

# NHS Shetland

<b>Meeting:</b>	<b>Shetland NHS Board</b>
<b>Meeting date:</b>	<b>14 February 2023</b>
<b>Agenda reference:</b>	<b>Board Paper 2022/23/60</b>
<b>Title:</b>	<b>2022-23 Financial Performance Management Report Update – Month 9, December 2022</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Colin Marsland, Director of Finance</b>
<b>Report Author:</b>	<b>Colin Marsland, Director of Finance</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to:**

- Annual Operating Plan

**This aligns to the following NHS Scotland quality ambition(s):**

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The purpose of this paper advises Board of the expenditure against Revenue Resource Limit at month nine, December, for 2022-23.

It highlights financial issues to manage these to ensure the year-end out-turn meets both the Board's statutory obligation to breakeven and corporate objective to provide best value for resources and deliver financial balance.

Board is asked to note the position at month nine, December 2022, is £3.52m over spent.

There are underlying work force pressures in our local service models causing this over spend. These will need addressed in 2022-23 if statutory obligation is to be met. Board has advised the Scottish Government our yearend forecast currently is £3.8m over spent.

## 2.2 Background

In 2022-23, whilst addressing local issues to manage living with Covid-19, NHS Boards are still required to achieve a year end balanced financial position in-line with statutory financial obligation under section 85 of the National Health Services (Scotland) ACT 1978. The Board agreed the 2022-23 annual financial and medium term plan on 24 June 2022. The summary financial points at month eight are:

- Appendix A, financial summary statement shows a £3.52m over spend year to date, this represents a 6.38% over spend on the year to date plan;
- Appendix A, as outlined in the financial summary statement shows the primary cause of the deficit is pay at £1.87m over spent;
- Appendix B, identifies the plan of how £3.07m efficiency savings target for 2022-23 will be delivered in full;
- Appendix B, though identifies that only 20% of that plan is recurrent; and
- Appendix C, NHS Shetland confirmed funding allocation at £71.1M.

## 2.3 Assessment

### 2.3.1 Patient Care

Patient care is being maintained by the use of locum and agency staff to ensure the Board maintains safe staffing levels in essential services.

Long term sustainable clinical staffing models remains a top priority to address as will provide more effective and efficient use of resources leading to better overall outcomes. This should also improve the ability to create our objective of patient centred care through ensuring sufficient organisational capacity and resilience.

### 2.3.2 Workforce

For the Board to achieve a balanced financial position in 2022-23 and beyond, the issue of sustainable clinical staffing models remains a top priority to address. The locum and bank staff though are being deployed to maintain safe staffing levels in essential services. This is to ensure a safe patient centred service exist and whilst managing clinical risk. Summary of these costs are highlighted in Table 1.

	Medical Staff £000's	Nursing / Other £000's	Total £000's
Acute and Specialist Services	1,027	236	1,262
Community Health	1,176	82	1,258
<b>Total</b>	<b>2,203</b>	<b>317</b>	<b>2,520</b>

Until there is recruitment to fill the substantive GP vacancies both in our and out of hours, Consultant vacant posts in Mental Health, General Medicine and Anaesthetic Services and Nursing there will be continuing cost pressures arising from additional costs incurred.

In respect of advertising these posts we currently are only using NHS Scotland on-line recruitment tool and have a standing annual subscription to BMJ website and trialled online recruitment via global medical careers. Combined costs was just under £25k.

Recruitment to these post may be challenging but will be essential to successfully resolve this resource pressure. Alternatively internally funding these costs further increases the budgeted resource gap between income and expenditure. This would increase the level of efficiency savings required to be made to ensure there is a balanced financial plan per statutory obligation to breakeven.

At month 9 the actual expenditure on locum and agency staff totals £6.3m. The summary split of this is shown in Table 2. Staff vacancies fund part of these costs along with Covid-19 and planned care resources as outlined in Table 2. This creates the cost pressure identified in Table 1.

Staff Group Analysis	Cost	Funding Via Vacancies	Funding via Other Route	Net Cost
	£000's	£000's	£000's	£000's
Consultant Locums	2,100	816	30	998
Consultant Agency	547	68	232	193
Agency Nursing	1,832	99	1,274	266
Agency General Practitioners	1,350	364	122	744
Other Staff Groups	482	107	281	45
<b>Grand Total</b>	<b>6,311</b>	<b>1,614</b>	<b>2,177</b>	<b>2,520</b>

However the current staff model are potentially at risk to changes in workforce life style choices that may no longer value a traditional full-time post. Also may be looking for opportunities to work globally, have more time for pursuits outside of work and not to work an on-call rota that has a high frequency commitment as our current local practice.

There is also a national shortage of staff in several disciplines and we are competing with other NHS Bodies for same pool of staff. Unique selling point of why Shetland is required to be articulated to identify NHS Shetland from other NHS bodies as potential employer. Appropriate staff training and development included within national professional training schemes to address skill needs in a remote and rural setting can assist in the medium to longer term it will not address the immediate short-term.

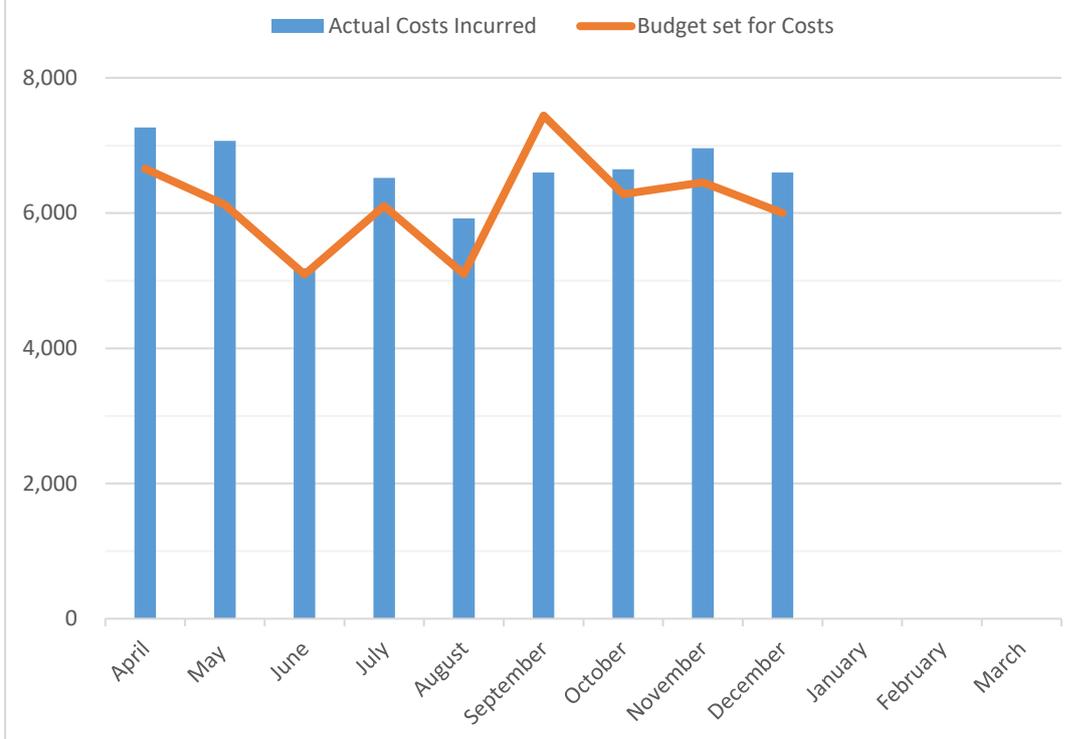
The total over spend on staff expenditure costs though is £0.65m less than the actual cost pressure caused by locum and agency costs. This is primarily due to vacant posts not backfilled and recharges for staff working with other Boards. The 2022-23 financial plan assumed there would a £0.6m non-recurring efficiency saving gain from vacant posts. At month 9 this assumed £0.45m cost avoidance from not filling posts. Therefore the level of costs avoided from staff vacancies not filled via locum and agency staff is slightly more than that assumption.

### 2.3.3 Financial

Chart 1 below illustrates the monthly position of expenditure incurred against the Board's resources available as set out in our approved budgets.

This shows that expenditure is usually greater than available resources in each month primary due to use of locum and agency staff.

**Chart 1: Performance Analysis of the Monthly Actual Expenditure to Budget**



In month 9 there is a continuation in over spend caused by the use of staff engaged outside standard NHS terms and conditions.

The main non pay over spend as at month 9 is a £0.5m cost pressure arising from the travel and accommodation expenses associated with temporary visiting staff.

The additional cost of locum staff plus the respective travel and accommodation costs together is responsible for £3.0m of the Board’s over spend. So this issue currently accounts for 86% of the Board’s total over spend.

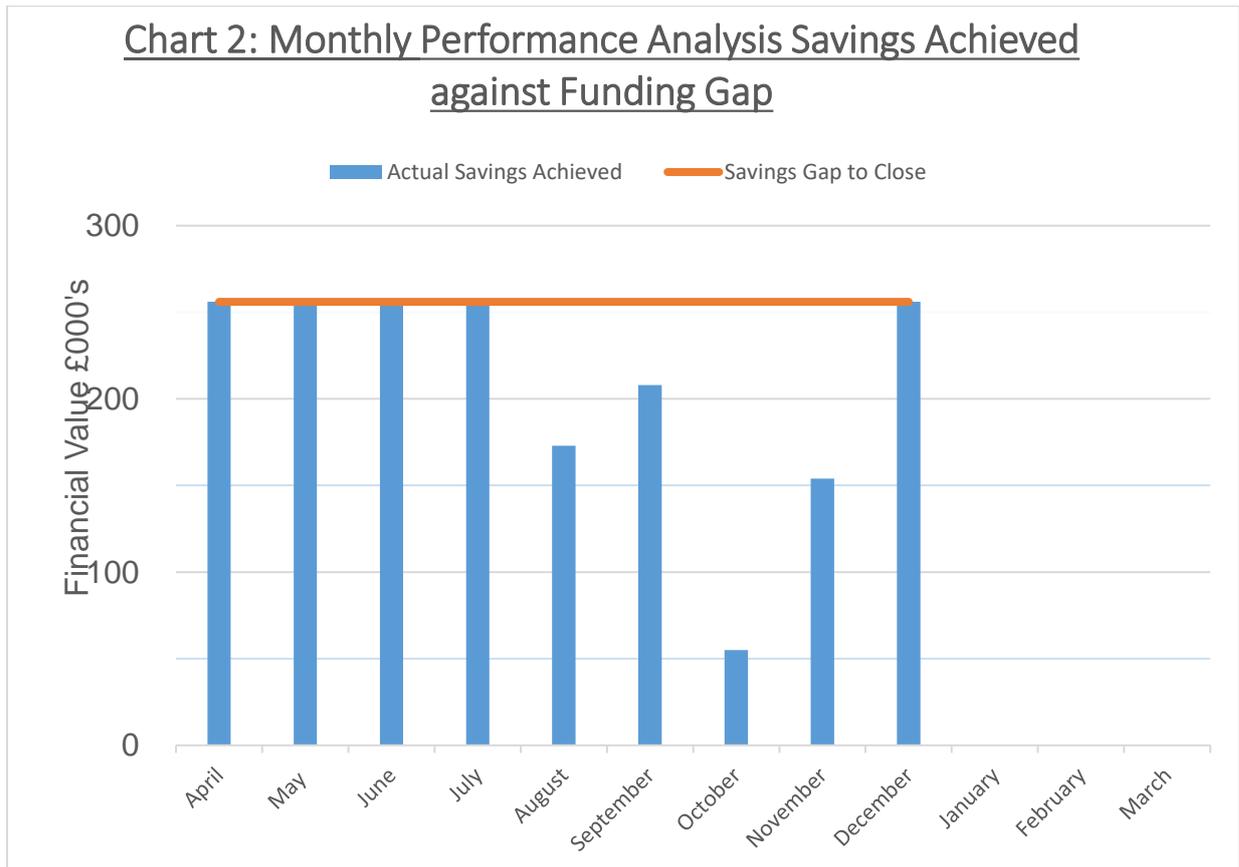
In month 9, there are two new cost pressures recognised due to recent information. The Mental Health Service in-patient Service Level Agreement (SLA) activity in respect of Adult Mental Health has been significantly above the contracted activity level, £0.19m. There is also an emerging shortage of supply issue in certain community prescription drugs, £0.19m. This issue is not specific to Shetland and effects all the territorial Boards in NHS Scotland.

In non-pay there is an offset under spend of £0.1m in patient travel costs. This relates to number travelling off island being lower than historic levels as services off island not yet fully re-mobilised to pre-covid-19 levels. However August and September though were both closer to the norm. Each year Loganair increase their tariff from 1 December and use the July RPI value as the basis for the uplift. In July 2022 the RPI was 12.3%. Loganair have advised their intent to lift the NHS tariff by 12.3% from 1 December 2022. The three island Boards met Loganair to discuss the tariff increase.

Living with the Covid-19 phase still maintains a key issue for the Board to address as part of our continuing responsibility to ensure public health and well-being locally. However whilst doing this it still remains essential for the Board longer-term financial sustainability that there is a focus to address the underlying gap and the future annual target projected efficiency savings, at 3.0% in-line with Scottish Government policy.

Plans are to be developed to implement the principles arising out of the Clinical Strategy review. These schemes to implement pathway developments need to take due recognition of resource constraints in both finance and staff with appropriate skills.

To achieve the 2022-23 annual target of just over £3.07m we require to be achieving £256k each month as illustrated in chart 2.



Up to month 4 the year to date target has been met however from month 5 to 8 this has not been the case. Month 9 to 12 the savings target are expected to be achieved. To date savings recognised are mainly due to the phasing of non-recurrent financial technical issues gains whilst work to address the outstanding balance due in the current year occurs.

Recurrent schemes currently in place have an annual value that total £398.8k, Table 5. This is only 13.0% of the annual target. Therefore at present it is extremely likely there will be a balance of unachieved savings being carried in to 2023-24.

However there are two technical opportunities that can be implemented that would result in Board achieving over £1m in recurring savings. This would result in a third of the recurring efficiency savings being achieved. It will reduce the value of savings carried forward to around £2.0m. These opportunities are:

1. National insurance reduction, £0.269m; and
2. Contingency fund, £0.357m.

The Board has taken the benefit of the change in National Insurance rate from November 2022 on a non-recurrent basis for reduced charge in November to March 2023. However the Scottish Government in 2023-24 is not reducing the additional funding previously given to reflect the increased charge in 2022-23. As such Boards can now take a recurring full year benefit from this decision.

Contingency fund was established to aid in year management of cost pressures. However its existence has had unintended consequences and caused confusion. In NHS Scotland there is no requirement to have a contingency reserve. Removing the contingency fund will result in minimising the gap between our total income to the budgeted cost of delivery services. Unlike some other categories of Public Bodies NHS Board in Scotland do not have reserves that they can carry forward from one year to the next.

#### **2.3.4 Risk Assessment/Management**

There is risk to the sustainability of the Board if the proposed sustainable models of care and pathways developed cannot attract sustainable level of suitably qualified staff.

Redesign of pathways that need to occur in line with Board and partners aims to deliver locally set objectives need to ensure staffing models are realistic and recruitment plans are reviewed and put in place for successful appointment to key vacant posts.

Ensuring there is sufficient organisational capacity and resilience within our available resources is a challenge that needs to be met.

#### **2.3.5 Equality and Diversity, including health inequalities**

An impact assessment has not been completed because this has no immediate implications for the Board's overall compliance. However any significant action plans to address either short-term or underlying issues will require an EQIA to be undertaken.

#### **2.3.6 Other impacts**

Plans to address issues raised will need consultation and engagement with a number of stakeholders

#### **2.3.7 Communication, involvement, engagement and consultation**

No communication and consultation has taken place prior to submission to Board.

#### **2.3.8 Route to the Meeting**

An earlier version of this report was discussed at EMT. The month 9 out-turn was also discussed by the Area Partnership Forum at their meeting in late January 2023 alongside the finance paper on the agenda.

## **2.4 Recommendation**

- **Awareness –**

This report is for Board to stimulate discussion on our collective forward actions to ensure sustainable local healthcare provision for our community here in Shetland.

There are four action that EMT on behalf of the Board will need to review and address in the short and medium term:

Strategic:

1. How recruitment plans and process can be put in place to successful recruit to the key vacant posts for longer term financial and clinical sustainability;

2. Identify recurring projects to address the recurrent savings targets public bodies are expected to achieve each year in each of the next 3 years operating plan;  
Operational:
3. Identify projects to address the recurrent savings targets public bodies are expected to achieve each year: and
4. Actions to address the current over spends and recovery plan to break even.

### **3 List of appendices**

The following appendices are included with this report:

- Appendix No A , 2022–23 Financial Statement Year to date Out-turn at Month 9
- Appendix No B, Efficiency Savings Plan 2022-23
- Appendix No C, NHS Shetland 2022–23 Scottish Government Allocation Received

## Appendix A

### NHS Shetland

#### 2022–23 Financial Statement Year to date Out-turn at Month 9

	Annual Budget	Year to Date Budget as at Month 9	Expenditure at Month 9	Variance
	2022–23	2022–23	2022–23	2022–23
<b>Funding Sources</b>				
Core RRL	£55,117,777	£41,338,333	£41,338,333	£0
Earmarked	£10,332,130	£7,749,098	£7,749,098	£0
Non Recurrent	£5,384,065	£4,704,585	£4,704,585	£0
AME Depreciation	£1,888,011	£1,432,163	£1,432,163	£0
AME Other	£56,000	£26,865	£26,865	£0
Other Operating Income	£4,378,994	£3,721,114	£3,760,870	£39,756
Gross Income	£77,156,977	£58,972,158	£59,011,914	£39,756
<b>Resource Allocations</b>				
Pay	£42,980,583	£33,374,143	£35,240,855	(£1,866,712)
Drugs & medical supplies	£8,687,365	£6,893,859	£6,978,317	(£84,458)
Depreciation	£1,888,011	£1,432,163	£1,470,237	(£38,074)
Healthcare purchases	£13,616,420	£10,330,142	£10,565,274	(£235,132)
Patient Travel	£1,997,026	£1,436,650	£1,303,803	£132,847
FMS Expenditure	£1,260,050	£879,067	£865,144	£13,923
AME Other Expenses	£56,000	£26,865	£26,865	£0
Other Costs	£7,106,725	£5,033,478	£6,085,080	(£1,051,602)
Gross expenditure	£77,592,180	£59,406,367	£62,535,575	(£3,129,208)
Funding Gap	(£435,203)	(£434,209)	(£3,523,661)	

## Appendix A continued

Shetland NHS Board Financial Position as at the end of December 2022	Budget WTE	Annual Budget	2022-23 Month 9 Position		
			Budget	Actual	Variance (Over) / Under
Acute and Specialist Services	261.59	£19,322,386	£14,990,383	£17,306,539	(£2,316,156)
Community Health and Social Care	262.97	£24,250,435	£17,753,405	£19,063,644	(£1,310,239)
Commissioned Clinical Services	3.77	£13,503,518	£10,073,648	£9,889,612	£184,036
Sub-total Clinical Services	528.33	£57,076,339	£42,817,436	£46,259,795	(£3,442,359)
Dir Public Health	28.74	£1,818,277	£1,660,813	£1,584,664	£76,149
Dir Finance	17.67	£1,233,802	£903,239	£801,139	£102,100
Reserves	0.00	£384,019	(£1,223,416)	(£1,338,163)	£114,747
Medical Director	8.04	£509,967	£374,721	£326,089	£48,632
Dir Human Res & Support Services	40.49	£3,295,299	£2,358,205	£2,503,775	(£145,570)
Head of Estates	76.69	£5,256,677	£5,934,837	£6,202,731	(£267,894)
Office of the Chief Executive	24.34	£3,203,603	£2,425,208	£2,434,674	(£9,466)
<b>Overall Financial Position</b>	724.30	£72,777,983	£55,251,043	£58,774,704	(£3,523,661)

## Appendix A continued

Table 2: Shetland Health Board: Monthly Analysis of Expenditure versus Budget for 2022–23—Source data used in respect of Chart 1

	April	May	June	July	August	September	October	November	December	January	February	March
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Actual costs incurred	7,266	7,070	5,185	6,521	5,922	6,603	6,647	6,959	6,602			
Budget set for costs	6,658	6,122	5,091	6,106	5,097	7,443	6,278	6,455	6,001			
Surplus/ Deficit £	(608)	(948)	(94)	(415)	(825)	840	(369)	(504)	(601)			
Surplus / Deficit %	-9.1%	-15.5%	-1.8%	-6.8%	-16.2%	11.3%	-5.9%	-7.8%	-10.0%			
Year to date variance £	(608)	(1,556)	(1,650)	(2,065)	(2,890)	(2,050)	(2,419)	(2,923)	(3,524)			
% Year to date variance	-9.1%	-12.2%	-9.2%	-8.6%	-9.9%	-5.6%	-5.7%	-5.9%	-6.4%			

## Appendix A continued

Table 3: Covid-19 Response Plan Financial Summary

Covid-19 Impact Summary	YTD				Forecast			
	Health Board	HSCP(s)— NHS	NHS Total	HSCP(s)— LA	Health Board	HSCP(s)— NHS	NHS Total	HSCP(s)— LA
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Additional costs	1,337	1,477	2,814	543	1,733	1,629	3,362	684
Offsetting reductions	0	0	0	0	0	0	0	0
Unachieved savings	0	0	0	0	0	0	0	0
Net Covid-19 impact	1,337	1,477	2,814	512	1,733	1,629	3,362	684

## Appendix B

### Efficiency Savings Plan and Performance

Table 4: Shetland Health Board: Monthly Performance Analysis Savings Achieved versus Funding Gap for 2022–23—Source data used in Chart 2

	April	May	June	July	August	September	October	November	December	January	February	March
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Actual savings achieved	256.0	256.0	256.0	256.0	173.0	208.0	55.0	154.0	256.0			
Savings gap to close	256.0	256.0	256.0	256.0	256.0	256.0	256.0	256.0	256.0	256.0	256.0	256.0
Surplus/ Deficit £	0	0	0	0	(83)	(48)	(201)	(102)	0			
Surplus / Deficit %	0.0%	0.0%	0.0%	0.0%	(32.4%)	(18.8%)	(78.5%)	(39.8%)	0.0%			
Year to date variance £	0	0	0	0	(83)	(131)	(332)	(434)	(434)			

## Appendix B continued

Table 5: 2022–23 Efficiency Savings Delivery Performance Analysed by Management Service Areas

Shetland Health Board Savings Plan 2022–23		Recurring Savings				Non-Recurring Savings	
Area	Lead Officer	Original Directorate target £000's	Potential Identified £000's	Achieved YTD £000's	Achieved FYE £000's	Potential Identified £000's	Achieved YTD £000's
Acute Services	Director of Nursing	676.7	100.4	53.0	70.7	140.0	13.0
Community Services	Director of Health & Social Care	382.3	250.1	44.9	60.4	76.0	95.5
Off Island Healthcare	Director of Finance	0.0	262.1	196.6	262.1	0.0	0.0
Public Health	Director of Public Health	0.0	0.0	0.0	0.0	0.0	0.0
Human Resources	Director of Human Resources	26.6	0.0	0.0	0.0	0.0	0.0
Chief Executive	Chief Executive	10.6	4.0	0.0	0.0	41.7	0.0
Medical Director	Medical Director	0.0	0.0	0.0	0.0	0.0	0.0
Estates	Head of Estates	0.0	0.0	0.0	0.0	0.0	0.0
Finance	Director of Finance	0.0	5.6	4.2	5.6	6.6	0.0
Board Wide / Reserves	Director of Finance	1,975.6	0.0	0.0	0.0	2,190.4	1,462.4
<b>Overall Board Targets for 2022–23</b>		3,071.8	618.2	298.7	398.8	2,454.7	1,570.9
<b>Overall Target Achieved in 2022–23 (YTD)</b>		<b>1,869.6</b>					
<b>Overall Target Achieved in 2022–23 (FYE)</b>		<b>398.8</b>					

## Appendix B continued

Table 6: 2022-23 Efficiency Savings Plan

Recurring Efficiency Savings Proposals	Planning	Low Risk	Medium Risk	High Risk	Commentary
	£	£	£	£	
Off Island Patient Pathways Redesign to Shetland	100,000	70,679		29,321	Increase in off island activity avoided partly caused by increase in activity that declined during Covid-19 e.g. Pre-assessment clinic and
Acute Services Miscellaneous Efficiency Savings	400	400		0	From Z03102 submission from Budget Template
Pharmacy Drugs Primary Care Tariff Adhustment	57,057	57,057		0	Based upon 50% of £30m tariff deduction that took place on 1 April 2022 share being in line with Board share of Prescribing NRAC
Pharmacy Drugs: Acute Services Procurement and other Controls	50,000		50,000	0	Based upon 2021-22 out-turn underspend variance. Actual cause of out-turn asked Director of harmacy to establish with Procurement Team
Pharmacy Drugs: High cost drugs swaps	49,000			49,000	MS Drug alternative more cost effective drug being released. MS Drug spend in 2021-22 was £343,133 accounts for 44% of Homecare Drugs. There are also other drugs that can potentially be subject to a generic alternative switch.
Directly Provided CHCP Services: Community Nursing	94,054	3,354		90,700	A combination of the Skerries and Fetlar changed models
Finance	5,571	5,571		0	Bank charges, recognition of contract reduction savings from prior year change.
Off Island Commissioned Healthcare Savings Contracts	112,077	112,077		0	Contract activity adjustments on 3 year rolling basis
Off Island Commissioned Healthcare Savings Other	150,000	150,000		0	NCA reset based on last year. Degree of risk but last 3 years under spent this budget by at least this value
<b>Overall Total Recurring Efficiency Savings</b>	<b>618,159</b>	<b>399,138</b>	<b>50,000</b>	<b>169,021</b>	<b>Plan only Equates to 20.3% of the Overall</b>

## Appendix B continued

Table 6: 2022-23 Efficiency Savings Plan

<b><u>Non-recurring Efficiency Savings Proposals</u></b>	<b><u>LDP Plan</u></b>	<b><u>Low Risk</u></b>	<b><u>Medium Risk</u></b>	<b><u>High Risk</u></b>	<b><u>Commentary</u></b>
	<b><u>£</u></b>	<b><u>£</u></b>	<b><u>£</u></b>	<b><u>£</u></b>	
Staff Vacancy Factor Cost Reduction	517,391		<b>517,391</b>	0	Based upon non -recurring efficiency savings in prior years
Acute Off Island Patient Pathways Redesign to Shetland Non Recurring	140,000	<b>17,000</b>	<b>63,000</b>	60,000	Assumes 350 patient journeys avoided by Vanguard Unit 3 month extension and visiting MRI Scanner
Community Services Non recurring plans	76,000	<b>76,000</b>		0	Staff vacancy factor
Chief Executive Non Recurring Plan:	41,708			41,708	From Chief Executive budget setting template
Finance Non Recurring Plan	658	<b>658</b>		0	Procurement savings achieved
Finance Non Recurring Staff Vacancies	6,609	<b>6,609</b>		0	Vacancies held
Other Technical Adjustments	220,864	<b>220,864</b>		0	Balance sheet review of accruals
Technical Financial Gains Balance Sheet	763,256	<b>763,256</b>		0	Accruals referenced by External Audit in ISA260.
Technical Financial Gains Part 3	186,198	<b>186,198</b>		0	Balance sheet review of accruals
National Insurance - Technical Adjustment November to March	111,980	<b>111,980</b>		0	Impact on budget of 1.25% reduction in National Insurance rate from November 2022
Technical Financial Gains Balance Sheet Movement Annual Leave	390,000		<b>390,000</b>	0	Movement comparing 2018-19 to 2021-22 value adjusted for wage inflation
<b>Overall Total Non Recurring Efficiency Savings</b>	<b>2,454,664</b>	<b>1,382,565</b>	<b>970,391</b>	<b>101,708</b>	Equates to 79.8% of the annual total
<b>Overall Total Efficiency Savings in Plan</b>	<b>3,072,823</b>	100.0%			
<b>Variance to Overall Total Planning Required</b>	<b>1,040</b>	0.0%			

## Appendix C

### NHS Shetland 2022–23 Scottish Government Allocation Received

Month	Narrative	Baseline	Earmarked	Non-recurring	AME	Net Running Total
June	Baseline allocation	£56,991,000	-	-	-	£56,991,000
June	2021-22 Recurring Allocation - Adjustment	£34,930	-	-	-	£57,025,930
June	Long Covid Support Fund	-	-	£9,573	-	£57,035,503
July	Naloxone for Police Scotland officers	-	-	£1,820	-	£57,037,323
July	Two quarterly payments for OU students	-	-	£40,000	-	£57,077,323
August	Outcomes Framework	-	£540,014	-	-	£57,617,337
August	Child Death Review	-	£3,969	-	-	£57,621,306
August	Local Development aligned with Digital Health Strategy	-	-	£211,354	-	£57,832,660
August	Primary Care Improvement Fund - Tranche 1	-	£364,828	-	-	£58,197,488
August	Recovery of cancer waiting times	-	-	£47,794	-	£58,245,282
August	Urgent and Unscheduled Care Collaborative	-	-	£170,000	-	£58,415,282
August	Addressing inequalities in access and uptake for screening	-	-	£3,107	-	£58,418,389
September	Addressing inequalities in access and uptake for screening	-	-	£7,272	-	£58,425,661
September	PASS contract - Board contribution	-	-£2,747	-	-	£58,422,914
September	Local Development aligned with DHAC Strategy	-	-	£12,629	-	£58,435,543
September	Vitamins for pregnant women and children	-	-	£1,972	-	£58,437,515
September	Best Start Implementation	-	-	£6,404	-	£58,443,919
September	Test & Protect - Tranche 1	-	-	£347,000	-	£58,790,919
September	Variants and Mutations Plan	-	-	£12,000	-	£58,802,919
October	GDS element of the Public Dental Service	-	£2,891,312	-	-	£61,694,231
October	Integration Authorities - Multi-disciplinary teams	-	£117,000	-	-	£61,811,231
October	Primary Care Harmonisation	-	-	£1,200,000	-	£63,011,231
October	Funding for Bands 2-4	-	-	£143,383	-	£63,154,614
October	Children's Hospices Across Scotland	-	-	-£33,456	-	£63,121,158

Month	Narrative	Baseline	Earmarked	Non-recurring	AME	Net Running Total
October	2021-22 Surplus Brought Forward	-	-	£45,000	-	£63,166,158
October	Covid-19 Funding Envelopes 22-23	-	-	£1,300,000	-	£64,466,158
October	Recruitment of NMAHPS by April 2023	-	-	£22,500	-	£64,488,658
October	Band 8A funding: Implementation of the Health & Care Staffing Act	-	-	£36,850	-	£64,525,508
October	Realistic Medicine network and projects	-	-	£40,000	-	£64,565,508
October	Drug Tariff reduction	-	-	-£306,622	-	£64,258,886
October	HPV Labs	-	-	-£18,257	-	£64,240,629
October	BCE - NSSC Paediatric Intensive Care Unit	-£3,104	-	-	-	£64,237,525
October	BCE - NSSC Paediatric Renal Dialysis	-£14,655	-	-	-	£64,222,870
October	BCE - NSSC Hilar Cholangiocarcinoma	-£2,383	-	-	-	£64,220,487
October	NSD Riskshare	-	-	-£187,871	-	£64,032,616
October	Excellence in Care and eHealth Leads	-	-	£37,300	-	£64,069,916
October	Young Patients Family Fund	-	-	£26,472	-	£64,096,388
October	Dental Health Support Workers and Oral Health	-	-	£21,068	-	£64,117,456
November	Nursing support for Adult Social Care	-	-	£120,000	-	£64,237,456
November	Integrated Primary and Community Care	-	-	£23,370	-	£64,260,826
November	Breastfeeding Support Project Commitment	-	£55,000	-	-	£64,315,826
November	Primary Care Re-discover the Joy - tranche 1	-	-	£138,600	-	£64,454,426
November	GP Contract Change Management - tranche 1	-	-	£27,359	-	£64,481,785
November	Primary Care Out of Hours funding (allocation 1)	-	-	£16,728	-	£64,498,513
November	District Nursing commitment	-	-	£45,397	-	£64,543,910
November	Scottish Trauma Network - Tranche 1 - NoS adjustment	-	-	£2,211	-	£64,546,121
November	Drug Tariff reduction - correction to ref 200	-	-	£14,761	-	£64,560,882
November	Planned Care	-	£1,536,754	-	-	£66,097,636
December	NSD - Adolescent Mental Health Units	-	-	-£2,601	-	£66,095,035
December	Primary Medical Services	-	£4,826,000	-	-	£70,921,035
December	Learning Disability Health Checks	-	-	£4,761	-	£70,925,796
December	Childrens Weight Management	-	-	£65,800	-	£70,991,596
December	Type 2 Diabetes / Adult Weight Management	-	-	£131,600	-	£71,123,196