

NHS Shetland

Meeting:	Board
Meeting date:	26 April 2022
Agenda reference:	Board Paper 2022/23/03
Title:	2021-22 Financial Performance Management Report Update – Month 11, February 2022
Responsible Executive/Non-Executive:	Colin Marsland, Director of Finance
Report Author:	Colin Marsland, Director of Finance

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 the Board of the expenditure against Revenue Resource Limit at month eleven, February, for 2021-22. It highlights financial issues together with the actions required to manage these to ensure the year-end out-turn meets the Board's statutory obligation to breakeven.

The Board is asked to note the position at month 11, February 2022.

Due to Covid-19 funding the Board will break even in 2021-22. However there are underlying pressures in our local service models that will need addressed in 2022-23.

2.2 Background

In 2021-22, whilst addressing local issues to manage Covid-19 pandemic, 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 summary financial points at month 11 are:

- Appendix A, financial summary statement shows a £0.7M over spend year to date, this represents a 1.0% 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 A, as outlined in Table 3 shows a deficit in efficiency savings achieved to date of £0.8m is the other main contributing factor to the deficit; and
- Appendix B, NHS Shetland confirmed funding allocation as at month 11 is £80.7M. This includes £8.7m in respect of Covid-19 pandemic response.

2.3 Assessment

2.3.1 Quality/ Patient Care

Patient care is being maintained by the use of locum and agency staff to maintain safe staffing models 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. This should 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 2021-22 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 models in essential services. Thus ensuring a safe patient centred service exist. Summary of these costs are highlighted in Table 1.

Table 1: Additional Cost of Locum and Agency Staff above Base Budget							
Medical Staff Nursing / Other Total							
	£000's	£000's	£000's				
Acute and Specialist Services	1,100	0	1,100				
Community Health	1,195	353	1,548				
Total 2,295 353 2,648							

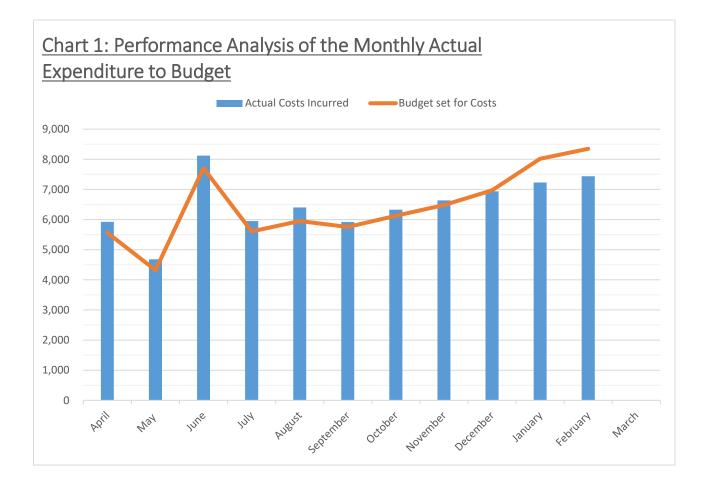
Until there is recruitment to fill the substantive GP vacancies, Consultant vacant posts in Mental Health, General Medicine and Anaesthetic Services and Nursing there will be continuing cost pressures arising from additional costs incurred. Recruitment to these post may be challenging but will be essential to successfully resolve this resource pressure.

At month 11 the actual expenditure on locum and agency staff totals £7.2m. The summary split of this is shown in Table 2. Staff vacancies fund part of these costs along with Covid-19 resources as outlined in Table 2 leaving the cost pressure identified in Table 1.

Table 2: Agency and Locum Staff Costs and Funding									
Staff Group Analysis	Cost	Funding Via Vacancies	Funding via Covid-19	Net Cost					
	£000's	£000's	£000's	£000's					
Consultant Locums	2,074	1,008	84	982					
Consultant Agency	1,193	106	482	605					
Agency Nursing	2,034	314	1,367	353					
Agency General Practitioners	1,717	872	137	708					
Other Staff Groups	172	95	77	0					
Grand Total	7,190	2,395	2,147	2,648					

2.3.3 Financial

Chart 1 below illustrates the monthly position of expenditure against the Board's resources available as set out in the approved budget. This shows that expenditure is usually greater than available resources in each month due to use of locum and agency staff and shortfall on efficiency savings target as highlighted in chat 2.



In non-pay there is an offset under spend of £0.6m 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.

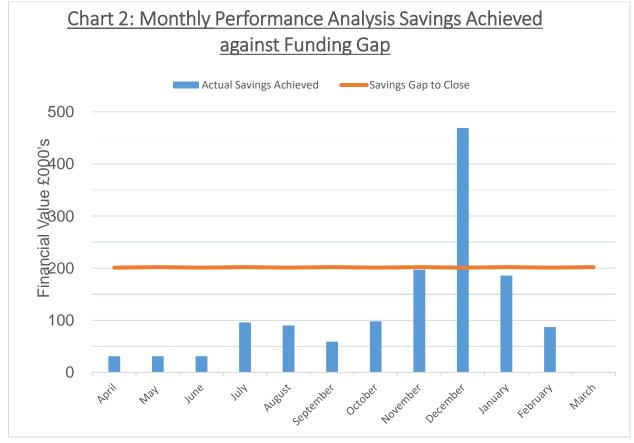
The other main under spend in month 11 is that Board is starting to recognise commitments against budgets are likely to not materialise as enough information is available to prudently reach that conclusion.

Although the Covid-19 pandemic has re-prioritise key focus of the Board to address the immediate response to ensure public health and well-being is ensured, it still remains essential for longer-term financial sustainability that a focus to address the underlying gap and the future annual target projected at 3.0% efficiency savings in-line with Scottish Government policy is not forgotten.

However as plans are developed to implement the principles arising out of the Clinical Strategy review that these schemes take due recognition of resource constraints in both finance and staff with appropriate skills.

To achieve the 2021-22 annual target of just over £2.4m requires just over £200k to be achieved each month. At the month 11 there is still a balance of £0.9m to address as outstanding in the current year.

Recurrent schemes currently in place have an annual value that total £649k. This is only 27.4% of the annual target. Therefore at present there is a balance of £1.8m being carried in to 2022-23.



The reason that December 2021 shows a surplus in efficiency savings being made is due to Community Services recognising non-recurring saving made in the year.

2.3.4 Risk Assessment/Management

There is risk to the sustainability of the Board if sustainable models of care that have pathways that sustainable staffing that ensure sufficient organisational capacity and resilience within available resources.

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.

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 the Board.

2.3.8 Route to the Meeting

This report was not considered by other committees prior to submission to the Board.

2.4 Recommendation

• Awareness –

This report is for Board Members' information only and to stimulate discussion on our forward actions.

There are two action that EMT will need to review and address in the short to medium term:

- 1. How recruitment plan and process can be put in place to successful recruit to the key vacant posts; and
- 2. Identify projects to address the recurrent savings targets public bodies are expected to achieve each year.

3 List of appendices

The following appendices are included with this report:

- Appendix No A, 2021–22 Financial Statement Year to date Out-turn at Month 11
- Appendix No B, NHS Shetland 2021–22 Scottish Government Allocation Received

Appendix A

NHS Shetland

2021–22 Financial Statement Year to date Out-turn at Month 11

	Annual Budget	Year to Date Budget as at Month 11	Expenditure at Month	Variance
	2021–22	2021–22	2021–22	2021–22
Funding Sources				
Core RRL	£53,883,565	£49,393,268	£49,393,268	£0
Earmarked	£9,536,754	£8,742,025	£8,742,025	£0
Non Recurrent	£15,507,897	£11,130,096	£11,130,096	£0
AME Depreciation	£1,721,290	£1,577,849	£1,577,849	£0
AME Other	£20,000	£0	£0	£0
Other Operating Income	£2,647,342	£2,527,670	£2,639,769	£112,099
Gross Income	£83,316,848	£73,370,908	£73,483,007	£112,099
Resource Allocations				
Pay	£44,916,602	£41,620,729	£43,569,923	-£1,949,194
Drugs & medical supplies	£8,523,790	£7,925,898	£8,041,731	-£115,833
Depreciation	£1,721,290	£1,577,849	£1,577,849	£0
Healthcare purchases	£13,037,374	£11,901,256	£11,554,120	£347,136
Patient Travel	£2,233,732	£2,001,221	£1,410,251	£590,970
FMS Expenditure	£1,464,541	£1,160,220	£1,099,301	£60,919
AME Other Expenses	£20,000	£0	£0	£0
Other Costs	£12,286,712	£8,024,954	£6,947,192	£1,077,762
Gross expenditure	£84,204,041	£74,212,127	£74,200,367	£11,760
Funding Gap	-£887,193	-£841,219	-£717,360	

	W	TE		2021–2	22 Month 11 Po	osition
Shetland NHS Board Financial Position as at the end of December 2021	Budget	Year to Date	Annual Budget	Budget	Actual	Variance (Over) / Under
Acute and Specialist Services	247.90	249.90	£19,365,994	£17,540,710	£18,828,508	(£1,287,798)
Community Health and Social Care	258.42	230.74	£25,501,425	£23,207,180	£24,577,141	(£1,369,961)
Commissioned Clinical Services	3.43	3.36	£13,462,725	£12,189,329	£11,228,808	£960,521
Sub-total Clinical Services	509.75	483.99	£58,330,144	£52,937,219	£54,634,457	(£1,697,238)
Dir Public Health	12.76	54.64	£2,919,692	£2,827,585	£2,739,437	£88,148
Dir Finance	17.42	46.89	£2,384,611	£2,237,145	£2,114,878	£122,267
Reserves	0.00	0.00	£4,730,562	£250,616	(£708,141)	£958,757
Medical Director	7.04	7.40	£455,689	£414,879	£390,255	£24,624
Dir Human Res & Support Services	34.49	41.29	£3,185,144	£2,782,324	£2,981,459	(£199,135)
Head of Estates	75.33	76.04	£5,741,330	£6,725,357	£6,872,480	(£147,123)
Office of the Chief Executive	24.04	19.94	£2,922,334	£2,668,113	£2,535,773	£132,340
Overall Financial Position	680.83	730.20	£80,669,506	£70,843,238	£71,560,598	(£717,360)

Table 2: Shetland Health Board: Monthly Analysis of Expenditure versus Budget for 2021–22—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	5,925	4,679	8,121	5,950	6,401	5,919	6,327	6,634	6,939	7,230	7,436	
Budget set for costs	5,562	4,320	7,708	5,605	5,951	5,755	6,124	6,483	6,971	8,015	8,349	
Surplus/ Deficit £	(363)	(359)	(413)	(345)	(450)	(164)	(203)	(151)	32	785	913	
Surplus / Deficit %	-6.5%	-8.3%	-5.4%	-6.2%	-7.6%	-2.8%	-3.3%	-2.3%	0.5%	9.8%	10.9%	
Year to date variance £	(363)	(722)	(1,135)	(1,480)	(1,930)	(2,094)	(2,297)	(2,448)	(2,416)	(1,631)	(718)	
% Year to date variance	-6.5%	-7.3%	-6.5%	-6.4%	-6.6%	-6.0%	-5.6%	-5.2%	-4.4%	-2.6%	-1.0%	

Table 3: Shetland Health Board: Monthly Performance Analysis Savings Achieved versus Funding Gap for 2021–22—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	31	31	31	96	90	59	98	197	202	186.0	87.0	
Savings gap to close	201	202	201	202	201	202	201	202	201	202	201	
Surplus/ Deficit £	(170)	(171)	(170)	(106)	(111)	(143)	(103)	(5)	1	(16)	(114)	
Surplus / Deficit %	-84.6%	-84.7%	-84.6%	-52.5%	-55.2%	-70.8%	-51.2%	-2.5%	0.5%	-7.9%	-56.7%	
Year to date variance £	(170)	(341)	(511)	(617)	(728)	(871)	(974)	(979)	(978)	(727)	(841)	

Table 4: 2021–22 Efficiency Savings Delivery Performance Analysed by Management Service Areas

Shetland Health Board Sa	vings Plan 2021–22	Recurring Savings	1			Non-Recurri	ng Savings
Area	Lead Officer	Original	Potential	Achieved	Achieved	Potential	Achieved
		Directorate target	Identified	YTD	FYE	Identified	YTD
		£000's	£000's	£000's	£000's	£000's	£000's
Acute Services	Director of Nursing	1,079.4	407.1	374.3	393.6	409.7	324.3
Community Services	Director of Health & Social Care	562.3	180.0	165.0	180.0	382.3	374.9
Off Island Healthcare	Director of Finance	0.0	0.0	0.0	0.0	20.0	18.3
Public Health	Director of Public Health	0.0	0.0	0.0	0.0	12.4	11.4
Human Resources	Director of Human	26.6	0.0	0.0	0.0	0.0	0.0
	Resources						
Chief Executive	Chief Executive	10.6	0.0	0.0	0.0	10.6	9.7
Medical Director	Medical Director	0.0	0.0	0.0	0.0	0.0	0.0
Estates	Head of Estates	16.0	16.0	14.6	16.0	16.0	16.0
Finance	Director of Finance	0.0	0.0	0.0	0.0	17.2	15.7
Board Wide / Reserves	Director of Finance	722.9	59.4	50.8	59.4	0.3	0.0
Overall Board Targets for	Overall Board Targets for 2021–22		662.5	604.7	648.9	868.4	770.4
Overall Target Achieved i	n 2021–2 (YTD)	1,375.0					
Overall Target Achieved i	n 2021–22 (FYE)	648.9					

Table 5: Covid-19 Response Plan Financial Summary

		Y	ſD		Forecast				
Covid-19 Impact Summary	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	3,040	1,625	4,665	1,958	3,338	1,767	5,105	2,118	
Offsetting reductions	0	0	0	0	0	0	0	0	
Unachieved savings	0	0	0	0	0	0	0	0	
Net Covid-19 impact	3,040	1,625	4,665	1,958	3,338	1,767	5,105	2,118	

Appendix B

NHS Shetland 2021–22 Scottish Government Allocation Received

Month	Narrative	Baseline	Earmarked	Non- recurring	AME	Net Running Total
April	Baseline allocation	£54,633,610	-	-	-	£54,633,610
June to December	Various other allocations to December 2021	£1,011,503	£6,365,510	£12,740,441	-	£74,751,064
January	Young Patients Family Fund	-	-	£7,196	-	£74,758,260
January	Improvements to forensic medical services	-	-	-£10,200	-	£74,748,060
January	NHS Board international recruitment costs	-	-	£120,000	-	£74,874,060
January	Young Patients Family Fund	-	-	£20,376	-	£74,894,436
January	Primary Care Improvement Fund: Tranche 2	-	£378,540	-	-	£75,272,976
January	GP Premises Improvement - Second Tranche	-	-	£7,327	-	£75,280,303
January	Mobile Theatre additional Ortho cases	-	-	£504,190	-	£75,784,493
January	GP Practices – Sustainability Payment	-	-	£74,744	-	£75,859,237
January	NSD Pay Uplift	-£13,759	-	-	-	£75,845,478
January	NSD - Burns hub handback	-	-	£6,993	-	£75,852,471
January	Arcus Training - phase 3 and, or 4	-	-	-£6,346	-	£75,846,125
January	Positron Emission Tomography Scans - Adjustment	-	-	-£47,314	-	£75,798,811
January	Diabetic Technologies	-	-	£58,809	-	£75,857,620
January	SLA Children's Hospices Across Scotland	-	-	-£29,306	-	£75,828,314
January	Mental Health Strategy Action 15 Workforce - Tranche 2	-	£73,902	-	-	£75,902,216
January	Discovery 2021-22	-	-£2,833	-	-	£75,899,383
January	Covid-19 PPE Funding	-	-	£10,000	-	£75,909,383
January	Further 2021-22 Covid-19 Funding	-	-	£4,053,000	-	£79,962,383
January	Covid and Extended Flu Vaccinations	-	-	£305,000	-	£80,267,383
January	Test & Protect	-	-	£250,000	-	£80,517,383
February	Task Force Funding to ADPs	-	-	£29,306	-	£80,546,689
February	Improvements to forensic medical services	-	-	£10,298	-	£80,556,987

Month	Narrative	Baseline	Earmarked	Non- recurring	AME	Net Running Total
February	Audiology Equipment	-	-	1,000	-	£80,557,987
February	Out of Hours additional Urgent Support 2021-22	-	-	25,000	-	£80,582,987
February	ScotSTAR Topslice	(26,499)	-	-	-	£80,556,488
February	National Distribution Centre - Top-slice	-	(45,171)	-	-	£80,511,317
February	GP Minimum Earnings Expectation 2021-22	-	-	154,311	-	£80,665,628