

Health and Sport Committee: Health Board Survey 2020**Budget Scrutiny: Health Boards**

1. Which Health Board are you responding on behalf of? NHS Tayside
2. Please state your **revenue** budget as at the start of the financial year
£807.799 million is the Board's initial baseline core revenue allocation for 2020/21.

The total does not include any anticipated Covid-19 funding.

3. Please confirm any revisions to your **revenue** budget, indicating:
 - (a) Changes due to additional COVID-19 funding (split between health and social care)
 - (b) Changes for other reasons (please provide details)

	Revenue budget £m
Initial position (as agreed pre-Covid)	807.799
Additional COVID-19 funding – health	(1.000)
Additional COVID-19 funding – social care	3.882
Other changes (please detail)*	1.185
Revised budget position	811.866

*Other changes are detailed as follows:

0.592m	Scottish Living Wage uplift
(0.045)m	Contribution to the funding of the PASS contract
0.157m	Primary Care Fund – GP Premises improvements
0.116m	Child Healthy Weight
0.315m	Funding to support delivery of NHS IVF Services
0.050m	Neonatal Expense Fund allocation

4. Please provide details of how additional COVID-19 funds have been used. Please include details of funding transferred to local government for integration authorities and additional health board contributions to integration authorities.

£3.882 million funding passed directly to Integration Authorities to support immediate challenges within the social care sector. This was a share of an initial £50 million made available nationally to support sustainability across the sector and ongoing provision of social care.

£1.000 million of health funding returned to Scottish Government in June 2020. The funds had been received previously in 2019/20 to support additional prescribing pressures in March 2020.

5. As a result of the pandemic, please indicate:
- a. The main three areas of additional spending

1. Additional general & ICU surge capacity;
2. Temporary staffing costs, and
3. Infrastructure costs – IT, estates and facilities, equipment.

The above have a direct impact on Health Board budgets. In addition, there are significant costs within Social Care, particularly in relation to externally provided services, which may impact on the Board through IJB risk share agreements with Local Authorities.

- b. The main three areas of reduced spending

1. Consumable spend within Theatres as a result of the step-down of elective activity;
2. General Ward spend across all hospital sites within NHS Tayside as a result of occupancy levels being greatly reduced, and
3. Reduction in supplementary nursing spend, particularly non-contract agency.

6. Of the areas identified in Q5, do you anticipate that any changes in service delivery will lead to longer-term changes in spending? Please provide brief details, including details of anticipated annual savings or additional costs associated with each change. (200 words max for each change)

Longer term changes in spending are currently being assessed, and will be reflected within phase 2 of the Board's Remobilisation Plan, which is due for submission to Scottish Government by 31 July, 2020. The Remobilisation Plan is based on a series of principles and key objectives as detailed in the NHS Scotland document 'Re-mobilise, Recover, Re-design: The Framework for NHS Scotland'.

The plan sets out a whole system approach to delivering safe and effective care. It details how NHS Tayside will deliver emergency, urgent and cancer care whilst maintaining COVID-19 capacity (additional spend), and safely and incrementally restoring routine and elective services (level of reduced spend diminishes).

NHS Tayside's Acute Adult pathway will result in additional spend as a result of having to maintain red, interdeterminant and green pathway zones particularly with regard to Level 2 and Level 3 care. Costs will include additional nursing resource and additional junior doctors to ensure that safe levels of patient care are maintained across hospital sites

There is a requirement for increased investment in Digital Infrastructure to deliver and maintain new ways of working. Over time, the use of technology will deliver efficiencies.

7. Which of your performance indicators have been most negatively impacted by the pandemic, and what is the projected effect on their trajectory for the coming year? Please list **three** indicators, showing their expected performance in 2020-21, compared with pre-Covid plans.

In line with Scottish Government requirements NHS Tayside ceased all non-urgent elective activity from 16 March 2020. This led to the cancellation of a significant number of outpatient appointments, inpatient & day case procedures and diagnostic procedures (radiology and endoscopy). An initial Remobilisation Plan was submitted to Scottish Government at the end of May 2020 which described plans covering the two month period June to July 2020, in respect of planned service delivery. It should be noted, this remobilisation plan focussed on safely and incrementally resuming services based on clinical prioritisation, with a focus on Urgent Suspicion of Cancer and urgent activity, whilst maintaining Covid and non-Covid pathways.

As a result of the ceasing of non-urgent elective work, and prioritisation of remobilisation, NHS Tayside, like the rest of NHS Scotland, has seen a significant increase in routine waits for new outpatients, inpatient & daycases procedures (TTG) and diagnostics. The table below provides an overview of the increase seen over the past quarter.

Further Remobilisation Plans, covering the period August 2020 to March 2021, are in development. At the present time it is not possible for NHS Tayside to say with any certainty what the projected performance trajectory for these indicators will be over the remainder of 2020-21 due to uncertainties in respect of capacity, demand and any further rise in COVID-19 cases which could result in another step down of elective work.

Standard	June 2020	March 2020	%age Change
Number of New Outpatients waiting greater than 12 weeks target as at month end	13662	7266	88%
Number of Inpatient/Daycase patients waiting >84 days (TTG)	6140	2764	122%
Number of Diagnostics (8 key tests) patients waiting greater than 6 weeks target as at month end	7040	2581	173%

8. When would you expect performance in these areas to recover and what action / spending will be required? (Please provide a brief description for each of the indicators listed at Q7.)

Recovery of planned care is currently being assessed and will form part of the Board's Remobilisation Plan which will be submitted to SGHSCD by 31 July, 2020.