

NHS Shetland

Meeting:	Shetland NHS Board
Meeting date:	13 February 2024
Agenda reference:	Board Paper 2023/24/61
Title:	2023-24 Financial Performance Management Report Update – Month 9, December 2023
Responsible Executive/Non-Executive:	Colin Marsland, Director of Finance
Report Author:	Colin Marsland, Director of Finance

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 nine, December, 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.

Board should note the position at month nine, December 2023, is £2.6m 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 £80.4m. This is above our assumed yearend resource limit forecast of £78.6m that the Board has a statutory obligation not to exceed.

The three-year financial plan assumed the Board would be £0.7m over spent in 2023-24 but achieve a break-even position over the three-year planning cycle.

Assumption Narrative	As at Month 9	Year-end Projection
1. Reduce from 2022-23 additional pay cost of AFC posts above budget would reduce by 50% to £0.211m	Currently 92.4% higher than last year, adverse to plan £0.45m	Current spend to date is more than last year. Adverse to plan £0.8m
2. Reduce from 2022-23 additional pay cost of Medical and Dental staff above budget would reduce by 31% to £1.886m	Currently 24.4% lower than last year, adverse to plan £0.15m	APN replacing locum GP in out of hours service may achieve.
3. Achieve £1.0m in non-recurring savings on top of the £2.6m savings target	Savings in-line with achieving £2.6m, mainly on a non-recurrent basis.	Will be short of £3.6m savings but other non-recurrent issues are likely to make this.
4. Additional £0.4m in funding per letter 14 June from Scottish Government	Allocation received nil variance.	Allocation received nil variance.

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. Sub-sequentially this been redefined as over a rolling three-year period.

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 nine are:

- Appendix A, financial summary statement shows an over spend year to date at just under £2.6m, this represents a 4.5% 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 £2.6m 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 their planned target;
- Appendix B, though now identifies that 38.8% of that plan can be recurrently delivered; and
- Appendix C, NHS Shetland confirmed funding allocation at £77.2M.

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 2 above summarises these costs.

	Medical Staff £000's	Nursing / Other £000's	Total £000's
Acute and Specialist Services	979	404	1,383
Community Health	685	206	891
Total	1,664	610	2,274

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 £3.0m.

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. 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 9, the actual expenditure on locum and agency staff totals £4.6m. The summary split of this is in Table 3. Staff vacancies part fund these costs along with other allocations such as planned care resources as outlined in Table 3. However if we continue on the same rate of expenditure that would incur £6.2m in costs, breakeven is not achievable.

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.

Staff Group Analysis	Cost	Funding Via Vacancies	Funding via Other Route	Net Cost
	£000's	£000's	£000's	£000's
Consultant Locums	1,845	790	102	953
Consultant Agency	359	77	101	181
Agency Nursing	713	286	0	427
Agency General Practitioners	956	598	66	292
Other Staff Groups	220	82	57	81
Grand Total	4,093	1,833	326	1,934

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 £2.6m 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.

2.3.3 Financial

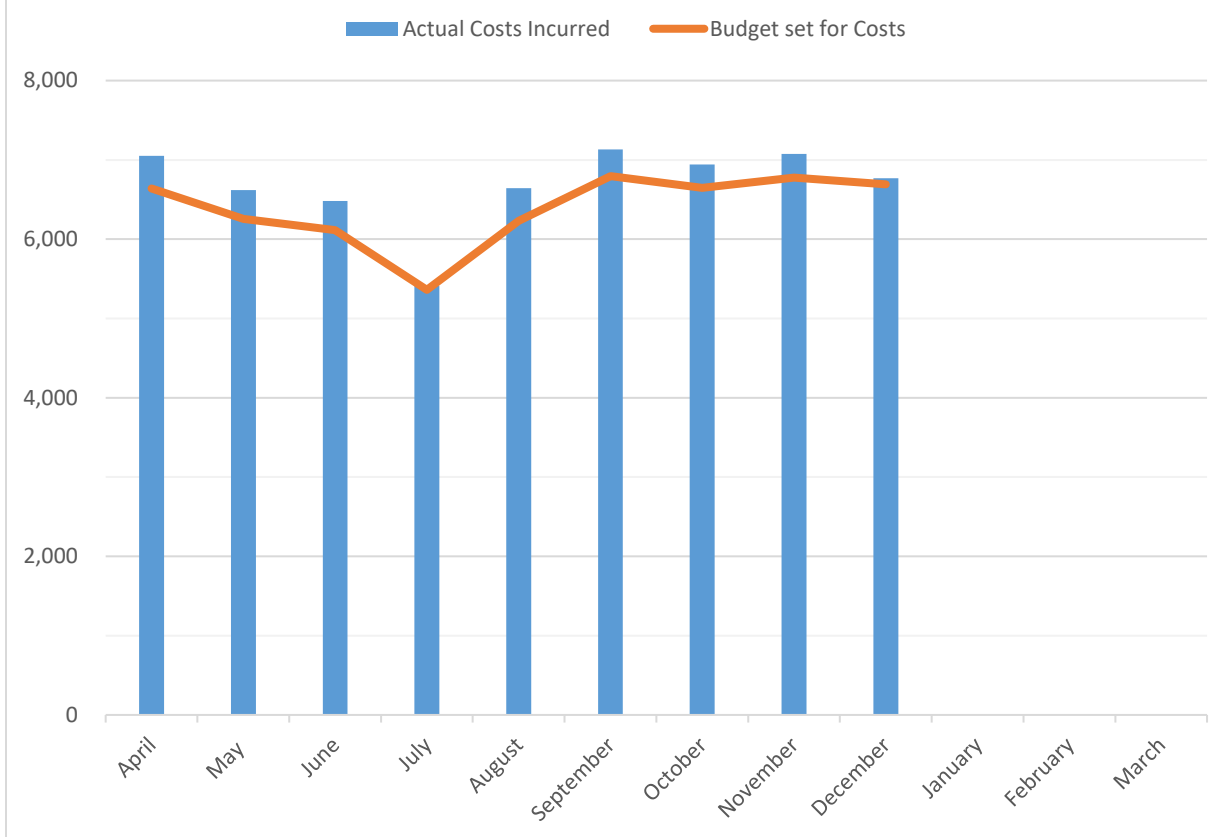
Chart 1 below illustrates the monthly position of expenditure incurred against the Board's resources available as set out in our approved budgets. This reflects the impact of the allocation of savings in the financial ledger matching the profile plan in Appendix B rather than straight twelfths.

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

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 cath-lab procedures. In Month 8, the increase in expenditure and budget is due to the Medical and Dental staff arrears of pay.

In Month 8, both the budget and expenditure an adjustment made to take account of the nationally sent NHS internal inflation rate of 5.37% for healthcare contracts.

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



In Month 9, 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.

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 £0.46m and in respect of costs for Consultants; these are marginally lower at £0.08m. However, in respect of replacement of AFC staff the cost for nursing and other health professions is £0.26m higher than this time last year.

The non-pay over spend as at Month 9 linked to temporary staff is a £0.33m cost pressure arising from the travel and accommodation expenses associated with temporary visiting staff.

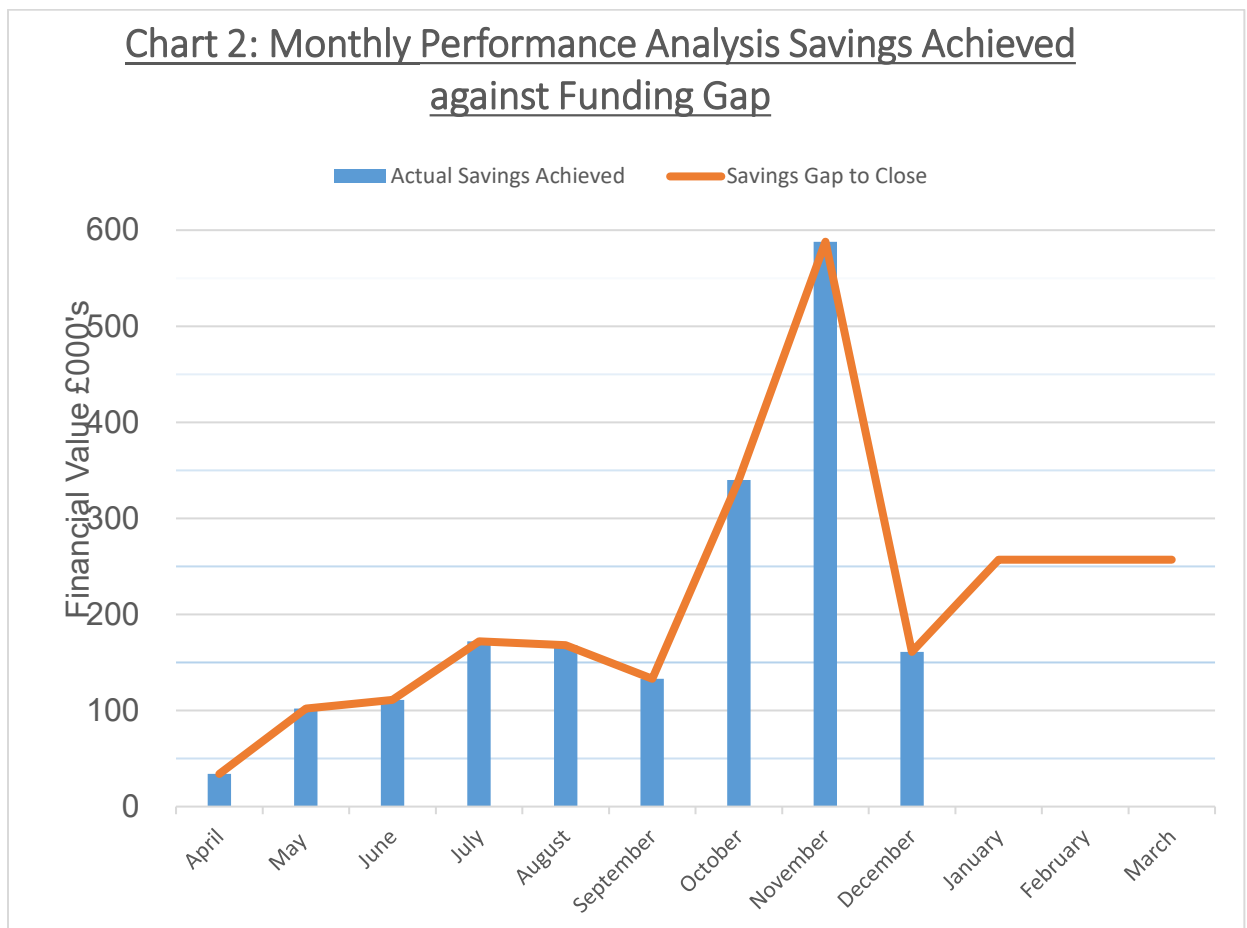
GP prescribing there is still a shortage of supply issue in certain community prescription drugs. This issue is not specific to Shetland and affects all the territorial Boards in NHS Scotland. These shortages started in August last year. Until these market shortages are resolved expected rate of inflation in the cost of GP prescribing will be higher than the norm. In the year to date April to September cost inflation rate that locally was 13.3%. Items dispensed increased by 2.8%.

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 £0.5m to £0.6m.

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. Up to Month 9, have met the year to date target. 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 6. This though is only 18.0% of the annual target. Therefore, there will be a balance of unachieved savings carried forward 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 £2.1m.

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. As outlined in table 1 above, £1m in non-recurring savings was the target set to cover these costs.

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

The report not been discussed elsewhere.

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 successful 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 9
- 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 9

	Annual Budget	Year to Date Budget as at Month 9	Expenditure at Month 9	Variance
	2023–24	2023–24	2023–24	2023–24
Funding Sources				
Core RRL	£63,345,864	£45,909,398	£45,909,398	£0
Earmarked	£10,638,592	£7,784,096	£7,784,096	£0
Non Recurrent	£2,569,084	£1,926,813	£1,926,813	£0
AME Depreciation	£2,480,470	£1,860,353	£1,860,353	£0
AME Other	£39,069	£29,302	£29,302	£0
Other Operating Income	£3,613,933	£2,888,194	£2,911,375	£23,181
Gross Income	£82,687,012	£60,398,156	£60,421,337	£23,181
Resource Allocations				
Pay	£45,978,958	£34,252,771	£36,816,729	(£2,563,958)
Drugs & medical supplies	£10,335,157	£7,456,240	£7,883,566	(£427,326)
Depreciation	£2,480,470	£1,860,353	£1,860,353	£0
Healthcare purchases	£13,096,352	£9,026,269	£8,996,733	£29,536
Patient Travel	£2,117,075	£1,425,987	£1,420,255	£5,732
FMS Expenditure	£1,213,835	£930,115	£912,108	£18,007
AME Other Expenses	£39,069	£29,302	£29,302	£0
Other Costs	£7,938,763	£5,417,119	£5,116,039	£301,080
Gross expenditure	£83,199,679	£60,398,156	£63,035,085	(£2,636,929)
Funding Gap or Surplus	(£512,667)	£0	(£2,613,748)	

Appendix A continued

Shetland NHS Board Financial Position as at the end of December 2023	Annual Budget	2023–24 Month 9 Position		
		Budget	Actual	Variance (Over) / Under
Acute and Specialist Services	£20,880,707	£15,935,392	£18,115,909	(£2,180,517)
Community Health and Social Care	£27,041,563	£19,962,717	£21,272,500	(£1,309,783)
Commissioned Clinical Services	£14,649,877	£9,731,851	£9,473,550	£258,301
Sub-total Clinical Services	£62,572,147	£45,629,960	£48,861,959	(£3,231,999)
Dir Public Health	£1,759,838	£1,309,157	£1,251,914	£57,243
Dir Finance	£3,540,528	£2,639,616	£2,535,655	£103,961
Reserves	£15,340	(£390,704)	(£906,606)	£515,902
Medical Director	£349,085	£257,430	£220,873	£36,557
Dir Human Res & Support Services	£3,956,523	£2,926,676	£2,959,912	(£33,236)
Head of Estates	£5,066,807	£3,789,483	£3,946,574	(£157,091)
Office of the Chief Executive	£1,812,811	£1,348,343	£1,253,429	£94,915
Overall Financial Position	£79,073,079	£57,509,962	£60,123,710	(£2,613,748)

Appendix A continued

Table 4: 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	7,077	6,767			
Budget set for costs	6,640	6,254	6,113	5,361	6,231	6,795	6,647	6,777	6,692			
Surplus/ Deficit £	(410)	(366)	(368)	(50)	(412)	(336)	(297)	(300)	(75)			
Surplus / Deficit %	-6.2%	-5.9%	-6.0%	-0.9%	-6.6%	-4.9%	-4.5%	-4.4%	-1.1%			
Year to date variance £	(410)	(776)	(1,144)	(1,194)	(1,606)	(1,942)	(2,239)	(2,539)	(2,614)			
% Year to date variance	-6.2%	-6.0%	-6.0%	-4.9%	-5.2%	-5.2%	-5.1%	-5.0%	-4.5%			

Appendix A continued

Appendix B

Efficiency Savings Plan and Performance

Table 5: 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	588.0	161.0			
Savings gap to close	34.0	102.0	111.0	172.0	168.0	133.0	340.0	588.0	161.0			
Surplus/ Deficit £	0	0	0	0	0	0	0	0	0			
Surplus / Deficit %	0.0%	0.0%	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	0	0			

Appendix B continued

Table 6: 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	8.5	9.6	100.0	325.7
Community Services	Director of Health & Social Care	321.9	321.9	0.0	0.0	363.1	615.6
Off Island Healthcare	Director of Finance	0.0	323.9	242.9	323.9	201.2	150.0
Public Health	Director of Public Health	0.0	0.0	0.0	0.0	0.0	110.6
Human Resources	Director of Human Resources	26.6	26.6	12.7	18.6	0.0	48.4
Chief Executive	Chief Executive	9.2	9.2	6.9	9.2	58.0	116.1
Medical Director	Medical Director	0.0	0.0	0.0	0.0	0.0	20.4
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	14.9
Board Wide / Reserves	Director of Finance	1,645.9	38.6	76.9	102.6	903.6	26.3
Overall Board Targets for 2023–24		2,580.0	1,000.2	347.9	463.9	1,625.9	1,460.7
Overall Target Achieved in 2023–24 (YTD)		1, 808.6					
Overall Target Achieved in 2023–24 (FYE)		463.9					

Appendix B continued

Table 7: 2023-24 Efficiency Savings Plan

Recurring Efficiency Savings Proposals	Planning	Low Risk	Medium	High Risk	Commentary
Off Island Patient Pathways Redesign to Shetland	250,000	5,086	244,914	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	5,391	24,609	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
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
Review of Baseline Budgets				0	
Overall Total Recurring Efficiency Savings Proposals	1,000,125	464,725	363,549	171,851	

Appendix B continued

Table 7: 2023-24 Efficiency Savings Plan

<u>Non-recurring Efficiency Savings Proposals</u>	<u>LDP Plan</u>	<u>Low Risk</u>	<u>Medium</u>	<u>High Risk</u>	
Staff Vacancy Factor Cost Reduction	750,000	792,887	0	0	Vacancy factor based upon 2022-23 experience. On course to exceed this value.
Acute Off Island Patient Pathways Redesign Non Recurring Schemes	100,000	75,408	24,592	0	
Community Services Non recurring : IJB Workforce Rebalancing	363,149	363,149	0	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 Orkney & PMO
Off Island Commissioned Healthcare Non-recurring:	201,221	251,903	0	0	Golden Jubilee Contract Orthopaedic Contract plus slippage on national developments in 2023-24
Procurement	3,498	3,498	0	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	58,630	41,370	0	Non-recurring gains caused by slippage in projects for a variety of reasons.
Overall Total Non Recurring Efficiency Savings Proposals	1,625,868	1,603,475	115,962	0	

Appendix B continued

NHS SHETLAND Savings - Schemes and Trajectories

Savings in-Year	Full Year Trajectory £000	YTD Achieved £000	YTD Recurring £000	YTD Non-Rec £000s	Risk Rating	April Actual	May Actual	June Actual	July Actual	Aug Actual	Sept Actual	Oct Actual	Nov Actual	Dec Actual	Jan Forecast	Feb Forecast	March Forecast	Total	
Service Redesign and Reform																			
Scheme 1: IJB Rebalancing	632	417		417	Medium Risk	2	2	2	2	36	8	104	200	61	69	69	77	632	
Scheme 2: Vavancy Factor extracted from actual vacant posts	900	687		687	Medium Risk	46	47	62	12	73	0	154	259	35	67	66	80	900	
Scheme 3: Network Enabled Care	60	0			High Risk												60	60	
Scheme 4: Temporary Staff Gains	58	58		58	Low Risk	12	6	6	12	12	9							58	
Scheme 5: Repatriation of Services	350	80	5	75	Medium Risk						72		8	0	30	29	211	350	
Other service redesign and reform schemes	0	0																0	
Total Service Redesign and Reform	2,000	1,242	5	1,237		60	55	70	26	121	89	258	467	96	166	164	428	2,000	
Workforce - Medical																			
Scheme 1	0	0																0	
Other Medical Workforce Schemes	0	0																0	
Total Medical	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	
Workforce - Nursing																			
Scheme 1	0	0																0	
Other Nursing Workforce Schemes	0	0																0	
Total Nursing	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	
Workforce - Other																			
Scheme 1	0	0																0	
Other Workforce Schemes	0	0																0	
Total Other Workforce	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	
Prescribing																			
Scheme 1: GP Prescribing	86	0			Medium Risk									0	0	27	27	32	86
Scheme 2: Acute Medicine Prescribing	200	151	151		Low Risk	16	16	17	16	17	18	17	17	17	17	16	16	200	
Scheme 3: Abiraterone	64	48	48									37	5	6	5	6	5	64	
Other Prescribing Schemes	0	0																0	
Total Prescribing	350	199	199	0		16	16	17	16	17	18	54	22	23	49	49	53	350	
Other Non-Pay, Procurement, Estates, Infrastructure																			
Scheme 1: Acute Savings non pay efficiencies	30	0			Medium Risk													30	
Scheme 2: Corporate Services non pay efficiencies	36	20	20	0	Low Risk	2	2	2	2	3	2	2	3	2	2	3	11	36	
Scheme 3: External Contracts	124	93	93		Low Risk	10	11	10	10	11	10	10	11	10	11	11	9	124	
Scheme 4: NHS Contract Reviews	201	123	0	123	Low Risk	12	13	12	13	12	11	12	12	26	26	26	26	201	
Scheme 5: Procurement	42	32	30	2	Low Risk	4	3	4	3	4	3	4	3	4	3	4	3	42	
Scheme 6: Review of Balance Sheet Opportunities	100	100	70	30	Low Risk			30						70				100	
Scheme 7: Implementing FIG Opportunities	53	0	0	0	Medium Risk													53	
Scheme 8	0	0	0															0	
Non-Pay (Other) Schemes	0	0																0	
Total Non-Pay (Other)	586	368	213	155		28	29	58	28	30	26	28	99	42	42	44	132	586	
Total Planned Savings Schemes	2,936	1,809	417	1,392		104	100	145	70	168	133	340	588	161	257	257	613	2,936	

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 top slice	-£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 top slice			-£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
November	MenC Recoup / Rotavirus vaccines	4,134	-	-		£73,601,330
November	Top Slice Uplift - Ayrshire & Arran - Quarriers Units	-	-	(21,069)		£73,580,261
November	Open University Backfill Funding - AY 23/24 Q1 & Q2	-	-	60,000		£73,640,261
November	Specialty and Specialist Contract	2,000	-	-		£73,642,261
November	M&D Doctors & Dentists in Training	643,000	-	-		£74,285,261
November	Executive & Senior Management pay uplift	25,000	-	-		£74,310,261
November	Executive & Senior Management pay uplift	-	-	5,000		£74,315,261
November	Discovery Tool	-	-	(2,680)		£74,312,581
November	Primary Care Out of Hours - Allocation 2	-	-	7,169		£74,319,750
November	Children's Hospices Across Scotland	-	-	(33,512)		£74,286,238
November	Community pharmacy practitioner champions	-	-	5,000		£74,291,238
November	Dementia Post Diagnostic - Support to IJBs	-	-	16,665		£74,307,903
December	Public Dental Service	£2,891,312	-	-		£77,199,215