

BOARD MEETING

Title	Finance Report Month 10 (January) 2023/24		
Paper Date:	26 February 2024	Meeting Date:	19 March 2024
Purpose:	Assurance	Agenda Item:	14
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Executive Summary			
<p>This paper sets out the financial position of the Integrated Care Board (ICB) and the wider Integrated Care System (ICS) at the end of January (M10) 2023/24.</p> <p>The ICB has overspent by £18.5m year to date (YTD). This is due to pressure in prescribing, continuing healthcare, mental health placements and independent sector activity for ophthalmology.</p> <p>The ICS has reported a YTD deficit of £57.9m (M9 £49.0m).</p> <p>The M10 forecast for the ICS of £73.2m year-end deficit reflects:</p> <ul style="list-style-type: none"> • The system reforecast exercise undertaken in November/December i.e. £44.3m deficit. • Industrial action (IA) costs incurred in December and January of £10.3m. • Worsening of the forecasts for Oxford University Hospitals and the ICB by £4.6m and £14.0m respectively. <p>Royal Berkshire Foundation Trust is expected to revise its forecast in M11 which will further worsen the position, as will the IA taking place in February.</p>			
Action Required			
<p>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 latest forecast deficit and to consider the level of assurance that pertains to the following:</p> <ul style="list-style-type: none"> • The ICB's ability to meet its revised forecast considering year-to-date performance, prospective risks and plans to address overspends. • The ICS's ability to meet its revised forecast considering year-to-date performance and prospective risks. 			
Conflicts of Interest	Conflict noted: conflicted party can participate in discussion and decision		
<p>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.</p>			
Date/Name of Committee/ Meeting, Where Last Reviewed:	System Productivity Committee, 5 March 2024		

Finance Report

Month 10 2023/24

ICB

- The most likely forecast outturn (FOT) is for a deficit of £40.3m (M9 £26.3m) although the ICB will continue to work to improve upon this forecast.
- The ICB will not achieve its statutory financial target for 2023/24 of breakeven by year end. It will likely receive a qualified value for money opinion as a result. The External Auditors have issued a S30 report to the Secretary of State giving notification.

ICS

- A forecast of £44.3m deficit was submitted on 8 December to NHSE for BOB ICS. The expectation was that the ICS would move to reporting a forecast in line with this (plus the impact of IA taken by Junior Doctors in December and January as per national guidance) at M10.
- In the event, the ICS forecast moved out to £73.2m deficit, reflecting IA action of £10.3m for December/January and further worsening of the Oxford University Hospitals (OUH) and ICB forecasts by £4.6m and £14.0m respectively. Royal Berkshire Foundation Trust (RBFT) are expected to revise their forecast at M11 which is likely to further worsen the forecast.
- Industrial action by junior doctors in February will also further worsen the forecast.
- Any system overspend must be repaid in future years which will add to the planning challenge going forward.

NHSE provided an additional £20.4m funding (equivalent to the original planned deficit for the ICS) in M11 and it has been agreed to distribute this to the system acute providers. This funding must be applied to improve the system forecast by an equivalent amount; it will not be considered by NHSE in determining achievement against the business rules and must be repaid in future years.

ICB

The ICB reported a YTD deficit at M10 of £18.5m (M9 £13.8m) and a forecast outturn of £40.3m deficit i.e. £14.0m worse than the original £26.3m System reforecast submitted in November/December 2023.

- The drivers of the deterioration in the forecast from M9 to M10 were related to Thames Valley Cancer Alliance funding for providers, refinement of assumptions around Elective Recovery Fund (ERF) and High-Cost Drugs payments to providers and some deterioration in forecasts for ICB spend on Continuing Health Care (CHC) and Mental Health.
- The executive review of further mitigations as part of the national System reforecast submission during November has delivered £17.7m against an initial challenge of £44m.
- The deterioration in the Acute forecast is driven mainly by ERF impacts. The CHC FOT worsened by £1.7m from M9 due to assumptions for savings for the remainder of the year in Oxfordshire place being revised down. The Community forecast worsened by £1.7m due to crystallised risks from the Berkshire West Better Care Fund and an endoscopy contract increase. The Prescribing year-on-year growth rate has again improved and the forecast remains stable from M9.
- The dashboard on slide 4 shows that the ICB has not delivered its main financial target i.e. the ICB has a YTD variance to plan and is forecasting a deficit at year end compared to a breakeven plan.

ICS

- BOB ICS reported a M10 YTD deficit of £57.9m and an adverse variance to plan of £23.6m (M9 £17.2m). The FOT deficit of £73.2m is worse than the System reforecast submitted in November/December 2023 (after taking account of industrial action) by £4.6m for OUH and £14.0m for the ICB. RBFT expect to submit a revised reforecast at M11 which will increase the forecast deficit further.
- The system submitted an estimate of the impact of Industrial action for December and January of £10.3m (M9 £8.9m).
- Savings delivery - at M10 £130m of savings were delivered YTD against a planned £125m.
- Net Risk (after mitigations) for the system now totals £60.9m (M9 £48m). OUH net risk has increased to £46m (M9 £20.3m) reflecting the ongoing run rate risk. Oxford Health (OHFT) have flagged a new risk related to the impact of terminating their PFI contract for the Oxford Clinic in Littlemore. Further industrial action in February will also impact on the forecast.

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

Indicator	Target	RAG
Actual Year to Date	Breakeven	X
Reported Forecast outturn/System reforecast Nov 2023	Breakeven	X
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)	96%	✓
Better Payment Practice Code - NHS (by value)	95%	✓
Note: Cash draw down as % of Cash Drawdown Requirement	83.33%	X

- The ICB has reported a YTD variance of £18.5m (M9 £13.8m) and is therefore rated as red YTD.
- The forecast outturn at M10 is £40.3m deficit compared to £26.3m at M9.
- The running cost FOT is now underspent against plan by £806k and there is an underspend of £1.1m YTD. There is some uncertainty regarding additional costs for consultancy and for stranded costs of in-housed services. An establishment control panel continues to be in place and all permanent appointments are now on hold until the outcome of the organisational development work. This work is planned to address the national requirement for reductions to running costs in 2024/25 and 2025/26.
- The ICB achieved the Better Payment Practice Code targets by value this month with both payments to NHS providers and Non-NHS providers hitting the 95% target.
- Cash drawdown to M10 was in excess of the Cash Drawdown Requirement by 2% (£67.4m)

ICB Position M10

Table 2 – Financial position – ICB Overview by service line

BOB ICB OVERALL by Service Line Monthly Performance Report	YTD Budget Month 10 £'000	YTD Actual Month 10 £'000	YTD Variance Month 10 £'000	Annual Budget Month 10 £'000	Forecast Outturn Month 10 £'000	Forecast Variance Month 10 £'000	Forecast Variance Month 9 £'000	Movement in Forecast Variance £'000
Acute	1,463,340	1,476,413	(13,073)	1,753,400	1,786,823	(33,424)	(13,035)	(20,388)
Community Health Services	320,764	324,792	(4,028)	385,957	391,636	(5,679)	(3,886)	(1,793)
Continuing Care	159,581	176,540	(16,959)	191,795	211,401	(19,606)	(17,871)	(1,735)
Mental Health	276,333	276,586	(253)	331,230	338,907	(7,677)	(7,120)	(556)
Other Programme	14,848	(8,639)	23,486	25,433	(1,865)	27,298	44,651	(17,353)
Primary Care	36,131	35,873	258	43,915	42,924	991	252	739
Prescribing, Central Drugs and Oxygen	225,451	234,248	(8,797)	270,541	279,766	(9,226)	(9,190)	(35)
Pharmacy, Optometry and Dentistry (POD)	110,118	104,951	5,167	135,425	129,225	6,200	6,200	0
Delegated Co-Commissioning	273,233	278,688	(5,454)	319,517	319,517	0	0	0
Total Programme Costs	2,879,799	2,899,453	(19,654)	3,457,212	3,498,333	(41,121)	0	(41,121)
ADMIN Costs	29,355	28,240	1,115	34,988	34,182	806	0	806
NET SURPLUS / (DEFICIT) before CIP	2,909,154	2,927,692	(18,539)	3,492,200	3,532,515	(40,315)	0	(40,315)
Unidentified CIP target	(5,833)	(5,833)	0	(7,000)	(7,000)	0	0	0
NET SURPLUS / (DEFICIT)	2,903,320	2,921,859	(18,539)	3,485,200	3,525,515	(40,315)	0	(40,315)

- The main drivers of the change from M9 YTD variance of £13.8m to £18.5m is Primary Care additional roles payments (ARRS) where funding to cover them is expected in M11 but national guidance is to report deficit YTD i.e. not to anticipate the funding. This has no impact on the FOT as funding has been notified.
- The FOT now includes all risks and mitigations previously included in the waterfall in M9 but not on the ledger, as well as the changes set out in slide 5.

ICB Risks & Mitigations to Forecast M10

- Most risks have been built into the forecast this month so that the reported ledger position reflects the most likely year end position.
- There is still potential for movement to this position related to:
 - Payments for elective overperformance (“ERF”) and high-cost drug use where final impacts will not be known until close to the year end and will depend on national methodologies for transacting ERF.
 - Finalisation of some outstanding funding issues with in-system providers.
- However, the ICB considers it has sufficient mitigations to cover this (including Prescribing, ARRS, dental clawback assumptions and System Development Fund (SDF) where schemes are slipping).

System wide under/(overspend) by organisation

The overall financial position of the ICS is shown below.

The forecast reflects the system reforecast exercise undertaken in November along with subsequent updates and IA costs incurred in December and January.

It does not reflect:

- An estimate for known strike action in February or any other strike action before the end of March.
- The impact of the additional £20.4m system funding due to be received in M11.

The RBFT FOT was not agreed by their Board before national submission deadlines at M10 and is subject to further change in M11.

Table 3 – System under/(overspend) by organisation –

ICS Body	In Month (M10)			Year to Date			Forecast Outturn		
	Plan	Actuals	Variance	Plan	Actuals	Variance	Plan	Actuals	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Berkshire Healthcare	0.5	0.9	0.4	0.1	2.3	2.1	1.3	3.7	2.4
Buckinghamshire Healthcare	(0.7)	(1.4)	(0.7)	(15.2)	(16.4)	(1.2)	(12.1)	(14.7)	(2.5)
Oxford Health	0.3	1.2	1.0	2.8	4.6	1.8	3.3	4.5	1.2
Oxford University Hospitals	(1.5)	(1.1)	0.4	(12.8)	(16.0)	(3.2)	(2.9)	(15.3)	(12.5)
Royal Berkshire Hospital	(1.1)	(3.8)	(2.7)	(9.3)	(13.8)	(4.6)	(10.1)	(11.1)	(1.1)
ICS Providers	(2.5)	(4.1)	(1.6)	(34.3)	(39.4)	(5.0)	(20.4)	(32.9)	(12.5)
BOB ICB	0.0	(4.8)	(4.8)	0.0	(18.5)	(18.5)	0.0	(40.3)	(40.3)
BOB ICS	(2.5)	(8.9)	(6.4)	(34.3)	(57.9)	(23.6)	(20.4)	(73.2)	(52.8)

System Wide Under/(overspend) by expenditure type

Table 4 – System under/(overspend) by type of expenditure

Expenditure Category	In Month (M10)			Year to Date			Forecast Outturn		
	Plan	Actuals	Variance	Plan	Actuals	Variance	Plan	Actuals	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Income	300.9	326.9	26.0	3,001.9	3,133.0	131.1	3,614.4	3,719.9	105.5
Pay	(181.4)	(195.6)	(14.2)	(1,817.3)	(1,895.6)	(78.3)	(2,175.8)	(2,252.6)	(76.8)
Non - Pay	(115.6)	(129.5)	(13.8)	(1,155.4)	(1,228.6)	(73.2)	(1,382.9)	(1,446.0)	(63.2)
Non - Operational Expenditure	(6.4)	(5.9)	0.5	(63.5)	(48.2)	15.3	(76.2)	(54.1)	22.0
Total Expenditure	(303.4)	(331.0)	(27.6)	(3,036.2)	(3,172.4)	(136.1)	(3,634.8)	(3,752.8)	(117.9)
NHS Providers	(2.5)	(4.1)	(1.6)	(34.3)	(39.4)	(5.0)	(20.4)	(32.9)	(12.5)
BOB ICB	0.0	(4.8)	(4.8)	0.0	(18.5)	(18.5)	0.0	(40.3)	(40.3)
BOB ICS	(2.5)	(8.9)	(6.4)	(34.3)	(57.9)	(23.6)	(20.4)	(73.2)	(52.8)

Key points per body

Berkshire Healthcare :

- The Trust continues to report better than plan i.e. £2.1m better than plan YTD (M9 £1.7m). The Trust has agreed additional ERF funding for overperformance above target with the ICB and this has enabled an improvement in the forecast from the planned £1.3m surplus to £3.8m.
- 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 in PFIs have been lower than expected and interest receivable is ahead of plan.

Buckinghamshire Healthcare (BHT):

- The Trust have a YTD deficit of £16.4m (M9 £13.1m) which is worse than plan by £1.2m (M9 £0.1m). IA costs for Dec and January are included in this forecast. Excluding IA impacts, the Trust would have had a relatively good month.
- BHT forecast is to deliver the financial plan deficit of £12.1m plus IA costs incurred. BHT are still trying to ramp up elective activity to year end.
- Remaining risk is around ERF mechanism for year-end which will be driven by national guidance and latest data available.
- Further industrial action will result in additional costs incurred and lost margin on activity that cannot be delivered.

Oxford Health :

- The Trust is £1.8m better than plan YTD. There are several issues that will increase costs in Q4 and reduce the positive run rate back to the System reforecast position – these include new services taking time to deliver, maintenance work profiled to latter part of the year and SEND assessment response.
- Work continues to reduce agency costs specifically around medical staff. There will be some benefits in Q4 resulting from review of accruals in the early part of the year which may have been over-stated. Trajectories for all types of agency, apart from Medical, are good. OHFT have identified the need for additional controls in this area as some are being circumvented.
- OHFT have a risk remaining due to the termination of a PFI contract (£5-10m). The accounting treatment for this has yet to be confirmed but could impact on their revenue position in 2023/24.

Oxford University Hospitals:

- The Trust have a YTD deficit of £16.0m (M9 £14.9m) this month with a worsening of the underlying FOT. This was driven by increased pay costs associated with additional beds open in January including escalation beds.
- The FOT has deteriorated by £4.6m from the previous reforecast mainly driven by the worsening of the underlying run rate in month.
- The underlying deficit is predominantly due to excess inflation cost rises, continued high usage of temporary staffing and savings that have not been sufficient to offset these effects.

Royal Berkshire Hospitals :

- RBFT reported £4.6m behind plan YTD (M9 £1.8m). The worsening position prompted an internal review of costs at the Trust and culminated in the approval of an increased FOT post submission of the M10 figures to NHSE.
- RBFT reported a FOT of £11.142m at M10 including Industrial action of £1.092m.
- The revised forecast is likely to be for a £15.1m deficit including IA i.e. £4.4m worse than the original plan and the reforecast position reported in M10 subject to RBFT Board approval.
- The Trust continues to work to improve on this reforecast position by year end.

Common themes by type of expenditure

Provider Income : A YTD overachievement of £131m (M9 £105.1m) is reported. The drivers for this include additional system funding from NHS E for IA, assumptions around ERF/API income, 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 £78.3m (M9 £64m) is reported. Agency and Bank spend drives this, some of which is linked to industrial action and recovery work. Table 5 shows providers have spent £66.5m (M9 £60.0m) on agency/locums for the year to date (excluding Bank staff), £9.2m in excess of plan. The system forecast at M10 does not exceed the agency cap.

Non-Pay Expenditure : Overall non-pay expenditure is overspent by £73.2m at M10 (M9 £59.3m).

Table 5: Agency spend against plan and as a % of cap is shown below:

Provider	M10 Year To Date			Forecast Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m
Berkshire Healthcare	4.3	7.0	(2.7)	5.1	8.3	(3.2)
Buckinghamshire Healthcare	13.6	8.7	4.9	16.3	10.0	0.0
Oxford Health	19.7	30.9	(11.3)	23.6	33.7	(11.8)
Oxford University Hospitals	8.4	13.3	(4.9)	10.0	16.0	(4.3)
Royal Berkshire Hospital	11.0	6.6	4.4	13.1	9.7	4.3
ICS Providers	56.9	66.5	(9.6)	68.1	77.6	(15.0)
System Level Agency Cap				83.8		
Agency spend as % of agency cap	67.9%	79.3%		81.2%	92.6%	

Oxford Health is the main driver of the ICS variance to plan both YTD and FOT.

Table 6 Provider pay costs variance by organisation

Provider	M10 Variance To Plan	
	In Month	YTD
	£m	£m
Berkshire Healthcare	(1.1)	0.2
Buckinghamshire Healthcare	(3.6)	(21.4)
Oxford Health	(1.2)	(9.7)
Oxford University Hospitals	(5.4)	(34.3)
Royal Berkshire Hospital	(2.9)	(13.0)
ICS Providers	(14.2)	(78.3)

Table 7 Non-Pay spend analysis by provider

Provider	M10 Year To Date		
	Plan	Actual	Variance
	£m	£m	£m
Berkshire Healthcare	68.8	72.3	(3.5)
Buckinghamshire Healthcare	181.0	200.2	(19.2)
Oxford Health	190.0	199.9	(9.9)
Oxford University Hospitals	519.1	547.6	(28.5)
Royal Berkshire Hospital	196.5	208.6	(12.1)
ICS Providers	1,155.4	1,228.6	(73.2)

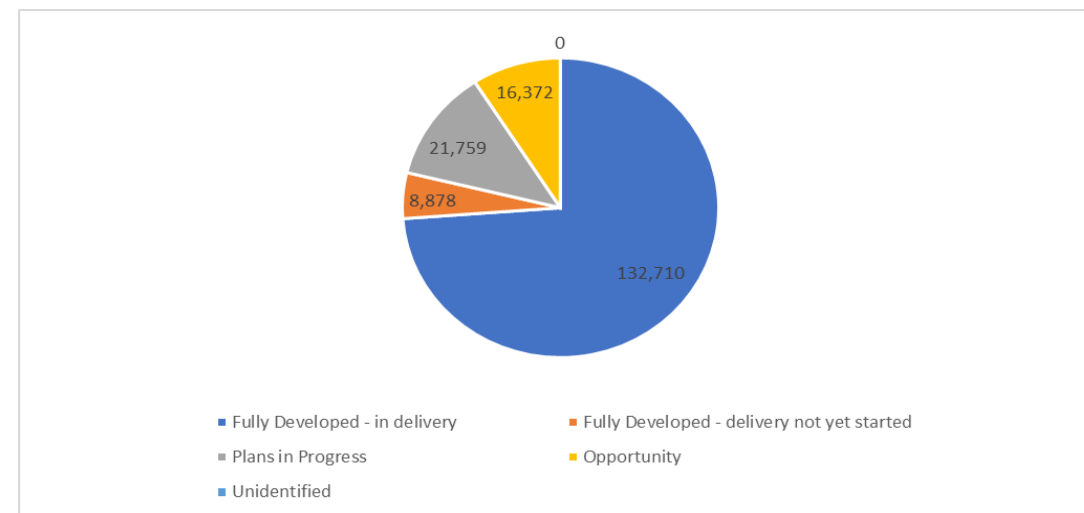
Efficiencies

- The ICS has a planned total of £171.2m (£143.3m in 2022/23) of savings to be delivered by year end.
- Of this £129.7m (M9 £115m) has been delivered to date against a plan of £125.2m.
- The total savings planned are split £124.9m Recurrent and £46.3m Non-Recurrent.
- £69m recurrent savings have been delivered to date by providers £32m behind the plan; and £61m Non-Recurrent savings have been delivered £36m ahead of plan.

Table 8 – Status of Provider efficiency plans:

Provider Efficiency Status	Change in status - M10 from M9	% Split M10	% Split M9	% Split M8	% Split M7	% Split Plan	M10	M9	M8	M7	Plan
							£m	£m	£m	£m	£m
Fully Developed - In Delivery	↑	71.16%	57.62%	62.11%	46.11%	0.00%	116,010	87,590	94,424	78,917	0
Fully Developed - Delivery not yet started	↓	5.45%	11.13%	11.17%	9.36%	27.11%	8,878	16,916	16,984	16,020	0
Plans In Progress	↓	13.35%	13.07%	16.06%	23.65%	41.78%	21,759	19,869	24,415	40,486	
Opportunity	↓	10.04%	15.02%	7.49%	16.21%	20.21%	16,372	22,838	11,389	27,746	
Unidentified	↓	0.00%	3.17%	3.17%	4.66%	10.90%	0	4,813	4,813	7,984	
Total							163,019	152,026	152,026	152,026	152,026

M10 Efficiency FOT status



Plan Stage Efficiency status

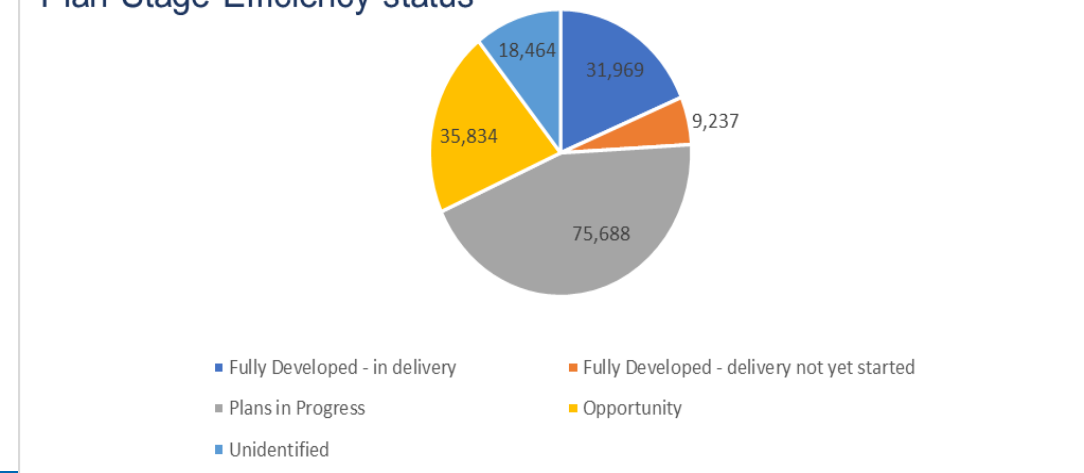


Table 9a and b – System risks are shown below by provider and by risk category

Provider	Forecast at M10		
	Gross risk	Mitigation	Net risk
	£m	£m	£m
Berkshire Healthcare	(1.3)	0.6	(0.7)
Buckinghamshire Healthcare	(24.7)	24.7	0.0
Oxford Health	(11.6)	11.6	0.0
Oxford University Hospitals	(59.1)	13.2	(45.9)
Royal Berkshire Hospital	(11.4)	9.7	(1.7)
ICS Providers	(108.1)	59.7	(48.3)
ICB	(15.2)	2.6	(12.6)
ICS Total	(123.2)	62.3	(60.9)

Risk category	Gross Risk	Mitigations	Net Risk
	£m	£m	£m
	Additional costs - winter pressures/capacity	(30.7)	25.2
Efficiency delivery risk	(45.3)	10.0	(35.3)
ERF clawback	(14.2)	3.5	(10.7)
Income risk	(20.2)	20.4	0.2
Contract risk	(2.6)	0.0	(2.6)
Underfunding of pay awards - A4C and Medical	(0.6)	0.0	(0.6)
Additional costs of industrial action	(9.4)	3.1	(6.3)
Delegated co-commissioning	0.0	0.0	0.0
GP Dispensing charges	0.0	0.0	0.0
ICS Providers	(123.2)	62.3	(60.9)

- Gross risks have increased to £123.2m at M10 (M9 £119.2m) and net risks have increased to £60.9m (M9 £48m).
- The ICB net risk has decreased to £12.6m (M9 £26.6m) as risks have now either crystallised into the FOT on the ledger or been mitigated.
- OUH net risk has increased to £45.9m (M9 £20.3m) as they have added several new risks around commissioner/ERF income, further industrial action, new business cases, inflation and JR Theatres Capital Expenditure write offs.

Table 10 – 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	8.1	5.9	2.2	26.8%	11.5	9.2	2.3	20.2%
Buckinghamshire Healthcare	17.5	11.0	6.5	37.2%	21.3	21.3	0.0	0.0%
Oxford Health NHS Foundation Trust	9.3	5.0	4.2	45.8%	12.1	12.9	(0.8)	-6.8%
Oxford University Hospitals NHS Foundation Trust	20.9	8.3	12.5	60.1%	28.5	33.1	(4.5)	-15.9%
Royal Berkshire NHS Foundation Trust	22.8	8.6	14.2	62.3%	27.4	27.4	0.0	0.1%
ICS Providers	78.5	38.9	39.7	51%	100.9	103.9	(3.0)	-3%
ICB	0.6	0.5	0.0	0.1%	3.4	3.4	0.0	0.0%
ICS Total	79.2	39.4	39.7	50%	104.2	107.3	(3.0)	-3%

- ICS providers have underspent against ICS capital plan by £39.7m YTD at M10 (M9 £35.6m).
- OUH is expecting an allocation adjustment of £3.3m relating to approved funding for RAAC (concrete) mitigation works, they have included the forecasted spend of £3.29m into their M10 forecast, with the expectation of national funding. This has been notified by NHSE as approved and is expected that a M11 or 12 adjustment in capital allocation will be made.

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