

# NHS Shetland

<b>Meeting:</b>	<b>Shetland NHS Board</b>
<b>Meeting date:</b>	<b>12 December 2023</b>
<b>Agenda reference:</b>	<b>Board Paper 2023/24/43</b>
<b>Title:</b>	<b>2023-24 Financial Performance Management Report Update – Month 7, October 2023</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 Committee 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 the Board of the expenditure against Revenue Resource Limit at month seven, October, for 2023-24.

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.

Committee should note the position at month seven, October 2023, is £2.2m over spent. There are underlying work force pressures in our local service models causing this over spend. These will need addressed in 2023-24 if statutory obligation is to be met.

The yearend forecast currently is constantly under review taking account of local information and plans. If the use of temporary staffing does not change, expenditure at year-end could be in the region of £79.7m. This is above our assumed yearend resource

limit forecast of £78.4m that the Board has a statutory obligation not to exceed. The largest outstanding allocation accounting for circa 50% of unconfirmed amount is Dental Service.

## 2.2 Background

In 2023-24, whilst addressing local issues to continue 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.

One of the Board’s strategic aims is also to provide best value for resources and deliver financial balance. The joint strategic plan with IJB set 2023 as the year to achieve this aim. The Board agreed the 2023-24 annual financial and medium term plan on 22 June 2023.

The summary financial points at month seven are:

- Appendix A, financial summary statement shows an over spend year to date at just under £2.2m, this represents a 5.1% 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 £1.9m over spent;
- Appendix B, identifies the plan of how £2.6m efficiency savings target for 2023-24 would be delivered in full however not all these schemes are on track to deliver the planned target;
- Appendix B, though now identifies that 38.8% of that plan is recurrently delivered; and
- Appendix C, NHS Shetland confirmed funding allocation at £73.6M.

## 2.3 Assessment

### 2.3.1 Patient Care

Patient care is not at risk. The use of “temporary” staff on NHS and non-NHS terms and conditions are being engaged to fill gaps in service and some areas to add resilience. 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 2023-24 and beyond, the issue of sustainable clinical staffing models remains a top priority to address. The recovery planning proposals will need to address realistic clinical models within resource limits. The use of locum and bank staff is predominately to maintain safe staffing levels in essential services at current activity levels. This is to ensure a safe patient centred service exists whilst managing clinical risk. Table 1 above summarises these costs.

	Medical Staff £000’s	Nursing / Other £000’s	Total £000’s
Acute and Specialist Services	758	268	1,026
Community Health	477	132	609
<b>Total</b>	<b>1,235</b>	<b>327</b>	<b>1,635</b>

Based upon current usage the cost pressure in 2023-24 from use of staff outside NHS terms and conditions is likely to be in the region of £2.8m.

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 our main recruitment tool is currently NHS Scotland on-line recruitment tool and have a standing annual subscription to BMJ website.

However, recruitment agency model for permanent appointment is being investigated as a potential recruitment option to these posts as these have been challenging for a number of years. Longer-term in recovery planning it will be essential to successfully resolve these workforce resource pressure.

Internally funding these costs as recurrent will only further increases the resource gap between budgeted income and expenditure. This would therefore 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 7, the actual expenditure on locum and agency staff totals £3.6m. The summary split of this is in Table 2. Staff vacancies part fund these costs along with other allocations such as planned care resources as outlined in Table 2. However if we continue on the same rate of expenditure that would incur £6.1m in costs, breakeven is not achievable.

Staff Group Analysis	Cost	Funding Via Vacancies	Funding via Other Route	Net Cost
	£000's	£000's	£000's	£000's
Consultant Locums	1,662	740	87	835
Consultant Agency	295	58	93	144
Agency Nursing	586	258	0	328
Agency General Practitioners	851	539	58	254
Other Staff Groups	182	59	50	73
<b>Grand Total</b>	<b>3,576</b>	<b>1,653</b>	<b>288</b>	<b>1,635</b>

The current staff model is potentially at risk to changes in workforce life style choices that may no longer value a traditional full-time post. This is very much the case in respect of Primary Care workforce and Scottish Government workforce planning model for training GP posts has not yet changed to reflect current workforce life style choices.

In addition, with lifestyle changes qualified clinical staff may 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 or unsocial hours. In comparison to other areas, posts in Shetland have a high frequency of commitment.

In respect of recruitment, there is also a national shortage of staff in several disciplines and we are competing with other NHS Bodies for same pool of staff. Our unique selling point of why Shetland would be an ideal location to live and work requires to articulate what separates 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. However this will not address the immediate short-term.

The total over spend on staff expenditure costs though is £1.9m which is slightly more than the actual cost pressure caused by locum and agency costs. This is primarily due to other additional staff costs primarily in the Acute Directorate.

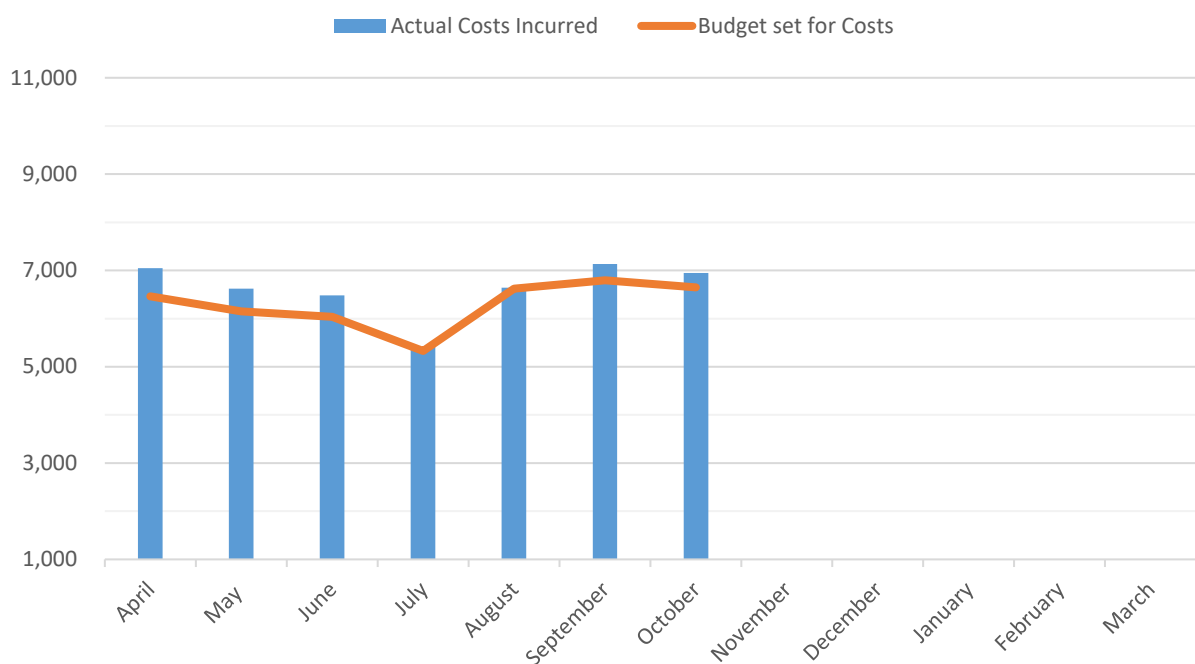
The 2023-24 financial plan assumed there would a £0.8m non-recurring efficiency saving gain from vacant posts and staff recharges. At Month 7, the assumed £0.33m in cost avoidance from not filling posts was met.

### 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 is revised to reflect the impact of the allocation of savings in the financial ledger matching the profile plan in Appendix B rather than straight twelfths.

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

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



In Month 1, staff engaged under Agenda for Change (AfC) received pay award bonus that month. This £0.4m bonus payment has been matched by the “One-off Payment – Pay Award” allocation in Appendix C by the Scottish Government. Additional costs in month 6 was due to first month Medical pay award being paid, Allocate charge for implementation, £0.26m, was charged by NSS and NHS Grampian cost per case activity £0.1m for robotic surgery, TAVIs and cathlab procedures. In month 7 the increase in expenditure and budget is due to the Medical and Dental staff arrears of pay.

In Month 7 though there is still the continuation of the trend in pay over spend caused by the use of staff engaged outside standard NHS terms and conditions. Although spend on this staff group itself in month 7 was slightly below the year to date average. The financial plan assumptions was a reduction in these costs in 2023-24. On a positive note, locum GP cover compared to this time last year is down by £0.4m and in respect

of costs for Consultants these are also marginally lower at £0.2m. However, in respect of replacement of AFC staff the cost for nursing and other health professions is £0.2m higher than this time last year.

The non-pay over spend as at Month 7 linked to temporary staff is a £0.32m cost pressure arising from the travel and accommodation expenses associated with temporary visiting staff.

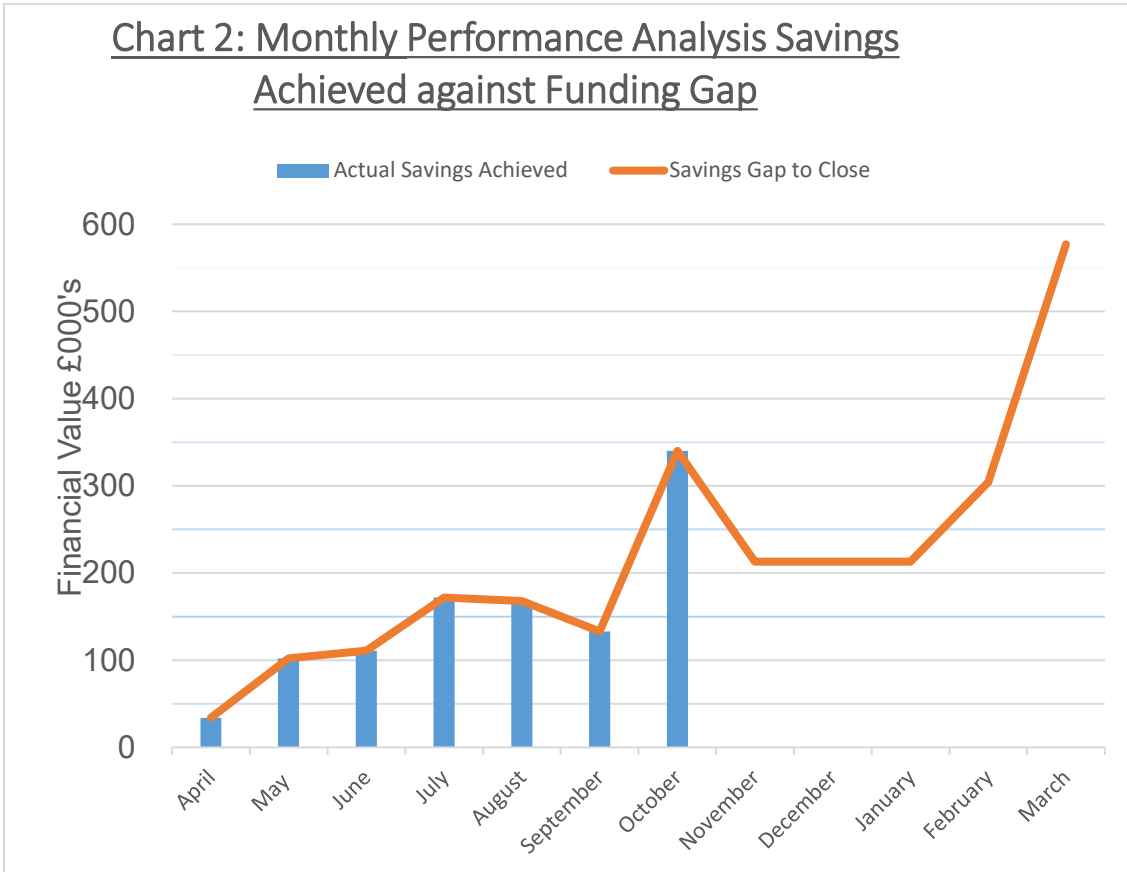
In the last month the Board has received expenditure reports covering May to July GP prescribing costs that were in-line with April expenditure increase on last year's costs. There is still a shortage of supply issue in certain community prescription drugs. This issue is not specific to Shetland and affects all the territorial Boards in NHS Scotland. These shortages started in August last year so the expected rate of inflation in the cost of GP prescribing in the remainder of the year is not expected to be as high as April to July cost inflation rate that locally was 11%. Items dispensed increased by 3.2%.

Action to mitigate prescribing costs pressures is ongoing but unless there is a reduction in the number of drugs on short supply the GP prescribing budget will over spend will be in the region of £0.4m to £0.5m.

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 on addressing the underlying gap and the future annual target projected efficiency savings, at 3.0% in-line with Scottish Government policy.

Plans will continually be under development or review to implement the principles arising out of the Clinical Strategy review. These schemes to review or implement pathway developments need though take due recognition of resource constraints in both the available finance and staff with appropriate skills.

To achieve the 2023-24 annual target of just under £2.6m we require achieving £215k each month in a straight-line basis. However to improve performance monitoring the phasing of the savings budget has been re-aligned to the revised plan of delivery as illustrated in chart 2 and detail outlined in Appendix B.



Our local target at 3.3% of assumed funding is in-line with Scottish Government policy. This target includes both new efficiency savings target and the roll forward balance from 2022-23.

Up to Month 7 the year to date target has been met. However, the alignment of the savings target with the schemes' delivery has the majority delivered later in the year. This though although a significant risk is consistent with historical pattern of delivery. Recurrent schemes currently in place that have commenced have an annual value just under £0.5m, Table 4. This though is only 18.0% of the annual target. Therefore, at present it is projected there will be a balance of unachieved savings being carried in to 2023-24. There was an assumption in the financial plan at the June board meeting that not all savings will be met on recurrent basis during 2023-24. That plan assumed £1.4m was expected to be carried forward in to 2024-25. Likely to be in region of £2.0m. Additional savings above the target though are required to achieve balance as base savings target do not provide sufficient funding to cover the additional cost of staff engaged outside standard NHS terms and conditions during the year.

#### 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, and 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**

This report has been discussed by Executive Management Team and the Finance and Performance committee on 30 November 2023..

## **2.4 Recommendation**

- **Awareness –**

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

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

Strategic:

1. How recruitment plans and process can be put in place to successfully recruit to the key vacant posts for longer term financial and clinical sustainability;
2. Identify recurring projects to address the recurrent savings targets that 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 A, 2023–24 Financial Statement Year to date Out-turn at Month 7
- Appendix B, Efficiency Savings Plan 2023-24
- Appendix C, NHS Shetland 2023–24 Scottish Government Allocation Received

## Appendix A

### NHS Shetland

#### 2023–24 Financial Statement Year to date Out-turn at Month 7

	Annual Budget	Year to Date Budget as at Month 7	Expenditure at Month 7	Variance
	2023–24	2023–24	2023–24	2023–24
<b>Funding Sources</b>				
Core RRL	£62,698,730	£35,403,633	£35,403,633	£0
Earmarked	£10,203,592	£5,952,095	£5,952,095	£0
Non Recurrent	£2,298,493	£1,215,553	£1,215,553	£0
AME Depreciation	£2,480,470	£1,446,941	£1,446,941	£0
AME Other	£39,069	£22,790	£22,790	£0
Other Operating Income	£3,474,378	£2,215,871	£2,197,585	(£18,286)
Gross Income	£81,194,732	£46,256,883	£46,238,597	(£18,286)
<b>Resource Allocations</b>				
Pay	£45,894,942	£26,632,699	£28,579,536	(£1,946,837)
Drugs & medical supplies	£10,166,353	£5,741,930	£5,988,719	(£246,789)
Depreciation	£2,480,470	£1,446,941	£1,446,941	£0
Healthcare purchases	£12,631,676	£6,890,647	£6,917,232	(£26,585)
Patient Travel	£2,154,654	£1,052,301	£1,052,301	£0
FMS Expenditure	£1,211,550	£777,634	£772,638	£4,996
AME Other Expenses	£39,069	£22,790	£22,790	£0
Other Costs	£7,872,874	£3,691,941	£3,697,304	(£5,363)
Gross expenditure	£82,451,588	£46,256,883	£48,477,461	(£2,220,578)
Funding Gap or Surplus	(£1,256,856)	£0	(£2,238,864)	



## Appendix A continued

Shetland NHS Board Financial Position as at the end of October 2023	Annual Budget	2023–24 Month 7 Position		
		Budget	Actual	Variance (Over) / Under
Acute and Specialist Services	£20,506,699	£12,211,280	£14,144,077	(£1,932,797)
Community Health and Social Care	£26,712,542	£15,560,235	£16,304,677	(£744,442)
Commissioned Clinical Services	£14,323,411	£7,207,859	£7,197,430	£10,428
Sub-total Clinical Services	£61,542,652	£34,979,373	£37,646,184	(£2,666,811)
Dir Public Health	£1,799,904	£1,036,622	£995,001	£41,620
Dir Finance	£3,812,315	£2,295,980	£2,230,483	£65,498
Reserves	(£131,605)	(£388,847)	(£798,672)	£409,825
Medical Director	£353,681	£199,065	£184,767	£14,297
Dir Human Res & Support Services	£3,501,599	£1,961,234	£2,052,302	(£91,068)
Head of Estates	£5,013,777	£2,903,622	£2,995,812	(£92,190)
Office of the Chief Executive	£1,828,031	£1,053,963	£973,999	£79,965
<b>Overall Financial Position</b>	£77,720,354	£44,041,012	£46,279,876	(£2,238,864)

## Appendix A continued

Table 2: Shetland Health Board: Monthly Analysis of Expenditure versus Budget for 2023–24—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	7,050	6,620	6,481	5,411	6,643	7,131	6,944					
Budget set for costs	6,640	6,254	6,113	5,361	6,231	6,795	6,647					
Surplus/ Deficit £	(410)	(366)	(368)	(50)	(412)	(336)	(297)					
Surplus / Deficit %	-6.2%	-5.9%	-6.0%	-0.9%	-6.6%	-4.9%	-4.5%					
Year to date variance £	(410)	(776)	(1,144)	(1,194)	(1,606)	(1,942)	(2,239)					
% Year to date variance	-6.2%	-6.0%	-6.0%	-4.9%	-5.2%	-5.2%	-5.1%					

## Appendix A continued

## Appendix B

### Efficiency Savings Plan and Performance

Table 3: Shetland Health Board: Monthly Performance Analysis Savings Achieved versus Funding Gap for 2023–24—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	34.0	102.0	111.0	172.0	168.0	133.0	340.0					
Savings gap to close	34.0	102.0	111.0	172.0	168.0	133.0	340.0					
Surplus/ Deficit £	0	0	0	0	0	0	0					
Surplus / Deficit %	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%					
Year to date variance £	0	0	0	0	0	0	0					

## Appendix B continued

Table 4: 2023–24 Efficiency Savings Delivery Performance Analysed by Management Service Areas

Shetland Health Board Savings Plan 2023–24		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	576.4	280.0	7.7	9.6	100.0	246.6
Community Services	Director of Health & Social Care	321.9	321.9	0.0	0.0	363.1	267.4
Off Island Healthcare	Director of Finance	0.0	323.9	188.9	323.9	201.2	85.6
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	26.6	8.8	18.6	0.0	8.0
Chief Executive	Chief Executive	9.2	9.2	5.4	9.2	58.0	100.0
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	32.7
Finance	Director of Finance	0.0	0.0	0.0	0.0	0.0	0.0
Board Wide / Reserves	Director of Finance	1,645.9	38.6	59.8	102.6	903.6	48.7
<b>Overall Board Targets for 2023–24</b>		2,580.0	1,000.2	270.6	463.9	1,625.9	789.0
<b>Overall Target Achieved in 2023–24 (YTD)</b>		<b>1,059.6</b>					
<b>Overall Target Achieved in 2023–24 (FYE)</b>		<b>463.9</b>					

## Appendix B continued

Table 5: 2023-24 Efficiency Savings Plan

<b>Recurring Efficiency Savings Proposals</b>	<b>Planning</b>	<b>Low Risk</b>	<b>Medium</b>	<b>High Risk</b>	<b>Commentary</b>
Off Island Patient Pathways Redesign to Shetland	250,000		250,000		0 Patient repatriation of services to Shetland. Recognising projects from 2022-23 that will become recurrent.
Acute Services Miscellaneous Efficiency Savings from other Schemes:	30,000	9,602	20,398		0 Other small scale scheme and budget resets
Pharmacy Drugs: Procurement and other Controls	150,000	64,000	86,000		0 IJB Project regarding on island prescribing opportunities
Community Health: Network Enabled Care	60,000			60,000	IJB Led Project concerning Walls and Bixter, unlikely to be achieved in 2023-24 but commence in 2024-25.
Directly Provided CHCP Services: other Schemes	111,851			111,851	IJB led project part of £475k in paper previously at IJB
Human Resources	26,585	18,559	8,026		0 Outstanding target from prior years budget reviews to identify
Chief Executive Office	9,212	9,212			0 Outstanding target from prior years budget reviews to identify
Procurement	38,569	38,569			Movement in CNORIS Board share
Off Island Commissioned Healthcare Savings: Planning Assumption	200,000	200,000			0 Budget planning reset on New Medicine Fund taking account of current expenditure and SG funding via VPAS regime.
Off Island Commissioned Healthcare Savings Contracts	123,908	123,908			0 Contract Change Activity Based
<b>Overall Total Recurring Efficiency Savings</b>	<b>1,000,125</b>	<b>463,850</b>	<b>364,424</b>	<b>171,851</b>	
<b>Recurring Savings Target 2022-23</b>	<b>2,579,993</b>				

## Appendix B continued

Table 5: 2023-24 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</u></b>	<b><u>High Risk</u></b>	
Staff Vacancy Factor Cost Reduction	750,000	278,476	198,911	272,613	Vacancy factor based upon 2022-23 experience
Acute Off Island Patient Pathways Redesign Non Recurring Schemes	100,000	67,011	32,989	0	Partially achieved - Mobile MRI Scanner £67k
Community Services Non recurring : IJB Workforce Rebalancing	363,149	275,766	87,383	0	IJB led project part of £475k in paper previously at IJB
Chief Executive Non Recurring Plan:	58,000	58,000	0	0	Planning Gain posts that are joint working NHS
Off Island Commissioned Healthcare Non-recurring:	201,221	146,677	54,544	0	Golden Jubilee Contract Orthopaedic Contract plus slippage on national developments in 2023-
Procurement	3,498	3,498		0	Car insurance premium 2023-24. Fluctuates each year.
Review of Technical issues from shared national suggestions	50,000		50,000	0	Review and implementation of Financial Improvement Group opportunities.
Other planning gains non-recurrent	100,000	29,858	70,142	0	Non-recurring gains caused by slippage in projects for a variety of reasons.
<b>Overall Total Non Recurring Efficiency Savings Proposals</b>	<b>1,625,868</b>	<b>859,286</b>	<b>493,969</b>	<b>272,613</b>	
<b>Overall Total Efficiency Savings in Plan</b>	<b>2,625,993</b>	<b>1,323,136</b>	<b>858,393</b>	<b>444,464</b>	

## Appendix B continued

Savings in-Year	Full Year Trajectory £000	YTD Achieved £000	YTD Recurring £000	YTD Non-Rec £000s	Risk Rating	April	May	June	July	August	September	October	November	December	January	February	March	Full year	% Recurring <i>(revise in line with delivery)</i>
<b>Service Redesign and Reform</b>																			
Scheme 1: IJB Rebalancing	475	156	0	156	Medium Risk	2	2	2	2	36	8	104	64	64	64	63	64	475	0%
Scheme 2: Vavancy Factor extracted from actual vacant posts	750	393	0	393	Medium Risk	46	47	62	12	73	0	154	70	72	72	71	72	750	0%
Scheme 3: Network Enabled Care	60	0	0	0	High Risk												60	60	100%
Scheme 4: Temporary Staff Gains	58	58	0	58	Low Risk	12	6	6	12	12	9							58	0%
Scheme 5: Repatriation of Services	350	72	5	67	Medium Risk						72		10	9	10	101	148	350	71%
Other service redesign and reform schemes	0	0																0	
<b>Total Service Redesign and Reform</b>	<b>1,693</b>	<b>679</b>	<b>5</b>	<b>674</b>		<b>60</b>	<b>55</b>	<b>70</b>	<b>26</b>	<b>121</b>	<b>89</b>	<b>258</b>	<b>144</b>	<b>145</b>	<b>146</b>	<b>235</b>	<b>344</b>	<b>1,693</b>	<b>18%</b>
<b>Workforce - Medical</b>																			
Scheme 1	0	0																0	
Other Medical Workforce Schemes	0	0																0	
<b>Total Medical</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>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>Workforce - Nursing</b>																			
Scheme 1	0	0																0	
Other Nursing Workforce Schemes	0	0																0	
<b>Total Nursing</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>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>Workforce - Other</b>																			
Scheme 1	0	0																0	
Other Workforce Schemes	0	0																0	
<b>Total Other Workforce</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>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>Prescribing</b>																			
Scheme 1: GP Prescribing	86	0	0	0	High Risk								17	17	17	17	18	86	100%
Scheme 2: Acute Medicine Prescribing	200	117	117	0	Low Risk	16	16	17	16	17	18	17	17	17	17	16	16	200	100%
Scheme 3: Acute Generic Switch and Price Adjustments	64	37	37	0	Low Risk							37	5	6	5	6	5	64	100%
Other Prescribing Schemes	0	0																0	
<b>Total Prescribing</b>	<b>350</b>	<b>154</b>	<b>154</b>	<b>0</b>		<b>16</b>	<b>16</b>	<b>17</b>	<b>16</b>	<b>17</b>	<b>18</b>	<b>54</b>	<b>39</b>	<b>40</b>	<b>39</b>	<b>39</b>	<b>39</b>	<b>350</b>	<b>100%</b>
<b>Other Non-Pay, Procurement, Estates, Infrastructure</b>																			
Scheme 1: Acute Savings non pay efficiencies	30	0	0	0	Medium Risk					3	2	2	3	2	2	3	30	30	0%
Scheme 2: Corporate Services non pay efficiencies	36	15	15	0	Low Risk	2	2	2	2							3	11	36	100%
Scheme 3: External Contracts	124	72	72	0	Low Risk	10	11	10	10	11	10	10	11	10	10	11	10	124	100%
Scheme 4: NHS Contract Reviews	201	85	0	85	Low Risk	12	13	12	13	12	11	12	13	12	13	12	66	201	100%
Scheme 5: Procurement	42	25	23	2	Low Risk	4	3	4	3	4	3	4	3	4	3	4	3	42	93%
Scheme 6: Review of Balance Sheet Opportunities	100	30	0	30	Medium Risk			30									70	100	0%
Scheme 7: Implementing FIG Opportunities	50	0	0	0	Medium Risk												50	50	0%
Non-Pay (Other) Schemes	0	0																0	
<b>Total Non-Pay (Other)</b>	<b>583</b>	<b>227</b>	<b>110</b>	<b>117</b>		<b>28</b>	<b>29</b>	<b>58</b>	<b>28</b>	<b>30</b>	<b>26</b>	<b>28</b>	<b>30</b>	<b>28</b>	<b>28</b>	<b>30</b>	<b>240</b>	<b>583</b>	<b>69%</b>
<b>Total Value of Schemes Underway</b>	<b>2,626</b>	<b>1,060</b>	<b>269</b>	<b>791</b>		<b>104</b>	<b>100</b>	<b>145</b>	<b>70</b>	<b>168</b>	<b>133</b>	<b>340</b>	<b>213</b>	<b>213</b>	<b>213</b>	<b>304</b>	<b>623</b>	<b>2,626</b>	<b>40%</b>

## Appendix C

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

Month	Narrative	Baseline	Earmarked	Non-recurring	AME	Net Running Total
June	Baseline Funding Allocations	£60,458,455				£60,458,455
June	Primary Care Out of Hours - Allocation 1			£16,728		£60,475,183
June	GP Contract Management Fund & Pre-Hospital Emergency Care Tranche 1			£27,359		£60,502,542
June	Cervical Exclusion Audit for GP practices			£352		£60,502,894
June	Public Health Teams	£30,145				£60,533,039
June	Administration of the Child Death Review process			£3,969		£60,537,008
June	Long Covid Support Fund - Tranche 1		£9,573			£60,546,581
June	Childrens' Weight Management			£65,800		£60,612,381
June	Type 2 Diabetes Prevention and Adult Weight Management			£131,600		£60,743,981
June	Breastfeeding project aligned to Project Charters			£26,000		£60,769,981
June	OU students Backfill - Q3 & 4 academic year 2022/23			£35,000		£60,804,981
June	Health and Care Staffing Act			£42,758		£60,847,739
June	Funding for Bands 2-4	£168,090				£61,015,829
June	One-off Payment - Pay Award			£405,000		£61,420,829
June	Residual Baseline Pay Award Uplift	£1,185,000				£62,605,829
June	New Medicines Funding Additional Allocation			£479,000		£63,084,829
July	One-off payment for community pharmacy naloxone kits			£1,200		£63,086,029
July	Excellence in Care and Audiology training			£49,771		£63,135,800
July	Planned Care (Waiting Times baseline)	£633,101				£63,768,901
July	Cancer Waiting Times - pathway improvement			£51,000		£63,819,901
July	New Medicines Fund Planning Allocation			£718,108		£64,538,009
July	District Nursing commitment		£36,000			£64,574,009
July	Delivery of Flu and Covid-19 vaccination programmes		£382,991			£64,957,000



Month	Narrative	Baseline	Earmarked	Non-recurring	AME	Net Running Total
July	ADP Programme for Government uplift	£81,386				£65,038,386
July	ADP / NM Tranche 1 & AfC			£186,021		£65,224,407
July	Primary Care Harmonisation	£1,200,000				£66,424,407
July	Primary Care Improvement Fund - Tranche 1		£803,782			£67,228,189
July	Scottish Trauma Network	£7,580				£67,235,769
August	Multi-Disciplinary Teams			£133,950		£67,369,719
August	Test and Protect 2023-24 - Tranche 1			£10,000		£67,379,719
August	Oral Health Measures bundle - 2023/24			£18,068		£67,397,787
August	Mental Health after Covid Hospitalisation Service - 2023-24			£4,691		£67,402,478
August	Vitamins for pregnant/breastfeeding women and children			£2,169		£67,404,647
August	Best Start Implementation			£7,169		£67,411,816
August	PFG Commitment - School Nursing Posts		£64,250			£67,476,066
August	NSD Recurrent topslice	-£16,871				£67,459,195
August	Young Patients Family Fund			£29,646		£67,488,841
August	NSD Histopathology handback	£230				£67,489,071
August	NSD Risk-share			-£263,580		£67,225,491
August	NSD Non-recurring topslice			-£43,268		£67,182,223
August	PASS contract - Board contribution		-£2,783			£67,179,440
August	Digital Health & Care Strategic Fund			£211,354		£67,390,794
August	23-24 Mental Health Outcomes Framework			£537,258		£67,928,052
September	Realistic Medicine network and Value Improvement fund	-	-	36,700		£67,964,752
September	Primary medical services	-	5,103,000	-		£73,067,752
September	Rediscover the Joy programme	-	-	138,600		£73,206,352
September	Shortened Midwifery course at ENU backfill - 2023	-	-	15,000		£73,221,352
September	Hospitals at home	-	-	27,515		£73,248,867
September	Digital therapy posts	-	13,844	-		£73,262,711
September	Annual Health Checks for People with a Learning Disability	-	6,666	-		£73,269,377
September	Multi-Disciplinary Teams - Reverse ref 110	-	-	(133,950)		£73,135,427
September	Multi-Disciplinary Teams	-	133,950	-		£73,269,377
September	Urgent and unscheduled care	-	-	161,000		£73,430,377
October	Digital Health & Care Strategic and Integrated Primary and Community Care	-	-	36,000		£73,466,377

Month	Narrative	Baseline	Earmarked	Non-recurring	AME	Net Running Total
October	Pharmacy £80m tariff transfer (Will be reversed in Month 8)	-	(291,861)	-		£73,174,516
October	Pharmacy foundation year (formerly PRPS)	-	(26,757)	-		£73,147,759
October	Pharmacy £20m tariff increase	-	75,760	-		£73,223,519
October	International Recruitment	-	-	12,000		£73,235,519
October	Correction of GMS primary medical alloc 211	-	(393,120)	-		£72,842,399
October	Additional SACT and Acute Oncology	-	9,027	-		£72,851,426
October	Childrens Weight Management	-	-	23,400		£72,874,826
October	Collaborative clinical and care support	-	-	120,000		£72,994,826
October	Specialist Community Perinatal Mental Health, Infant Mental Health and Maternity / Neonatal Psychological Interventions	-	-	50,526		£73,045,352
October	Outcomes Framework	551,844	-	-		£73,597,196