

# NHS Ayrshire & Arran



**Meeting:** Ayrshire and Arran NHS Board

**Meeting date:** Monday 5 October 2020

**Title:** Financial Management Report for the five months to 31 August 2020

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## 1. Purpose

This is presented 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 five the year to date deficit is £4.6 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 2.

#### 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-19 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:

## **2.4 Recommendation**

Members are asked to discuss the attached report and note the risks related to uncertainty of Scottish Government allocations.

## **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, Covid expenditure**

**Appendix No 3, Allocations received**

**Appendix No 4, Anticipated allocations**

**Appendix No 5, Cash releasing efficiency savings**

## 1. Background

1.1 This report shows the revenue position for the five months ended 31 August 2020.

## 2. Revenue resource limit and overall financial position

- 2.1 The revenue budget for the year is £922.7 million. This includes £789.8 million of revenue allocations received (Appendix 3). In August we received a further £2.4 million for pass through to local councils. We also received £4.4 million for the Outcomes Framework, £3.5 million for the Primary Care Improvement Fund and £1.95 million for the Public Dental Service. Smaller allocations included an initial £0.258 million for the Contact Tracing service, £0.206 million for the Fetal Alcohol Advisory Support Team, £0.194 million for Breastfeeding Projects, £0.187 million for endoscopy access and £0.181 million for Community Optometry costs.
- 2.2 We anticipate initial quarter one allocations, along with specific confirmation of access funding being made in September 2020. A remobilisation plan with finances, including access and service changes, has been submitted to Scottish Government. Discussions are ongoing to finalise further COVID-19 allocations.
- 2.3 Appendix 4 shows a list of anticipated allocations. While there is confidence around receiving the General Medical Services allocation, the allocation received for New Medicines may be less than previous years as the Voluntary Scheme for Branded Medicines Pricing and Access (VPAS) income nationally may be £55-60 million this year compared to £80 million in previous years.
- 2.4 The Board set a deficit budget of £13.5 million for 2020/2021 in March 2020. Our outturn will be determined by effective stewardship of our core budget and additional allocations to meet Covid 19 costs. At month 5 we are overspent by £4.6 million, which is broadly in line with the financial plan. This assumes a further £10.0 million of funding is received from Scottish Government for COVID-19 costs incurred in the first five months, on top of £0.792 million for Ayrshire Hospice and £0.258 million for Contact Tracing already received.
- 2.5 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 2 shows a summary of health expenditure (excluding social care costs incurred by councils) on COVID-19, and a narrative explanation is in section 7.
- 2.6 The financial spend in the first five months of the year charged to COVID-19 cost centres in our financial ledger amounts to £14.6 million. In addition unachieved CRES plans amount to £3.2 million in the year to date. 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 £10.0 million at the end of August.
- 2.7 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 £336.3 million. The directorate is overspent by £3.1 million for the year to date. However £2.4 million of COVID-19 costs are expected to be funded, leaving a net £0.7 million overspend.

Table 1a	Annual Budget	YTD Budget	YTD Actual	YTD Var	Month Budget	Month Actual	Month Var
<i>All Acute</i>	£000	£000	£000	£000	£000	£000	£000
Pay	240,838	100,053	105,165	(5,113)	20,128	21,076	(948)
Supplies	62,177	23,657	20,247	3,410	4,662	4,377	285
Purchase of Healthcare	65,616	27,544	26,918	626	5,414	5,379	35
Provision of Healthcare	(27,308)	(11,303)	(11,065)	(238)	(2,290)	(2,290)	0
Operating Income	(750)	(319)	(337)	19	(55)	(57)	1
Unallocated Savings	(4,288)	(1,787)	0	(1,787)	(357)	0	(357)
<b>Total</b>	<b>336,286</b>	<b>137,846</b>	<b>140,928</b>	<b>(3,083)</b>	<b>27,502</b>	<b>28,485</b>	<b>(984)</b>

3.1.2 The year to date overspend of £3.1 million is a result of:

- £4.3 million of unallocated savings which are £1.8 million overspent after 5 months
- £5.1 million of pay overspends driven by COVID-19.
- £3.4 million underspend on non-pay including medicines. This is largely as a result of the reduction in outpatient and elective activity, with a minimal spend on prosthetics and medicines.
- £0.4 million net underspend on external purchase/internal provision of healthcare, driven by net 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
<i>All Acute</i>	£000	£000	£000	£000	£000	£000	£000
Crosshouse	188,660	76,039	72,201	3,838	15,294	15,825	(531)
Ayr	78,311	32,707	30,920	1,788	6,452	6,668	(216)
External SLAs	58,577	24,295	23,777	518	4,897	4,758	140
High Cost Medicines	8,643	3,539	3,359	179	722	617	104
COVID	792	792	9,058	(8,266)	0	286	(286)
Medical Records	7,158	2,978	2,852	126	595	559	36
Management	(5,854)	(2,504)	(1,238)	(1,266)	(459)	(227)	(231)
<b>Total</b>	<b>336,286</b>	<b>137,846</b>	<b>140,928</b>	<b>(3,083)</b>	<b>27,502</b>	<b>28,485</b>	<b>(984)</b>

3.1.4 This shows the same £3.1 million year to date overspend. However COVID-19 costs are included and will be reclaimed from Scottish Government.

3.1.5 We will claim a net £3.1 million from Scottish Government to reimburse the acute directorate for COVID-19 expenditure to date. This will leave the directorate in a breakeven position.

## **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 £0.7 million after 5 months. Pharmacy teams account for £0.45 million of the underspend, and the New Medicines Fund another £0.15 million.

## **3.3 Health and Social Care Partnerships**

- 3.3.1 The total health budgets for the three Health and Social Care Partnerships are £433.3 million. They were overspent by £2.6 million in aggregate after 5 months, due to high COVID-19 costs in Primary Care. Appendix 1 shows the underspend position once Scottish Government fund the COVID-19 costs.
- 3.3.2 The East partnership is overspent by £1.8 million but has incurred £3.2 million of expenditure on COVID-19 as a result of its role as lead for Primary Care for Ayrshire. This included £1.5 million on payments to support GPs, £0.9 million on Community hubs, £0.3 million to Pharmacies and £0.15 million on Student Nurses. The underlying position is an underpsend of £1.4 million after 5 months.
- 3.3.3 The North partnership is £0.2 million overspent. This includes £1.1 million of expenditure on COVID-19 resulting from their role as lead for Mental Health. £0.6 million of this was on student nurses and £0.35 million on other temporary staff. The underlying position is an underpsend of £0.9 million after 5 months.
- 3.3.4 The South partnership is overspent by £0.6 million. This includes £0.15 million on student nurses and £0.275 million of expenditure on COVID-19 across a range of areas such as nursing and equipment. The underlying position is an overspend of £0.1 million after 5 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 these underspends aggregate to £2.3 million. Appendix 1 therefore shows an offsetting adverse variance of £2.3 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 early in the financial year to forecast prescribing accurately. However there is a risk of about £5.1 million overspend if the price per item in March is representative of the 2020/2021 prices. It is likely the March prices were inflated as many "items" may have been supplied in greater quantities, and this would be offset by reductions in volume in later months. 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, and a fall in price to £10.14. June saw a fall in price to £10.10 but a small increase in volume.

## **3.4 Infrastructure and Support Services**

- 3.4.1 Infrastructure and Support Services includes estates, hotel services and information technology. They have a budget of £93.0 million. They are £1.8 million overspent

after 5 months, which is caused by £1.8 million of COVID-19 related spend and under achieved CRES. The COVID-19 spend included £0.5 million of staff overtime, £0.4 million of estates costs and £0.3 million of IT costs. The underlying position is breakeven against budget.

### 3.5 Corporate Services

3.5.1 Corporate Services has a budget of £23.6 million. It comprises Public Health, the Nursing Directorate, the Medical Directorate, 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 £0.2 million underspent after 5 months. Public health, Nursing Director and Human Resources have spent £0.37 million on COVID-19 between them. The underlying position is an underspend of £0.55 million after 5 months.

### 3.6 Corporate Resource and Reserves

3.6.1 Reserves are £5.6 million overspent for the five months to August. This is a result of the £13.5 million underlying deficit being held centrally and 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 Following a risk assessment of our programme we will expect a shortfall of £7.5 million. We anticipate this will be covered through Covid 19 allocations. Further detail can found in **Appendix 5**.

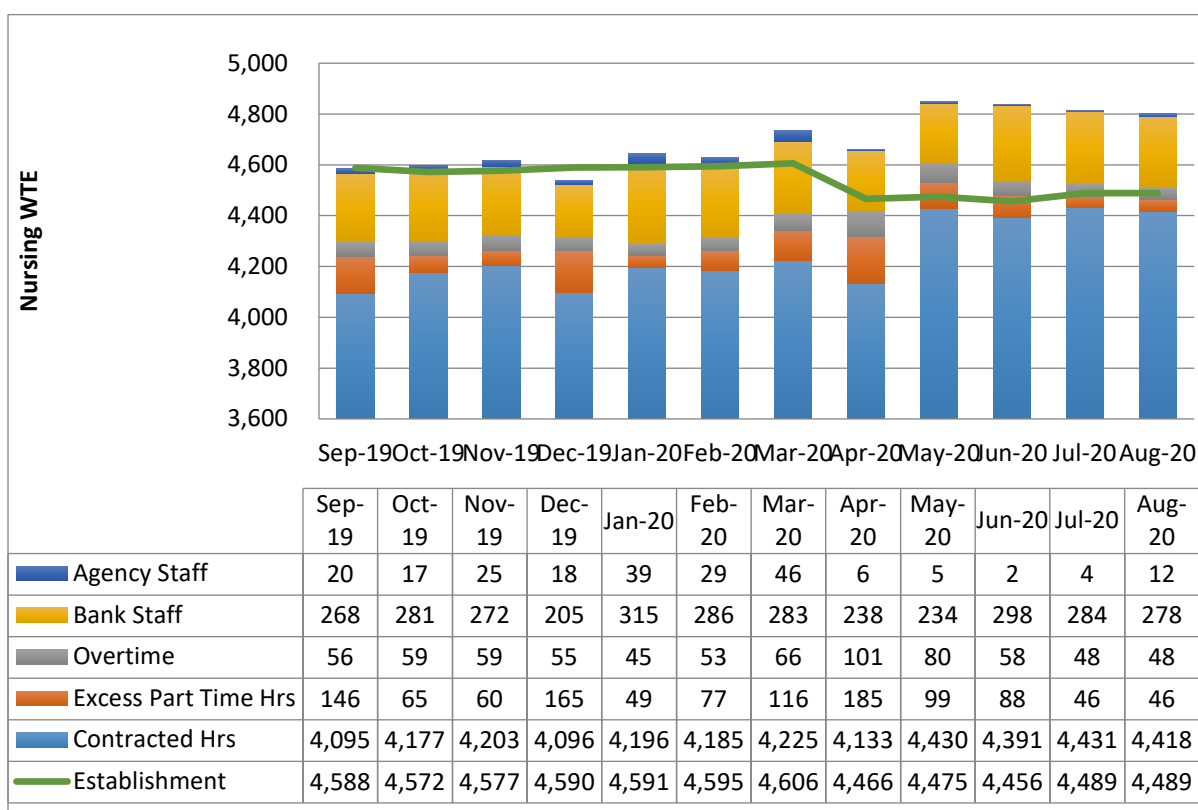
## 5. Workforce

5.1 Against a funded establishment for the whole organisation of 9,436 whole time equivalent staff, hours worked in July 2020 amounted to 9,755.

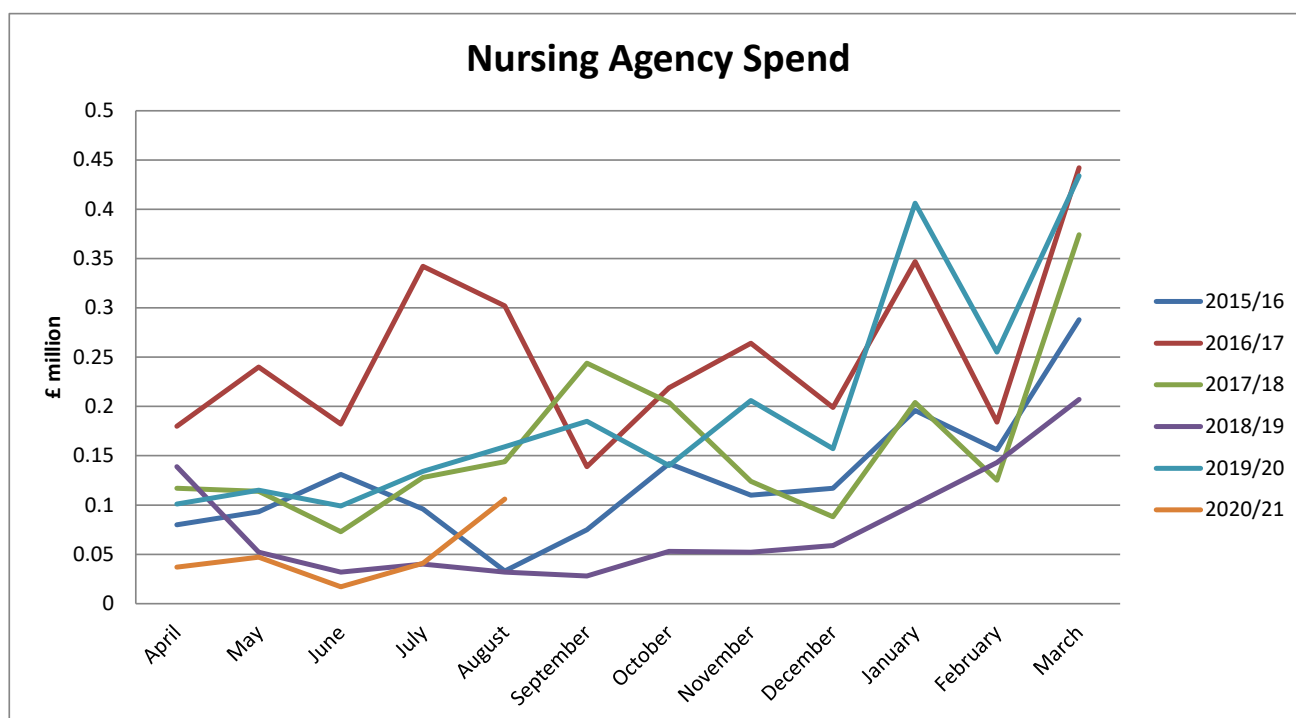
5.2 The table below shows the average WTE staff used in each month of 2020/2021 so far. It then averages these and compares with the average in 2019/2020 and 2018/2019. There has been a marked increase in WTEs following the COVID-19 pandemic. An increase in student nurses (the cost of which will be refunded) is the main factor.

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Apr - Aug 2020 Average	Apr -Mar 2019/20 average	Apr - Mar 2018/19 average
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Contracted Hours	8,840	9,108	9,083	9,100	9,118	9,050	8,809	8,872
Excess Part Time Hours	413	268	259	221	242	281	285	283
Overtime	152	113	90	78	85	104	93	90
Bank Staff	238	234	298	284	278	266	253	192
Agency Staff	30	38	32	28	32	32	60	54
<b>Total WTE</b>	<b>9,673</b>	<b>9,761</b>	<b>9,762</b>	<b>9,711</b>	<b>9,755</b>	<b>9,732</b>	<b>9,500</b>	<b>9,491</b>

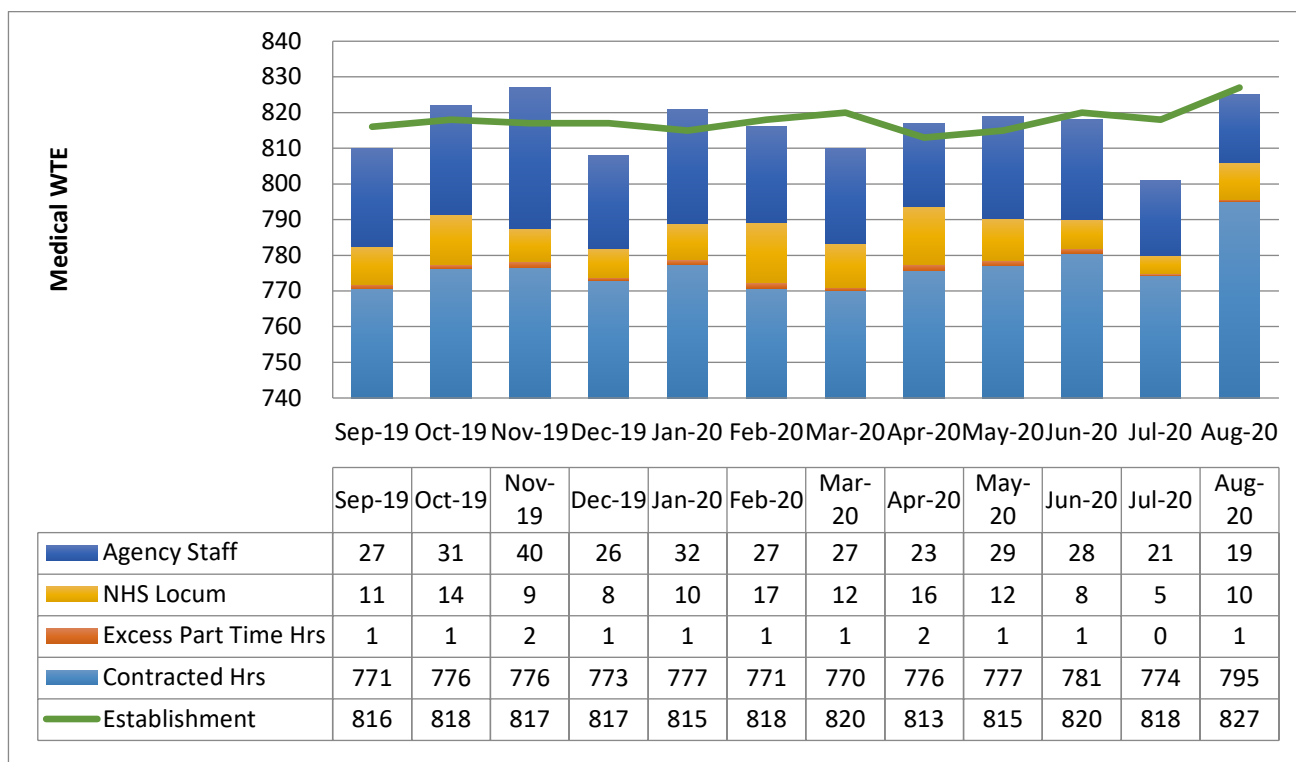
5.3 The graph below shows the trend for nursing staff. We are 313 above establishment in month 5, with 223 extra student nurses recruited in April and May.



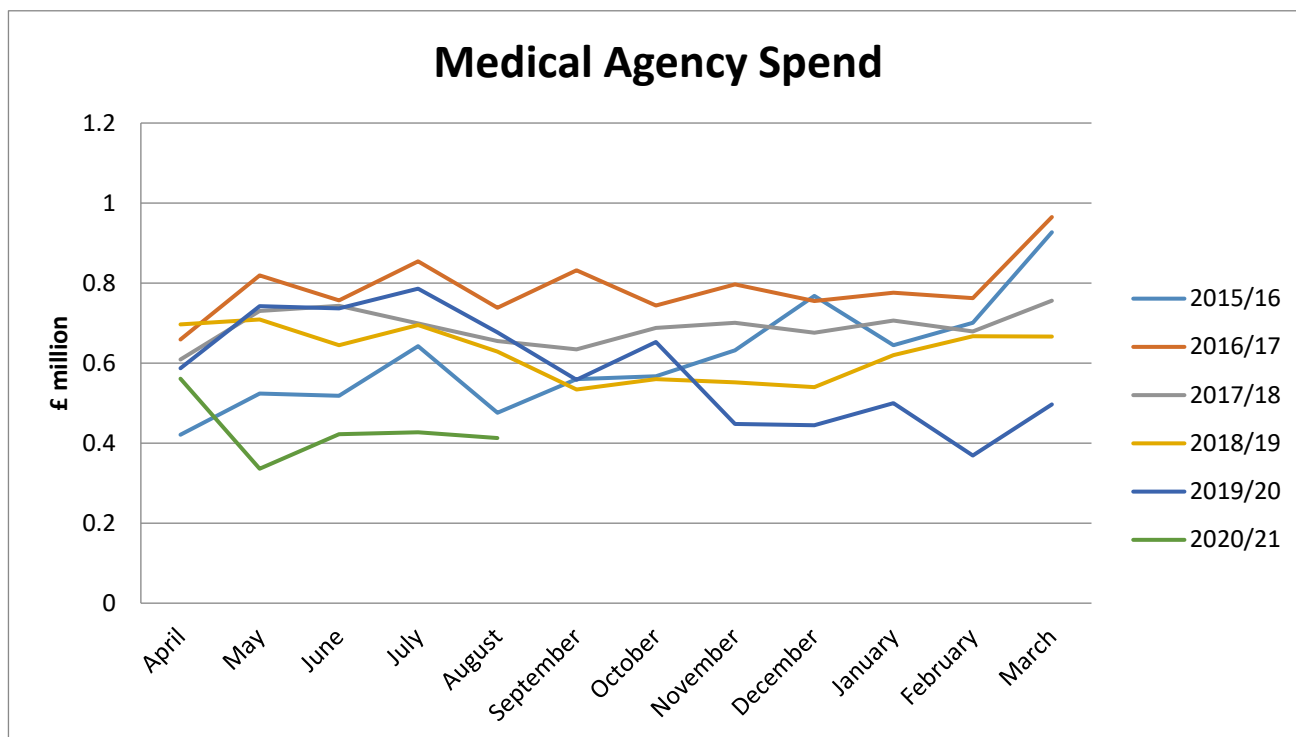
5.4 The year to date nursing agency spend is £0.248 million. The graph below shows the trend in 2020/2021 and compares this with previous years.



5.5 We used 825 WTE medical staff, including locums and agency, which is 2 below establishment.

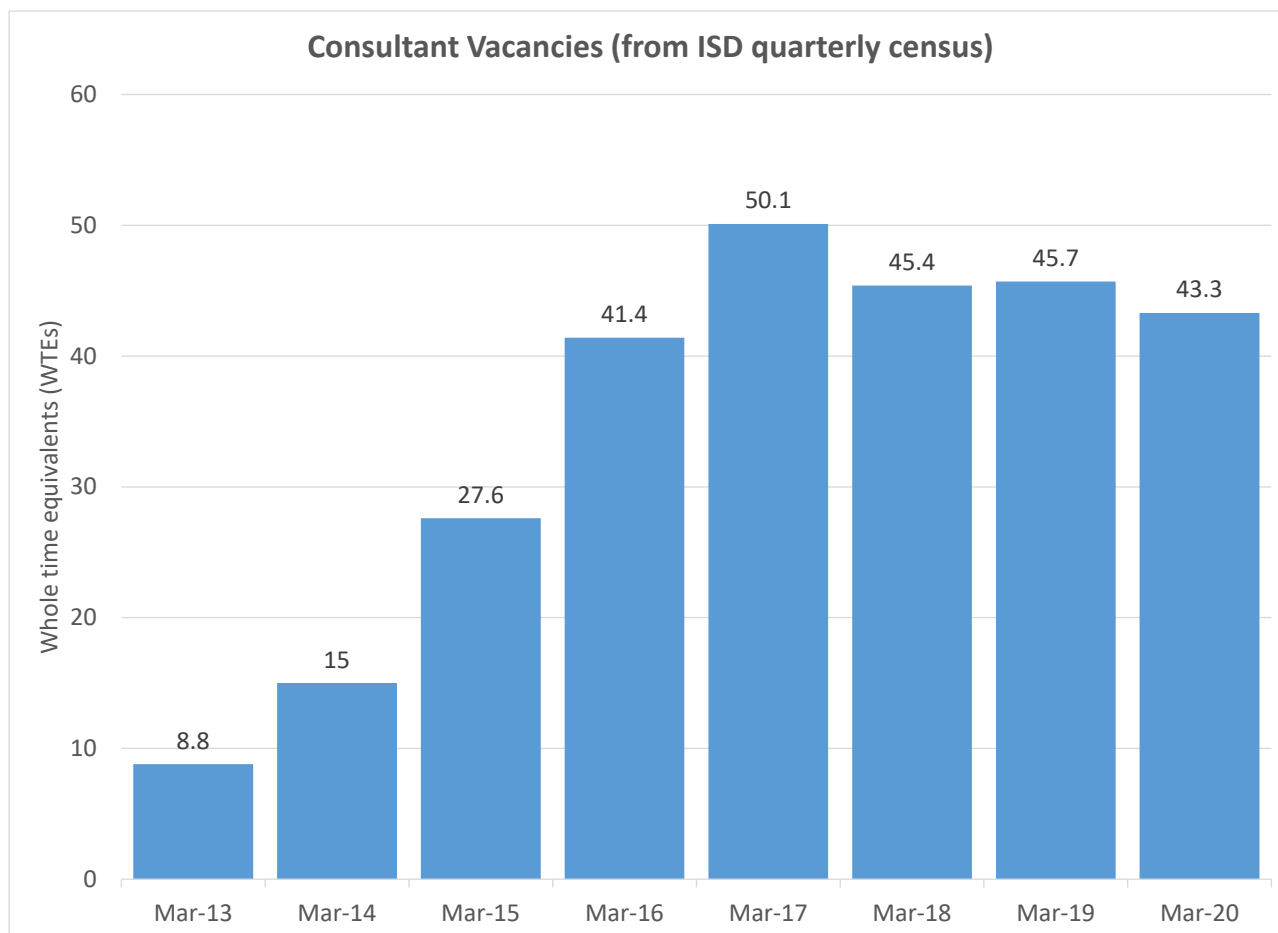


5.6 The graph below shows the trend in medical agency spend, which was £2.2 million in total for the five months to date. A further target reduction of £1.0 million is being implemented in 2020/21, following the successful saving of £1.0 million in 2019/20. This is on track to deliver.





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.

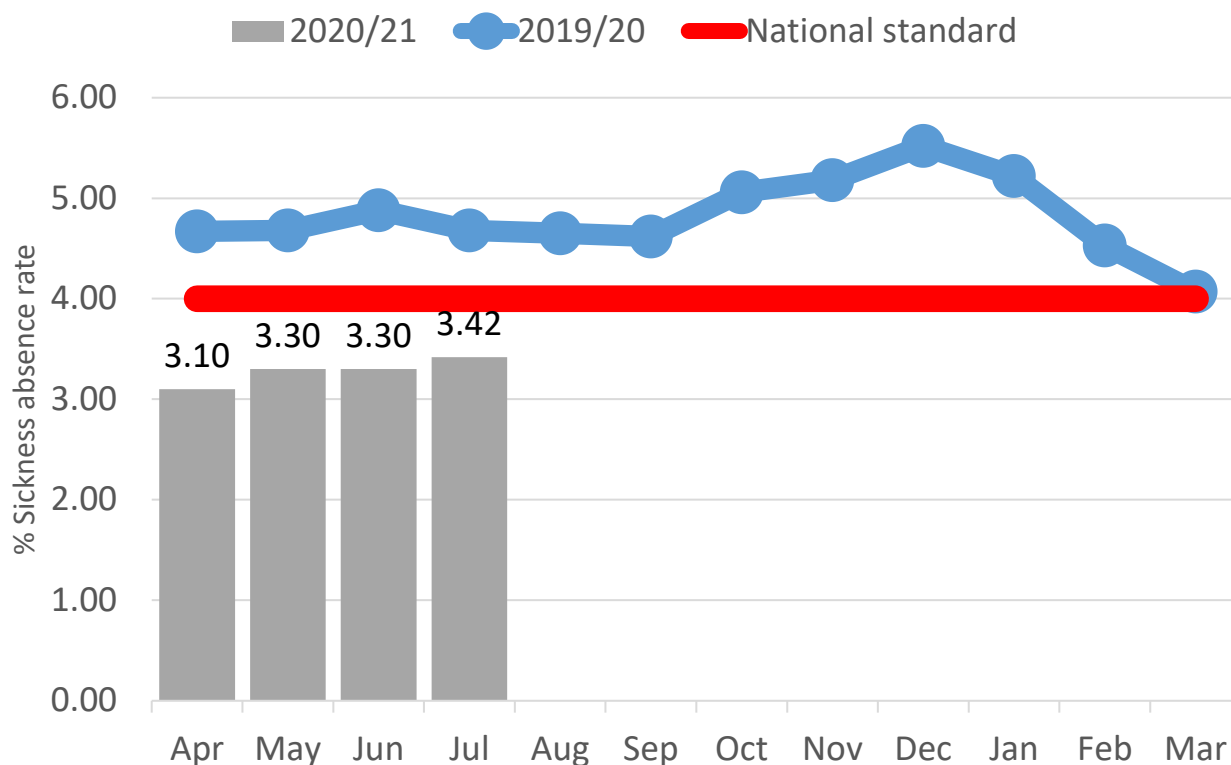


5.8 Staff sickness absence from work has organisational impact beyond the individual staff member, affecting other staff, service delivery, productivity and cost, where backfill arrangements have to be put in place.

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.

## Monthly organisational sickness absence rate (data from eESS)



### 6. Risk assessment and mitigation

- 6.1 The Strategic Risk Register has set out a risk for financial performance as very high. The Board have set out a remobilisation plan quantifying the Covid impact and we are in regular discussion about the financial allocation.
- 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 Please refer to section 3.3.6 on prescribing risks.
- 6.4 These issues are 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 All of our services have been impacted by COVID-19. Whilst the biggest financial effect has been on our acute directorate areas such as Infrastructure and Support, the Nursing Directorate and Public Health have seen significant additional costs. In addition Health and Social Care Partnerships have incurred extra cost, especially where in areas where they lead services on a pan Ayrshire basis.
- 7.2 Throughout the first five months 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 for medical high care, and ward 5C used for COVID-19 patients requiring medical high care below ITU level.
- There was a duplication of surgical emergency and stroke wards to separate COVID-19 and non COVID-19 patients.

- 7.3 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. During July and August the additional ITU beds have reduced as these redeployed staff have returned home to remobilise surgery. However capacity has remained to double the 10 beds within 24 hours if required.
- 7.4 To allow separation of flow of COVID-19 and non-COVID-19 patients through emergency departments, separate entrances and physical areas were used during the first quarter. 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.
- 7.5 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 £600,000 per month across acute and HSCPs (some did not start until late April).
- 7.6 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.
- 7.7 Some 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.
- 7.8 The cancellation of most elective surgery and outpatients has reduced supplies expenditure on things like orthopaedic implant budgets. In the first quarter this

amounted 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 £0.7 million overspend after 5 months.

- 7.9 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 four months the Board procured £0.2 million of PPE.

## Directorate spend excludes COVID-19

	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
Acute	240,838	100,053	103,446	(3,393)	94,656	37,001	33,608	3,393	335,494	137,054	137,054	0
East Hscp	46,930	19,602	19,165	436	134,117	54,175	53,212	964	181,047	73,777	72,377	1,400
North Hscp	73,217	30,559	30,015	544	85,684	30,443	30,075	368	158,901	61,002	60,090	912
South Hscp	26,186	10,868	10,873	(5)	67,184	24,900	25,023	(124)	93,371	35,768	35,897	(129)
HSCP underspends owed to IJBs	0	0	981	(981)	0	0	1,332	(1,332)	0	0	2,313	(2,313)
Other Clinical Services	9,437	3,941	3,421	520	18,975	6,959	6,748	211	28,412	10,900	10,170	731
<b>Hospital Community and Family Health Services (section 1)</b>	<b>396,607</b>	<b>165,022</b>	<b>167,901</b>	<b>(2,879)</b>	<b>400,617</b>	<b>153,478</b>	<b>149,999</b>	<b>3,480</b>	<b>797,224</b>	<b>318,501</b>	<b>317,900</b>	<b>601</b>
Chief Executive	1,186	484	446	38	23	10	12	(2)	1,209	494	458	36
Director Public Health	5,035	2,106	2,010	95	689	60	34	26	5,724	2,165	2,044	121
Medical Director	3,917	1,706	1,648	58	(3,008)	(1,460)	(1,355)	(105)	909	246	294	(47)
Nursing Director	4,834	1,963	1,798	165	45	43	1	42	4,878	2,006	1,799	207
Infrastructure and Support Services	38,453	16,049	16,198	(149)	54,514	19,137	18,988	149	92,967	35,186	35,186	(0)
Finance	4,215	1,760	1,709	50	(637)	(273)	(245)	(28)	3,578	1,486	1,464	22
ORG and HR Development	4,717	1,948	1,823	125	116	18	(12)	30	4,833	1,966	1,810	156
West Of Scotland Region Ce	0	0	208	(208)	973	218	11	208	973	218	218	0
Transformation+sustainability	1,362	568	525	42	84	24	5	19	1,446	592	530	61
<b>Clinical and Non Clinical Support Services (Section 2)</b>	<b>63,720</b>	<b>26,583</b>	<b>26,365</b>	<b>218</b>	<b>52,797</b>	<b>17,777</b>	<b>17,439</b>	<b>338</b>	<b>116,517</b>	<b>44,360</b>	<b>43,804</b>	<b>556</b>
Corporate Income (non RRL)	0	0	0	0	5,591	736	815	(80)	5,591	736	815	(80)
Corporate Reserves	2,863	0	0	0	(9,489)	(5,637)	0	(5,637)	(6,626)	(5,637)	0	(5,637)
<b>Corporate Resource and Reserves</b>	<b>2,863</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(3,898)</b>	<b>(4,902)</b>	<b>815</b>	<b>(5,717)</b>	<b>(1,035)</b>	<b>(4,902)</b>	<b>815</b>	<b>(5,717)</b>
<b>NHS A&amp;A Total</b>	<b>463,190</b>	<b>191,605</b>	<b>194,266</b>	<b>(2,661)</b>	<b>449,517</b>	<b>166,353</b>	<b>168,253</b>	<b>(1,899)</b>	<b>912,707</b>	<b>357,959</b>	<b>362,519</b>	<b>(4,560)</b>
<b>Anticipated COVID Values</b>	5,229	4,971	4,971	0	5,820	5,820	5,820	0	11,049	10,791	10,791	0
<b>NHS A&amp;A Total</b>	<b>468,419</b>	<b>196,576</b>	<b>199,237</b>	<b>(2,661)</b>	<b>455,337</b>	<b>172,173</b>	<b>174,073</b>	<b>(1,899)</b>	<b>923,756</b>	<b>368,750</b>	<b>373,309</b>	<b>(4,560)</b>

<b>Category</b>	<b>Total Apr to Aug £000</b>
Additional Hospital Bed Capacity/Costs	4,875
Testing for virus	153
Personal protection equipment	244
Deep clean	38
Revenue equipment	149
IT Costs	336
Estates cost	401
Additional staff overtime	582
Additional temporary staff spend	1,219
HR Staff Hub	48
Ayrshire Hospice	792
Louisa Jordan Costs	25
Medical Staff	411
Student Nurses & AHPs	1,595
Staffing support, including training & staff wellbeing	6
Offsetting savings - Health	(8,038)
Expected underachievement of savings (health)	3,216
<b>Subtotal Health Board</b>	<b>6,052</b>
East HSCP - Other (inc payments to FHS contractors)	2,196
East HSCP - Community Hub	873
East HSCP - Student Nurses	147
North HSCP - Student Nurses	576
North HSCP - Various	527
South HSCP - Student Nurses	143
South HSCP - Various	277
<b>Subtotal HSCPs</b>	<b>4,739</b>
<b>Subtotal Health Board and HSCPs</b>	<b>10,791</b>
Less Ayrshire Hospice funded by SG	(792)
<b>Total Health Board and HSCPs</b>	<b>9,999</b>

## Appendix 3

Ref	Description	Appendix 3			
		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
43	Improvement to Forensic medical health services Derek Lindsay			103,022	103,022
49	Family Nurse Partnership programme			978,000	978,000
52	Cancer access funding			738,000	738,000
54	Mobile MRI capacity			420,238	420,238
69	Type 2 Diabetes Framework			243,880	243,880
72	eHealth Strategic Allocation			1,331,889	1,331,889
73	Integrated Primary & Community Care Fund			591,200	591,200
214	Social Care Sustainability - Tranche 2			1,803,000	1,803,000
228	Hospital Eye Services - community optometry costs			181,000	181,000
229	Support for endoscopy recovery and backlog clearance			187,425	187,425
238	Advanced AHPs for acute services	138,000			138,000
239	Fetal Alcohol Advisory Support Team			205,494	205,494
240	Breastfeeding Projects year 3			193,891	193,891
271	Public Dental Service		1,950,000		1,950,000
278	Public Health - Test & Protect programme			258,270	258,270
279	Covid Social Care Sustainability Support for las			2,400,000	2,400,000
284	Outcomes Framework		4,366,046		4,366,046
292	Primary Care Improvement Fund 2020-21 - Tranche 1		3,482,952		3,482,952
295	PFG Commitment - School Nursing Service Posts - Tranche 1			138,000	138,000
	Other smaller allocations			182,298	182,298
	<b>Total</b>	<b>761,937,582</b>	<b>14,121,450</b>	<b>13,685,207</b>	<b>789,744,239</b>

## Appendix 4

Category	Recurring	Non Recurring	Total
Pharmacy Champion	21,420	0	21,420
Distinction Awards	180,563	0	180,563
New Medicines Fund	5,845,849	0	5,845,849
National Cancer Strategy		110,321	110,321
Disestablish 4 Year Gpst Program		270,000	270,000
R&d Allocation		645,000	645,000
Pre-reg Pharmacist Scheme	(170,740)	0	(170,740)
Discovery Top Slice	(41,599)	0	(41,599)
Nsd Risk Share Deduction Nr		(4,450,543)	(4,450,543)
Golden Jubilee Deduction Nr		(1,292,151)	(1,292,151)
NDC Top slice		(966,687)	(966,687)
Pet Scan Deduction Nr		(587,547)	(587,547)
Chas Hospice Deduction Nr		(443,595)	(443,595)
Scotstar Deduction Nr		(359,832)	(359,832)
Msk Decution Nr		(25,175)	(25,175)
Nsd Therapeutic Drug Monitoring Nr		(18,639)	(18,639)
Capital Sacrifice		181,000	181,000
2019/20 Carry Forward		455,000	455,000
Ame Impairments		2,000,000	2,000,000
Non-core DEL		5,900,000	5,900,000
EACH PFI ODEL		1,277,777	1,277,777
Woodland Depreciation ODEL		927,505	927,505
Careers Programme	15,800	0	15,800
Diabetes Prevention		104,520	104,520
Pharmacy Global Sum	(2,941,679)	0	(2,941,679)
Gp Sub - Prim Care Fund	37,067	0	37,067
Action 15 Mental Health Strategy	1,082,000	0	1,082,000
Additional Adp Funding	1,108,932	0	1,108,932
Mental Health Outcomes Framework	1,492,428	0	1,492,428
Primary Medical Services	60,115,490	0	60,115,490
Sarc Sex Assault Rape Crisis East		0	0
Veterans First Point		104,962	104,962
Hollybush Combat Stress		1,424,090	1,424,090
Best start		300,000	300,000
GP Out of hours		370,000	370,000
Regional funding		972,651	972,651
Unscheduled care		550,000	550,000
Winter funding		710,000	710,000
Shingles and Adult Flu Vaccine		790,000	790,000
Prescribing tariff reduction	(1,850,000)	0	(1,850,000)
Agreed carry forward 19/20		624,349	624,349
COVID-19 to 31/08/20		9,999,000	9,999,000
<b>Total Antcipated Allocations</b>	<b>64,895,531</b>	<b>19,572,006</b>	<b>84,467,537</b>
Non Cash Limited		49,308,148	49,308,148
<b>Total Antcipated Allocations inc NCL</b>	<b>64,895,531</b>	<b>68,880,154</b>	<b>133,775,685</b>



<b>2020/21 CRES Programme</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>Plan Area</b>	<b>Plan</b>	<b>Forecast</b>	<b>Variance</b>
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	1,328	328
Junior Doctor banding supplements	100	50	(50)
Acute sickness absence reduction	1,410	-	(1,410)
Acute Prescribing	2,000	2,000	0
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)
<b>Total</b>	<b>18,593</b>	<b>11,104</b>	<b>(7,489)</b>