

BOARD MEETING

Title	Finance Report Month 6 (September) 2023/24		
Paper Date:	2 November 2023	Meeting Date:	21 November 2023
Purpose:	Assurance	Agenda Item:	14
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Executive Summary

This paper sets out the financial position of the Integrated Care Board (ICB) and the wider Integrated Care System (ICS) at the end of September (M6) 2023/24.

The ICB has overspent by £13.5m year to date (YTD). This is due to pressure in prescribing, continuing healthcare, mental health placements and independent sector activity for ophthalmology. The forecast is held at breakeven for the year, but significant risks exist against meeting this target.

The ICS has reported a deficit of £59.1m at M6 compared to a planned deficit of £24.2m (i.e. £34.9m overspend). The variance is driven by inflationary pressures, costs of industrial action and the ICB position for Prescribing and CHC. Berkshire Healthcare (BHFT) and Oxford Health (OH) are ahead of plan at M6. Further work is required to ensure savings schemes deliver as planned for the remainder of the year and that cost control measures are implemented across the whole system.

Aggregated gross system risk across all organisations totals £161.1m at M6 reduces to £59.8m after mitigations. System CFOs are reviewing the drivers of the deficit and the best, worst and most likely year-end forecasts.

The ICS capital allocation is forecast to be on plan at year end.

Action Required

This report has been reviewed by the System Productivity Committee which has reported the outcome of its meeting. The Board is asked to consider the level of assurance that pertains to the following:

- The ICB's ability to meet its financial plan considering year-to-date performance, current forecasts, prospective risks and plans to address overspends.
- The ICS's ability to meet its financial plan considering year-to-date performance, current forecasts, prospective risks and plans to address overspends.

Conflicts of Interest

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. ICB funding contributes to the pooled budgets with Buckinghamshire Council and the contract held by GP practices, so the local authority and primary care partner members of the board are potentially conflicted. 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:

7 November 2023, System Productivity Committee

13. Finance Report

Month 06 2023/24

ICB

- The ICB reported a year to date (YTD) deficit at end September (M6) of £13.4m (M5 £12.6m) and a breakeven forecast outturn (FOT) as per plan. The FOT is still expected to be in the region of c£39m if no further mitigations found. Mitigations of c£10-15m are expected to be delivered but partly depend on NHSE approval to release reserves in delegated budgets into the position. Plans need to be put in place to address the remaining overspend.
- Prescribing and Continuing Healthcare (CHC) overspends continue to drive the ICB position. The CHC YTD position deteriorated by £3.4m (£4.3m impact on the forecast) mainly driven by delays in agreed packages being updated on the Broadcare system for Oxfordshire and the fact that new packages added in month were higher cost than closed packages taken off. This pressure has been largely offset by further non-recurrent technical adjustments in month.
- The ICB delivered its financial targets apart from the YTD variance to plan and the Better Payment Practice Code (BPPC) for non-NHS providers which although had improved again, remained just below target.

ICS

- BOB ICS reported a M6 YTD deficit of £59.1m and variance to plan of £34.9m (M5 £30.4m) while the forecast outturn has been held on plan. The deterioration in month of £4.5m is higher than the last month (M5 £2.2m, M4 £10.9m, M3 £6.4m).
- The YTD variance was driven by: Oxford University Hospitals (OUH) over plan by £19.9m (M5 £18.1m), the ICB by £13.4m (M5 £12.6m), Royal Berkshire (RBFT) by £3.5m (M5 £1.3m) and Buckinghamshire Healthcare (BHT) by £0.8m (M5 on plan). Berkshire Healthcare (BHFT) and Oxford Health (OH) are both better than plan.
- The OUH variance to plan has deteriorated by £2.8m in month. The run rate however shows signs of improvement which may be driven by increased traction on efficiency schemes. In month drivers for the RBFT deterioration were costs of ongoing industrial action and non-pay pressures in month.
- At M6 the system forecast is that it will exceed the agency cap set by NHSE by £1.0m mainly driven by an £11.8m forecast overspend against plan by OH.
- Reported savings delivery compared to plan has improved and exceeds plan by £2.2m (M5 £3.0m shortfall, M4 £5.0m shortfall). £68.9m of savings were planned to be delivered by the ICS by M6 (M5 £55.5m) with £71.0m reported as achieved (M5 £52.5m).
- Net risk (after mitigations) for the system now totals £59.8m (M5 £99.8m). OUH have re-assessed their risk disclosure this month and reduced their net risk to £31.5m (M5 £75.4m). The ICB net risk has increased to £23.0m (M5 £19.4m) while RBFT have also increased their net risk to £5.3m (M5 £4.9m). Other providers are reporting all identified risks as fully mitigated leaving zero net risk to their positions.

Table 1 – ICB Dashboard of key financial duties as required by NHS E

Indicator	Target	RAG
Actual Year to Date	Breakeven	X
Reported Forecast outturn	Breakeven	✓
Running costs Actual Year to Date	Breakeven	✓
Running Costs Forecast Outturn	Breakeven	✓
ICB Capital outturn vs allocation	Breakeven	✓
Cash balance less than 1.25% of cash drawdown for month	<1.25%	✓
Mental Health Investment Standard Achieved	9.19%	✓
Better Payment Practice Code - Non NHS (by value)	95%	94.50%
Better Payment Practice Code - NHS (by value)	95%	✓
Note: Cash draw down as % of Cash Drawdown Requirement		
	50.00%	X

- The ICB has reported a YTD **deficit** of £13,474k (M5 £12,634k) and is therefore rated as red YTD.
- The reported forecast outturn is for breakeven but given the YTD position there is a high risk that this will not be achieved. NHSE usually require a formal reforecast at M9.
- The running cost FOT is currently reported as on plan and there is a small underspend of £51k YTD. The costs of the new organisational structures are in excess of allocation but are not fully recruited to at this stage. The ICB would overspend its running cost allocation if all posts were to be recruited. An establishment control panel is now in place and the ICB is expected to achieve breakeven. The ICB also needs to plan for a running cost reduction of 20% in 2024/25 and a further 10% in 2025/26.
- The ICB BPPC performance for NHS providers continues to hit the target 95% (M5 95%) . The BPPC performance for Non-NHS providers has improved again this month to 94.5% (M5 93.9%) but is still just short of target. The Financial accounting team are working to ensure the targets are fully met in future months.
- The ICB drew down 51.5% of the Cash Drawdown Requirement (CDR) which is £52m (3% more than the pro-rata CDR). The increased cash requirement is driven by the YTD deficit, the £11m ERF funding held back by NHS E and other timing issues.

Table 2 – Financial position – ICB Overview by service line

BOB ICB OVERALL by Service Line Monthly Performance Report	YTD Budget Month 6 £'000	YTD Actual Month 6 £'000	YTD Variance Month 6 £'000	Annual Budget Month 6 £'000	Forecast Outturn Month 6 £'000	Forecast Variance Month 6 £'000	Forecast Variance Month 5 £'000	Movement in Forecast Variance £'000
Acute	864,977	869,113	(4,136)	1,714,609	1,722,964	(8,355)	(7,870)	(485)
Community Health Services	184,917	186,247	(1,329)	371,671	375,153	(3,482)	(3,030)	(452)
Continuing Care	94,577	101,162	(6,585)	190,767	208,233	(17,466)	(13,155)	(4,311)
Mental Health	164,603	166,611	(2,008)	327,359	332,638	(5,278)	(4,431)	(847)
Other Programme	(1,300)	(9,381)	8,081	25,506	(22,101)	47,607	41,654	5,953
Primary Care	20,988	21,020	(32)	41,649	41,649	0	0	0
Prescribing, Central Drugs and Oxygen	135,110	144,256	(9,145)	270,221	283,246	(13,025)	(13,168)	143
Pharmacy, Optometry and Dentistry (POD)	63,592	63,592	(0)	132,379	132,379	0	0	0
Delegated Co-Commissioning	162,111	162,111	(0)	314,909	314,909	0	0	0
Total Programme Costs	1,689,576	1,704,730	(15,154)	3,389,069	3,389,069	0	0	0
ADMIN Costs	16,890	16,839	51	33,781	33,781	0	0	0
NET SURPLUS / (DEFICIT) before CIP	1,706,467	1,721,569	(15,103)	3,422,850	3,422,850	0	0	0
Unidentified CIP target	(3,500)	(5,129)	1,629	(7,000)	(7,000)	0	0	0
NET SURPLUS / (DEFICIT)	1,702,967	1,716,441	(13,474)	3,415,850	3,415,850	0	0	0

- The main drivers of the £13.4m YTD overspend for the ICB at M6 continue to be prescribing, activity at Independent sector providers of cataract surgery driven by patient choice, CHC and MH placements. The YTD has worsened by £0.9m compared to M5. This is due to corrections to Broadcare CHC database which have worsened the CHC overspend both YTD (£3.4m) and FOT (£4.3m) offset by NR technical adjustments in month.

ICB Risks include:

- Not all contracts are signed off – particular risks for South Central Ambulance Service and Frimley contracts
- Savings delivery in CHC and Prescribing – most of the ICB savings plans are in CHC £6.1m, Prescribing £5.9m and a further £7m of savings that were required but not identified at the plan stage in order to deliver a breakeven position. The majority of the unidentified savings are now identified and are considered low risk. The savings schemes in Prescribing are underway and delivering but could easily be offset by further cost pressures arising during the year – gross risk of £10m (M5 £12m). CHC savings are behind plan in terms of development and delivery and there is a high risk to delivery of the full plan.
- Impact of further price increases for CHC and MH placements
- National Elective Recovery Fund (ERF) clawback and impact on system. 84% of ERF funding of £69m has been received by the ICB with 16% £11m withheld by NHSE pending provider delivery of elective activity targets. It is unlikely that providers will deliver the target activity particularly in the light of the ongoing industrial action by junior doctors and consultants.
- Recruiting to full establishment would put the ICB at risk of exceeding its running cost allocation, multiple vacancies need to be held to ensure the target is met this year and as part of a glide path to the further reductions required in 2024/25. Enhanced vacancy controls are now in place.

System wide under/(overspend) by organisation

The overall financial position of the ICS is shown below.

Table 1 – System under/(overspend) by organisation

ICS Body	In Month (M6)			Year to Date			Forecast Outturn		
	Plan £m	Actuals £m	Variance £m	Plan £m	Actuals £m	Variance £m	Plan £m	Actuals £m	Variance £m
Berkshire Healthcare	(0.0)	0.5	0.5	(1.3)	0.6	2.0	1.3	1.3	0.0
Buckinghamshire Healthcare	(0.9)	(1.7)	(0.8)	(11.7)	(12.5)	(0.8)	(12.1)	(12.1)	0.0
Oxford Health	0.3	0.8	0.5	1.7	2.5	0.8	3.3	3.3	0.0
Oxford University Hospitals	(1.1)	(2.9)	(1.8)	(7.3)	(27.3)	(19.9)	(2.9)	(2.9)	0.0
Royal Berkshire Hospital	(0.0)	(2.2)	(2.2)	(5.6)	(9.1)	(3.5)	(10.1)	(10.1)	(0.0)
ICS Providers	(1.8)	(5.5)	(3.7)	(24.2)	(45.6)	(21.4)	(20.4)	(20.4)	0.0
BOB ICB	(0.0)	(0.8)	(0.8)	0.0	(13.5)	(13.5)	0.0	0.0	0.0
BOB ICS Bodies	(1.8)	(6.3)	(4.5)	(24.2)	(59.1)	(34.9)	(20.4)	(20.4)	0.0

System Wide Under/(overspend) by expenditure type

Table 2 – System under/(overspend) by type of expenditure

Expenditure Category	In Month (M6)			Year to Date			Forecast Outturn		
	Plan	Actuals	Variance	Plan	Actuals	Variance	Plan	Actuals	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Income	302.5	299.6	(2.9)	1,799.2	1,825.5	26.3	3,614.4	3,630.3	15.9
Pay	(182.3)	(188.5)	(6.2)	(1,092.7)	(1,124.6)	(31.8)	(2,175.8)	(2,184.1)	(8.3)
Non - Pay	(115.6)	(111.3)	4.3	(692.6)	(712.8)	(20.2)	(1,382.9)	(1,394.6)	(11.7)
Non - Operational Expenditure	(6.3)	(5.3)	1.1	(38.1)	(33.7)	4.3	(76.2)	(72.0)	4.1
Total Expenditure	(304.3)	(305.1)	(0.8)	(1,823.4)	(1,871.2)	(47.7)	(3,634.8)	(3,650.7)	(15.9)
NHS Providers	(1.8)	(5.5)	(3.7)	(24.2)	(45.6)	(21.4)	(20.4)	(20.4)	0.0
BOB ICB	(0.0)	(0.8)	(0.8)	0.0	(13.5)	(13.5)	0.0	0.0	0.0
BOB ICS Bodies	(1.8)	(6.3)	(4.5)	(24.2)	(59.1)	(34.9)	(20.4)	(20.4)	0.0

Key points per body

Berkshire Healthcare :

- The Trust has reported a YTD surplus which is £2.0m better than plan.
- There are no changes to the drivers of this position in month. Pay award pressures have been offset by the fact that Trust has not been able to recruit to all posts in the plan. Utilities costs have been lower than expected and interest receivable is ahead of plan.

Buckinghamshire Healthcare :

- The Trust has reported a YTD deficit of £12.5m which is worse than plan by £0.8m. The planned deficit for the full year is £12.1m so the Trust needs to achieve breakeven in the second half of the year to deliver its plan. The Trust are working to reduce the run rate and to push savings delivery but are being impacted by industrial action.
- The Trust is undertaking a half year stock take and identifying what needs to be done to deliver the required run rate. Savings are profiled to deliver later in the year but there are also technical items planned for M12 which the Trust is confident will be delivered. The Trust has reported risk of £26.5m this month including £2.6m for ERF. All risk is reported as mitigated.

Oxford Health :

- The Trust has reported a YTD surplus which is £0.8m better than plan.
- Agency costs are still not on track although the Trust has reported some signs of traction in recent months. Medical agency costs have not reduced as planned but agency nursing and other staff categories have. There is a risk that the Trust may miss the agency ceiling target and could drive the ICS over the agency ceiling but OH are more confident this month that they will be able to contain expenditure below the agency cap.

Oxford University Hospitals :

- The Trust has reported a YTD deficit which is £19.9m (M5 £18.1m) behind plan. The Trust has been running at an underlying deficit of £6-7m per month, but this has reduced to c£4m this month. The deficit is driven mainly by the slow start to delivery of savings plans and increasing pressure from the costs of industrial action.
- The plan included significant efficiency plans which have been slow to start up but delivery is improving (£0.8m adverse variance YTD, M5 2.9m, M4 3.6m).
- OUH have re-assessed their risk disclosure this month and reduced their net risk to £31.5m (M5 £75.4m). As per most other in-system providers, the OUH have not yet included any estimate for ERF/Aligned Payment Incentive (API) risk at M6 and have assumed a mitigation of further funding for industrial action impacts.

Royal Berkshire Hospitals :

- The Trust reported a YTD deficit which is £3.5m behind plan YTD (M5 £1.3m). In month drivers of the deterioration were costs of ongoing industrial action and non-pay costs.
- A £15m savings target is built into the plan for which there are now risk assessed schemes in place to the full value. The RBFT variance is largely driven by delay to the implementation of savings plans.
- The Board of RBFT will undertake a reforecast exercise once M6 position is available which will then be available for wider discussion in the ICS and with NHSE.
- Risks of £7.7m (M5 £7.3m) are reported including an API/ERF risk of £4.3m. Total risk after mitigations is £5.3m (M5 £4.9m).

Common themes by type of expenditure

Provider Income : A YTD overachievement of £26.3m (M5 £29.2m) is reported. The drivers for this include A4C pay award paid in M3, Medical pay award in M6 and other Commissioner SDF/Pass through funding.

Provider Pay Costs : A YTD overspend of £31.8m (M5 £25.6m) is reported. Agency and Bank spend drives this, some of which is linked to industrial action and recovery work. Table 3 shows providers have spent £40.7m (M5 £36m) on agency/locums for the year to date (excluding Bank staff), £6.4m in excess of plan. The system forecast outturn exceeds the cap for the first time.

Non-Pay Expenditure : Overall non-pay expenditure is overspent by £20.2m at M6 (M5 £24.5m). Slippage/non-delivery of CIPs in this area of expenditure are £2.1m (M5 £2.3m) behind plan.

Table 3: Agency spend against plan and as a % of cap is shown below:

Provider	M6 Year To Date			Forecast Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m
Berkshire Healthcare	2.8	4.1	(1.3)	5.1	8.2	(3.2)
Buckinghamshire Healthcare	8.1	6.0	2.1	16.3	16.3	0.0
Oxford Health	11.8	18.7	(7.0)	23.6	35.3	(11.8)
Oxford University Hospitals	5.0	7.8	(2.8)	10.0	11.8	(1.8)
Royal Berkshire Hospital	6.6	4.0	2.6	13.1	13.1	0.0
ICS Providers	34.3	40.7	(6.4)	68.1	84.8	(16.7)
System Level Agency Cap				83.8		
Agency spend as % of agency cap	40.9%	48.6%		81.2%	101.2%	

Oxford Health is the outlier with agency spend well in excess of plan and is the main driver of the ICS variance to plan. BHT and RBFT are better than plan and offset the overspends at OUH and BHFT. The forecast exceeds the agency cap for the first time this month.

Table 4 Provider pay costs variance by organisation

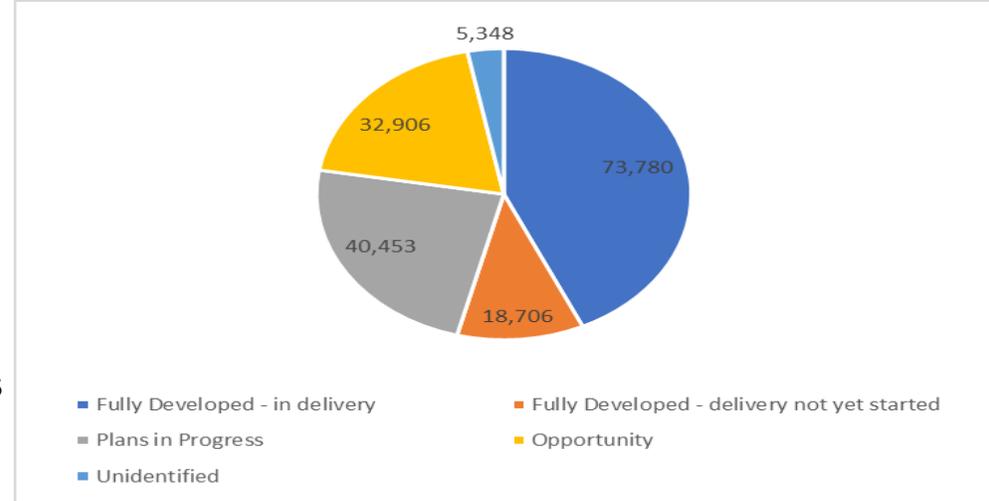
Provider	M6 Variance To Plan	
	In Month	YTD
	£m	£m
Berkshire Healthcare	0.9	1.9
Buckinghamshire Healthcare	(3.7)	(8.5)
Oxford Health	1.3	(3.3)
Oxford University Hospitals	(3.9)	(16.3)
Royal Berkshire Hospital	(0.8)	(5.7)
ICS Providers	(6.2)	(31.8)

Table 5 Non Pay spend analysis by provider

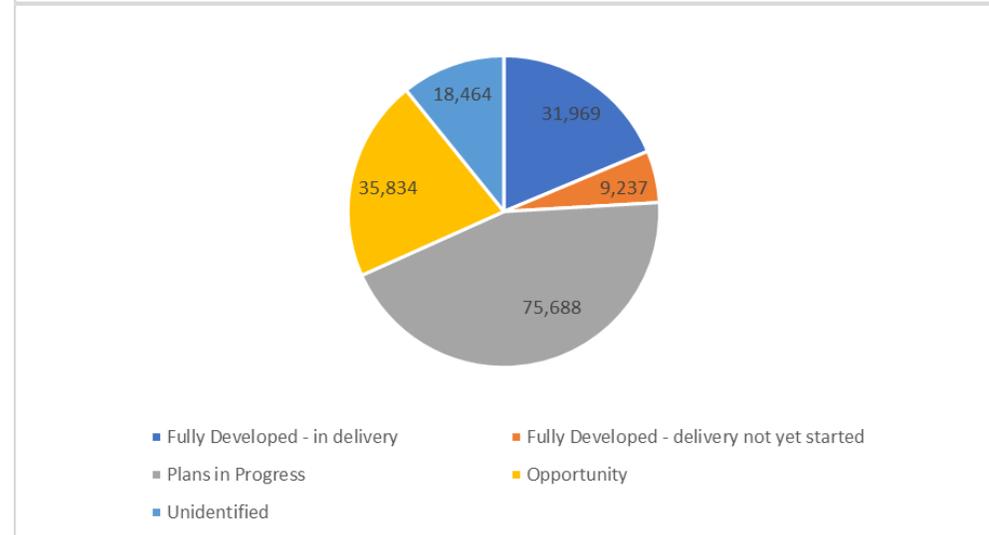
Provider	M6 Year To Date		
	Plan	Actual	Variance
	£m	£m	£m
Berkshire Healthcare	41.7	43.5	(1.8)
Buckinghamshire Healthcare	108.1	113.4	(5.3)
Oxford Health	114.0	108.5	5.4
Oxford University Hospitals	311.2	324.7	(13.5)
Royal Berkshire Hospital	117.6	122.7	(5.1)
ICS Providers	692.6	712.8	(20.2)

Efficiencies

- The ICS has a planned total of £171.2m (£143.3m in 2022/23) of savings to be delivered by year end.
- Of this £71.0m (M5 £52.5m) has been delivered to date i.e. £2.2m ahead of the planned £68.9m (M5 £3.0m behind)
- The total savings planned are split £124.9m recurrent and £46.3m non-recurrent.
- £34.8m recurrent savings have been delivered to date by providers i.e. £14m behind the plan; and £25.8m Non-Recurrent savings have been delivered i.e. £15.4m ahead of plan.



M6
Efficiency
status



Plan
Stage
Efficiency
status

Provider Efficiency Status	Change in status - M6 from M5	% Split M6	% Split M5	% Split M4	% Split Plan	M6	M5	M4	Plan
						£m	£m	£m	£m
Fully Developed - In Delivery	↑	43.1%	32.5%	29.4%	0.0%	73,780m	49,395m	44,704m	0
Fully Developed - Delivery not yet started	↑	10.9%	7.1%	11.9%	27.1%	18,706m	10,788m	18,078m	41,207m
Plans In Progress	↓	23.6%	27.9%	28.6%	41.8%	40,453m	42,407m	43,451m	63,521m
Opportunity	↓	19.2%	28.2%	25.0%	20.2%	32,906m	42,875m	37,945m	30,732m
Unidentified	↓	3.1%	4.3%	5.2%	10.9%	5,348m	6,561m	7,848m	16,566m
Total						152,026m	152,026m	152,026m	152,026m

Table 8a and b – System risks are shown below by provider and by risk category

Provider	M6 Forecast		
	Gross risk	Mitigation	Net risk
	£m	£m	£m
Berkshire Healthcare	(0.8)	0.8	0.0
Buckinghamshire Healthcare	(26.5)	26.5	0.0
Oxford Health	(5.3)	5.3	0.0
Oxford University Hospitals	(73.5)	42.0	(31.5)
Royal Berkshire Hospital	(7.7)	2.4	(5.3)
ICS Providers	(113.8)	77.0	(36.8)
ICB	(47.3)	24.3	(23.0)
ICS Total	(161.1)	101.3	(59.8)

Risk category	Gross Risk £m	Mitigations £m	Net Risk £m
Additional costs - winter pressures/capacity	(23.7)	14.8	(8.8)
Risk to delivery of savings plans	(78.6)	37.1	(41.5)
ERF funding potential national clawback	(11.0)	4.5	(6.5)
Additional Inflation risk	(5.0)	5.0	0.0
Income risk	(13.2)	13.2	0.0
Remaining Covid impacts	(18.0)	7.0	(11.0)
Contract risk	(1.2)	0.5	(0.6)
Underfunding of pay awards - A4C and Medical in Community and MH providers	(2.8)	11.5	8.7
Additional costs of industrial action	(6.9)	6.9	0.0
GP Dispensing charges	(0.8)	0.8	0.0
ICS Providers	(161.1)	101.3	(59.8)

- Gross risks have reduced to £161.1m at M6 (M5 £163.3m) and net risks to £59.8m (M5 £99.8m). OUH have reviewed their risks this month and the net risk has been reduced from £75.4m to £31.5m.
- The ICB net risk has increased to £23m (M5 £19.4m).

Table 9 – System capital position – total charge against capital allocation (before impact of IFRS 16)

Organisation	Plan	Actual	Variance		Plan	Forecast	Variance	
	YTD	YTD	YTD	YTD	FOT	FOT	FOT	FOT
	£m	£m	£m	%	£m	£m	£m	%
Berkshire Healthcare	1.1	2.0	(0.8)	(73.7%)	11.5	9.2	2.3	20.2%
Buckinghamshire Healthcare	10.1	2.5	7.6	75.4%	21.3	21.3	0.0	0.0%
Oxford Health NHS Foundation Trust	3.6	2.9	0.7	18.9%	12.1	12.1	0.0	0.0%
Oxford University Hospitals NHS Found	9.5	2.8	6.7	70.3%	28.5	28.5	0.0	0.0%
Royal Berkshire NHS Foundation Trust	13.7	4.2	9.5	69.6%	27.4	27.4	0.0	0.0%
ICS Providers	38.0	14.3	23.7	62%	100.9	98.5	2.3	2%
ICB	0.1	0.1	0.0	0.0%	3.0	3.0	0.0	0.0%
ICS Total	38.1	14.4	23.7	62%	103.9	101.5	2.3	2%

- ICS providers have underspent against ICS capital plan by £23.7m at M6 (M5 £19.6m).
- All providers are reporting on plan for the year apart from BHFT which is £2.3m under plan. The BHFT capital plan included £2.3m over programming which is allowed at plan stage. The forecast for BHFT now excludes the over programming, meaning the ICS forecast spend is now in line with the £98.5m capital allocation for the ICS providers.

Glossary of Terms

Term	Explanation
2023/24	Financial Year from 1 April 2023 to 31 March 2024
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
CCG	Clinical Commissioning Group - predecessor organisations to the ICB
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
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