

NHS Greater Glasgow & Clyde	Paper 21/07
Meeting:	Board Meeting
Date of Meeting:	23rd February 2021
Purpose of Paper:	For Noting
Classification:	Board Official
Sponsoring Directors:	Mark White (Director of Finance)

Paper Title

Finance Report

Recommendation

Members are asked to;

- i) Note the revenue position at Month 9, the projection to the year-end and the initial financial settlement position.
- ii) Note the capital position at Month 9.
- iii) Note the outlook into 2021/22.

Purpose of Paper

The purpose of this report is to provide the Board with the Month 9 financial position and projection to the 31st March 2021, and an outlook at the financial landscape into 2021/22. The report also outlines the additional expenditure incurred during the COVID-19 pandemic, planned expenditure as part of Remobilisation and the negotiations with the Scottish Government around a corresponding financial settlement.

Key Issues to be Considered

The Board received an initial funding allocation of; Board £102m and the IJBs £67m. This equates to 61%% of the total requested. Further funding is expected to be received in February and the Board expects that all direct COVID-19 related costs will be fully funded including a contribution to unachieved savings.

This means that the Board is likely to achieve a breakeven out-turn at 31 March 2021. The break-even prediction contains a minimal degree of risk.

The Scottish Government announced their budget on the 28th January 2021. All Boards will receive a baseline uplift of 1.5%, for NHSGGC, this equates to an additional £20.1m.

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However, the Board are also facing additional cost pressures of £104.6m, and coupled with the increase in the underlying recurring deficit position to £94.5, the Board is currently projecting a Net Cash Efficiency Challenge of £88.5m or 5.8%.

No COVID-19 costs or associated funding have been included in the financial projections. These are assumed to be fully funded separately.

Any Patient Safety/Patient Experience Issues

Not directly, but ultimately all finance issues and decision will have an impact in this area.

Any Financial Implications from this Paper

The financial implications are detailed in the report.

Any Staffing Implications from this Paper

Not directly, but ultimately all finance issues and decision will have an impact in this area.

Any Equality Implications from this Paper

Not directly, but ultimately all finance issues and decision will have an impact in this area.

Any Health Inequalities Implications from this Paper

Not directly, but ultimately all finance issues and decision will have an impact in this area.

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome.

No risk assessments per se, although risk is assessed as part of every decision on finance.

Highlight the Corporate Plan priorities to which your paper relates

All key themes outlined in the 2020/21 Corporate Objectives.

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Date: 15th February 2021

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***NHSGGC – Month 9 Finance Report
Board Meeting
February 2021 (Paper 21/07)***



Purpose and Format of Report

The purpose of this report is to provide the Board with the Month 9 financial position and projection to the 31st March 2021, and an initial high level outlook into 2021/22. The report also outlines the additional expenditure incurred during the COVID-19 pandemic, planned expenditure as part of Remobilisation and the negotiations with the Scottish Government around a corresponding financial settlement.

The format of the report covers;

- i) Executive Summary (pages 3-6)
- ii) The Month 9 revenue position and outlook (pages 7-12)
- iii) The Month 9 FIP position (pages 13-14)
- iv) The Month 9 capital position (pages 15-17)
- v) The initial outlook into 2021/22 (pages 18-24)

Members are asked to ;

- i) Note the revenue position at Month 9, the projection to the year-end and the initial financial settlement position.
- ii) Note the capital position at Month 9.
- iii) Note the initial outlook into 2021/22.



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2020/21 Current Position

At 31 December 2020 the Board's financial ledger highlights expenditure £42.4m over budget. This position has improved significantly following receipt of the first tranche of COVID-19 funding in September 2020. This position included both direct and indirect costs of COVID-19 as follows;

- Direct expenditure on health mobilisation and delivery of services due to COVID-19 of £113.2m (£89.2 for the Board and £24.0 for the IJBs);
- Unachieved savings due to the focus and effort on COVID-19 delivery of £23.4m (£22.7m relates to the Board and £0.7m for the IJBs).

2020/21 Financial Reporting Arrangements

The Scottish Government required updated Quarter 3 forecasts for the 22nd January 2021. A total forecast was submitted highlighting an annual COVID-19 related funding requirement of £277.8m; split £176.3m for the Board and £101.5m for the IJBs (including Social Care).

Further details are included in the tables below. This revised forecast includes the forecast costs for the Immunisation Programme for COVID-19 of circa £6.1m.

Based on this submission a further allocation from the Scottish Government will be determined for allocation in February 2021.



2020/21 Updated QTR 3 Covid-19 Return

A breakdown of these COVID-19 spend projections is highlighted below;

NHS BOARD	ACTUAL TO 31 DEC £m	PROJECTED 1 JAN TO 31 MARCH £m	TOTAL £m
Additional staff costs	36.9	12.4	49.4
Additional beds costs	10.6	6.6	17.3
Testing	7.2	10.5	17.7
Deep cleans	8.7	3.9	12.6
Contract tracing	1.4	1.8	3.2
Loss of income	11.2	4.2	15.4
Winter Planning	0.2	3.0	3.2
Flu Delivery Programme	0.2	0.6	0.8
Immunisation costs (Covid-19)	0.1	6.0	6.1
Other	23.1	2.9	26.0
Offsetting cost reductions	(10.7)	(1.4)	(12.0)
Unachieved savings	36.6	0.0	36.6
TOTAL	125.7	50.6	176.3

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2020/21 Updated QTR 3 Covid-19 Return IJB (Health and Local Authority Spend)

IJB	ACTUAL TO 31 DEC £m	PROJECTED 1 JAN TO 31 MARCH £m	TOTAL £m
Estimated cost of additional payments to third party service providers	30.6	10.1	40.7
Additional staffing costs	9.7	2.6	12.2
PPE	2.4	0.4	2.8
Mental Health Services	2.8	1.8	4.6
Additional Payments to GPs	5.2	0.2	5.3
Hospices – loss of income	4.2	0.0	4.2
Community Hubs	4.1	4.6	8.7
Homelessness (Glasgow/Inverclyde)	6.5	2.6	9.1
Other	9.0	2.1	11.0
Offsetting cost reductions	(5.6)	(0.5)	(6.1)
Unachieved savings	6.9	2.1	9.0
TOTAL	75.6	26.0	101.5

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Remobilisation Response & Funding Allocation

The Board have been allocated £169m in the first tranche of COVID-19 related funding (Board £102m and the IJBs £67m). This equates to 61% of the total requested. Further funding will be received in February and the Board expects that all direct COVID-19 related costs will be fully funded including a contribution to unachieved savings.

This, together with underspends from the reduction in the elective programme plus additional funding allocations that were not anticipated when the Board's original financial plan was developed, means that the Board is predicting a breakeven out-turn at 31 March 2021.

The break-even prediction contains a minimal degree of risk. Cost pressures and unpredictability remain in the final period of the year, although the focus is now largely on identifying savings and efficiencies and achieving financial stability into 2021/22.

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The Month 9 Revenue Position



Financial Performance – Month 9

This section of the report provides analysis of the financial position at 31 December 2020 (Month 9).

Area	Gross Position £m	Non Recurring Relief £m	Final Ledger Position £m
Acute	(22.2)		(22.2)
Partnerships	0.0		0.0
Corporate Departments	(20.2)		(20.2)
Gross/Net Financial Position at 31 December 2020	(42.4)	0.0	(42.4)

At 31 December 2020 the Board is reporting expenditure levels £42.4m over budget. However, this includes £18.7m of direct non recurring specific COVID-19 direct costs and related unachieved savings which are anticipated to be funded by Scottish Government in the February 2021 allocation.

The Board has not factored in any non recurring support to the financial position at this stage of the year.

Once the next allocation of COVID-19 funding is confirmed from the Scottish Government it is likely that the Board will achieve a breakeven out-turn as at 31 March 2021.

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Month 9 Position – Acute Services

Financial Performance – Month 9 (Cont'd)

The Acute Division is reporting an expenditure overspend at Month 9 of £22.2m (including £9.5m of COVID costs). Of this deficit £12.8m is related to unachieved savings.

Overall, Pays are £5.1m overspent, including £5.8m of COVID-19 costs. Non Pay is overspent at £4.3m, but includes additional £3.7m of expenditure related to COVID-19.

Directorate	Month 9 Total £000's	Ytd Covid Costs Total £000's	Month 9 excluding Covid Total £000's	Prior Year Month 12 Total £000's
South Sector	(2,350)	0	(2,350)	(12,145)
North Sector	(2,814)	0	(2,814)	(9,417)
Clyde Sector	(817)	0	(817)	(8,299)
Diagnostics Directorate	1,580	0	1,580	(3,839)
Regional Services	(2,663)	0	(2,663)	(6,300)
Women & Childrens Services	(1,829)	0	(1,829)	(7,977)
Directorate Totals	(8,891)	0	(8,893)	(47,977)
Acute Corporate	(13,297)	9,479	(3,818)	(1,272)
Acute Expenditure Totals	(22,188)	9,479	(12,711)	(49,250)
Income (Under)/Over Recovery	0	0	0	23
Acute Total	(22,188)	9,479	(12,710)	(49,227)

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Financial Performance – Month 9 (Cont'd)

Partnerships reported an overall breakeven on the Health element of their budgets at Month 9.

Individual HSCPs reported an underspend of £7.6m for the year to date following receipt of their first tranche of COVID-19 funding. This has been neutralised in arriving at the Board's overall position as any surpluses within the delegated budgets will be taken to reserves at the year end. Subject to COVID-19 costs being fully funded all HSCPs are forecasting a breakeven year end position.

Income/Expenditure by Partnership	Annual Budget £m	YTD Budget £m	YTD Actuals £m	YTD Variance £m
Glasgow City	800.4	583.6	578.2	5.4
East Dunbartonshire	100.0	74.1	74.4	(0.3)
East Renfrewshire	82.3	59.9	59.7	0.2
Inverclyde	102.8	78.2	78.2	0.0
Renfrewshire	199.6	150.9	149.1	1.8
West Dunbartonshire	107.3	78.2	77.7	0.5
Total HSCPs	1,392.4	1,024.9	1,017.3	7.6
Other Partnerships Budgets	25.1	29.5	37.1	(7.6)
Total Partnerships Expenditure	1,417.5	1,054.4	1,054.4	(0.0)
Total Partnerships Income	(54.3)	(40.0)	(40.0)	0.0
Net Expenditure	1,363.2	1,014.4	1,014.4	(0.0)

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Financial Performance – Month 9 (Cont'd)

The Board's Local Mobilisation Plan (LMP) includes all COVID-19 related costs for health and social care (including the expenditure that will be incurred by Local Authorities). The most recent LMP submission on 22nd January 2021 highlighted that costs of £75.6m have been incurred for the first 9 Months of the year across the IJBs. Some of these costs remain estimates at this stage in particular the cost of sustainability payments to third party service providers which accounts for £30.6m of the above figure.

In addition to the funding allocated on the 29th of September 2020 the Board has received specific allocations passed directly to HSCPs to meet social care costs. The Board received an allocation totalling £36m as its share of a national allocation to meet COVID-19 related social care costs mainly in care homes. In addition, an allocation of £2.1m has been received to enable HSCPs to fund the uplift to the Scottish Living Wage and an allocation of £4.2m to fund hospices for loss of income as a result of COVID-19.

The total breakdown of the IJB costs between health and local authorities is highlighted as follows;

IJB	Health Spend	Local Authority Spend	TOTAL
	£m	£m	£m
Direct Costs	30.8	61.8	92.6
Unachieved savings	0.7	8.3	9.0
TOTAL	31.4	70.1	101.5

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Month 9 Position – Corporate Directorates



Financial Performance – Month 9 (Cont'd)

Corporate Directorates are reporting an expenditure overspend at Month 9 of £20.2m (including COVID-19 costs) – mainly due to unachieved savings. The centrally held unallocated savings balance is reported “below the line” and has a shortfall of £9.3m at this stage. Following receipt of COVID-19 funding all directorates are predicting breakeven except for Corporate Affairs which has an overspend due to legal fees associated with ongoing issues in relation to the QEUH reviews, legal case and Public Inquiry.

Corporate Director Summary	Annual Budget £m	YTD Budget £m	YTD Actual £m	YTD Variance £m
Board Medical Director	48.0	32.6	32.2	0.4
Centre For Population Health	1.3	0.7	0.6	0.0
Corporate Affairs	5.0	3.8	4.3	(0.5)
Corporate Communications	1.5	1.0	0.8	0.2
Director of Finance	81.0	54.9	54.9	0.1
Director of eHealth	18.0	10.7	10.4	0.3
Director of Human Resources	18.6	13.3	12.2	1.1
Director of Nursing	8.8	4.2	4.0	0.2
Director of Public Health	18.7	12.8	12.1	0.7
Other Corporate Expenditure	151.8	115.8	130.2	(14.4)
Estates and Facilities	283.6	215.1	214.1	1.0
Total Corporate Directorates	636.2	465.0	475.9	(11.0)
Unallocated Savings	(73.7)	(64.2)	54.9	(9.3)
Total Corporate	562.5	400.8	530.8	(20.2)

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Financial Improvement Programme (FIP)



The Financial Improvement Programme (FIP) – Approach for 2020/21

The FIP Programme has continued into 2020/21 although due to the current COVID-19 position has been less active. The approach remains to deliver where possible all schemes currently identified by the end of March 2021.

The Head of the FIP has reviewed the programme and approach for 2021/22 and is working towards having the 'building blocks in place' for end of March 2021.

At 31 December 2020 savings of £11.9m have been achieved on a full year effect basis with a current year effect of £76.9m. A number of non recurring schemes were identified as a result of reduced activity within the Drugs and Non Pay workstreams and these are reflected in the figures.

Work is ongoing to identify additional full year effect savings in the remaining months of this financial year. It is also anticipated that there may be some more non recurring savings identified due to the continued reduction in elective activity.

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Capital Position



The 2020/21 Capital Position – Month 9

The planned Capital Funding for 2020/21 includes:

- i) The Board's share of new national capital funding for 2020/21, which is made available on a formula basis to all Health Boards;
- ii) Ring-fenced funding for specific projects;
- iii) The capital (Net Book Value) element of those asset disposals where it has been agreed that the Board can retain proceeds for local use.

The current forecast core capital resources available to the Board for investment in 2020/21 amount to £60.3m. This figure comprises a general allocation of £37.4m from SGHSCD in respect of core capital expenditure, ring-fenced specific funding amounting to £18.7m, an estimated amount of £1.7m in respect of Capital Receipts generated through property disposal and an amount of revenue funded capital expenditure, amounting to £2.7m.

The “ring-fenced specific funding” represents a direct allocation from SG. For 2020/21 this amount includes £3.9m in respect of the ongoing national Radiotherapy Equipment Replacement Programme, and is consistent with the latest plans submitted to SG. Also included is an amount of £1.6m to be provided by SGHSCD to progress work on developing the Full Business Case for the proposed North East Glasgow Hub Scheme, and £5m for replacement Endoscopy Equipment, £1.6m for investment linked to the national Imaging Equipment Replacement Programme, £2.8m for PET CT Equipment and £0.1m to progress plans to relocate the Radionuclide Dispensary from its current location on the former Western Infirmary site.

Ring-fenced funding also includes an amount of £3.7m received from SGHSCD in respect of increased costs arising as a result of COVID-19, chiefly associated with the Hub DBFM schemes underway, together with increased equipment costs incurred to ensure service resilience during the pandemic.

Actual year to date capital expenditure incurred to the end of Month 9 amounts to £13.4m, although orders totalling £30.6m are live in the system. The Board predict the Capital Resource Limit will be met at 31st March 2021.

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Major areas of planned spend include:

- i) An additional amount of £4.3m for the RHC Ward 2A and 2B, including replacing the air handling units for the Bone Marrow Transplant areas and to future-proof the entire air handling systems.
- ii) Initial allocations at GRI included £1.4m to upgrade the ventilation within Endoscopy. Of this, £600k has now slipped into 2021/22, with this slippage being balanced by the acceleration of Minor Works schemes.
- iii) At the QEUH campus, initial provision of £2.7m for ventilation upgrade and associated works, £1m on continuing the ongoing programme of infrastructure upgrade works within Neurosurgery and Neurology Buildings, £0.75m for essential software upgrade to AGVs and £0.25m to complete essential works to the pedestrian walkways.
- iv) An overall general medical equipment allocation of £5.8m, split between emergency replacement and a planned general replacement programme. This amount is in addition to specific replacement programmes, totalling £16.5m, for Endoscopy Equipment, and Radiotherapy and major Diagnostic Imaging Equipment, including a replacement PET CT. Plans to accelerate £1m of equipment spend from 2021/22 have also been agreed.
- v) An initial amount of £7.5m was set aside for investment in e-Health priorities, including PACs, Laboratory Information System (LIMS) and Telephony Transition. The LIMS scheme has now been re-profiled into 2021/22 and plans have been agreed to accelerate other eHealth spend from next year to mitigate.
- vi) Provision of £3.3m for the Board's Hub Schemes. This includes investment in initial equipping for the new Mental Health Wards at Stobhill Hospital and the new Health Centre at Greenock, together with an amount of £1.6m to progress the development of the Full Business Case and enabling works for the proposed North East Glasgow Hub Scheme.
- vii) A budget of £8m is currently included under Corporate schemes for local minor works project, largely delegated to the Director of Estates and Facilities to address backlog maintenance priorities recorded in the Board's Estate Asset Management System (EAMS).

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2021/22 Initial Outlook



2021/22 Initial Outlook

The outlook for 2021/22 remains uncertain, both in terms of costs, income and Scottish Government funding streams. The costs of managing COVID-19 are, very much, still part of that uncertainty, particularly the vaccination programme, continued testing and the impact on staffing and service delivery.

The Scottish Government announced their budget on the 28th January 2021, although this may require updating to reflect the UK Government's budget on the 3rd March 2021.

All Boards will receive a baseline uplift of 1.5%. In terms of pay, initial funding has been allocated in line with the Scottish Public Sector Pay Policy for planning purposes. This will be used as an anchor point in the forthcoming Agenda for Change pay settlement and funding arrangements for Boards will be revisited by the Scottish Government in line with the outcome of the pay negotiations.

Outlined below are the main points from the budget, together with an assessment of the impact on NHSGGC.

Covid-19 Funding

Additional funding of £869 million will be provided to support the ongoing response to the pandemic, to be allocated on receipt of remobilisation plans due at the end of February 2021. The Scottish Government also anticipate further COVID-19 funding from the UK Government.

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2021/22 Initial Outlook

Investment in Improving Patient Outcomes

In addition to the baseline funding uplift, a total of £595.9 million will be invested in improving patient outcomes in 2021-22, as set out below;

Improving patient outcomes	2020-21 Investment in reform (£m)	2021-22 Investment in reform (£m)	Increase for 2021-22 (£m)
Primary Care	205	250	45
Waiting Times	136	136	-
Mental Health and CAMHS	89	111.1	22.1
Trauma Networks	31	37.8	6.8
Drugs Deaths	11	61	50
TOTAL	472	595.9	123.9

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This investment can be further explained;

Primary Care

This investment will support the delivery of the new GP contract and wider Primary Care reform and continued development of new models of primary care.

Support for Waiting Times

Investment of £136m will again be provided for investment waiting times. The Scottish Government have given an undertaking to consider the provision of further funding to support the remobilisation of elective care. Included within this sum is £10m for winter 2021/22.



2021/22 Initial Outlook **Mental Health and CAMHS**

Funding of £111m is intended for a range of partners for investment to support mental health, and children and young people's mental health to underpin the need to improve mental health services and support for children, young people and adults. As part of the 2021/22 budget, £15m has been provided to support the continued establishment of new Community Mental Health and Wellbeing Services.

Alcohol and Drugs

The budget provides an additional £50 million targeted towards reducing drugs deaths. This forms part of a total of funding of £250 million over the next five years and will support further investment in a range of community-based interventions, including primary prevention and expansion of residential rehabilitation.

Health and Social Care Integration

For 2021/22, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of at least 1.5% over 2020/21 agreed recurring budgets.

In addition to this, and separate from the Board Funding uplift, the Health Portfolio will invest a further £72.6m in Local Authorities for investment in adult social care and integration. This takes the total funding transferred from the health portfolio to £883m in 2021/22. The additional £72.6m will support delivery of the Living Wage (£34m), continued implementation of the Carers Act (£28.5m) and uprating of free personal care (£10m).

The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2020/21 recurring budgets for adult social care services that are delegated. Therefore, Local Authority adult social care budgets for allocation to Integration Authorities must be £72.6m greater than 2020/21 recurring budgets.

Capital Funding

Boards should assume an unchanged initial capital formula allocation.

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2021/22 Initial Outlook

The Budget Settlement – Impact for NHSGGC

The Finance team have completed a detailed assessment of the projected outlook for 2021/22. Clearly this involves a higher than usual degree of uncertainty (and therefore range of assumptions), particularly around the impact of COVID-19 upon service levels and related costs and funding levels (operational and vaccine related).

This uncertainty means the initial outlook for 2021/22 is subject to change and amendment, however below is the assessment as it currently stands.

	2021/22
	£m
New Resources	
Baseline Increase	35.4
Additional Uplift - Pay Policy	
New Medicines Fund	(6.9)
Uplift from Other Boards	5.2
Sub Total	33.7
less Uplift Allocation to IJBs	(13.6)
Total New Resources	20.1

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2021/22 Initial Outlook

	2021/22
	£m
Cost Pressures	
Recurring Deficit b/f	(94.5)
Pay Cost Growth	(50.8)
Prescribing - Acute	(23.0)
Prescribing - Primary Care	(8.0)
Supplies exc PPP & Contracts	(8.0)
PPP & Contracts	(2.1)
All Other Inflation	(1.5)
Miscellaneous Cost Pressures	-
Investments / Future Developments (TBC)	(10.9)
Cost Pressures	(199.1)
Gross Cash Efficiency Challenge	(179.0)
adjust for IJB Expenditure	20.5
Gross Cash Efficiency Challenge	(158.5)
Forecast Savings Achievable	35.0
Non-recurrent Support	35.0
Net Cash Efficiency Challenge	(88.5)

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2021/22 Initial Outlook

As outlined above, the initial plan remains subject to amendments based on the final 2020/21 out-turn and the impact of COVID-19 on service delivery. The key messages on the indicative numbers above can be summarised as;

- The underlying recurring deficit is projected to increase from £55m to £94m going into 2021/22 (final out-turn dependant). This is largely due to the reduced levels of recurring savings achieved in 2019/20;
- The payroll costs, in year 3 of the settlement, are expected to increase by circa £51m, although the final settlement has yet to be agreed (refer above);
- Prescribing is expected to increase in both price and volume at a similar rate as previous year – in monetary terms, an increase of £23m across the Acute Division and £8m across Primary Care.
- The elective programme should continue to recover further in the later part of the year. Whilst costs may reach pre-COVID 19 levels, the patient throughput will remain reduced.
- Investments and future developments have been assessed and costed, however discussions and negotiations remain on the final programme and final costs.
- A pre-COVID 19 level of recurring and non-recurring savings has been assumed as the FIP is fully remobilised into 2021/22.
- No COVID-19 costs or associated funding have been included in the financial projections. These are assumed to be fully funded separately.
- The net cash efficiency challenge is £88.5m or 5.8% (2020 - £112m or 7.8%).

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Conclusion



Conclusion

2019/20

The purpose of this report is to provide the Board with a Month 9 financial update.

The Month 9 ledger position is £42.4m over budget but this includes direct and indirect costs associated with COVID-19 and Remobilisation. The updated Quarter 3 return highlighted a full year funding request of £277.9m (£176.3m for the Board and £101.5m for the IJBs including Social Care). For the Board, direct COVID-19 costs for the year consist of £139.7m and unachieved savings of £36.6m.

The Board received an initial funding allocation of; Board £102m and the IJBs £67m. This equates to 61% of the total requested. Further funding is expected to be received in February and the Board expects that all direct COVID-19 related costs will be fully funded including a contribution to unachieved savings.

This means that the Board is likely to achieve a breakeven out-turn at 31 March 2021.

The break-even prediction contains a minimal degree of risk. Cost pressures and unpredictability remain in the final period of the year, although the focus is now largely on identifying savings and efficiencies and achieving financial stability into 2021/22.

2020/21

The Scottish Government announced their budget on the 28th January 2021, although this may require updating to reflect the UK Government's budget on the 3rd March 2021. All Boards will receive a baseline uplift of 1.5%, for NHSGGC, this equates to an additional £20.1m. However, the Board are also facing additional cost pressures of £104.6m, and coupled with the increase in the underlying recurring deficit position to £94.5, the Board is currently projecting a Net Cash Efficiency Challenge of £88.5m or 5.8%.



Conclusion

However, it should also be highlighted that this initial outlook for 2021/22 contains a higher degree of uncertainty and assumptions. In addition, no COVID-19 costs or associated funding have been included in the financial projections. These are assumed to be fully funded separately.

In summary, Members are asked to ;

- i) Note the revenue position at Month 9, the projection to the year-end and the initial financial settlement position.
- ii) Note the capital position at Month 9.
- iii) Note the initial outlook into 2021/22.

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