

<b>Title of Meeting:</b>	<b>Governing Body</b>	<b>Agenda Item: 6.1</b>	
<b>Date of Meeting:</b>	<b>29 October 2020</b>		
<b>Paper Title:</b>	Finance and Planning Report	<b>Session (Tick)</b>	
		<b>Public</b>	X
		<b>Private</b>	
		<b>Development Session</b>	

<b>Responsible Governing Body Member Lead</b> Jane Hawcard Chief Finance Officer (CFO)	<b>Report Author and Job Title</b> Alec Cowell, Assistant Director Finance Alison Levin, Assistant Director Finance Dilani Gamble, Deputy CFO Jane Hawcard, CFO
--	---

<b>Purpose (this paper if for)</b>	<b>Decision</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Information</b>
	X		X	

**Has the report (or variation of it) been presented to another Committee / Meeting?**  
**If yes, state the Committee / Meeting:** Yes. A version of this report has been reviewed by the Finance, Performance, Contracting and Commissioning Committee

**Executive Summary**

**1. Month 5 Performance**

Table 1 below shows the final month 5 YTD position which covers the initial Covid19 financial regime period to 31<sup>st</sup> August 2020.

For month 5 the CCG reported to NHS England a deficit of £5.46m. As in prior months, the CCG received additional resource allocations of £3.231m for Covid19 related costs and £2.229m for non-Covid19 related costs, allowing the CCG to breakeven.

Table 1 – YTD Position	YTD - Months 1 to 5			Covid19 Costs £000s
	Bud £000s	Actual £000s	Var £000s	
Acute Services	144,684	144,538	(145)	-
Mental Health Services	26,321	26,465	143	-
Community Health Services	23,062	22,860	(201)	22
Continuing Care Services	25,825	26,407	582	1,739
Primary Care Services	6,401	7,846	1,445	1,224
Prescribing	31,419	31,868	449	-
Primary Care Co-Commissioning	27,013	27,206	194	3
Other Programme Services	16,566	19,544	2,978	9,741
<b>Total Commissioning Services</b>	<b>301,289</b>	<b>306,734</b>	<b>5,445</b>	<b>12,731</b>

Running Costs (ISFE)	3,270	3,285	15
<b>CCG Net Expenditure reported at M5</b>	<b>304,559</b>	<b>310,019</b>	<b>5,460</b>
Covid19 allocation (received in M6)	3,231		(3,231)
Non Covid19 allocation (received in M6)	2,229		(2,229)

Final Month 5 Position (Underspend)/Deficit
---

nil
-----

## **1.1 Explanation of Under/Over Spends Against Budgets**

### Acute Services

- Underspend arises due to minimal spend on non-contracted activity (NCAs).

### Mental Health Services

- Overspend arises from the finance transfer agreement (FTA) process for the transforming care programme (TCP) patients discharged from Specialist Commissioning not being transacted during the Covid19 financial regime.

### Community Services

- Underspend arises from the way NHSE have allocated the resource funding during the covid19 financial regime and does not represent an underspending budget against the original 2020/21 plan.

### Continuing Care Services

- Overspend arises from covid19 costs and the non-delivery of the CCG savings and efficiency programme.

### Primary Care Services

- Overspend arises from the non-delivery of the primary care savings and efficiency programme, and an impact arising from the way NHSE have allocated funding during the covid19 financial regime.

### Prescribing

- Overspend arises mainly from an increased cost of drugs and, to a much lesser degree, an increase in the number of prescriptions.

### Other Programme Services

- Includes the majority of covid19 costs and the transformation support funding.

## **2. North Yorkshire and York System – Financial Planning for Months 7-12**

### **2.1 Allocations Overview and Payment Mechanism**

Integrated Care Systems (ICS) have been issued with fixed funding envelopes. In the Humber Coast and Vale (HCV) ICS there are effectively 2 system envelopes, one for the Humber and one for North Yorkshire and York. Some of the funding envelopes will be received into NY CCG and allocated as agreed by the organisations within the system. The system will need to determine the distribution of the funding allocated through the total envelope.

The NY&Y System envelope is based on the national funding model and comprises of a number of elements

- A. **CCG allocations and block contracts (allocated directly to NY and VOY commissioners separately)**
- B. **System top-up funding\***
- C. **Growth funding\***
- D. **COVID-19 allocation\***
- E. **Directly commissioned services (Spec Comm and NHSE/I)**

\*The system top-up, growth funding and COVID-19 allocation will be received into NY CCG and be allocated to partner organisations as agreed through system agreement. .

While these individual elements are identified in allocations the over-arching principle in the financial planning regime is that systems must deliver a balanced plan within the total envelope, in effect the individual elements are subordinate to this aim.

The NY&Y system is to receive the following:

	<b>Total</b>
<b><u>Cash Allocations into NY&amp;Y system M7-12</u></b>	£000
CCG Allocation (NY and VOY)	590,279
CCG NR Allocation to breakeven (NY & VOY)	20,519
System Top Up (Harrogate and York Trusts)	21,210
Growth Allocation net of efficiency (NY&Y system)	2,400
Covid Allocation (NY&Y system)	23,568
<b>Trust income</b>	
- Trust Income from Patient Care Activities	378,015
- Trust Other Operating Income	27,722
<b>Total System Income recorded</b>	<b>1,063,713</b>

## **2.2 Allocations to be received outside the system envelope**

There are a number of further allocations and reimbursements expected outside the overarching system envelope as follows:-

- High cost drugs and devices e.g. Cancer Drugs Fund (CDF) and Hepatitis C (Hep C)
- Temporary COVID-19 services which are funded by government on an actual cost basis (e.g. Nightingale hospitals, hospital discharge programme, COVID-19 testing services)
- Non-clinical services contracted by NHS England and NHS Improvement (NHSE/I) that are ordinarily transacted via invoicing e.g. specialist pharmacy services. Centrally funded revenue support (e.g. FRF, PFI revenue support) will remain within system envelopes.
- Allocation adjustments, including national service development funding (SDF)
- Elective incentive scheme and funding for Independent Sector (IS) activity – adjustments to system envelopes will be processed based on performance against the elective incentive scheme targets, including the additional cost of IS activity above the levels funded in system envelopes.

- Independent sector (IS) acute services  
That nationally funded contract for IS acute services will remain in place until October 2020. After this date, the intention is to move away from a national capacity contract arrangement to local commissioning for all acute IS services.  
System funding envelopes include funding for:
  - IS services sub-contracted by NHS providers at historical levels; and
  - IS services contracted by CCGs at M1-M4 2020/21 average run-rate.
 It is expected that costs above these assumptions will be reimbursed.
- Additional funding will be available for flu and future COVID-19 vaccination programmes. Further details will be published once the terms of the scheme have been confirmed.

### **Non NHS Income**

There is an expectation in agreed total envelopes that NHS Providers will be able to deliver non-nhs generated income in M7-12 as at previous years levels. This is related to income such as private patients and overseas visitors, canteen income etc. There is a recognition nationally that this is an ambitious.

### **System funding for COVID-19 related services**

There are a number of Covid related costs which are excluded from the allocation envelope as follows:

- Personal protective equipment (PPE) will continue to be procured nationally and therefore available to organisations without charge;
- Nightingale Hospitals (use Nightingale facilities for any other use, including diagnostic usage, may be completely appropriate but will need to be funded locally);
- NHS COVID-19 testing services;
- NHS 111 first programme;
- Hospital discharge programmes:

### **Hospital Discharge Scheme**

The Government has put in place two schemes in which CCGs together with Local Authorities are commissioning discharge services for patients discharged since 19 March 2020:

**Scheme 1** – relates to patients discharged from 19 March to 31 August inclusive. CCGs will continue to draw down funding for Scheme 1 through a reimbursement process. This scheme will also fund the costs of additional CHC assessment staff.

**Scheme 2** – relates to patients discharged from 1 September 2020. Those discharged under the second scheme will be funded by the scheme for up to six weeks after their discharge. CCGs will be required to drawdown funding separately for Scheme 2 and report this separately. By the end of the six week period patients needs will have been assessed and patients requiring on going care will either be NHS or local authority(LA) funded according to current legislation.

### **2.3 NY & Y System Plans M7-12**

The financial expectations on the NY&Y system are that:

- The system is expected to breakeven within the total funding envelope allocation.
- Organisations within systems are permitted, by mutual agreement across their system, to deliver surplus and deficit positions.
- A focus on efficiency is to be maintained so that the system exits 2020/21 with an affordable run-rate position for 2021/22.
- That the Mental Health Investment standard is met
- Requirement to achieve the minimum contribution to the Better Care Fund (BCF) and

social care remains.

- That activity levels in plans are delivered with a focus on reducing long waits over 52 weeks.
- A financial incentive has been put in place where organisations can generate more capacity.
- Action is taken to reduce health inequalities.

## **2.4 NY&Y System Approach to Financial Planning**

The 4 lead organisations (NY and VOY CCGs, Harrogate and York Trusts) within the NY&Y system have led the work to enable a system plan to be submitted on the 20th of October and separate more detailed Organisation plans on the 22<sup>nd</sup> October.

The following approach has been taken:

- i. Forecast plans were submitted to HCV ICS by the NY&Y system in advance of the receipt of information on the allocation envelope. These plans have been used as the baseline for planning
- ii. The partners have sought to balance the system plans as follows:-
  - a. That the system is committed to planning expenditure within the envelope to deliver a balanced plan unless there are areas that are outside the system's ability to determine.
  - b. That if the system can balance the plans resulting in some organisations in deficit positions and others in surplus, that the allocations will be rebalanced to result in organisational balanced positions.
  - c. That where non material issues arise that can be managed across the system without detrimental impact on organisations that the partners will share the impact equally.
  - d. Gross risks within organisations is fully understood and will be monitored on a monthly basis as we move through the next 6 months.
  - e. That the allocation for Covid expenditure is treated as a ceiling which may result in some flexibility through the 6 month period.

## **2.5 System Plan Submitted**

**The overall system plan is reported at Appendix 2.**

The following table shows a number of funding gaps across the system which at the time of submission we feel cannot be managed within the resource envelope. These relate to

1. Non-nhs income expected to be received at levels significantly less than in the same period last year.
2. Annual leave accruals not yet fully able to be calculated which may be significantly higher than previous years.
3. Service Development Funding (SDF) yet to be finalised with NHS England but expected to be received.

System Gap Analysis	VoY CCG £0	NY CCG £0	YFT £0	HDFT £0	Total £0
Non NHS Income			4,627	4,950	9,577
Annual Leave Accrual			900	500	1,400
PC Roles Reimbursement (centrally held funds element)	1,015	788			1,803
PCM Funding (not captured as income in system template)	318	484			802
Conditional SDF (not captured as income in system template)	0	275			275
<b>Total Gap</b>	<b>1,333</b>	<b>1,547</b>	<b>5,527</b>	<b>5,450</b>	<b>13,857</b>

## 2.6 Planning Risk

There are further risks inherent in organisational plans as follows:

NY&Y System - Risk Analysis	VoY CCG £0	NY CCG £0	YFT £0	HDFT £0	Total £0
Covid Expenditure above resource	400	400	417	400	1,617
Trust Efficiency Programmes			1300	1200	2,500
Prescribing	249	1200			1,449
CHC	0	1244			1,244
<b>Total Gap</b>	<b>649</b>	<b>2,844</b>	<b>1,717</b>	<b>1,600</b>	<b>6,810</b>

These risks are considered to be manageable within the overall system resource at the time of plan submission.

These risks will be monitored on a monthly basis through the NY&Y Finance Directors Group with the aim of managing risks together.

## 3 Covid19 Expenditure Update

Spend for the first 5 months of this financial year now stands at 12.771m, split into £3.82m directly incurred through the CCG and £8.951 indirectly incurred through NYCC relating to patients discharged in the period who required a care package.

From the 1<sup>st</sup> of October Covid costs need to be managed within the CCGs fixed budget for months 7-12. An operational plan has been agreed to manage Covid through the winter period including supporting a number of hot Covid sites in primary care, increased out of hours and urgent treatment services at Scarborough hospital, support for NHS111 talk before you walk booking services, extra patient transport and an amount to support resilience in primary care.

### **Recommendations**

#### **The Governing Body is asked to:**

- i. Note the Month 5 financial position
- ii. Note the Changes to the financial regime from month 7 onwards
- iii. Note the system planning principle set out in section 2.4, the current financial gap reported in the plan submission and the risks inherent in the financial plan submission.
- iv. Approve the plan submission.
- v. Note the change in management of Covid expenses

### **Monitoring**

Regular reports will be received by Finance, Performance, Contracting & Commissioning Committee and the Governing Body

<b>Any statutory / regulatory / legal / NHS Constitution implications</b>	Financial statutory duty to meet agreed targets
<b>Management of Conflicts of Interest</b>	As per policy
<b>Communication / Public &amp; Patient Engagement</b>	Through Governing Body reporting
<b>Financial / resource implications</b>	As described in the paper
<b>Significant risks to Consider</b>	Risks set out in the paper.
<b>Outcome of Impact Assessments completed</b>	
<b>Name: Jane Hawkard Title: Chief Finance Officer</b>	

STP Code	STP Name
QOQ1	HUMBER, COAST AND VALE - NORTH YORKSHIRE STP

Validation Summary	
Are all required cells internally consistent?	Validation Passed
All data in whole numbers?	Validation Passed
All data input using correct signage?	Validation Passed

## 2020/21 Plan: input figures for the period M7 - M12 (01/10/2020 – 31/03/2021)

£'000

### System overview

Income	
Total CCG allocation	674,773
Other contract (inc, SC,DC and contracts from outside the system)	91,641
Other incomes received by Providers	50,111
<b>Total System Income</b>	<b>816,525</b>
Expenditure	
Total CCG expenditure (Excluding block contract, top up and covid with NHS providers within the system)	-381,868
Total provider operating expenditure	-436,615
<b>Total Expenditure</b>	<b>-818,483</b>
Net Operating System Position	
System operating surplus/(deficit)	-1,958
CCG non operating costs	-7,090
Provider non-operating costs	-4,769
Other provider adjustments (including removing gains on disposal)	-40
<b>Net System Position</b>	<b>-13,857</b>

### Impact of financial incentive scheme

Please input the estimated impact of the financial incentive scheme (+/-)	
---	--

### Check - Total contract CCG expenditure with within system providers = Total provider contract income with within system CCGs

Total CCG expenditure with NHS providers within the system	-288,695
Total provider contract income with CCGs within system	288,695
Check	Passed

### Data from finance contracts sheet reconciliation check - Expenditure on NHS provider (contract) compared to Finance Contracts input

Total contract with NHS providers within the system	-128,529	-160,166
Check values in Finance Input sheet match Finance Contracts	OK	OK
Total contract with NHS providers outside the system	-43,143	-104,109
Check values in Finance Input sheet match Finance Contracts	OK	OK

### CCG Inputs

	Expected input	System Total	NHS VALE OF YORK CCG	NHS North Yorkshire CCG
			03Q	42D
<b>Allocation</b>				
1000 CCG revised allocation	+	610,798	260,848	349,950
1010 System top up	+/-	21,210	0	21,210
1015 System top up distribution to other CCGs	+/-	0		
1020 System Covid allocation	+	23,568	0	23,568
1025 System Covid distribution to other CCGs	+/-	0	409	-409



1030	Growth funding	+	2,422	0	2,422
1040	Growth funding distribution to other CCGs	+/-	0	0	0
1050	SDF allocation confirmed	+/-	280	0	280
1051	SDF allocation confirmed distribution	+/-	0		
1070	Covid funded outside of envelope (see memo table 3)	+	16,495	3,787	12,708
1080	<b>Total CCG allocations</b>		<b>674,773</b>	<b>265,044</b>	<b>409,729</b>
	<b>Expenditure on NHS providers (Contract)</b>				
1090	Acute services - NHS Providers within the system (contract)	-	-266,247	-115,533	-150,714
1100	Mental health services - NHS Providers within the System (contract)	-	0	0	0
1110	Community Health Services - NHS Providers within the System (contract)	-	-22,448	-12,996	-9,452
1120	<b>Total expenditure with NHS providers within the system</b>		<b>-288,695</b>	<b>-128,529</b>	<b>-160,166</b>
1130	Acute services - NHS Providers outside the system (contract)	-	-83,147	-17,943	-65,204
1140	Mental Health Services - NHS Providers outside the system (contract)	-	-48,467	-23,913	-24,554
1150	Community Health Services - NHS Providers outside the system (contract)	-	-15,638	-1,287	-14,351
1160	<b>Total contract with NHS providers outside the system</b>		<b>-147,252</b>	<b>-43,143</b>	<b>-104,109</b>
1170	<b>Total contract with NHS providers</b>		<b>-435,947</b>	<b>-171,672</b>	<b>-264,275</b>
	<b>Other expenditure</b>				
1180	Acute services - Independent sector	-	-409	-409	0
1190	Acute services - Other non-NHS	-	-2,623	-837	-1,786
1200	Mental health services - all other non-NHS providers (including independent Sector)	-	-13,248	-5,578	-7,670
1210	Community Health Services - all other non-NHS providers (including independent Sector)	-	-7,223	-3,092	-4,131
1220	Continuing care services	-	-45,573	-17,863	-27,710
1230	Primary care services (excluding prescribing)	-	-12,337	-5,232	-7,105
1240	Primary care prescribing	-	-64,329	-27,152	-37,177
1250	Primary care co-commissioning	-	-59,291	-25,048	-34,243
1260	Other programme services	-	-29,583	-6,336	-23,247
1270	Running Costs	-	-7,090	-3,158	-3,932
1280	<b>Total Non-NHS provider programme expenditure plus running costs</b>		<b>-241,706</b>	<b>-94,705</b>	<b>-147,001</b>
1290	Contingency / Reserve	-	0		
1300	<b>Total CCG expenditure</b>		<b>-677,653</b>	<b>-266,377</b>	<b>-411,276</b>
	<b>CCG Positions</b>				
1310	<b>CCG underspend / (deficit)</b>		<b>-2,880</b>	<b>-1,333</b>	<b>-1,547</b>
	<b>CCG gap analysis</b>				
	<b>Total reconciliation - this should equal CCG underspend / (deficit)</b>		<b>-2,880</b>	<b>-1,333</b>	<b>-1,547</b>
2000	Covid expenditure in excess of Covid system funding	+/-	0	0	
2001	Overall system funding shortfall	+/-	0	0	
2002	Prescribing charges – variance to modelled funding	+/-	0	0	
2003	Primary care	+/-	-2,605	-1,333	-1,272
2004	Continuing healthcare	+/-	0	0	
2005	Conditional SDF not included in allocation	+/-	-275	0	-275
2009	Other	+/-	0	0	
	Please provide commentary for any values included in 'Other'				
2010	<b>Reconciliation should net to 0</b>		<b>0</b>	<b>0</b>	<b>0</b>
	<b>Reconciliation check</b>			<b>OK</b>	<b>OK</b>
	<b>CCG Memo 1 - Efficiencies</b>	<b>Expected input</b>			
1311	Total efficiency assumed in plan	+	2,673	677	1,996
	<b>CCG Memo 2 - CCG System Covid summary</b>	<b>Expected input</b>			
1320	System Covid allocation		23,568	0	23,568
1330	System Covid distribution		0	409	-409
1340	CCG Covid expenditure with within system NHS providers		-21,200	0	-21,200
1350	CCG Covid expenditure included in 'Other expenditure'	-	-409	-409	
1360	Covid reserve	-	0	0	
1370	<b>Net Covid position</b>		<b>1,959</b>	<b>0</b>	<b>1,959</b>
	<b>Memo 3 Covid expenditure outside of envelope (CCG)</b>				
1822	Hospital Discharge Programme	-	-16,495	-3,787	-12,708
1821	Other CCG covid expenditure outside of envelope	-	0		
1820	<b>CCG covid expenditure outside of envelope</b>		<b>-16,495</b>	<b>-3,787</b>	<b>-12,708</b>

<b>Memo 4 Conditional SDF not included in allocation</b>					
1900	Conditional SDF not included in allocation	+	275	0	275

**Provider Inputs**

			<b>System Total</b>	<b>YORK TEACHING HOSPITAL NHS FOUNDATION TRUST</b>	<b>HARROGATE AND DISTRICT NHS FOUNDATION TRUST</b>
				<b>RCB</b>	<b>RCD</b>
<b>Income from patient care activities</b>		<b>Expected input</b>			
1380	CCGs inside the system patient care block (see memo table 3)		243,993	176,861	67,132
1390	CCGs outside of the system patient care block (see memo table 3)		42,920	26,720	16,200
1400	System top up		21,210	16,527	4,683
1410	System Covid		21,200	12,422	8,778
1420	Covid funded outside of envelope (See memo table 4)		4,950	2,700	2,250
1430	Specialised commissioning (excluding pass through)		28,627	23,795	4,832
1440	Specialised commissioning (pass through)	+	2,422	1,918	504
1450	Other direct commissioning		12,722	6,654	6,068
1470	Income from NHS Trusts & FTs inside the system	+	1,455	1,305	150
1480	Income from NHS Trusts & Foundation Trusts outside of the systems	+	0	0	
1490	Department of Health and Social Care	+	0	0	
1500	NHS other (including PHE)	+	0	0	
1510	Local authorities	+	22,718	2,142	20,576
1515	Injury cost recovery scheme	+	941	701	240
1520	Private patient income	+	216	96	120
1525	Non NHS: other	+	165	165	0
1530	Overseas patients (non-reciprocal, chargeable to patients)	+	186	66	120
1540	<b>Total income from patient care activities</b>		<b>403,725</b>	<b>272,072</b>	<b>131,653</b>
<b>Other operating income</b>					
1550	Education and training	+	12,707	9,707	3,000
1560	Research and development	+	1,517	1,017	500
1570	Other operating income	+	12,498	8,062	4,436
1580	<b>Total other operating income</b>		<b>26,722</b>	<b>18,786</b>	<b>7,936</b>
1590	<b>Total operating income</b>		<b>430,447</b>	<b>290,858</b>	<b>139,589</b>
<b>Provider operating expenditure</b>					
1600	Staff cost: Substantive	-	-269,355	-178,355	-91,000
1610	Staff cost: Bank	-	-18,370	-13,745	-4,625
1620	Staff cost: Agency /contract	-	-10,284	-7,884	-2,400
1630	Staff cost: other	-	-1,184	-746	-438
1640	Purchase of healthcare from NHS and DHSC group bodies	-	-1,647	-609	-1,038
1650	Purchase of healthcare from non-NHS and non-DHSC group bodies	-	-4,870	-3,870	-1,000
1660	Purchase of social care	-	-60	0	-60
1670	Drugs Costs (drug inventory consumed and purchase of non-inventory drugs)	-	-40,264	-31,339	-8,925
1680	Supplies and services	-	-37,983	-20,977	-17,006
1690	Other operating costs	-	-52,598	-35,695	-16,903
1700	<b>Total operating expenditure</b>		<b>-436,615</b>	<b>-293,220</b>	<b>-143,395</b>
<b>Provider Non-operating expenditure</b>					
1710	Total non operating expenditure	-	-4,769	-3,125	-1,644
<b>Adjusted financial performance</b>					
1720	Other adjustments to adjusted financial performance	+/-	-40	-40	
1730	<b>Adjusted financial performance</b>		<b>-10,977</b>	<b>-5,527</b>	<b>-5,450</b>
<b>Financial performance for system breakeven assessment</b>					
1740	Remove gains on disposal of assets	-	0		
1750	<b>Financial performance for system breakeven assessment</b>		<b>-10,977</b>	<b>-5,527</b>	<b>-5,450</b>

<b>Provider gap analysis</b>				
<b>Total reconciliation - This should equal Financial performance for system breakeven assessment</b>				
		-10,977	-5,527	-5,450
2020	Covid expenditure in excess of Covid system funding	+/-	0	0
2021	Lost Income (not recovered in full) and not offset by other funding sources or reductions in expenditure	+/-	-9,577	-4,627
2022	Overall system funding shortfall	+/-	0	0
2023	Prescribing charges – variance to modelled funding	+/-	0	0
2024	Annual leave accrual	+/-	-1,400	-900
2025	Recovery / restoration	+/-	0	0
2026	Winter pressures	+/-	0	0
2029	Other	+/-	0	0
Please provide commentary for any values included in 'Other'				
2030	<b>Reconciliation should net to 0</b>		0	0
<b>Reconciliation check</b>			OK	OK
<b>Memo 1 - Sub-contracted activity to independent sector included in non pay expenditure</b>				
2031	Non pay expenditure – of which sub-contracted activity to independent sector	-	-1,366	-366
<b>Memo 2 - Efficiency</b>				
2032	Total efficiency assumed in plan	+	3,220	1,320
<b>Memo 3 Provider block contract income - split between patient care income and other operating income</b>				
1760	<b>CCGs inside of system block total</b>		246,285	179,153
1770	CCG inside of system block - of which relates to other operating income	+	2,292	2,292
1780	CCG inside of system block - of which relates to patient care activity		243,993	176,861
1790	<b>CCGs outside of system block total</b>		43,291	27,091
1800	CCG outside of system block - of which relates to other operating income	+	371	371
1810	CCG outside of system block - of which relates to patient care activity		42,920	26,720
<b>Memo 4 Covid expenditure outside of envelope (Provider)</b>				
1833	Nightingale expenditure	-	-100	-100
1832	Covid-19 virus testing expenditure	-	-650	-650
1831	Other provider covid expenditure outside of envelope	-	-4,200	-2,700
1830	<b>Provider covid expenditure outside of envelope</b>		-4,950	-2,700