

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 3 February 2020
Title:	Financial Management Report for the nine months to 31 December 2019
Responsible Director:	Derek Lindsay, Director of Finance
Report Author:	Rob Whiteford, Assistant Director of Finance - Operational Services

1. Purpose

This is presented to the Board for:

- Discussion

This paper relates to:

- Annual Operational Plan

This aligns to the following NHS Scotland quality ambition(s):

- Effective

2. Report summary

2.1 Situation

The Annual Operating Plan financial outturn is £14.7 million deficit. At month nine the year to date deficit is £12.8 million. The Board are asked to discuss the financial position.

2.2 Background

At the Performance Governance Committee meeting held on 5 November 2019 it was agreed to request from Scottish Government £1.6 million of additional non-core Department Expenditure Limit funding and a further £1.2 million capital to revenue transfer. Agreement with Scottish Government was also reached to provide funding of £0.2 million for Unscheduled Care in Station 1 at Ayr Hospital. Delivery of the planned outturn is contingent upon receiving these and other outstanding allocations, a successful outcome in a VAT tribunal and a flexible approach by Integration Joint Boards.

2.3 Assessment

Appendix 4 shows that against a planned cash releasing efficiency savings target of £23.2 million there is projected to be a shortfall of £6.7 million, mainly in acute services. Demand pressures and delayed discharges from hospital have resulted in

additional acute beds being opened which drives further acute division overspend. In addition to a projected acute overspend of over £11 million, primary care prescribing volumes have increased by more than expected resulting in a projected £3.6 million overspend.

2.3.1 Quality/patient care

The financial overspend is due to protection of quality of patient care.

2.3.2 Workforce

Section five of the attached report comments on workforce numbers, agency spend, consultant vacancies and staff absence rate.

2.3.3 Financial

Delivery of cash releasing efficiency savings is a recurring shortfall which is planned to be non-recurrently covered in 2019/2020 by other funding sources.

2.3.4 Risk assessment/management

Section six in the paper attached sets out risk assessment and mitigations.

2.3.5 Equality and diversity, including health inequalities

An impact assessment has not been completed because this report is a monitoring report therefore does not require an equality and diversity impact assessment.

2.3.6 Other impacts

This report reflects the best value principles of governance and accountability in respect of use of resources.

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

2.3.8 Route to the meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Corporate Management Team, 21 January 2020.

2.4 Recommendation

Members are asked to discuss the attached report and take assurance from management actions so that the Board can take assurance from detailed scrutiny by Performance Governance Committee.

3. List of appendices (where required)

The following appendices are included with this report:

Appendix No 1, Income and expenditure summary for health services

Appendix No 2, Acute services

Appendix No 3, Allocations received

Appendix No 4, Cash releasing efficiency savings

1. Background

1.1 Scrutiny of all resource plans (revenue and capital) and the associated financial monitoring is considered by the Corporate Management Team, the Performance Governance Committee, and the Board. This report summarises the revenue position for the nine months ended 31 December 2019.

2. Revenue resource limit and overall financial position

2.1 The revenue budget for the year is £900 million. This comprises £820 million of allocations received (Appendix 3) and anticipated allocations of £80 million.

2.2 Funding allocations in December (listed on Appendix 3) included £5.8 million for the New Medicines Fund, £0.6 million for the Primary Care Improvement Fund, £0.3 million for additional elective activity and £0.4 million for Action 15 Mental Health Funds.

2.3 Acute Services continued to overspend but at a much reduced rate of £0.4 million in Month 9. Primary Care Prescribing was £2.7 million overspent after 9 months, with the year-end forecast reducing by £0.1 million to £3.6 million in light of October information. Reserves in month 9 caused a charge of £0.4 million.

3.1 Acute Services

3.1.1 The annual budget for Acute Services is £335.6 million. The directorate is overspent by £9.1 million for the year to date. (Appendix 2).

Table 1	Annual Budget	YTD Budget	YTD Actual	YTD Var
Acute Services Division	£000	£000	£000	£000
Pay	241,121	179,850	181,054	(1,203)
Non Pay	64,991	45,793	46,620	(827)
Other Operating Income	(855)	(663)	(819)	156
Unallocated Savings	(8,651)	(6,507)	0	(6,507)
Healthcare Provided to Others	(24,761)	(18,672)	(18,891)	219
Purchase Of Healthcare	63,735	47,599	48,489	(891)
	335,581	247,401	256,453	(9,053)

3.1.2 The in-month overspend was £0.5 million. The average monthly overspend in the first eight months was £1.1 million. The year to date overspend is a result of:

- £8.7 million of unallocated annual savings which are £6.5 million overspent after 9 months;
- £2.1 million overspend on nursing pay (of which only £0.1 million was in month 9);
- £0.8 million overspend on non-pay including drugs.
- £0.7 million overspend on external purchase and provision of healthcare.

The in month overspend of £0.5 million was lower than average due to £0.25 million of Orthopaedic supplies being charged to Access expenditure, and a reduced overspend on drugs of £0.16 million.

3.1.3 Unallocated Savings

The £8.7 million unallocated savings are £3.5 million brought forward from 2018/2019, £0.8 million of unachieved historic redesign savings plus additional savings targets in 2019/2020. This will cause an adverse variance of £0.725 million per month until savings are found

3.1.4 Nursing Pay

The main components of the £2.1 million nursing pay overspend are £1.4 million in Crosshouse Medical Wards and £0.6 million in Ayr Medical Wards. At Crosshouse the most material overspent areas are Ward 5d (£0.380 million), and the Combined Assessment Unit (£0.252 million).

Crosshouse Medical Ward Nursing Pay	£000	£000	£000	£000
Chouse Ward 5d Ger Asst Nrs	1,417	1,062	1,442	(380)
Chouse Winter Pressures	62	49	132	(83)
Chouse Ward 3d Medicine Nrs	1,347	1,008	1,091	(83)
Chouse Ward 2f Medicine Nrs	1,314	984	1,045	(61)
Chouse Anps - Acute Med	60	45	96	(51)
Chouse Gen Mgr Medical	207	157	210	(53)
Chouse Ward 3f A/Med Nrs	1,516	1,136	1,194	(58)
Chouse Combined Asst Unit Nrs	5,154	3,859	4,111	(252)
Chouse Ward 3b Medicine Nrs	1,478	1,107	1,178	(71)
Chouse A + E Dept Nrs	2,579	1,931	2,003	(72)
Chouse Discharge Lounge Nrs	205	153	210	(56)
Chouse Ward 4e Medicine Nrs	1,384	1,037	1,136	(99)
Chouse Ward 4f Medicine Nrs	1,298	972	1,023	(51)
Other smaller variances	11,810	8,827	8,809	18
	29,830	22,326	23,679	(1,352)

At Ayr Station 1 is £0.4 million overspent on nursing, having received non-recurring budget of £0.3 million. Station 1 overspent by £0.047 million in Month 9. Station 16, Station 14 and the Discharge Lounge together account for a further £0.215 million.

- 3.1.5 The 2019/2020 budget anticipated that all acute hospital beds were funded. However it has been necessary to open additional beds in response to demand and the number of delayed discharges. In Ayr Station 1, 24 beds have been open for most of the financial year, due to delays in discharge of South Ayrshire residents. There were 26 additional beds open at Crosshouse on average during December.
- 3.1.6 £0.275 million was issued non-recurringly to the Station 1 nursing budget at month 5. Similarly £44,000 was issued to “Crosshouse Winter Pressures” in order to fund additional capacity. This funding was phased into the first half of the financial year. A further £0.05 million was issued in Month 9 with a total of £0.15 million to follow in the last 3 months of the financial year.

3.1.7 **Acute Medical Agency**

Medical Agency usage has decreased compared with last year. After removing the effect of VAT charged up to the 7 October 2019 we only slightly behind track to achieve the £1.0 million targeted reduction.

3.1.8 **Non Pay**

Non-Pay budgets were £0.3 million underspent in Month 9:

- £0.25 million of orthopaedic expenditure was transferred to access
- There was a £0.1 million underspend on Hepatitis C drugs

3.1.9 **Purchase and Provision of Healthcare**

Externals are overspent by £0.7 million in the year to date. An increase in the number of paediatric bone marrow transplants, which are exclusions from the Glasgow service level agreements (which are paid on a cost per case basis), to overspend by £0.3m. The Golden Jubilee SLA for cardiology/cardiac surgery is the main driver for the remaining overspend.

3.2 **Health and Social Care Partnerships**

3.2.1 The total health budgets for the three Health and Social Care Partnerships are £419.9 million.

3.2.2 Combined partnership health budget overspends are £1.5 million including the prescribing overspend of £2.7 million referred to in section 2.3 above. The Health Board is responsible for funding prescribing. When this is done the overall partnership position is an underspend of £1.25 million.

3.2.3 On an underlying basis North Partnership are £0.370 million underspent, East £1.271 million underspent and South £0.391 million overspent. South are overspent on Biggart Hospital and District Nursing. East are underspent on Mental Health Services, Allied Health Professionals and Hospital and Community Care whilst North are underspent on Specialist Mental Health Services.

3.3 **Other Clinical Services**

3.3.1 The total budget for Other Clinical services is £24.0 million and it is underspent by £0.5 million. This area includes the budgets for the Pharmacy teams, the New Medicines Fund and activity such as brain injuries and transcatheter aortic valve implantation (TAVI) replacements. The underspend is mostly as a result of vacancies in the central pharmacy team. The New Medicines Fund continues to operate in line with budget.

3.4 **Clinical and Non-Clinical Support Services**

3.4.1 Support service departments have annual budgets totalling £118.1 million, with a £0.9 million underspend for the year to date. This average monthly underspend of £0.1 million has been a consistent trend since April.

3.5 Corporate Resource and Reserves

3.5.1 Reserves are £3.4 million overspent for the nine months to December. This is largely as a result of the underlying deficit being held centrally offset by one off benefits. There was a £0.4 million charge from reserves in month 9.

4. Efficiency and Transformation Programme

4.1 The target for cash releasing savings in the 2019/2020 revenue plan is £23.2 million. We have achieved £12.2 million (53%) by the end of month 9. Appendix 4 forecasts achievement of £16.4 million. Ensuring delivery of the remaining target is key to achieving our financial targets in 2019/2020.

4.2 The main schemes which are behind plan are Acute Operational CRES, adhering to the Nursing Budget and Intermediate Care and Rehabilitation. An evaluation of Intermediate Care and Rehabilitation indicates that it has prevented some emergency admissions however no cash releasing savings have been achieved as no hospital beds have closed due to high numbers of delayed transfer of care.

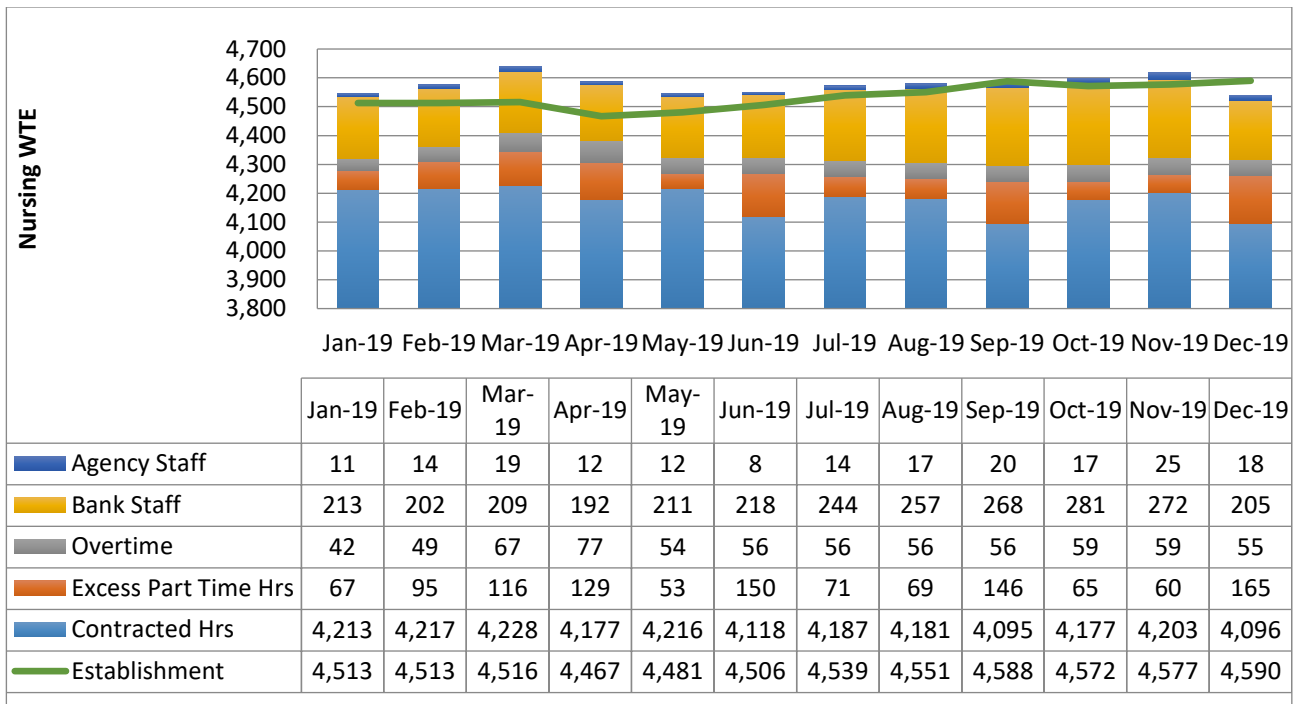
5. Workforce

5.1 Against a funded establishment for the whole organisation of 9,626 whole time equivalent staff, hours worked in December 2019 amounted to 9,420.

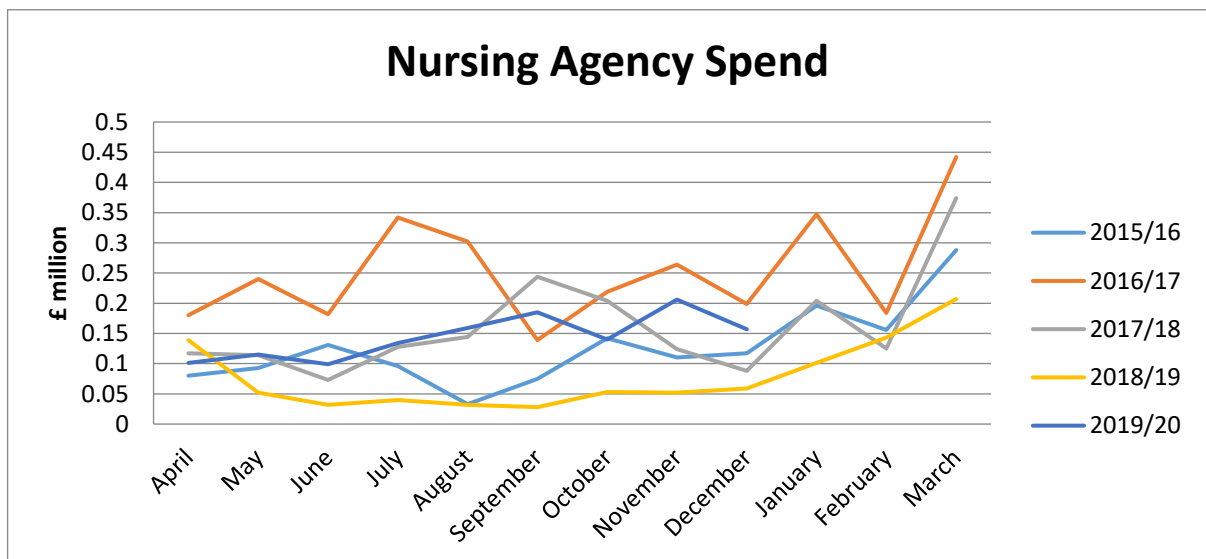
5.2 The table below shows the WTE staff used in each month from April to December 2019. The average is then compared with the average from April to December 2018. This shows an overall reduction of 13 WTE staff.

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Apr - Dec 2019 average	Apr - Dec 2018 average
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Contracted Hours	8,795	8,849	8,747	8,808	8,853	8,765	8,812	8,834	8,727	8,799	8,878
Excess Part Time Hours	349	216	332	258	272	336	254	250	349	291	285
Overtime	122	85	91	94	90	92	93	96	91	95	91
Bank Staff	192	211	218	244	257	268	281	272	205	239	187
Agency Staff	51	59	47	67	54	52	55	72	48	56	51
Total WTE	9,509	9,420	9,435	9,471	9,526	9,513	9,495	9,524	9,420	9,479	9,492

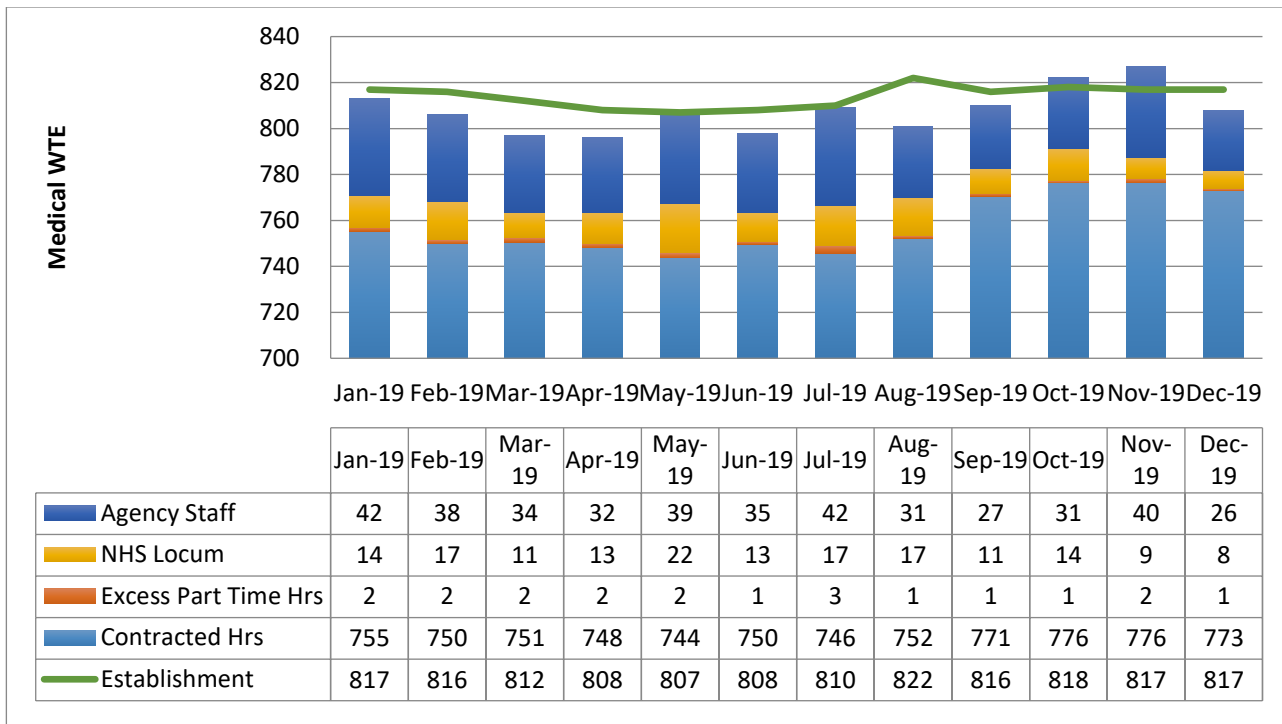
5.3 The graph below shows the trend for nursing staff. We were 48 under establishment in month 9.



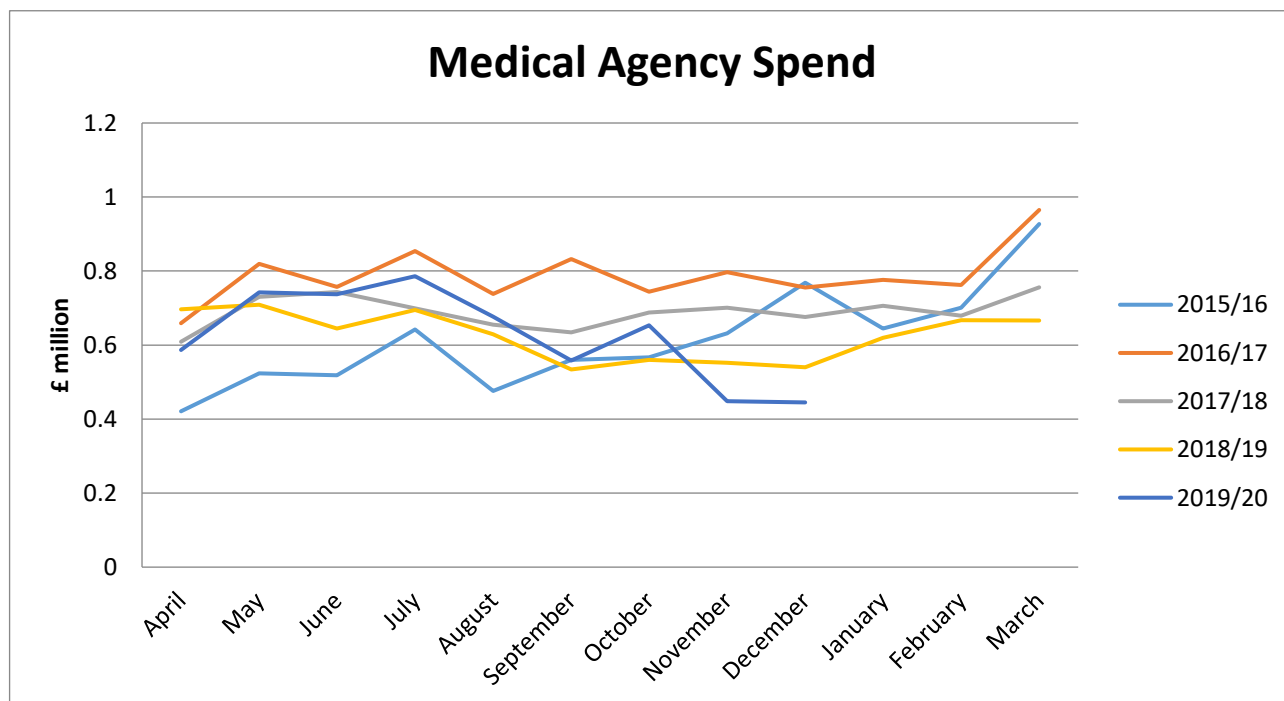
5.4 The year to date nursing agency spend of just over £1.3 million is above 2018/2019 levels. We spent £0.157 million in month 9. The trend has been increasing since June and November was the highest month this year. December reduced by £0.05 million compared to November.



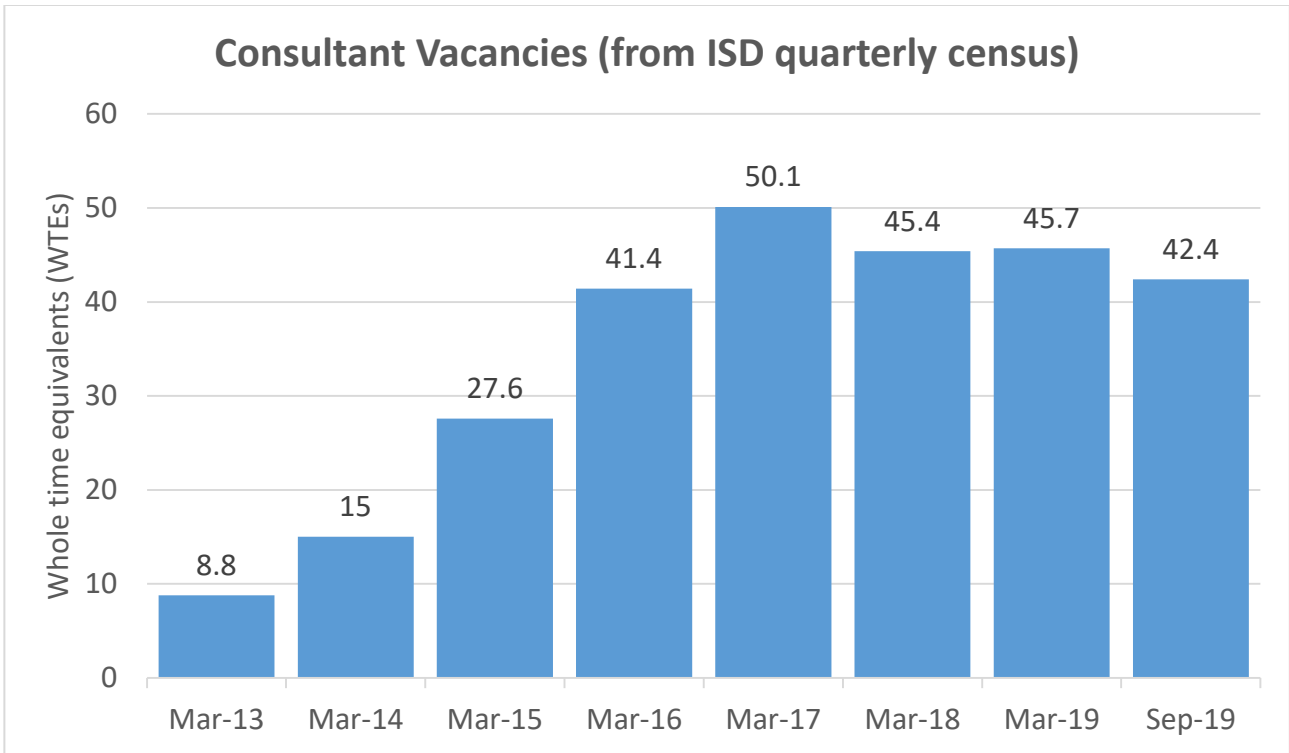
5.5 We used 808 WTE medical staff, including locums and agency, which is 9 below the establishment.



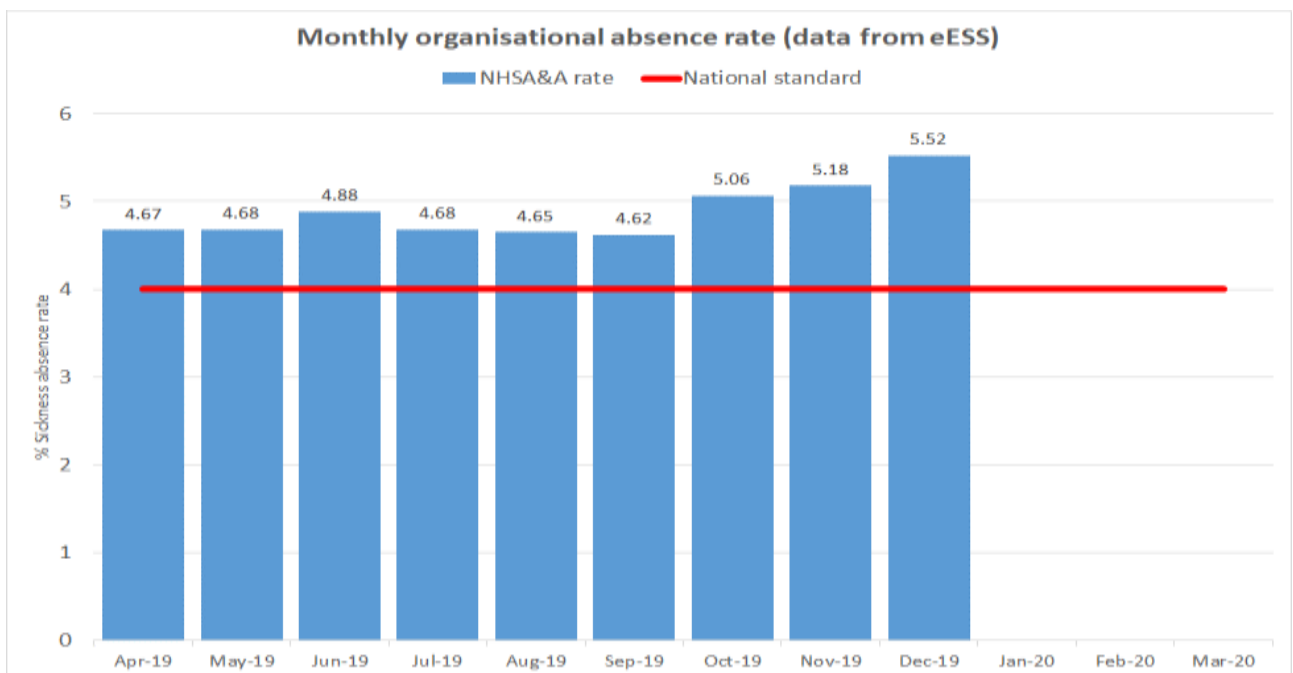
5.6 The graph below shows the trend in medical agency spend, which was £0.445 million in December. The spend up to and including the 7 October 2019 includes VAT which was not reclaimable. Subsequent agency spend is VAT recoverable and partially explains the reductions since September. The Board is only slightly behind plan to achieve the £1.0 million target reduction.



5.7 All NHS Boards formally report consultant vacancies. Consultant vacancies are a main driver for medical agency expenditure. The chart below illustrates the trend of consultant vacancies within NHS Ayrshire & Arran over the last seven years.



- 5.8 Staff sickness absence from work has organisational impact beyond the individual staff member, affecting other staff, service delivery, productivity and cost, where backfill arrangements have to be put in place.
- 5.9 Driven by the Board's People Strategy, the Health, Safety & Wellbeing Improvement Plan identifies the programme of work being undertaken to improve staff health and wellbeing and, through the Promoting Attendance Policy, to have a clear process for appropriately managing staff sickness absence.
- 5.10 A national standard for sickness absence of 4% exists across NHS Scotland. The graph below shows our performance against this target.



6. Risk assessment and mitigation

- 6.1 The Strategic Risk Register has set out a risk for financial performance as very high. The Board has taken a number of steps to mitigate this position.
- 6.2 A new cost pressure emerged following the rise in delayed discharges. In August 2019 we had 61% higher occupied bed days by delayed discharge patients than in August 2018. This equated in August 2019 to 178 hospital beds being occupied by people who did not need hospital care. This resulted in not living within nursing budget as additional beds require to be staffed. This pressure was evident at both main hospitals and continued during the whole of the second quarter. It remains a pressure with Station 1 open at Ayr and 26 additional beds open at Crosshouse.
- 6.3 The Chief Executive previously agreed to fund 34 care home places at a cost of £0.4 million to improve patient flow and unblock delayed discharges at Ayr and Biggart Hospitals. This funding is non-recurrent and on a specific patient basis. This funding has been used to place patients in Care Homes who were previously in Ayr and Biggart Hospitals. An additional £0.3 million was also allocated to allow Biggart to have an additional 12 beds open until the 31st^h March 2020.
- 6.4 Based on the first seven months of Primary Care prescribing data there is a risk of an annual overspend of £3.6 million. Volume growth has averaged 3.66% whilst 0.8% was provided for in budgets. A driver of this is the use of oral anticoagulants in place of Warfarin, causing £0.7 million of the projected overspend. Another driver is Freestyle Libre for type 1 diabetes patients, for which a new budget of £0.25 million was created in 2019/20. However spend is projected to be £0.6 million.

7. Conclusion

- 7.1 The revenue plan approved by the Board was a deficit of £14.75 million.
- 7.2 After nine months the Board is £12.8 million overspent. The £12.8 million includes partnership underspends of £1.6 million which do not belong to NHS Ayrshire and Arran, without which the overspend would be £14.4 million.
- 7.3 Additional beds resulting from operational pressure and delayed discharges, combined with high primary care prescribing costs and shortfall in CRES delivery (see paragraph 6.2 above) are the main reasons for the overspend being higher than expected. This has been offset in part by non-recurring benefits.
- 7.4 The projection based on Month 9 figures shows a deficit of £14.73 million, in line with plan. This assumes a VAT tribunal related to prison medical services is successful with a benefit of £0.6 million.
- 7.5 The Board has a reasonable prospect of achieving the required £14.75 million deficit outturn.

Appendix 1

	Salaries				Supplies				Total				FOT M9
	Annual Budget £000	Year to Date			Annual Budget £000	Year to Date			Annual Budget £000	Year to Date			Variance £000
		Budget £000	Expenditure £000	Variance £000		Budget £000	Expenditure £000	Variance £000		Budget £000	Expenditure £000	Variance £000	
Acute	£241,121	£179,850	£181,054	(£1,203)	£94,460	£67,550	£75,400	(£7,849)	£335,581	£247,401	£256,453	(£9,053)	(£11,200)
East Hscp	£45,449	£32,953	£33,206	(£253)	£137,597	£102,569	£101,914	£654	£183,046	£135,522	£135,120	£402	£0
North Hscp	£71,121	£53,414	£52,725	£689	£78,443	£58,455	£59,799	(£1,344)	£149,564	£111,869	£112,524	(£655)	(£1,330)
South Hscp	£25,272	£18,998	£19,576	(£578)	£62,055	£46,103	£46,730	(£627)	£87,327	£65,101	£66,306	(£1,205)	(£1,591)
Other Clinical Services	£9,290	£6,958	£6,313	£644	£14,711	£11,173	£11,343	(£170)	£24,001	£18,131	£17,657	£474	£700
Hospital Community and Family Health Services (section 1)	£392,252	£292,173	£292,874	(£701)	£387,266	£285,850	£295,186	(£9,336)	£779,518	£578,023	£588,060	(£10,037)	(£13,421)
Chief Executive	£1,119	£839	£811	£28	£79	£33	£58	(£25)	£1,198	£872	£870	£2	£32
Director Public Health	£5,060	£3,799	£3,590	£209	£771	£585	£526	£59	£5,832	£4,384	£4,116	£268	£210
Medical Director	£3,789	£2,921	£2,721	£199	(£2,757)	(£2,416)	(£2,265)	(£151)	£1,032	£505	£456	£48	£189
Nursing Director	£4,878	£3,622	£3,415	£207	£135	£63	£113	(£50)	£5,013	£3,685	£3,527	£157	£100
Corporate Support Services	£37,385	£27,966	£27,845	£121	£56,098	£38,779	£38,936	(£158)	£93,482	£66,744	£66,781	(£37)	£0
Finance	£4,187	£3,140	£2,970	£170	(£680)	(£520)	(£456)	(£63)	£3,507	£2,620	£2,513	£107	£138
ORG and HR Development	£4,546	£3,388	£3,280	£109	£266	£205	£219	(£14)	£4,812	£3,593	£3,499	£94	£144
West Of Scotland Region Ce	£0	£0	£331	(£331)	£1,766	£341	£10	£331	£1,766	£341	£341	£0	£0
Transformation+sustainability	£1,394	£1,039	£799	£240	£111	£43	£36	£8	£1,505	£1,082	£835	£247	£300
Clinical and Non Clinical Support Services (Section 2)	£62,358	£46,714	£45,762	£952	£55,789	£37,112	£37,176	(£64)	£118,147	£83,826	£82,938	£888	£1,113
Corporate Income (non RRL)	£459	£459	£459	£0	£3,812	£299	£469	(£170)	£4,271	£758	£928	(£170)	(£202)
Corporate Reserves	£367	£220	£0	£220	(£2,347)	(£3,658)	£0	(£3,658)	(£1,981)	(£3,438)	£0	(£3,438)	(£2,220)
Corporate Resource and Reserves	£826	£680	£459	£220	£1,464	(£3,360)	£469	(£3,829)	£2,290	(£2,680)	£928	(£3,608)	(£2,422)
NHS A&A Total	£455,436	£339,567	£339,095	£471	£444,520	£319,602	£332,832	(£13,229)	£899,956	£659,169	£671,927	(£12,758)	(£14,730)

Acute M9

	Salaries				Supplies				Total			
	Annual Budget £000	Year to Date			Annual Budget £000	Year to Date			Annual Budget £000	Year to Date		
		Budget £000	Expenditure £000	Variance £000		Budget £000	Expenditure £000	Variance £000		Budget £000	Expenditure £000	Variance £000
Surgical - Ayr	£34,560	£25,942	£25,596	£346	£11,640	£8,726	£9,030	(£304)	£46,200	£34,668	£34,626	£42
Medical - Ayr	£29,667	£22,199	£22,901	(£702)	£2,312	£1,741	£2,378	(£637)	£31,979	£23,940	£25,279	(£1,338)
Surgical - Chouse	£46,677	£35,074	£35,364	(£291)	£8,356	£4,455	£5,083	(£629)	£55,033	£39,528	£40,448	(£919)
Medical - Chouse	£49,013	£36,741	£38,760	(£2,019)	£10,685	£8,047	£9,201	(£1,155)	£59,698	£44,788	£47,962	(£3,174)
Women + Childrens	£33,426	£25,022	£24,909	£112	£2,667	£1,685	£2,220	(£535)	£36,093	£26,707	£27,130	(£423)
Diagnostic Svs	£27,877	£20,886	£19,860	£1,026	£5,820	£4,229	£5,204	(£976)	£33,698	£25,115	£25,065	£50
Other	£12,938	£8,759	£8,657	£102	£53,094	£38,750	£42,156	(£3,406)	£66,032	£47,509	£50,814	(£3,304)
Acute Medical Records	£6,962	£5,227	£5,005	£223	(£113)	(£82)	£126	(£208)	£6,849	£5,145	£5,131	£14
Acute	£241,121	£179,850	£181,054	(£1,203)	£94,460	£67,550	£75,400	(£7,849)	£335,581	£247,401	£256,453	(£9,053)

Appendix 3

Ref	Description	Baseline recurring £	Earmarked recurring £	Non-recurring £	Total £
2	Initial baseline including uplift	719,959,000			719,959,000
3	Adjustment for 2018-2019 recurring allocations	2,167,948			2,167,948
21	SLA Children's Hospices Across Scotland (Year 3 / 5)			(443,595)	(443,595)
26	S28 Carers (Scotland) Act 2016 - tests of change/evaluation			75,972	75,972
36	Elective activity as per AOPs			4,153,340	4,153,340
37	To implement recommendations in Best Start			387,116	387,116
40	6EA -Unscheduled Care			550,000	550,000
55	Open University Nursing Students Q3 & 4			75,000	75,000
57	Implementation of type 2 diabetes prevention			289,000	289,000
58	Outcomes Framework 2019-20		3,869,280		3,869,280
61	Employer Pension Contributions	17,680,000			17,680,000
75	General Dental Services element of the Public Dental Service		1,950,000		1,950,000
76	Implementation - Child Weight Management Services Standards			83,000	83,000
79	FASD Project			192,084	192,084
80	Family Nurse Partnership programme			770,759	770,759
81	Breastfeeding PfG year 2 project funding			194,500	194,500
89	Transforming NHS Services			1,050,000	1,050,000
93	Excellence in Care			70,000	70,000
102	Embedding advice services in health settings			62,500	62,500
104	Cancer and diagnostics activity in 2019/20			394,000	394,000
106	Mental Health Strategy Action 15 Workforce - First Tranche		639,798		639,798
421	£20m (2018-19) tariff reduction to global sum		(1,391,389)		(1,391,389)
422	£20m (2019-20) tariff reduction to global sum		(1,550,290)		(1,550,290)
425	Disestablishment of 4 year GPST programmes			475,566	475,566
441	Additional funding for elective activity as per AOPs			60,000	60,000
444	eHealth Strategic Fund			1,401,988	1,401,988
445	Integrated Primary and Community Care			591,200	591,200
451	Employer Pension Contributions - second instalment	427,000			427,000
474	Alcohol & Drug Partnership - Local Improvement Fund		1,108,932		1,108,932
486	Woodhill Unitary Charge		4,271,861		4,271,861
489	Draw down of 2018/19 carry forward			494,000	494,000
497	NDC Top slice			(966,687)	(966,687)
498	Primary Care Improvement Fund 2019-20 Tranche 1		2,026,931		2,026,931
504	Draw down of 2018/19 carry forward			1,032,500	1,032,500
506	GP Out of Hours (OOH) Fund			369,663	369,663
510	Contribution to Pharmacy Global Sum			(203,200)	(203,200)
522	CSO - support for research infrastructure			661,000	661,000
571	Elective activity as per AOPs			600,000	600,000
582	Flow Variability Programme			70,000	70,000
605	Combat Stress Specialist Mental Health Services			1,424,090	1,424,090
606	Veterans First Point Service			103,923	103,923
614	Supporting improvements in primary care digital			249,605	249,605
616	Salary cost for JC - Sept - March			52,800	52,800
620	Primary Medical Services - provision and support		60,196,490		60,196,490
632	Supporting improvements to GP premises			221,798	221,798
633	TEC funding to support local scale up			58,000	58,000
649	Supporting better value healthcare in Boards			77,864	77,864
661	Paid as if at work			600,000	600,000
667	National Cancer Strategy			110,321	110,321
668	Shingles, Rotavirus, Seasonal Flu			1,043,923	1,043,923
694	Open University Nursing Students 1st & 2nd Quarter			110,000	110,000
698	Pre-Registration Pharmacist Scheme		(170,740)		(170,740)
722	Positron Emission Tomography (PET) Scans -			(587,547)	(587,547)
725	Winter funding			709,728	709,728
734	AOP funding for elective activity			676,680	676,680
735	Voluntary Redundancy Funding			1,200,000	1,200,000
820	Cancer and diagnostics activity in 2019/20			133,020	133,020
823	Additional funding for Elective activity			119,500	119,500
833	Non-core expenditure - Depreciation			(13,880,000)	(13,880,000)
849	NSD Topslice			(3,370,219)	(3,370,219)
850	NSD Topslice - Pay & Pensions	(591,405)			(591,405)
868	Transforming NHS Services			450,000	450,000
870	Golden Jubilee Foundation top slice 2019-20 Boards SLA's			(1,292,151)	(1,292,151)
871	Mental Health Outcomes Framework		1,492,428		1,492,428
923	Microsoft National Licensing			(145,484)	(145,484)
975	New Medicines Fund		5,845,849		5,845,849
992	Primary Care Improvement Fund 2019-20 Tranche 2		646,126		646,126
995	Additional funding for elective activity			300,000	300,000
996	Mental Health Strategy Action 15 Workforce - Second Tranche		442,202		442,202
	Other Smaller Allocations	(32,302)	(4,379)	295,179	258,498
	Total	739,610,241	79,373,099	1,150,736	820,134,076

Plan v Forecast	£000	£000	£000	£000
Plan Area	Plan	Forecast M9	Variance	YTD Savings
Acute Operational	4,500	482	(4,018)	314
Reduce Medical Agency	1,000	888	(112)	695
External SLAs	2,000	2,000	0	1,500
Corporate Support Services	1,360	1,360	0	987
Intermediate care and rehab	1,000	-	(1,000)	-
Close Unfunded Beds	1,300	1,300	0	975
Corporate Dept CRES	880	820	(60)	615
Outpatient Paperlite	100	100	0	60
Cardiac ward reconfiguration	450	412	(38)	300
Energy	100	100	0	75
Estate Rationalisation	200	200	0	150
Adherence to Nursing Budget	2,300	809	(1,491)	360
Stop Nurse pool	200	200	0	200
Redeployment Pool	400	690	290	483
Primary Care Prescribing	2,773	2,674	(99)	2,101
Acute Prescribing	3,000	2,784	(216)	2,250
Mental Health Legacy CRES	1,600	1,600	0	1,115
Total	23,163	16,419	(6,744)	12,179