

NHS Ayrshire & Arran



Meeting:	NHS Board meeting
Meeting date:	Monday 17 August 2020
Title:	Financial Management Report for the three months to 30 June 2020
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 draft Annual Operating Plan financial outturn is £13.5 million deficit. At month three the year to date deficit is £3.1 million.

2.2 Background

The budget for 2020/2021 approved at the Board meeting on 30 March 2020 was for a deficit of £13.5 million. It was recognised that the impact of covid-19 pandemic would be significant in financial year 2020/2021.

2.3 Assessment

Additional costs will be incurred in 2020/2021 related to covid-19 and these are outlined in section 7 of the report and detailed in Appendix 3.

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 2020/2021 by covid funding from Scottish Government.

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, 14 July 2020
- Performance Governance Committee, 30 July 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

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, Covid expenditure
- Appendix No 4, Allocations received
- Appendix No 5, Cash releasing efficiency savings

1. Background

1.1 This report shows the revenue position for the three months ended 30 June 2020.

2. Revenue resource limit and overall financial position

2.1 The revenue budget for the year is £911.6 million. This includes £769.9 million of revenue allocations received (Appendix 4). Allocations made in the first quarter were £3.605 million COVID-19 funding which was passed to local councils to assist with cash flow issues, £0.6 million for the Scottish Living Wage uplift again passed to councils, £0.8 million for Ayrshire Hospice COVID-19 costs and £4.3 million for the unitary charge at Woodland View. An allocation reduction of £1.427 million has also been processed for the repayment of temporary additional prescribing funds received to address COVID-19 related expenditure in March.

2.2 A further £6.4 million allocation for Health Board COVID-19 costs incurred in the first two quarter is anticipated. Last year the June allocation letter included £4.15 million access funding for elective activity and £0.55 million for unscheduled care. This year no allocation has been made as yet for these, the Primary Care Improvement Fund or Action 15 Mental Health funding as Scottish Government are re-prioritising the use of earmarked money in light of the pressures caused by COVID-19.

2.3 The Board set a deficit budget of £13.5 million for 2020/2021 in March 2020. At month 3 we are overspent by £3.1 million, which is broadly in line with the financial plan. This assumes £6.4 million of funding is received from Scottish Government for COVID-19.

2.4 The financial position has been dominated by our response to COVID-19. Outpatient and Elective activity largely ceased whilst resource was concentrated on additional critical care capacity and medical beds. At the same time care home and care at home capacity in social care was increased, facilitating the discharge of hospital patients into the community. The financial consequence is captured in regular returns to Scottish Government which set out spend to date. Appendix 3 shows a summary of health expenditure (excluding social care) on COVID-19, and a narrative explanation is in section 7.

2.5 The financial spend in the first quarter of the year charged to COVID-19 cost centres in our financial ledger amounts to £11.1 million. These additional costs are partly offset by underspends on supplies, and where staff have been redeployed from theatres and surgical wards. The net additional health costs (excluding council expenditure) are £6.4 million at the end of the first quarter.

2.6 The figures below present our position by directorate **including** COVID-19 related expenditure which we anticipate will be reimbursed by Scottish Government. Reference is made where there is material COVID-19 spend.

3.1 Acute Services

3.1.1 The annual budget for Acute Services is £334.8 million. The directorate is overspent by £1.8 million for the year to date. (Appendix 2). However £6.4 million of COVID-19 costs are expected to be funded, net of £4.7 million of offsetting savings, leaving a net £0.1 million overspend.

Table 1a	Annual Budget	YTD Budget	YTD Actual	YTD Var	Month Budget	Month Actual	Month Var
All Acute	£000	£000	£000	£000	£000	£000	£000
Pay	239,639	59,971	63,142	(3,171)	20,049	21,167	(1,118)
Supplies	62,056	14,203	11,803	2,400	4,690	3,674	1,016
Purchase of Healthcare	65,196	16,747	16,475	272	6,173	6,081	92
Provision of Healthcare	(27,011)	(6,770)	(6,565)	(205)	(2,265)	(2,066)	(199)
Operating Income	(750)	(208)	(208)	(0)	(55)	(73)	18
Unallocated Savings	(4,288)	(1,072)	0	(1,072)	(328)	0	(328)
Total	334,842	82,871	84,647	(1,777)	28,263	28,783	(520)

3.1.2 The year to date overspend is a result of:

- £4.3 million of unallocated savings which are £1.1 million overspent after 3 months
- £3.1 million on pay of which £1.4 million was COVID-19 related.
- £2.4 million underspend on non-pay including drugs. This is largely as a result of the reduction in outpatient and elective activity, with a minimal spend on prosthetics and drugs.
- £0.2 million underspend on external purchase of healthcare, driven by reductions in activity.

3.1.3 Looking at the acute directorate by area:

Table 1b	Annual Budget	YTD Budget	YTD Actual	YTD Var	Month Budget	Month Actual	Month Var
All Acute	£000	£000	£000	£000	£000	£000	£000
Crosshouse	186,352	45,252	41,940	3,313	15,230	14,253	977
Ayr	76,961	19,480	18,088	1,392	6,463	5,951	512
External SLAs	59,369	15,293	15,201	91	5,689	5,788	(99)
High Cost Medicines	8,643	2,108	2,061	46	715	657	59
COVID	0	0	6,392	(6,392)	0	1,822	(1,822)
Medical Records	7,123	1,778	1,710	68	592	562	31
Management	(3,605)	(1,040)	(744)	(295)	(426)	(249)	(177)
Total	334,842	82,871	84,648	(1,777)	28,263	28,783	(520)

3.1.4 This shows the same £1.8 million year to date overspend. However COVID-19 costs are aggregated and total £6.4 million. There are large underspends at Ayr and Crosshouse resulting from the reductions in outpatients and elective activity. These partly offset the requirement to fund COVID-19 and our returns to Scottish government will reflect this. Some staff redeployed from theatres or surgical wards to staff additional ITU beds or COVID-19 wards are charged to COVID-19, but the underspend on their home budget will offset the funding request to Scottish Government.

3.1.5 We will claim £1.7 million from Scottish Government to reimburse the acute directorate for COVID-19 expenditure to date, as the COVID-19 costs above do not include offset savings. This will leave the directorate £0.1 million overspent.

3.2 Other Clinical Services

Other Clinical Services includes budgets for Pharmacy teams, the New Medicines Fund and out of area activity such as brain injuries and trans catheter aortic valve implantation (TAVI) replacements. The annual budget is £28.4 million and it is underspent by £0.36 million after 3 months. Pharmacy are £0.2 million underspent whilst out of area activity was £0.16 million underspent. The New Medicines Fund is online with budget.

3.3 Health and Social Care Partnerships

- 3.3.1 The total health budgets for the three Health and Social Care Partnerships are £429.4 million. They were overspent by £2.2 million in aggregate after 3 months, due to high COVID-19 costs in Primary Care. Appendix 1 shows the position once Scottish Government fund the COVID-19 costs.
- 3.3.2 The East partnership is overspent by £1.9 million but has incurred £2.7 million of expenditure on COVID-19 as a result of its role as lead for Primary Care for Ayrshire. This included £1.75 million on payments to support GPs and Pharmacies, £0.3 million on Out of Hours staffing, £0.3 million on Community hubs and £0.1 million on Student Nurses. The underlying position is an underpend of £0.85 million after 3 months.
- 3.3.3 The North partnership is in a breakeven position. This includes £0.4 million of expenditure on COVID-19. £0.3 million of this was on student nurses. The underlying position is an underpend of £0.4 million after 3 months.
- 3.3.4 The South partnership is overspent by £0.3 million. This includes £0.1 million on student nurses and £0.2 million of expenditure on COVID-19 across a range of areas such as nursing and equipment. The underlying position is breakeven after 3 months.
- 3.3.5 Underspends in Health and Social Care Partnerships do not belong to the Health Board. Two are underspent after anticipating funding for COVID-19, and this aggregates to £1.3 million. Appendix 1 therefore shows an offsetting adverse variance of £1.3 million, as the Health Board position is break even against Health and Social Care Partnership budgets.
- 3.3.6 The GP prescribing budget is delegated to Integrated Joint Boards, however the Health Board is responsible for funding any overspends. It is too early in the financial year to forecast prescribing accurately. However there is a risk of about £5.2 million overspend if the price per item in March of £10.57 is representative of the 20/21 prices. It is likely the March prices were inflated as many “items” may have included a longer dose of medicine, and this would be offset by reductions in volume in April, May and June. We do know however that there were significant price changes in March as well. We also know that April saw very little in the way of volume reduction and had a price per item of £10.27. May however did see a substantial drop in volume, although we do not have May pricing information as yet. We will be better able to quantify the risk when we receive more complete quarter one information.

3.4 Infrastructure and Support Services

- 3.4.1 Clinical Support Services includes estates, hotel services and information technology. They have a budget of £37.4 million. They are £1.3 million overspent after 3 months. £1.2 million of this was COVID-19 related spend. The COVID-19 spend included £0.4 million of staff overtime, £0.4 million of estates costs and £0.25 million of IT costs. The underlying overspend is £0.2 million which results from unidentified CRES.

3.5 Corporate Services

- 3.5.1 Corporate Services has a budget of £25.3 million. It comprises Public Health, the Nursing Directorate, the Medical Director, Human Resources and Organisational Development, Finance, Transformation and Sustainability and the Chief Executive's office. It also houses West of Scotland Regional funds. These areas are £0.15 million underspent after 3 months. Public health and Human Resources have spent £0.15 million on COVID-19 between them. The underlying position is an underspend of £0.3 million after 3 months.

3.6 Corporate Resource and Reserves

- 3.6.1 Reserves are £3.4 million overspent for the three months to June. This is a result of the £13.5 million underlying deficit being held centrally. This is line with the 2020/2021 financial plan. We can expect an underlying charge of £1.1 million each month from reserves, although this may be offset by one off benefits as the year progresses.

4. Efficiency and Transformation Programme

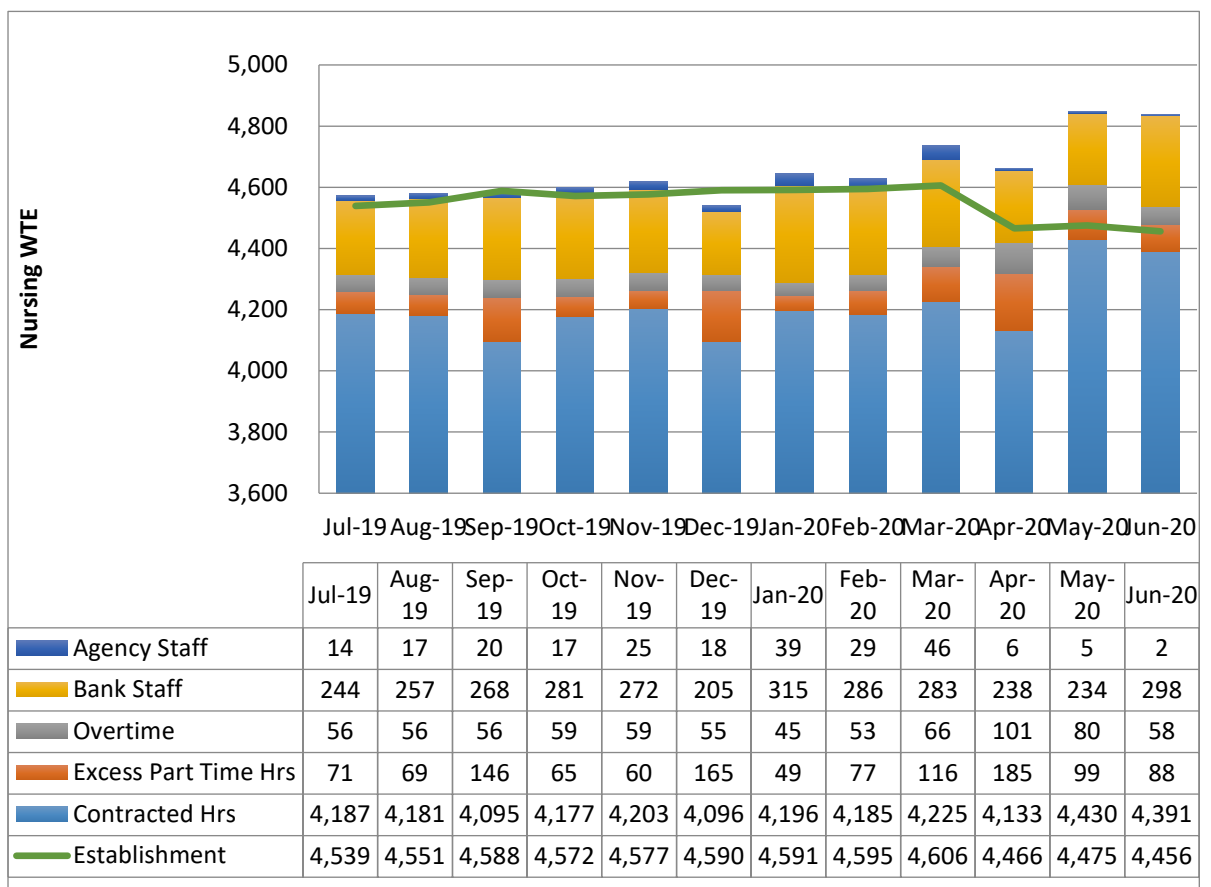
- 4.1 The target for cash releasing savings in the 2020/2021 revenue plan is £17.2 million. £8.0 million is identified as being at risk as a result of COVID-19.
- 4.2 Notwithstanding COVID-19 risk the main area of concern is £3.8 million of unidentified CRES within the acute directorate.
- 4.3 Further detail can found in **Appendix 5**.

5. Workforce

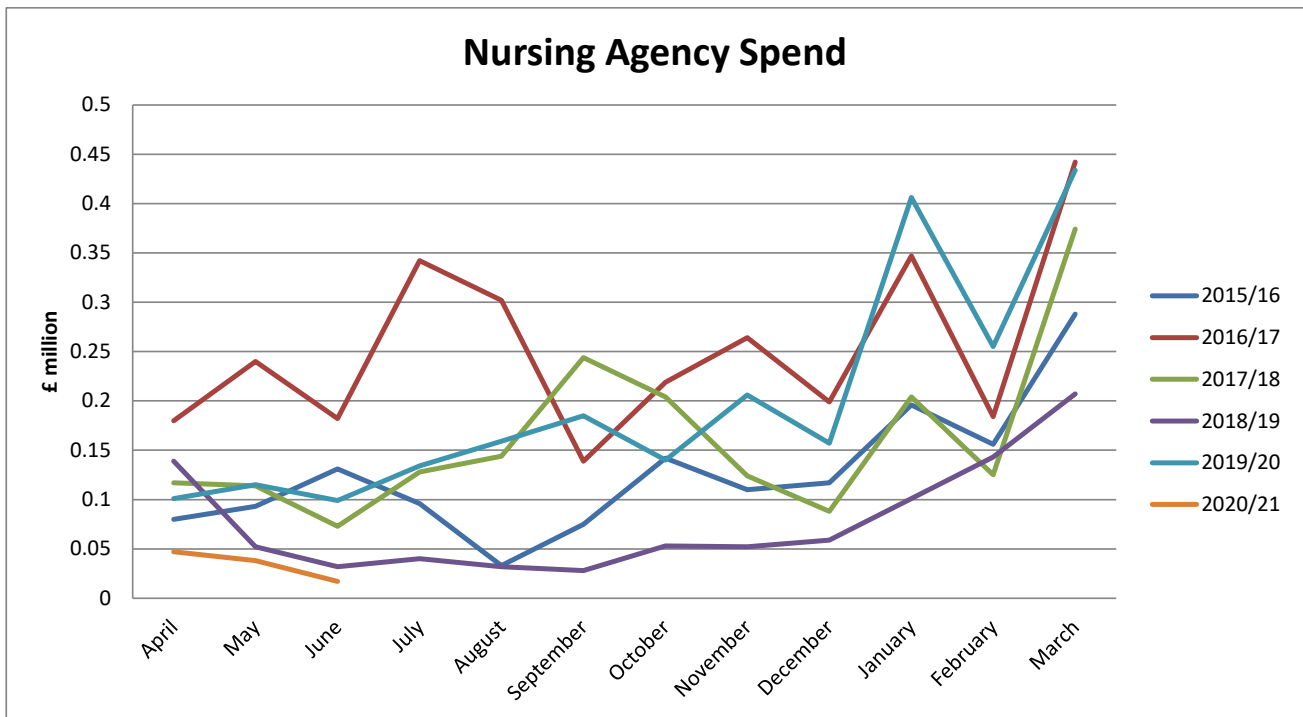
- 5.1 Against a funded establishment for the whole organisation of 9,358 whole time equivalent staff, hours worked in June 2020 amounted to 9,762. This is very similar to the hours worked in May 2020.
- 5.2 The table below shows the average WTE staff used in each month of 2020/2021 so far. It then averages these and compares with the average in 2019/2020 and 2018/2019. There has been a marked increase in WTEs following the COVID-19 pandemic. Around 223 additional student nurses are the main factor.

	Apr-20	May-20	Jun-20	Apr - Jun 2021 Average	Apr - Mar 2020 average	Apr - Mar 2019 average
	WTE	WTE	WTE	WTE	WTE	WTE
Contracted Hours	8,840	9,108	9,083	8,974	8,809	8,872
Excess Part Time Hours	413	268	259	341	285	283
Overtime	152	113	90	133	93	90
Bank Staff	238	234	298	236	253	192
Agency Staff	30	38	32	34	60	54
Total WTE	9,673	9,761	9,762	9,717	9,500	9,491

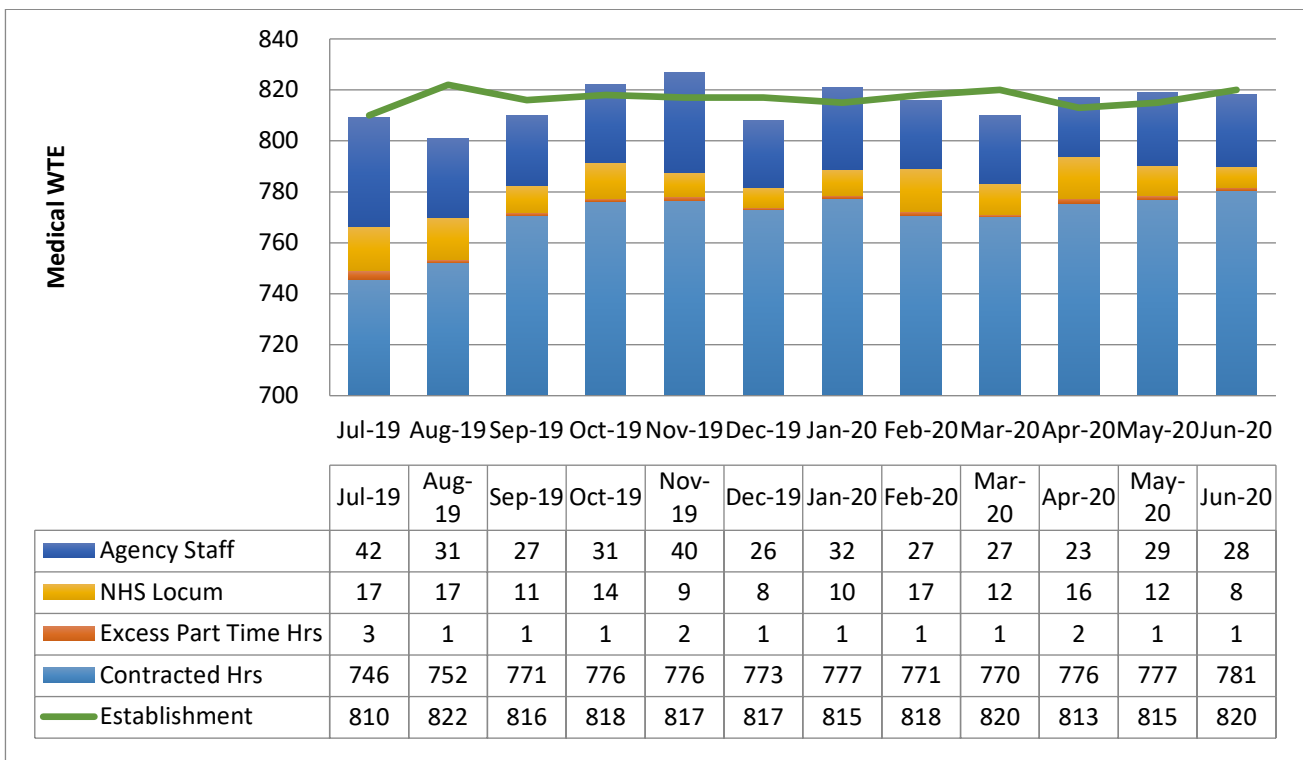
5.3 The graph below shows the trend for nursing staff. We are 381 above establishment in month 3, with 223 extra student nurses recruited.



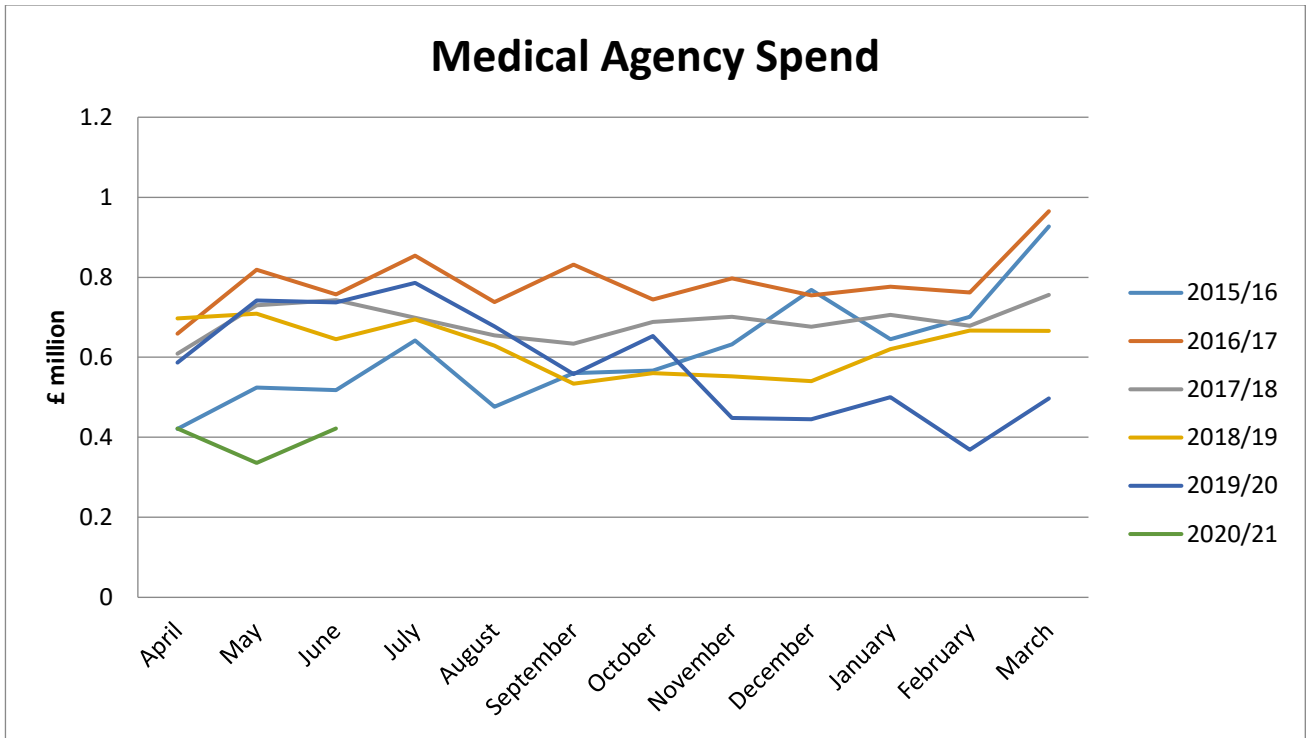
5.4 The year to date nursing agency spend is £0.1 million. This is well below the levels seen in previous years.



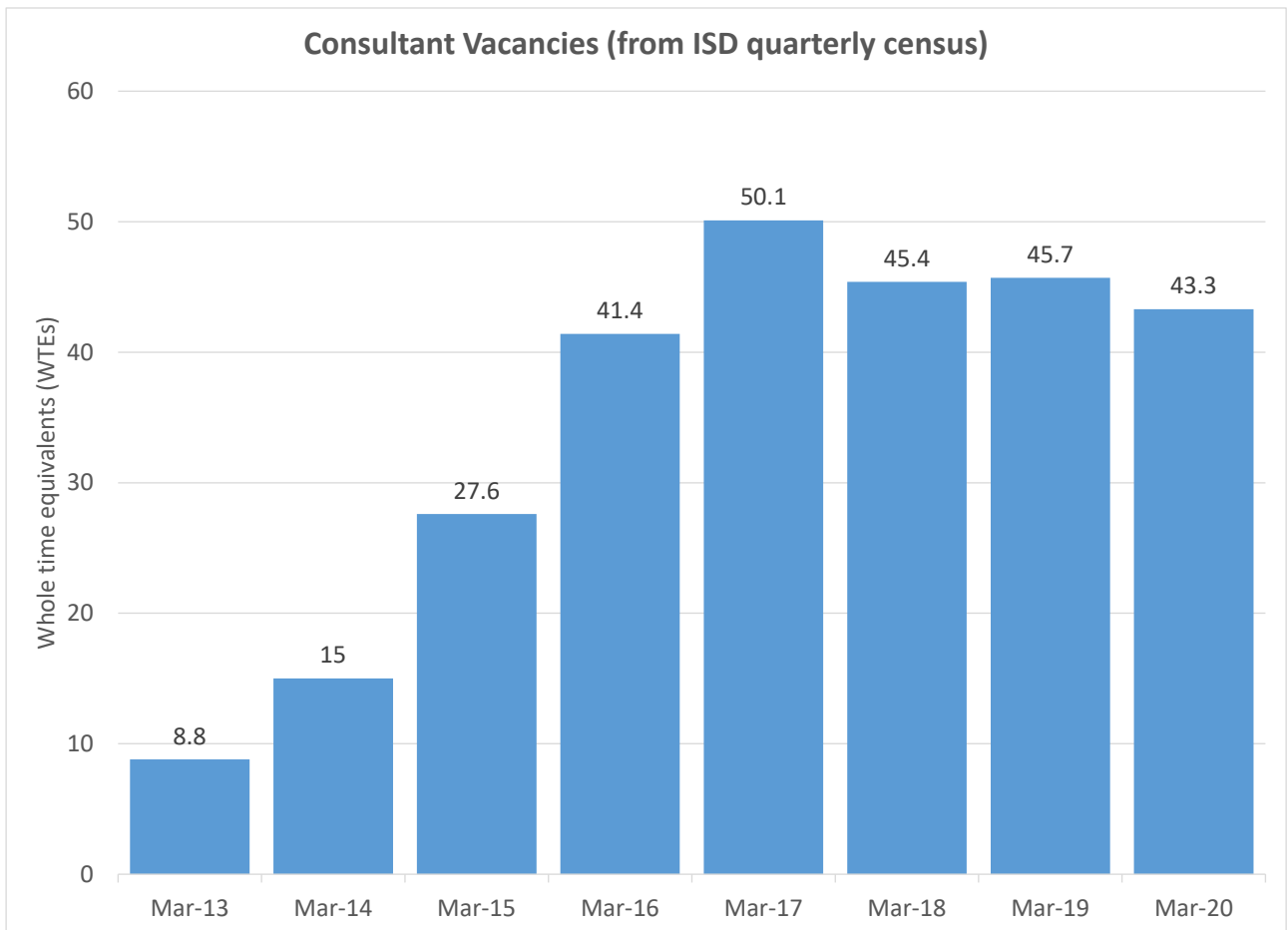
5.5 We used 818 WTE medical staff, including locums and agency, which is 2 below establishment.



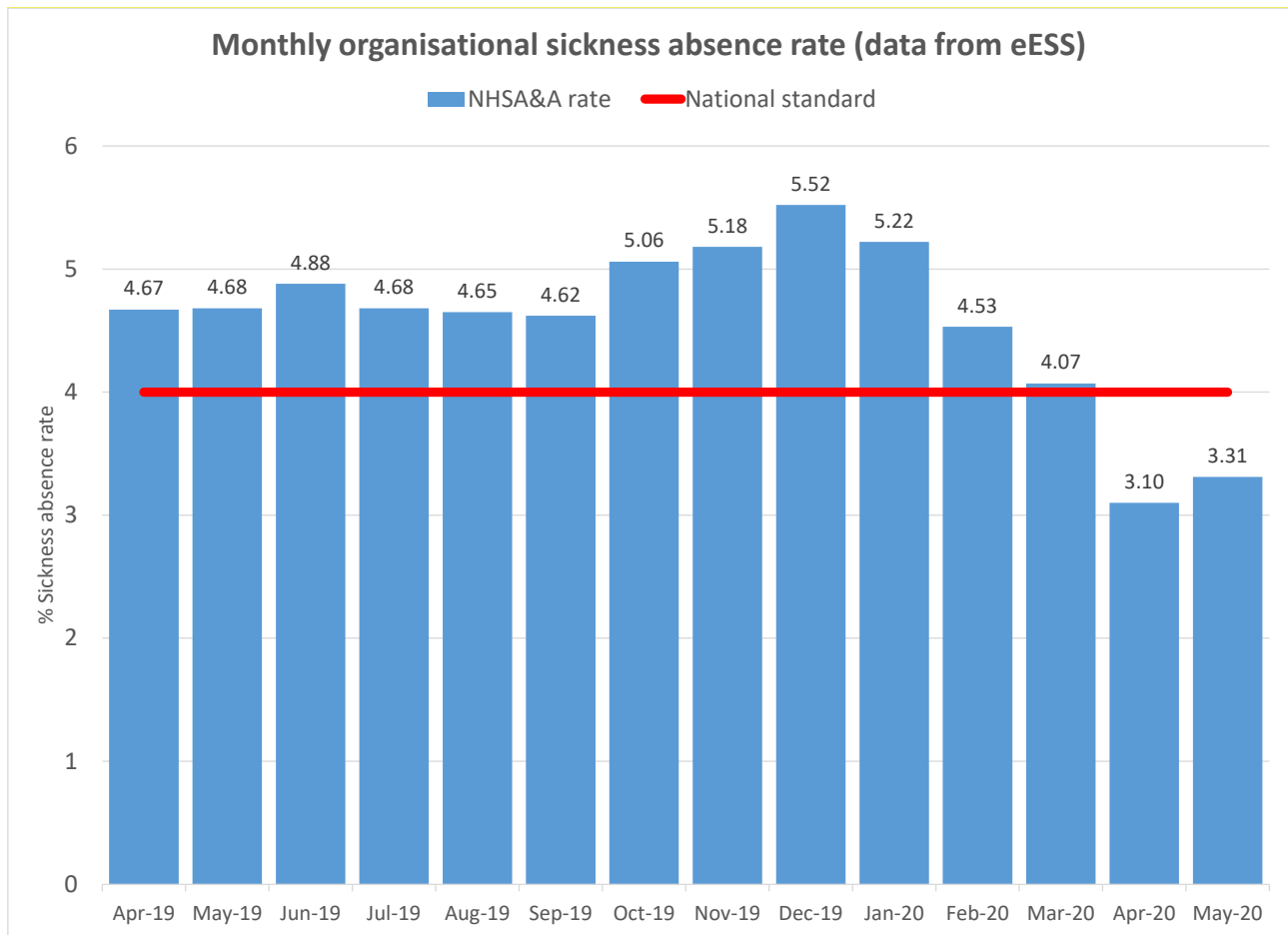
5.6 The graph below shows the trend in medical agency spend, which was £1.180 million in total for the three months to date. A further target reduction of £1.0 million is planned in 2020/2021, following the successful saving of £1.0 million in 2019/2020.



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. This excludes absence for COVID-19.



6. Risk assessment and mitigation

- 6.1 The Strategic Risk Register has set out a risk for financial performance as very high. The Board is on track to achieve a deficit of £13.5 million, however the future impact of COVID-19 and prescribing costs are a major unknown factors.
- 6.2 There is a risk that, following review, the amount of funding for COVID-19 may not cover all of the associated expenditure. This would jeopardise our ability to reduce our deficit to £13.5 million.
- 6.3 The reintroduction of outpatient and elective work will reduce the offsetting savings so far used to reduce the value of our COVID-19 reimbursement claim.
- 6.4 Please refer to section 3.3.6 on prescribing risks.

6.5 These issues will be carefully addressed through our mobilisation plans, together with national and local governance measures introduced to manage decisions with major revenue implications.

7. COVID-19

7.1 In quarter one there were additional general beds opened in hospital and additional ITU beds opened due to COVID-19:

At Ayr Hospital:

- Station 16 (Stroke Rehabilitation patients and staff moved to Biggart Hospital freeing up space to create a COVID-19 ward which was staffed mainly by staff from the orthopaedic ward.
- Station 1 was opened for COVID-19 positive patients when Station 16 was full.
- Station 15 was also a designated COVID-19 ward

At Crosshouse Hospital:

- Ward 2B (formerly elective orthopaedic ward) was the main COVID-19 ward with ward 5B used when ward 2B was at capacity.
- There was a duplication of surgical emergency and stroke wards to separate COVID-19 and non COVID-19 patients.

On both district general hospital sites additional ITU beds were opened as there was a need to separate COVID-19 and non-COVID-19 patients. From a baseline of 10 funded ITU beds, during quarter one, we had at least 23 staffed ITU beds with some of the staffing being theatre nurses, anaesthetists etc.

7.2 To allow separation of flow of COVID-19 and non-COVID-19 patients through emergency departments, separate entrances and physical areas were used. This required additional Emergency Department consultant sessions to cover two areas in each hospital. Junior doctors who were due to do a surgical rotation instead supported the COVID-19 work and additional clinical fellows were employed also.

7.3 Nationally it was decided that student nurses in second and third year should be employed by boards. Ayrshire & Arran engaged about 260 student nurses at a cost of about £500,000 per month (some did not start until late April).

7.4 Significant staff overtime was required in the emergency situation and national terms and conditions were changed so that senior staff on bands 7, 8 and 9 who are not normally entitled to overtime could claim.

7.5 Planned efficiency measures for 2020/2021 had to be deferred during quarter one when the focus was on responding to the pandemic. Examples include:

- Kyle and Park wards earmarked for rental to the Ayrshire Hospice but had to be retained and prepared for surge capacity.
- Plans to reduce use of clinical gloves was not appropriate to progress
- Remaining unidentified savings in acute could not be progressed, however, lessons learned from the pandemic may lead to more efficient flow of patients in future.

- 7.6 The cancellation of most elective surgery and outpatients has reduced supplies expenditure on things like orthopaedic implant budgets. In the first quarter this amounts to over £2 million. Underspends within acute services are offset against additional costs for COVID-19 when asking Scottish Government for additional funding. The Acute directorate is therefore showing a £0.1 million overspend after 3 months.
- 7.7 COVID-19 costs include some laboratory equipment and IT equipment to support capacity and more remote working. Most Personal Protective Equipment (PPE) was supplied free of charge from the National Distribution Centre, however, over the first quarter where there were national shortages, the Board procured £0.2 million of PPE. Councils procured about £1.8 million of PPE for their staff in the same period, however, this expenditure is not through the Health Board ledger. There was also about £0.35 million of estates costs.

Directorate spend excludes COVID-19

	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
Acute	239,639	59,971	61,748	(1,777)	95,203	22,900	21,224	1,676	334,842	82,871	82,973	(102)
East Hscp	46,950	11,708	11,464	244	133,038	35,854	35,249	605	179,988	47,562	46,713	849
North Hscp	72,431	18,141	18,172	(31)	84,575	21,978	21,509	470	157,006	40,120	39,681	439
South Hscp	26,044	6,497	6,521	(24)	66,378	17,311	17,323	(12)	92,422	23,808	23,844	(36)
HSCP underspends owed to IJBs	0	0	213	(213)	0	0	1,075	(1,075)	0	0	1,288	(1,288)
Other Clinical Services	9,521	2,377	2,064	313	18,924	3,783	3,734	49	28,445	6,160	5,798	362
Hospital Community and Family Health Services (section 1)	394,584	98,694	100,182	(1,488)	398,119	101,827	100,114	1,713	792,703	200,521	200,296	224
Chief Executive	1,201	294	277	17	8	3	9	(6)	1,209	297	285	12
Director Public Health	5,097	1,271	1,190	80	456	60	54	5	5,552	1,330	1,244	86
Medical Director	3,895	1,035	987	47	(2,986)	(917)	(852)	(64)	909	118	135	(17)
Nursing Director	4,734	1,179	1,098	81	87	(14)	(36)	22	4,821	1,164	1,061	103
Corporate Support Services	37,431	9,347	9,683	(335)	54,738	10,667	10,508	159	92,169	20,014	20,191	(177)
Finance	4,290	1,072	1,026	46	(712)	(183)	(146)	(37)	3,578	890	881	9
ORG and HR Development	4,746	1,174	1,100	75	87	3	(1)	4	4,833	1,177	1,098	79
West Of Scotland Region Ce	0	0	81	(81)	973	87	6	81	973	87	87	0
Transformation+sustainability	1,362	341	310	31	84	17	3	13	1,446	357	313	44
Clinical and Non Clinical Support Services (Section 2)	62,756	15,713	15,751	(38)	52,734	9,722	9,545	177	115,490	25,435	25,296	139
Corporate Income (non RRL)	0	0	0	0	5,578	536	594	(57)	5,578	536	594	(57)
Corporate Reserves	2,863	0	0	0	(11,401)	(3,380)	0	(3,380)	(8,538)	(3,380)	0	(3,380)
Corporate Resource and Reserves	2,863	0	0	0	(5,823)	(2,844)	594	(3,437)	(2,960)	(2,844)	594	(3,437)
NHS A&A Total	460,204	114,407	115,933	(1,526)	445,030	108,705	110,253	(1,548)	905,234	223,112	226,186	(3,074)
Antcipated COVID Values	3,295	3,295	3,295	0	3,109	3,109	3,109	0	6,403	6,403	6,403	0
NHS A&A Total	463,498	117,701	119,227	(1,526)	448,139	111,814	113,362	(1,548)	911,637	229,515	232,589	(3,074)

Acute M3

Appendix 2

	Salaries				Supplies				Total			
	Annual Budget £000	Budget £000	Expenditure £000	Variance £000	Annual Budget £000	Budget £000	Expenditure £000	Variance £000	Annual Budget £000	Budget £000	Expenditure £000	Variance £000
Surgical - Ayr	£34,444	£8,645	£7,891	£753	£11,812	£2,921	£1,693	£1,228	£46,256	£11,566	£9,584	£1,982
Medical - Ayr	£28,433	£7,122	£7,559	(£437)	£2,271	£792	£945	(£153)	£30,705	£7,914	£8,503	(£589)
Surgical - Chouse	£47,113	£11,811	£11,023	£788	£8,439	£809	(£463)	£1,273	£55,552	£12,620	£10,560	£2,060
Medical - Chouse	£49,653	£12,455	£12,377	£78	£10,322	£2,466	£2,428	£39	£59,975	£14,922	£14,805	£117
Women + Childrens	£34,034	£8,523	£8,288	£236	£2,105	£494	£469	£25	£36,139	£9,017	£8,757	£260
Diagnostic Svs	£28,779	£7,217	£6,699	£518	£5,907	£1,476	£1,119	£357	£34,686	£8,693	£7,818	£875
Other	£10,181	£2,448	£7,623	(£5,175)	£54,225	£13,913	£15,287	(£1,374)	£64,406	£16,361	£22,910	(£6,550)
Acute Medical Records	£7,001	£1,750	£1,681	£69	£122	£28	£28	(£0)	£7,123	£1,778	£1,710	£68
Sub Total Acute	£239,639	£59,971	£63,142	(£3,171)	£95,203	£22,900	£21,505	£1,395	£334,842	£82,871	£84,647	(£1,777)
Net Covid-19 Recharge			(£1,394)				(£281)				(£1,675)	£1,675
Acute	£239,639	£59,971	£61,748	(£3,171)	£95,203	£22,900	£21,224	£1,395	£334,842	£82,871	£82,972	(£102)

Category	Total Apr to June £000
Additional Hospital Bed Capacity/Costs	3,478
Testing for virus	136
Personal protection equipment	226
Deep clean	32
Revenue equipment	64
IT Costs	246
Estates cost	345
Additional staff overtime	476
Additional temporary staff spend	592
HR Staff Hub	26
Clinical Assessment Centres	136
Ayrshire Hospice	792
Louisa Jordan Costs	25
Medical Staff	1,101
Student Nurses	824
Offsetting savings - Health	(6,005)
Expected underachievement of savings (health)	1,287
Subtotal Health Board	3,782
East HSCP - payments to FHS contractors	1,746
East HSCP - Community Hub	425
East HSCP - Student Nurses	81
East HSCP - Various	450
North HSCP - Student Nurses	315
North HSCP - Various	143
South HSCP - Student Nurses	80
South HSCP - Various	173
Subtotal HSCPs	3,413
Subtotal Health Board and HSCPs	7,195
Less Ayrshire Hospice funded by SG	(792)
Total Health Board and HSCPs	6,403

Appendix 4

Ref	Description	Baseline recurring £	Earmarked recurring £	Non-recurring £	Total £
2	Adjustment for 2019-20 recurring allocations	(642,418)			(642,418)
3	*Initial Baseline Allocation	762,442,000			762,442,000
4	COVID 19 funding for Integration Authorities			3,605,000	3,605,000
5	Scottish Living Wage Uplift			593,898	593,898
6	Covid-19 prescribing return of 19/20 funding			(1,427,000)	(1,427,000)
8	Board contribution to funding of PASS contract			(42,578)	(42,578)
19	TEC Funding to support Digital Programmes locally			70,972	70,972
21	Child Healthy Weight			109,300	109,300
30	Neonatal Expenses Fund allocation			28,008	28,008
32	Woodland View Unitary Charge		4,322,452		4,322,452
42	Hospice - Loss of Income			792,000	792,000
Total		761,799,582	4,322,452	3,729,600	769,851,634
	*Closing value 2019/20	739,610,241			
	Allocation increase 202/21	22,189,341			
	Total as above	761,799,582			

Appendix 5

2020/21 Plan	£000	£000	£000
Plan Area	Plan	Forecast	Variance
UHC Consolidation of surgical wards	424	424	0
Closure of Station 1 and Ward 5B	1,200	-	1,200
Reduce vascular beds	129	129	0
UHA Cardiac ward reconfiguration	84	65	19
4 bed reduction for haematology ward	44	44	0
Acute 3% balance	3,839	-	3,839
Income generation - urology	100	58	42
Medical agency reduction	1,000	1,000	0
Junior Doctor banding supplements	100	50	50
Acute sickness absence reduction	1,410	-	1,410
Acute Prescribing	2,000	1,770	230
Acute prescribing budget adjustment	1,000	1,000	0
Reduce lab protection payments	200	100	100
Laboratory managed service contract	40	40	0
Glove use	77	-	77
Ward supplies	50	-	50
Renal transport	50	-	50
Theatre supplies	77	-	77
Wound Dressings	84	-	84
Procurement other	22	-	22
External SLAs	2,180	2,180	0
Primary Care Prescribing	2,000	2,031	(31)
Corporate Support Services	1,389	775	614
Pharmacy 3% CRES	276	276	0
Estates Rationalisation	123	31	92
Energy savings	77	34	43
Chief Executive 3% CRES	37	37	0
Transformation and Sustainability 3% CRE	43	43	0
Public Health 3% CRES	127	127	(0)
Medical Director 3% CRES	96	96	0
Nursing Director 3% CRES	73	73	0
Finance 3% CRES	106	106	0
OD & HR 3% CRES	137	57	80
Total	18,593	10,546	8,047