)	(656.3)	(12.0)
Non operating Items	(3.3)	(2.1)	1.2	(20.3)	(18.6)	1.7	(46.0)	(44.5)	1.5
<b>Surplus/(deficit)</b>	<b>3.1</b>	<b>3.3</b>	<b>0.2</b>	<b>(17.1)</b>	<b>(25.8)</b>	<b>(8.7)</b>	<b>(0.2)</b>	<b>(0.2)</b>	<b>0.0</b>
<b>As % of income</b>	<b>2.3%</b>	<b>2.4%</b>	<b>0.1%</b>	<b>(2.2%)</b>	<b>(3.2%)</b>	<b>(1.1%)</b>	<b>(0.0%)</b>	<b>(0.0%)</b>	<b>0.0%</b>

**Note: £7.9m deficit support funding received in M6 (50% recognised in YTD).**

YTD deficit of £25.8m which is £8.7m adverse to plan.

M6 underlying deficit was £5.7m (£1m improvement on M5)

Income and non-pay variances are largely due to over-performance on HCDD. c.25% of this is a system cost pressure with balance being NHSE/other ICBs.

Efficiencies	M6			YTD			Forecast		
	M6 Plan	M6 Actuals	M6 Variance	YTD Plan	YTD Actual	YTD Variance	Forecast Plan	Forecast Actual	Forecast Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Pay	3.7	3.7	(0.0)	13.9	11.9	(2.0)	37.6	37.6	0.0
Non-Pay	1.1	1.1	(0.0)	5.1	3.5	(1.6)	18.8	11.8	(7.0)
Income	1.3	1.4	0.1	6.6	3.1	(3.6)	17.8	10.8	(7.0)
<b>Total Recurrent</b>	<b>6.1</b>	<b>6.2</b>	<b>0.1</b>	<b>25.7</b>	<b>18.5</b>	<b>(7.2)</b>	<b>74.2</b>	<b>60.2</b>	<b>(14.0)</b>
Pay	0.0	0.7	0.7	0.0	1.9	1.9	0.0	1.9	1.9
Non-Pay	0.6	2.3	1.8	2.7	9.5	6.8	11.3	16.3	5.1
Income	0.0	2.6	2.6	0.0	7.4	7.4	7.0	14.0	7.0
<b>Total Non-Recurrent</b>	<b>0.6</b>	<b>5.6</b>	<b>5.1</b>	<b>2.7</b>	<b>18.9</b>	<b>16.2</b>	<b>18.2</b>	<b>32.2</b>	<b>14.0</b>
<b>Total Efficiencies</b>	<b>6.7</b>	<b>11.8</b>	<b>5.1</b>	<b>28.4</b>	<b>37.4</b>	<b>9.0</b>	<b>92.5</b>	<b>92.5</b>	<b>0.0</b>

YTD substantive pay is £5.8m over plan (after excl. capitalised costs). This variance includes £0.5m lower capitalisation than planned (to be corrected at M7), £0.6m IA (funded), £3.0m pay deals impact (funded) and £1.0m (from M5+6) of additional medical trainee's costs (£0.6m funded and only partially controllable)

These factors explain £5.1m of the substantive pay variance YTD with the balance being due to starting the year with more substantive staff than planned and slower progress than planned on temporary staffing reductions.

Trainee numbers are also up c.100 since July which is being investigated. Mainly due to Foundation Year 1s.

Bank staff costs are above plan due to the slower progress on WTE reduction partly offset by making better than planned progress on agency.

In response OUH have rephased the 700 WTE temporary staffing reduction, introduced new lower AfC bank rates (from 1.10.24) (+£2.8m) and lower medical bank rates (from 1.11.24) (+£0.2m). As set out in RTP we have also tightened the vacancy control process further.

Workforce pay costs	M6			YTD			Forecast		
	M6 Plan	M6 Actuals	M6 Variance	YTD Plan	YTD Actual	YTD Variance	Forecast Plan	Forecast Actual	Forecast Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Substantive	(70.0)	(72.0)	(2.0)	(424.0)	(429.2)	(5.2)	(845.1)	(846.3)	(1.3)
Bank	(2.7)	(4.2)	(1.5)	(23.4)	(27.6)	(4.2)	(38.5)	(38.5)	0.0
Agency	(0.8)	(0.4)	0.4	(5.5)	(4.2)	1.3	(9.6)	(9.6)	0.0
<b>Total workforce pay cost</b>	<b>(73.6)</b>	<b>(76.6)</b>	<b>(3.1)</b>	<b>(453.0)</b>	<b>(461.1)</b>	<b>(8.1)</b>	<b>(893.2)</b>	<b>(894.5)</b>	<b>(1.3)</b>
Of which Capitalised	0.1	0.0	(0.1)	0.8	0.2	(0.5)	1.5	1.5	0.0

YTD efficiencies are £9.0m above plan. Recurrent efficiencies are £7.2m behind plan (including the temporary staffing reduction programme and procurement programme) but have been replaced with non-recurrent efficiencies £16.2m above plan (including significant one-off central items).

Workforce WTE	M6			Forecast		
	M6 Plan	M6 Actuals	M6 Variance	Forecast Plan	Forecast Actual	Forecast Variance
Substantive WTE	13,540	13,819	279	13,608	13,608	0
Bank WTE	407	776	369	407	407	0
Agency WTE	76	71	(5)	76	76	0
<b>Total workforce WTE</b>	<b>14,023</b>	<b>14,666</b>	<b>643</b>	<b>14,091</b>	<b>14,091</b>	<b>0</b>

Identified efficiency is 102% of plan and the forecast is 100% of plan. Completes RTP action.

This has improved since RTP and M5 due to effort to record already identified schemes.

AfC bank rate reduction implemented as planned on 1.10.24. Completes RTP action.

\*Pay costs in detailed table differ from I&E table as it excludes Apprenticeship Levy

# Royal Berkshire FT provider summary (1)

Income and Expenditure	M6			YTD			Forecast		
	M6 Plan	M6 Actuals	M6 Variance	YTD Plan	YTD Actual	YTD Variance	Forecast Plan	Forecast Actual	Forecast Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Income	57.1	58.9	1.8	305.3	317.3	12.0	612.3	612.3	(0.0)
Workforce pay cost	(31.2)	(31.6)	(0.4)	(185.9)	(188.5)	(2.6)	(372.4)	(372.4)	0.0
Non-pay cost	(19.2)	(20.1)	(0.9)	(115.2)	(130.7)	(15.5)	(231.0)	(230.5)	0.5
Non operating Items	(0.8)	(0.9)	(0.1)	(4.5)	(4.5)	(0.1)	(9.3)	(9.8)	(0.5)
<b>Surplus/(deficit)</b>	<b>6.0</b>	<b>6.4</b>	<b>0.4</b>	<b>(0.3)</b>	<b>(6.5)</b>	<b>(6.1)</b>	<b>(0.4)</b>	<b>(0.4)</b>	<b>0.0</b>
<b>As % of income</b>	<b>10.5%</b>	<b>10.9%</b>	<b>0.7%</b>	<b>(0.1%)</b>	<b>(2.0%)</b>	<b>(2.0%)</b>	<b>(0.1%)</b>	<b>(0.1%)</b>	<b>0.0%</b>

\*Note: RBFT plan figures are based on the 12 June plan submission as reported to NHSE, however internally are reporting to a revised plan phasing.\*

**\*\*Note: £14.1m deficit support funding received in M6 (50% recognised in YTD). \*\***

RBFT is reporting a deficit of £6.5m, £6.1m worse than the original plan.

This is £1.1m behind the re-phased YTD internal plan of £5.3m deficit. No adjustment has been made at M6 for contract difference issue with BOB ICB.

Income is favourable to plan by £12m YTD driven by drugs income of £6.1m and other operating income of £5.0m.

Non-pay, clinical supplies and services is £3.4m higher than plan YTD as we recover elective activity. Drugs is overspent by £4.99m month 5 year to date and this is offset by income.

Pay is £2.6m adverse to the original YTD plan due to phasing of efficiency plans into H2 24/25.

However, against the re-phased internal plan RBFT is £0.9m better than pay budget, reflecting strong grip and control actions on workforce spend. In particular, admin and management pay is £2.1m less than plan and temporary staffing £1.9m lower than at the same point last year in non-medical staff groups

As at M6 RBFT has delivered £11.2m of efficiencies, which is £1.4m behind the M6 YTD Plan, with recovery actions in place to close this gap.

## Key risks

Resolution of contract alignment with BOB ICB through board approval processes.

This is a material issue with an income gap of over £10m between the ICB and RBFT's position.

Based on current discussions with NHSE SE Regional CFO, BOB ICB and RBFT CEOs, the effect of this would be to reduce RBFT income by £11.3m and increase both RBFT and BOB ICB savings target by £5.65m each.

## Cash

Cash is a concern for all Acute Trusts with BHT already requiring and receiving cash support and RBFT applying for cash support during October 2024.

Efficiencies	M6			YTD			Forecast		
	M6 Plan	M6 Actuals	M6 Variance	YTD Plan	YTD Actual	YTD Variance	Forecast Plan	Forecast Actual	Forecast Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Pay	0.4	0.5	0.0	2.5	0.5	(2.0)	5.1	0.7	(4.4)
Non-Pay	1.7	(0.4)	(2.1)	10.1	3.2	(6.9)	20.2	9.1	(11.1)
Income	0.0	(0.0)	(0.0)	0.0	0.0	0.0	0.0	0.1	0.1
<b>Total Recurrent</b>	<b>2.1</b>	<b>0.0</b>	<b>(2.1)</b>	<b>12.6</b>	<b>3.7</b>	<b>(8.9)</b>	<b>25.2</b>	<b>9.8</b>	<b>(15.4)</b>
Pay	0.0	0.2	0.2	0.0	4.1	4.1	0.0	6.3	6.3
Non-Pay	0.0	0.5	0.5	0.0	1.3	1.3	0.0	6.1	6.1
Income	0.0	0.5	0.5	0.0	2.0	2.0	0.0	3.0	3.0
<b>Total Non-Recurrent</b>	<b>0.0</b>	<b>1.2</b>	<b>1.2</b>	<b>0.0</b>	<b>7.5</b>	<b>7.5</b>	<b>0.0</b>	<b>15.4</b>	<b>15.4</b>
<b>Total Efficiencies</b>	<b>2.1</b>	<b>1.2</b>	<b>(0.9)</b>	<b>12.6</b>	<b>11.2</b>	<b>(1.4)</b>	<b>25.2</b>	<b>25.2</b>	<b>0.0</b>

Workforce pay costs	M6			YTD			Forecast		
	M6 Plan	M6 Actuals	M6 Variance	YTD Plan	YTD Actual	YTD Variance	Forecast Plan	Forecast Actual	Forecast Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Substantive	(29.2)	(29.8)	(0.6)	(174.8)	(177.0)	(2.2)	(348.1)	(347.1)	1.0
Bank	(1.6)	(1.4)	0.1	(8.9)	(9.1)	(0.3)	(19.4)	(19.8)	(0.4)
Agency	(0.4)	(0.3)	0.0	(2.3)	(2.4)	(0.1)	(4.9)	(5.6)	(0.7)
<b>Total workforce pay cost</b>	<b>(31.2)</b>	<b>(31.6)</b>	<b>(0.4)</b>	<b>(185.9)</b>	<b>(188.5)</b>	<b>(2.6)</b>	<b>(372.4)</b>	<b>(372.4)</b>	<b>(0.0)</b>
Of which Capitalised	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Workforce WTE	M6			Forecast		
	M6 Plan	M6 Actuals	M6 Variance	Forecast Plan	Forecast Actual	Forecast Variance
Substantive WTE	5,942	5,975	33	5,942	5,975	33
Bank WTE	335	316	(19)	335	316	(19)
Agency WTE	43	25	(18)	43	25	(18)
<b>Total workforce WTE</b>	<b>6,320</b>	<b>6,316</b>	<b>(5)</b>	<b>6,320</b>	<b>6,316</b>	<b>(5)</b>

# ICS Capital M6 2024/25

BOB ICS	Category	YTD Allocation £'m	YTD Spend £'m	YTD Variance £'m	FOT Allocation £'m	FOT Spend £'m	FOT Variance £'m
<b>Operational Capital</b>							
Berkshire Healthcare NHS Foundation Trust	<i>NHSE - Operational Capital</i>	1.8	1.0	0.9	8.6	8.5	0.1
Buckinghamshire Healthcare NHS Trust	<i>NHSE - Operational Capital</i>	5.7	2.2	3.4	6.0	6.0	0.0
Oxford Health NHS Foundation Trust	<i>NHSE - Operational Capital</i>	2.6	2.0	0.7	10.0	14.0	-4.0
Oxford University Hospitals NHS Foundation Trust	<i>NHSE - Operational Capital</i>	10.3	6.3	4.1	29.5	29.5	0.0
Royal Berkshire NHS Foundation Trust	<i>NHSE - Operational Capital</i>	4.4	3.1	1.3	25.6	25.4	0.3
Buckinghamshire, Oxfordshire & Berkshire West ICB	<i>NHSE - Operational Capital</i>	1.0	0.0	1.0	3.0	3.0	0.0
Buckinghamshire Healthcare NHS Trust	<i>NHSE - System Capital Support</i>	6.7	4.0	2.7	12.3	12.3	0.0
<b>System Total Charge against Capital Allocation (excluding IFRS 16 impact)</b>		<b>32.6</b>	<b>18.5</b>	<b>14.1</b>	<b>95.0</b>	<b>98.7</b>	<b>(3.7)</b>
Provider IFRS 16 Impact	<i>IFRS 16</i>	50.6	3.5	47.0	70.2	69.9	0.3
Provider - Other Capital Programmes	<i>Internally generated funds</i>	21.9	9.0	12.9	38.5	35.3	3.2
<b>Provider Total (CDEL Spend)</b>		<b>104.0</b>	<b>31.0</b>	<b>73.0</b>	<b>200.7</b>	<b>200.9</b>	<b>(0.2)</b>
<b>ICB IFRS 16 Impact</b>		<b>0.3</b>	<b>0.0</b>	<b>0.3</b>	<b>0.8</b>	<b>0.0</b>	<b>0.8</b>

At month 6, the reported underspend is £14.1m (providers £13.1m and ICB £1m) against the system capital allocation of £32.6m. Capital programmes are expected to accelerate in the second half of the year with a forecast outturn pressure of £3.6m reported at M6. This overspend is predominantly due to OHFT PFI lease termination costs. This is expected to be managed within the system capital envelop and needs consideration moving forward (see detail on slide 24). For Trusts that are underspending by 50% at M6, NHSE-regional team are liaising directly to understand the position.

**Note:**

**Operational Capital / System Capital Support**

Allocations funded by NHSE and additional 'system capital support' approved above the level of operating capital. This forms the system capital envelop/allocation (Capital Resource Limit-CRL). This in effect is the commissioned capital that is controlled via ICB for the system and includes spending on buildings, equipment, and IT infrastructure, but excludes private finance initiative (PFI) and lease payments.

**Internally Generated Funds**

Trust cash balances built up through retained surpluses, depreciation, and proceeds from the sale of non-current assets.

**CDEL vs CRL**

The CDEL refers to the overall limit on capital expenditure for the system. It represents the total budget allocated to DHSC, therefore the national control measure. The main difference between CRL and, CDEL (which includes internally generated funds) relates to how capital spending is controlled and managed at different levels. Capital allocation is our control at ICB/system level, internally generated is between provider and DHSC.

# Glossary of Terms



Term	Explanation
ALOS	Average Length of stay
API	Aligned Payment and Incentive - Payment mechanism covering almost all NHS provider activity and comprises fixed and variable elements. Almost all elective activity, and all activity which forms part of the ERF, is included in the variable element and is paid for using NHS Payment Scheme unit prices.
ARRS	Additional Roles Reimbursement Scheme for Primary care. NHS E reimburse costs of additional roles such as Pharmacists, Paramedics, MH workers retrospectively ie after the additional costs have been incurred.
BOB	Buckinghamshire, Oxfordshire and Berkshire West
Break even	Where actual costs are the same as planned
Capital	Property, plant or equipment held for use in delivering services that are expected to be used for more than one financial year
Category M drugs	Multiple source and widely available generic drugs
CIP	Cost Improvement Plans - schemes designed to save money without impacting on services and patient safety.
CHC	Continuing Healthcare - free social care for people with long term complex health needs that is funded solely by the NHS
Deficit	Expenditure in excess of resources
ERF	Elective Recovery Funding - to support the NHS in its endeavour to increase its elective activity, which are the non-emergency procedures that have been scheduled in advance.
Fast-Track	NHS Continuing Healthcare Fast-Track pathway for those where health is deteriorating quickly or nearing the end of life
FNC	Funded Nursing Care - for people not eligible for CHC but assessed as requiring nursing care in a care home. NHS pay a contribution towards the cost of registered nursing care.
FOT/Forecast	Forecast Outturn - forecast spend at end of the financial year
ICB	Integrated Care Board
ICS	Integrated Care System - consists of ICB and provider organisations in Buckinghamshire, Oxfordshire and Berkshire West.
Mitigations	Actions taken/to be taken to reduce impact of risks
NCA	Non-contracted activity
NCSO	"No cheaper stock obtainable" - generic drug not available at tariff price, higher cost items need to be used
Overspend/Adverse	Actual costs are more than planned
POD services	Pharmacy, Ophthalmology and Dental services delegated to ICBs from NHS E regional teams from 2022-23
Under spend/Favourable	Actual costs are less than planned
Variance	Difference between actual expenditure and plan
YTD	Year to date