

# NHS Ayrshire & Arran

<b>Meeting:</b>	<b>Ayrshire and Arran NHS Board</b>
<b>Meeting date:</b>	<b>Monday 28 March 2022</b>
<b>Title:</b>	<b>Financial Management Report for the 11 months to 28 February 2022</b>
<b>Responsible Director:</b>	<b>Derek Lindsay, Director of Finance</b>
<b>Report Author:</b>	<b>Rob Whiteford, Assistant Director of Finance - Operational Services</b>

## 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 Revenue Plan is a deficit of £12.1 million. The position after eleven months is breakeven. Scottish Government are funding all Boards to breakeven in 2021/2022.

### 2.2 Background

The budget for 2021/2022 was approved at the Board meeting on 24 May 2021. It is recognised that COVID-19 will continue to have a significant impact in 2021/2022.

### 2.3 Assessment

Additional costs have been incurred in 2021/2022 related to COVID-19. Those incurred so far are detailed in Appendix 2. Over £1.0 million per month is spent on additional hospital bed capacity including ITU beds, with another £0.75 million per month on Covid-19 vaccinations which use 155 Whole Time Equivalent staff.

#### 2.3.1 Quality/patient care

Financial resources contribute directly to 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**

The cash releasing efficiency savings plan (CRES) is shown in Appendix 4. This forecasts a £4.0 million shortfall against planned efficiency savings for the year.

### **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.

## **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, Month 11 and Anticipated allocations**

**Appendix No 4, Cash releasing efficiency savings**

## 1. Background

1.1 This report shows the revenue position for the eleven months ended 28 February 2022.

## 2. Revenue resource limit and overall financial position

- 2.1 The revenue budget for the year is £1.07 billion. Allocations received are £1.0 billion and anticipated allocations amount to £67.8 million. Of this £59.0 million is for Family Health Services such as payments to dentists, opticians and pharmacists.
- 2.2 The final allocation letter for January was received after the production of the Month 10 Financial Management Report. It included funding of £57.2 million for Health Board and Council COVID-19 costs in 2021/2022 and 2022/2023. This incorporates £3.5 million of non-recurring financial support for the Health Board, all outstanding COVID-19 costs included in the Quarter 3 Financial Performance Return and an additional £38.6 million to be passed to Integrated Joint Boards (IJB) for use in 2022/2023.
- 2.3 Allocations received in February included £0.45 million for the Drug Related Death Taskforce and £0.2 million additional support for Out of Hours GP Services. We received allocation reductions of £1.0 million for services provided by the National Distribution Centre, £2.1 million for activity performed on our behalf by the Golden Jubilee National Hospital and £0.4 million for the ScotSTAR service by Scottish Ambulance Service.
- 2.4 The Board set a deficit budget of £12.1 million for 2021/2022. We are in balance after eleven months, following the Scottish Government commitment for all Boards to breakeven in year.
- 2.5 The figures below include our spend on COVID-19. This spend is matched with budget.

## 3. Acute Services

3.1.1 The annual budget for Acute Services is £379.9 million. The directorate is overspent by £1.4 million after eleven months, and underspent by £0.6 million in February.

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	277,385	254,183	253,698	485	25,478	24,134	1,344
Supplies	64,004	54,877	54,899	(21)	5,568	6,240	(672)
Purchase of Healthcare	70,829	64,733	63,330	1,403	5,970	5,680	291
Provision of Healthcare	(27,288)	(25,011)	(24,959)	(51)	(2,256)	(2,197)	(59)
Operating Income	(1,496)	(1,386)	(1,459)	73	(55)	(51)	(4)
Unallocated Savings	(3,568)	(3,270)	0	(3,270)	(297)	0	(297)
<b>Total</b>	<b>379,866</b>	<b>344,126</b>	<b>345,509</b>	<b>(1,382)</b>	<b>34,408</b>	<b>33,805</b>	<b>603</b>

3.1.2 Overspends on medical pay of £2.3 million in the year to date are offset by a £1.0 million underspend on Healthcare Sciences and a £0.5 million underspend on radiographers. Increasing medical agency expenditure (as shown graphically in

section 5.5) is a major contributory factor to the overspend against the medical pay budget. £1.6 million of projected underspend on pay related to Waiting List Initiatives has been included for the first time in Month 11. It has become evident following the operational challenges of recent months that we will not achieve the elective activity level originally predicted.

- 3.1.3 Supplies budget overspends on drugs (£1.7 million), equipment and service contracts (£1.3 million) and taxis for patient care (£0.5 million) were offset by a £3.3 million underspend on surgical supplies caused by the reduction in surgical activity necessitated by COVID-19.
- 3.1.4 Unallocated Acute CRES is £3.6 million for the year and is contributing £0.3 million per month to the acute overspend in the absence of further plans.
- 3.1.5 Crosshouse medical wards are £4.2 million overspent in the year to date, whilst Ayr's medical wards are £3.5 million overspent due to service pressures and unachieved CRES. Surgical wards are £2.4 million underspent, £1.3 million at Ayr and £1.1 million at Crosshouse, due to reduced elective activity. External Service Level agreements were £1.5 million underspent due to lower cost per case activity.

## **3.2 Other Clinical Services**

- 3.2.1 Other Clinical Services includes budgets for Pharmacy teams, the New Medicines Fund (NMF) and out of area activity such as brain injuries and transcatheter aortic valve implantation (TAVI) replacements. The annual budget is £26.9 million. It is overspent by £1.3 million in the year to date. The adverse variance is caused by the New Medicines Fund which is £2.5 million overspent in the year to date, and is expected to overspend by £2.95 million by year end. This is partially offset by underspends of £1.1 million year to date (forecast £1.35 million by year end) in out of area treatments and central pharmacy teams.
- 3.2.2 The Board are not able to influence spend on the NMF, and it is by nature high cost and low volume. It has a budget of £15.4 million, of which £3.6 million is from Scottish Government. £2.2 million was funded non-recurrently by the Board in 2021/2022. Scottish Government have announced an additional £3.6 million of funding in 2022/2023.

## **3.3 Health and Social Care Partnerships (HSCPs)**

- 3.3.1 The total health budgets for the three HSCPs are now £516.7 million, up from £471.6 million in Month 10 due to the issue of COVID-19 funding referred to in section 2.2. They are underspent by £6.0 million in aggregate at the end of February 2022.
- 3.3.2 Appendix 1 forecasts no net under or overspend outturn against the three HSCPs as these belong to Integration Joint Boards rather than the Health Board. However the East HSCP is underspent by £3.5 million, North HSCP by £1.4 million and South HSCP by £1.1 million.
- 3.3.3 The underspend in the East HSCP is due to high vacancy levels in community hospitals and mental health services, as well as underspends on Dental Services, Ayrshire Unscheduled Care Service and Primary Care, for which East is the lead partnership.

### 3.4 Infrastructure and Support Services

3.4.1 Infrastructure and Support Services includes estates, hotel services and information technology. They have an annual budget of £91.9 million. They are £0.3 million underspent against their year to date budget at month eleven, and the improvement from earlier months and level of CRES delivery should be recognised.

### 3.5 Corporate Services

3.5.1 Corporate Services have budgets of £43.9 million, with £10.4 million of this being the COVID-19 vaccination programme within Public Health who also host the contact tracing team. Corporate Services comprises Public Health, the Nursing Directorate, the Medical Directorate, Human Resources and Organisational Development, Finance, Transformation and Sustainability and the Chief Executive's office. These areas are £1.5 million underspent with £0.7 million of this being in the Public Health directorate.

### 3.6 Corporate Resource and Reserves

3.6.1 Reserves are £0.9 million under committed for the year to date. This is mostly a result of the underlying £11.3 million deficit being held centrally, offset by one-off benefits. These benefits include COVID-19 funding covering unachieved CRES in year as well as £5.2 million of COVID-19 staff absence funding and the receipt of £3.5 million deficit support as described in section 2.3.

## 4. Efficiency and Transformation Programme

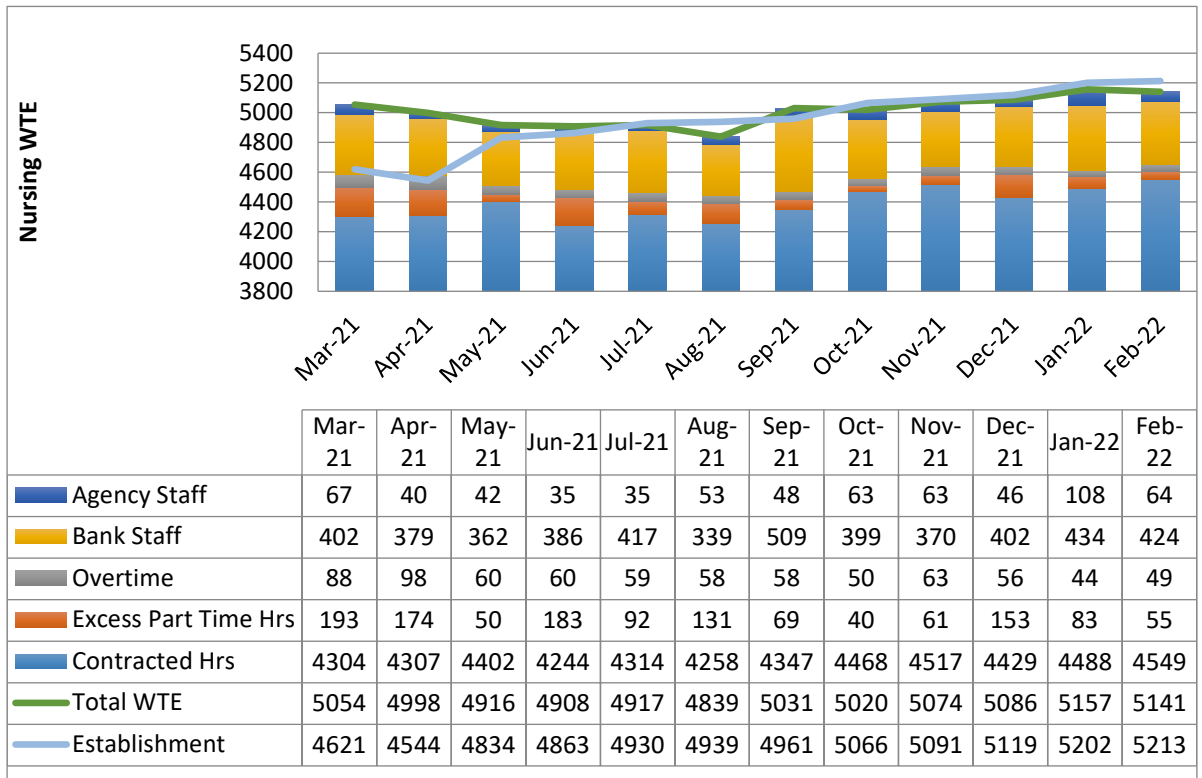
4.1 Following a risk assessment of our programme we expect to deliver £9.7 million of operational cash releasing efficiency savings (CRES) against a target of £13.7 million as shown in Appendix 4. The main areas of slippage are acute division and medical agency costs.

## 5. Workforce

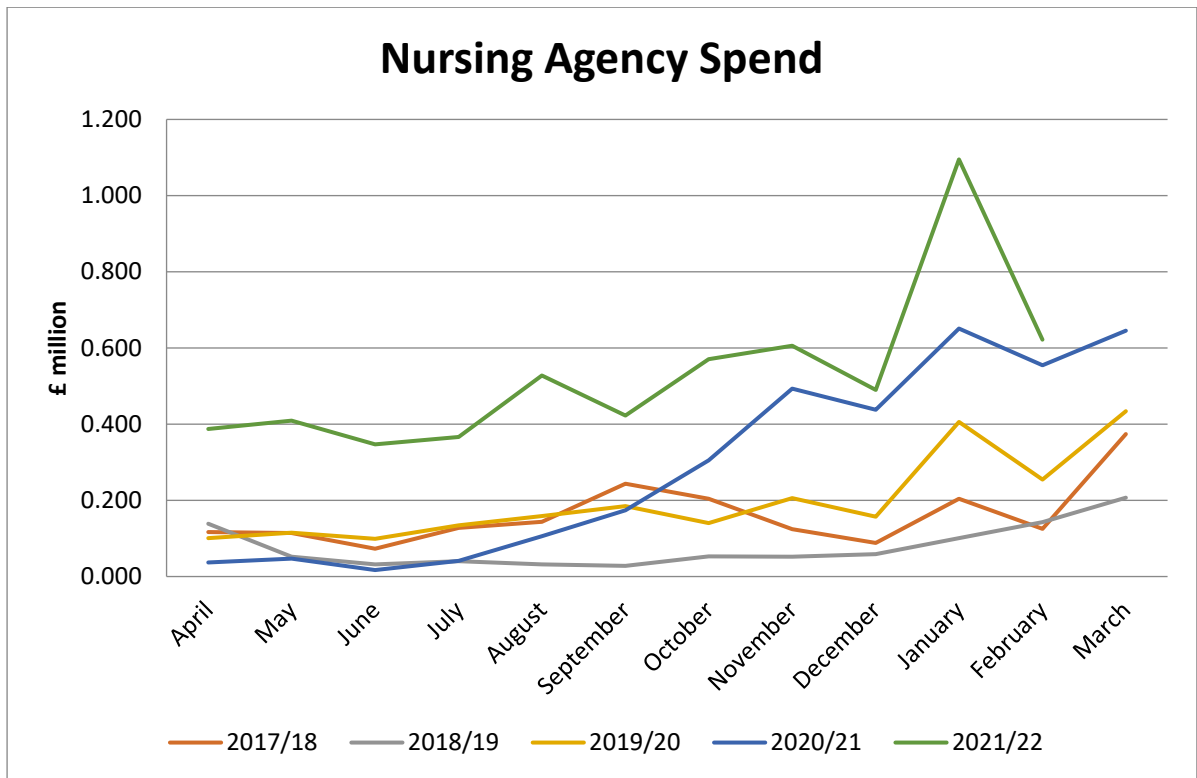
5.1 The table below shows the WTE staff used in the first eleven months of 2021/2022. It then compares these with the average in 2020/2021 and 2019/2020. There has been a marked and sustained increase in WTE during the COVID-19 pandemic of about 350 WTE increased each year. 179 of these are for the COVID-19 vaccination programme and another 105 are for Test and Protect, however extra staff for additional acute wards opened are also included.

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	2021-22	2020-21	2019-20
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	Apr-Feb Average WTE	Apr-Mar Average WTE	Apr-Mar Average WTE
Contracted Hrs	9,181	9,278	9,086	9,148	9,154	9,210	9,360	9,411	9,321	9,399	9,466	9,274	9,034	8,809
Excess Part Time Hrs	499	270	433	342	365	301	274	309	405	312	289	345	317	285
Overtime	161	101	102	108	101	103	98	111	104	86	97	106	116	93
Bank Staff	379	362	386	417	339	509	399	370	402	434	424	402	321	253
Agency Staff	70	73	66	60	73	76	87	84	71	135	91	81	55	60
<b>Total WTE</b>	<b>10,290</b>	<b>10,084</b>	<b>10,073</b>	<b>10,075</b>	<b>10,032</b>	<b>10,199</b>	<b>10,218</b>	<b>10,285</b>	<b>10,303</b>	<b>10,366</b>	<b>10,367</b>	<b>10,208</b>	<b>9,843</b>	<b>9,500</b>

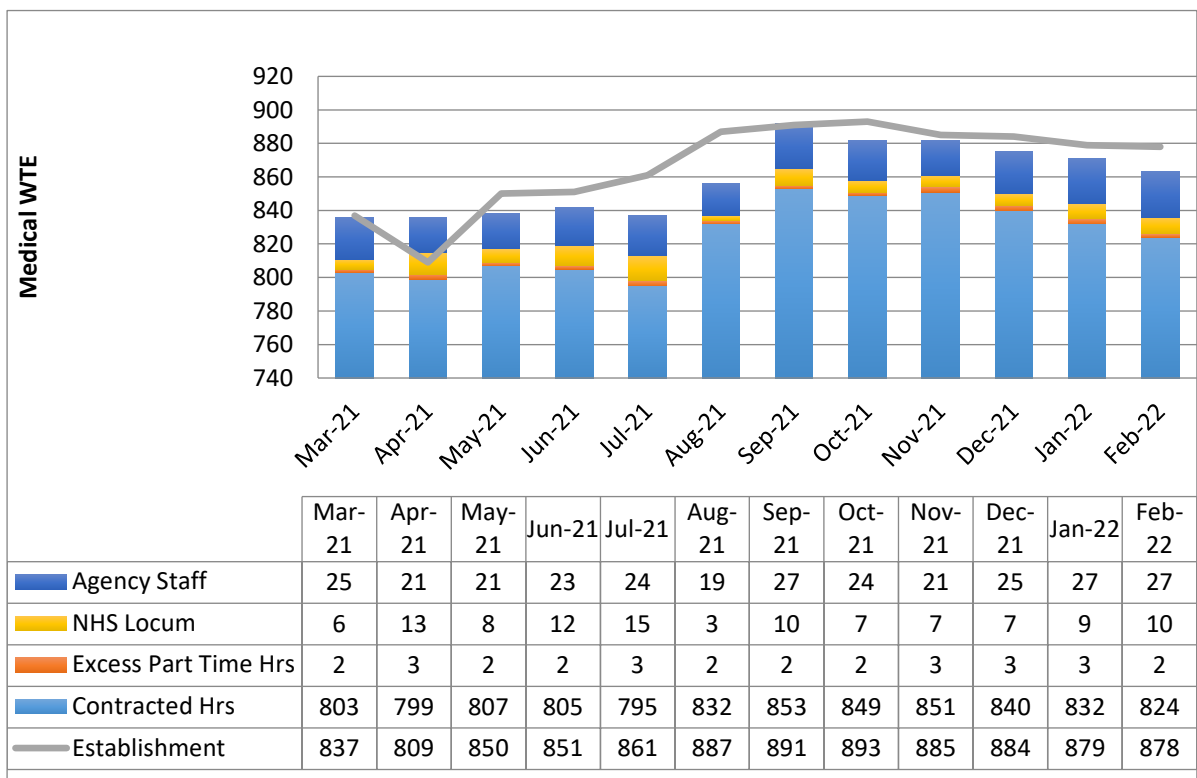
5.2 The graph below shows the trend for nursing staff. We were 72 WTE under our nursing establishment in month eleven. This will include bank staff overtime, excess part time hours and agency as shown in the table below the graph.



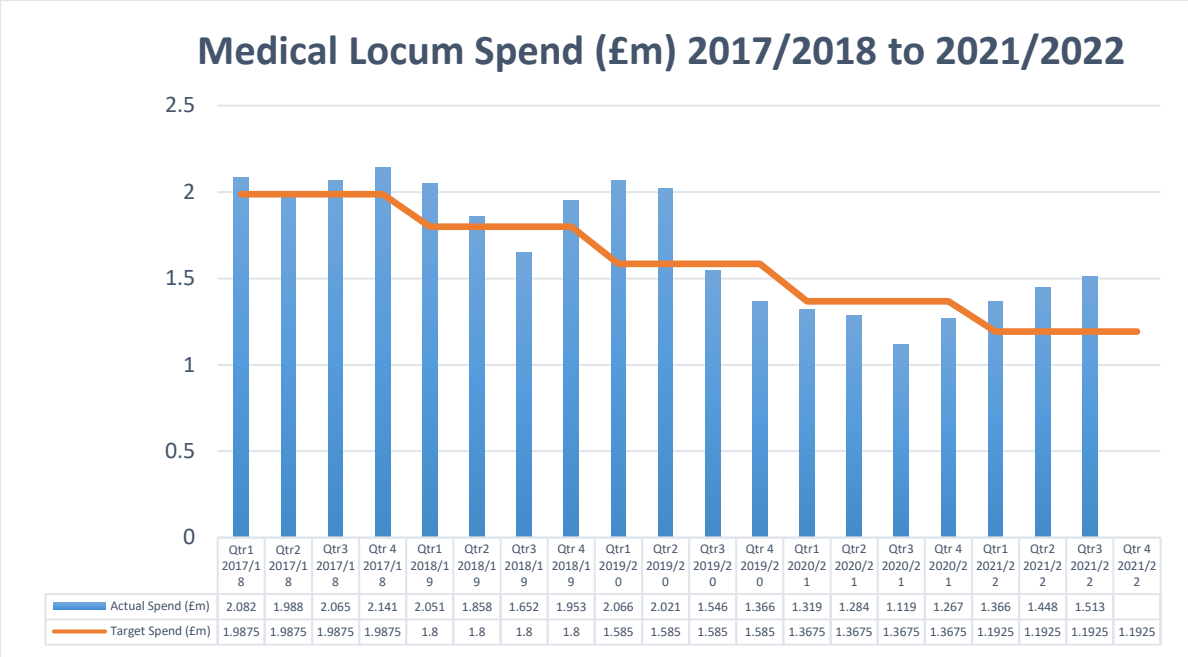
5.3 The cumulative nursing agency spend is £5.85 million. February 2022 agency spend was £0.6 million, down from £1.1 million in January. The reliance on agency is driven by COVID-19 and the requirement to temporarily staff additional unscheduled care beds in the acute hospitals. The graph below shows the trend in 2021/2022 and compares this with previous years. The spike which occurred in January 2022 was due to exceptionally high staff sickness absence levels that month.



5.4 We used 863 WTE medical staff in February, including locums and agency, which was 15 under establishment. The high cost of some medical agency staff is a driver for an overspend against the medical staff budget.



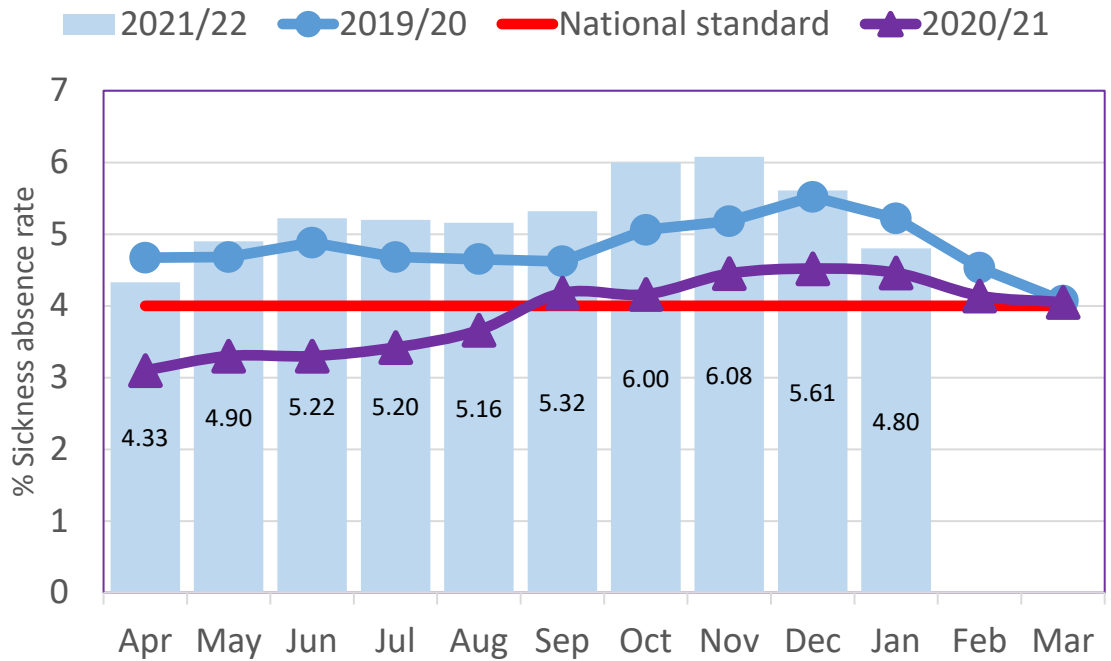
5.5 The graph below shows the trend in medical agency spend from quarter one of 2017/2018 to quarter three of this financial year. There is an increasing trend from quarter three of 2020/2021 which means throughout 2021. In this financial year to date we have spent £4.9 million, with £1.5 million incurred during quarter three.



- 5.6 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.
- 5.7 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.
- 5.8 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 shielding, isolation and absence. In January 2022 the covid related absence was a further 4.7%.

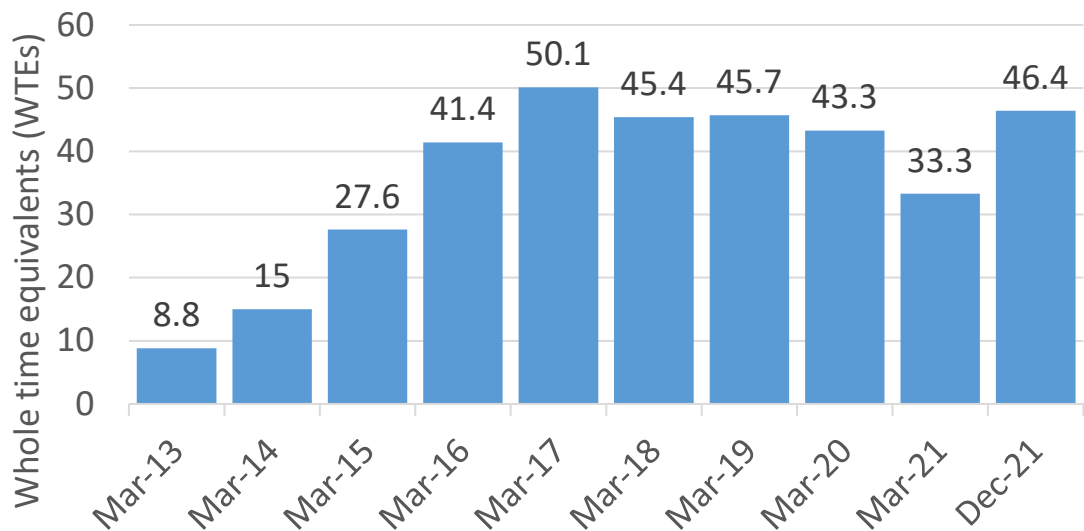


### Monthly organisational sickness absence rate (data from eESS)



5.9 The level of consultant vacancies is a main driver for expenditure on temporary medical staff. The graph below shows the trend over the last few years, with the Board now making good progress in recruiting to positions, despite a rise the absolute number of vacancies.

### Consultant Vacancies (from ISD quarterly census)



## **6. Risk assessment and mitigation**

- 6.1 NHS Ayrshire & Arran posted a breakeven position in 2020/2021. This included non-recurrent funding for under delivery of CRES and being allowed to retain savings generated by reduced elective and outpatient activity.
- 6.2 The position to date in 2021/2022 is breakeven as is the forecast year end position.
- 6.3 Scottish Government have confirmed they will fund all Health Boards to a breakeven position non-recurrently in 2021/2022. This de-risks our 2021/2022 financial position. COVID-19 funding has now been received as expected for 2021/2022.
- 6.4 GP Prescribing is likely to be £1.0 million overspent based on nine months of information. There remains considerable uncertainty over potential price changes, volume levels and volume phasing.
- 6.5 Not all CRES required to deliver the plan has been identified, and some CRES is high risk. The £4.0 million shortfall in Appendix 4 adds to our unachieved CRES and is to be refunded by Scottish Government through COVID-19 allocations.
- 6.6 The ongoing recurring management of COVID-19 and Remobilisation will require additional recurring funding.
- 6.7 In year financial risks are negated by the content of section 6.3. The recurring challenge facing the Board is now the main financial risk.

## **7. COVID-19 and Remobilisation Plans**

- 7.1 The Board previously submitted Remobilisation Plan three for 2021/2022. This totalled circa £60 million including funding for council HSCP expenditure.
- 7.2 Subsequently the Financial Performance Report for Quarter one included an updated request for COVID-19 funding. This totalled £67.5 million.
- 7.3 The Financial Performance Report for Quarter Two was submitted based on Remobilisation Plan four and included a revised COVID-19 forecast.
- 7.4 A revised forecast for Quarter Three was submitted by the end of January 2022. This included the requirement for £18.6 million of COVID funds in excess of those previously received. The £18.6 million includes £3.5 million of non-recurring deficit support.
- 7.5 Scottish Government have now confirmed all 2021/2022 COVID-19 funding following these submissions.

## Financial Position for the 11 Months ended 28 February 2022

	Year to Date				Year to Date				Year to Date				M11 Outturn £000
	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	277,385	252,559	253,698	(1,139)	102,481	91,567	91,811	(243)	379,866	344,126	345,509	(1,382)	(1,853)
East Hscp	58,836	52,046	48,582	3,464	161,596	125,352	125,284	68	220,433	177,398	173,866	3,532	0
North Hscp	87,346	74,581	72,946	1,635	97,430	72,561	72,852	(291)	184,776	147,142	145,798	1,344	0
South Hscp	31,131	28,273	26,822	1,452	80,356	62,236	62,596	(360)	111,487	90,510	89,418	1,092	0
HSCP underspends owed to IJBs	0	0	6,550	(6,550)	0	0	(583)	583	0	0	5,967	(5,967)	0
Other Clinical Services	9,989	9,159	8,400	759	16,910	15,350	17,430	(2,080)	26,898	24,509	25,830	(1,321)	(1,694)
<b>Hospital Community and Family Health Services (section 1)</b>	<b>464,687</b>	<b>416,617</b>	<b>416,998</b>	<b>(380)</b>	<b>458,773</b>	<b>367,067</b>	<b>369,391</b>	<b>(2,324)</b>	<b>923,459</b>	<b>783,685</b>	<b>786,388</b>	<b>(2,704)</b>	<b>(3,547)</b>
Chief Executive	921	844	829	14	37	34	7	27	957	878	836	42	50
Director Public Health	19,329	16,440	15,684	756	4,245	3,728	3,795	(68)	23,573	20,168	19,480	689	774
Medical Director	3,837	3,462	3,968	(506)	(2,718)	(2,323)	(2,726)	404	1,119	1,139	1,242	(103)	(100)
Nursing Director	6,600	5,600	5,075	525	(190)	(281)	(111)	(169)	6,410	5,319	4,963	356	375
Infrastructure Support Services	41,743	38,212	37,393	819	50,204	43,427	43,961	(535)	91,948	81,639	81,354	285	135
Finance	4,313	3,950	3,898	52	(645)	(591)	(662)	71	3,668	3,359	3,236	123	130
ORG and HR Development	5,781	5,071	4,832	239	473	216	264	(48)	6,254	5,287	5,095	192	200
West Of Scotland Region Ce	114	106	169	(64)	(114)	(396)	(460)	64	0	(291)	(291)	0	0
Transformation+sustainability	1,766	1,619	1,494	125	117	81	26	55	1,883	1,700	1,520	180	193
<b>Clinical and Non Clinical Support Services (Section 2)</b>	<b>84,404</b>	<b>75,305</b>	<b>73,343</b>	<b>1,962</b>	<b>51,409</b>	<b>43,894</b>	<b>44,093</b>	<b>(199)</b>	<b>135,813</b>	<b>119,199</b>	<b>117,436</b>	<b>1,763</b>	<b>1,757</b>
Corporate Resource	(700)	(700)	(700)	0	7,657	2,996	2,982	14	6,957	2,296	2,282	14	0
Corporate Reserves	277	0	0	0	7,929	927	0	927	8,206	927	0	927	1,910
<b>Corporate Resource and Reserves</b>	<b>(423)</b>	<b>(700)</b>	<b>(700)</b>	<b>0</b>	<b>15,586</b>	<b>3,923</b>	<b>2,982</b>	<b>941</b>	<b>15,163</b>	<b>3,223</b>	<b>2,282</b>	<b>941</b>	<b>1,910</b>
<b>NHS A&amp;A Total</b>	<b>548,667</b>	<b>491,222</b>	<b>489,641</b>	<b>1,581</b>	<b>525,768</b>	<b>414,884</b>	<b>416,466</b>	<b>(1,582)</b>	<b>1,074,435</b>	<b>906,106</b>	<b>906,106</b>	<b>(0)</b>	<b>120</b>
<b>Antcipated COVID Funding</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>NHS A&amp;A Total</b>	<b>548,667</b>	<b>491,222</b>	<b>489,641</b>	<b>1,581</b>	<b>525,768</b>	<b>414,884</b>	<b>416,466</b>	<b>(1,582)</b>	<b>1,074,435</b>	<b>906,106</b>	<b>906,106</b>	<b>(0)</b>	<b>120</b>

## COVID-19 Expenditure

Category	COVID Funds Issued £000	COVID Budget YTD £000	COVID Expenditure YTD £000
Additional Hospital Bed Capacity/Costs - Maintaining Surge Capacity	14,252	12,805	12,398
Loss of Income	945	866	866
Additional staff overtime and enhancements	0	36	475
Additional temporary staff spend - All Other	1,729	1,487	2,081
Medical Staffing	743	603	113
Additional temporary staff spend - Returning Staff	0	0	69
Additional temporary staff spend - Student Nurses & AHP	0	0	0
COVID-19 screening and testing for virus	654	629	641
Personal protective equipment	0	0	12
Equipment & Sundries	65	64	61
Deep cleans	1,047	903	646
Digital, IT & Telephony Costs	180	180	181
Estates & Facilities cost including impact of physical distancing measures	0	0	27
Staffing support, including training & staff wellbeing	516	473	406
HR Staff Hub	89	89	160
Additional Temporary Staff - CNO Care Home Additional Responsibilities	458	389	389
IPC Team	224	141	140
Carehomes Peripatetic Team	341	145	145
Public Health	336	102	102
Covid - Covid Vaccinations	10,370	9,133	9,133
Ph Covid Health Protection	218	218	218
Covid - Mass Testing	1,930	1,218	1,218
Contact Tracing Costs	4,480	4,120	4,120
Covid £500 Bonus	0	0	0
Reserves	5,985	0	0
<b>Subtotal Health Board</b>	<b>44,562</b>	<b>33,601</b>	<b>33,601</b>
Community Hubs	1,392	1,300	1,300
East HSCP _ Various	701	681	681
East Flu Vaccinations	22	21	21
East Hscp Long Covid	176	150	150
East COVID Social Care	13,112	0	0
North HSCP - Various	1,141	870	870
North Hscp Long Covid	400	311	311
North COVID Social Care	16,748	0	0
South HSCP - Various	322	180	180
Biggart Beds	545	500	500
South Hscp Long Covid	135	95	95
South Covid Social Care	12,236	0	0
<b>Subtotal HSCPs</b>	<b>46,930</b>	<b>4,108</b>	<b>4,108</b>
<b>COVID-19 Total</b>	<b>91,492</b>	<b>37,709</b>	<b>37,709</b>
Mh Remobilisation Plan	613	613	613
Redesign of Urgent Care	1,233	425	425
South Mh Remob Plan	56	56	56
<b>Subtotal Exclusions</b>	<b>1,902</b>	<b>1,094</b>	<b>1,094</b>
<b>YTD in COVID-19 Cost Centres</b>	<b>93,394</b>	<b>38,803</b>	<b>38,803</b>

## Confirmed and Antcipated Allocations

## Appendix 3

Category	Recurring £'000	Earmarked Recurring £'000	Non Recurring £'000	Total £'000
<b>M10 Baseline Allocation</b>	<b>786,211</b>	<b>90,384</b>	<b>132,694</b>	<b>1,009,289</b>
Scotstar	(375)			(375)
Distinction Awards		88		88
Ndc - National Distribution Centre		(967)		(967)
Adp Drug Death Task Force			443	443
Gp Out Of Hours			182	182
Cso Covid Research			59	59
Audiology Equipment			13	13
Adastra Standardisation			13	13
Forensic Science			2	2
Golden Jubilee			(2,054)	(2,054)
<b>Sub Total Allocations Received @ M11</b>	<b>785,837</b>	<b>89,506</b>	<b>131,350</b>	<b>1,006,692</b>
Fhs Ncl	58,998			58,998
Ailsa Demolition Ame			5,000	5,000
Ame Provision			1,096	1,096
Del			900	900
Woodland View Depreciation			829	829
Nsais Nat Secure Adolescent Inpatient Service			634	634
Amu Ayrshire Maternity Unit			552	552
Ame Donated Asset Dep			400	400
Capital Sacrifice			296	296
Office 365			200	200
Donations Not Sg			(300)	(300)
Revenue Sacrifice			(861)	(861)
<b>Total Received and Antcipated Allocations</b>	<b>844,835</b>	<b>89,506</b>	<b>140,095</b>	<b>1,074,436</b>

## Cash Releasing Efficiency Savings

## Appendix 4

Plan v Forecast	£000	£000	£000	£000	£000	£000
		M11 YTD	M11 YTD	YTD	M11	Forecast
Plan Area (operational)	Annual Plan	Plan	Actual	Variance	Forecast	Variance @ M11
Chemotherapy	203	183	173	(10)	193	(10)
Frailty Pathway	150	100	0	(100)	0	(150)
Surgical Beds	280	233	0	(233)	0	(280)
Cardiology	134	123	123	0	134	0
Acute Medical Agency	500	458	(693)	(1,151)	(801)	(1,301)
Acute Other	2,134	1,962	597	(1,365)	654	(1,480)
Acute Prescribing	1,585	1,422	1,213	(209)	1,327	(258)
Primary Care Prescribing	2,300	2,082	1,782	(301)	1,939	(361)
External SLAs	2,000	1,833	1,833	0	2,000	0
HR	96	88	31	(57)	34	(62)
Finance	72	66	66	0	72	0
Public health	87	80	80	0	87	0
Chief Executive	63	57	57	0	63	0
Transformation & Sustainability	(25)	(23)	(23)	0	(25)	0
Medical Director (Corporate) &	192	175	175	0	192	0
Nursing directorate	94	86	86	0	94	0
EACH PFI Buyout	1,000	911	911	0	1,000	0
Travel Savings	454	416	416	0	454	0
Recombinant blood products	350	321	321	0	350	0
Energy	332	294	294	0	332	0
Estate Rationalisation	175	151	89	(63)	100	(75)
Infrastructure Support Services	1,528	1,296	1,313	18	1,529	0
<b>Total</b>	<b>13,703</b>	<b>12,314</b>	<b>8,844</b>	<b>(3,470)</b>	<b>9,728</b>	<b>(3,975)</b>