

NHS Shetland

Meeting:	Shetland NHS Board
Meeting date:	25 April 2023
Agenda reference:	Board Paper 2023/24/03
Title:	2022-23 Financial Performance Management Report Update – Month 11, February 2023
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 Board of the expenditure against Revenue Resource Limit at month eleven, February, 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 eleven, February 2023, is £3.2m over spend.

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. The yearend forecast currently is currently under review taking account of local information and the Board's discussions with the Scottish Government over our financial position.

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 £3.2m over spend year to date, this represents a 4.56% 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 £2.15m 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 now identifies that 37.7% of that is recurrently delivered; and
- Appendix C, NHS Shetland confirmed funding allocation at £75.7M.

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	1,179	290	1,469
Community Health	1,281	118	1,399
Total	2,460	408	2,868

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.

It was agreed at the Finance and Performance Committee that the Staff Governance Committee will take the lead in respect to seeking assurance over the Board's recruitment activities and processes.

At month 11 the actual expenditure on locum and agency staff totals £7.4m. 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	2,564	1,164	37	1,363
Consultant Agency	662	104	386	172
Agency Nursing	2,070	197	1,597	276
Agency General Practitioners	1,574	499	150	925
Other Staff Groups	574	143	299	132
Grand Total	7,444	2,107	2,469	2,868

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. Locally for example the Board actually employs 23 GPs that work in general practices but only two work in practice full-time. The budget for the eight practices the Board directly manage is 17.12wte GP posts. With lifestyle changes 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 that has a high frequency commitment as our current local practice in secondary care in particular. 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 £0.71m 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 11 this assumed £0.55m cost avoidance from not filling posts.

Therefore the level of costs avoided from staff vacancies not filled via locum and agency staff is more than that assumption by £0.16m, 30.0%.

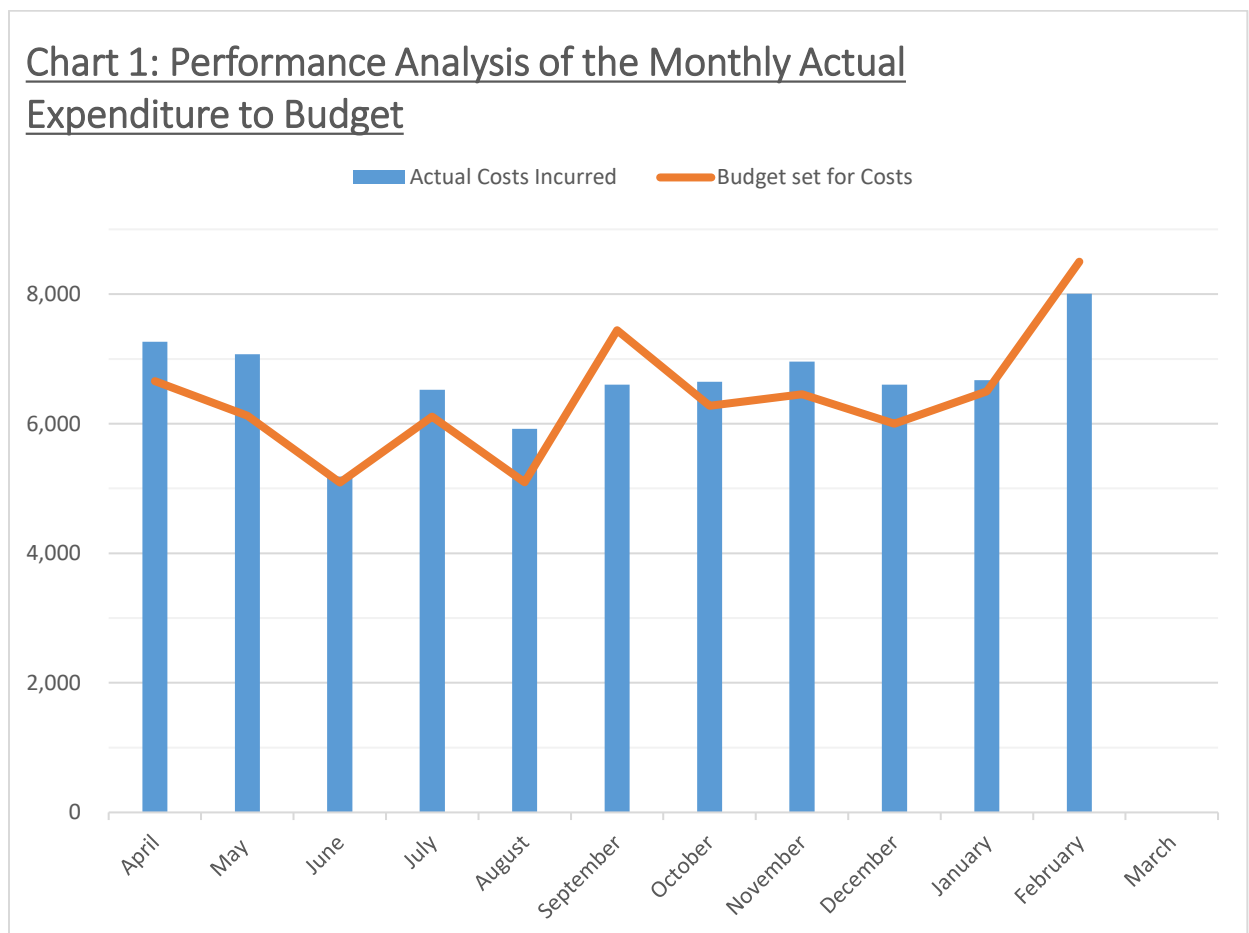
2.3.3 Financial

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.

Expenditure in month 11 is higher than normal. This was due to staff engaged under Agenda for Change (AfC) receiving pay award arrears in respect of back dated pay covering April to December 2022, £1.57m.

In Month 11 though is under spent against the budget. This is primary due to additional funding being received above the original plan and performance in delivery of efficiency.



In month 11 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. However at a lower rate than January.

The principle non pay over spend as at month 11 is a £0.54m cost pressure arising from the travel and accommodation expenses associated with temporary visiting staff.

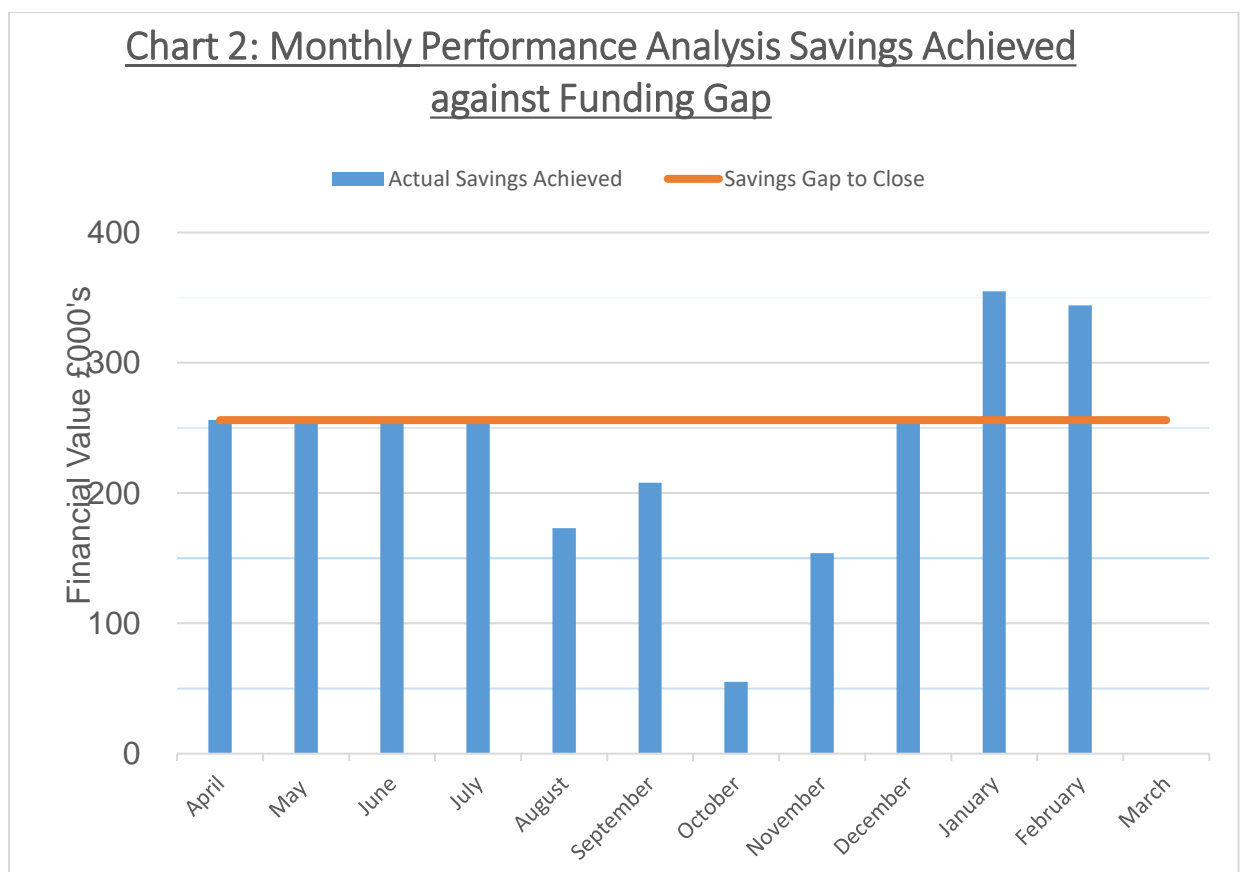
The additional cost of locum staff plus the respective travel and accommodation costs together is responsible for £3.41m of the Board's over spend. This value is currently more than the Board's overall total over spend.

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, £0.2m. However additional non-recurring funding of £0.48m in respect of our NRAC share of the additional New Medicine Fund the Scottish Government has received. As NHS Grampian normally dispense these drugs it's the principle cause of the under spend in Healthcare Purchases in Appendix 1. There is also an emerging shortage of supply issue in certain community prescription drugs, £0.27m. 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.

The Scottish Government has issued funding on a non-recurrent basis to cover the additional costs from both the Medical and Dental and AfC pay awards plus how that impacts on inter NHS SLAs.

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. Between month 5 to month 8 the target was not met. However work was on-going to address this year's target. Progress though has been made in the final four months so that this year's target will be met. In the earlier part of the year efficiency savings recognised are mainly due to the phasing of non-recurrent financial technical issues gains.

Recurrent schemes currently in place have an annual value just under £1.2m, Table 5. This though is only 37.7% of the annual target. Therefore at present it is projected there will be a balance of unachieved savings being carried in to 2023-24. The current estimate is circa £1.9m which is £0.2m increase (9.8%) in the underlying deficit.

The value of savings schemes delivered in 2022-23 will be more than the initial savings target. However these additional savings do not provide sufficient funding to cover the additional cost of staff engaged outside standard NHS terms and conditions.

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

This draft report has been shared prior to this meeting with Executive Management Team and Board Development Session.

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 11
- 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 11

	Annual Budget	Year to Date Budget as at Month 11	Expenditure at Month 11	Variance
	2022–23	2022–23	2022–23	2022–23
Funding Sources				
Core RRL	£55,003,579	£50,419,947	£50,419,947	£0
Earmarked	£11,770,015	£10,789,180	£10,789,180	£0
Non Recurrent	£7,786,205	£7,211,956	£7,211,956	£0
AME Depreciation	£1,946,118	£1,796,956	£1,796,956	£0
AME Other	£56,000	£32,835	£32,835	£0
Other Operating Income	£5,075,771	£4,842,250	£4,768,553	(£73,697)
Gross Income	£81,637,688	£75,093,124	£75,019,427	(£73,697)
Resource Allocations				
Pay	£45,741,413	£42,460,116	£44,613,201	(£2,153,085)
Drugs & medical supplies	£8,963,790	£8,376,863	£8,703,144	(£326,281)
Depreciation	£1,946,118	£1,796,956	£1,796,956	£0
Healthcare purchases	£14,285,167	£12,701,666	£12,635,778	£65,888
Patient Travel	£1,914,458	£1,748,983	£1,549,959	£199,024
FMS Expenditure	£1,398,599	£1,179,248	£1,147,735	£31,513
AME Other Expenses	£56,000	£32,835	£32,835	£0
Other Costs	£7,279,954	£7,043,321	£7,742,056	(£698,735)
Gross expenditure	£81,585,499	£75,339,988	£78,221,664	(£2,881,676)
Funding Gap or Surplus	£52,189	(£246,864)	(£3,202,237)	

Appendix A continued

Shetland NHS Board Financial Position as at the end of February 2022	Annual Budget	2022-23 Month 11 Position		
		Budget	Actual	Variance (Over) / Under
Acute and Specialist Services	£20,871,220	£19,132,556	£21,811,281	(£2,678,725)
Community Health and Social Care	£24,953,734	£22,637,678	£24,198,347	(£1,560,669)
Commissioned Clinical Services	£14,113,643	£12,493,674	£11,904,130	£589,544
Sub-total Clinical Services	£59,938,597	£54,263,908	£57,913,758	(£3,649,850)
Dir Public Health	£1,977,317	£1,989,308	£1,898,766	£90,542
Dir Finance	£1,318,953	£1,168,854	£1,034,722	£134,132
Reserves	£307,097	(£1,244,250)	(£1,496,809)	£252,559
Medical Director	£536,399	£483,266	£413,160	£70,106
Dir Human Res & Support Services	£3,554,352	£3,097,677	£3,031,163	£66,514
Head of Estates	£5,594,997	£7,426,545	£7,677,476	(£250,931)
Office of the Chief Executive	£3,334,205	£3,065,565	£2,980,874	£84,691
Overall Financial Position	£76,561,917	£70,250,873	£73,453,110	(£3,202,237)

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	6,672	8,006	
Budget set for costs	6,658	6,122	5,091	6,106	5,097	7,443	6,278	6,455	6,001	6,500	8,500	
Surplus/ Deficit £	(608)	(948)	(94)	(415)	(825)	840	(369)	(504)	(601)	(172)	494	
Surplus / Deficit %	-9.1%	-15.5%	-1.8%	-6.8%	-16.2%	11.3%	-5.9%	-7.8%	-10.0%	-2.6%	5.8%	
Year to date variance £	(608)	(1,556)	(1,650)	(2,065)	(2,890)	(2,050)	(2,419)	(2,923)	(3,524)	(3,696)	(3,202)	
% Year to date variance	-9.1%	-12.2%	-9.2%	-8.6%	-9.9%	-5.6%	-5.7%	-5.9%	-6.4%	-6.0%	-4.6%	

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	1,640	1,696	3,336	696	1,761	1,723	3,484	727
Offsetting reductions	0	0	0	0	0	0	0	0
Unachieved savings	0	0	0	0	0	0	0	0
Net Covid-19 impact	1,640	1,696	3,336	696	1,761	1,723	3,484	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	256	256	256	173	208	55	154	256	355	344	
Savings gap to close	256	256	256	256	256	256	256	256	256	256	256	256
Surplus/ Deficit £	0	0	0	0	(83)	(48)	(201)	(102)	0	99	88	
Surplus / Deficit %	0.0%	0.0%	0.0%	0.0%	(32.4%)	(18.8%)	(78.5%)	(39.8%)	0.0%	38.7%	34.4%	
Year to date variance £	0	0	0	0	(83)	(131)	(332)	(434)	(434)	(335)	(247)	

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	92.0	100.3	140.0	16.3
Community Services	Director of Health & Social Care	382.3	151.1	55.2	60.4	183.9	154.5
Off Island Healthcare	Director of Finance	0.0	311.8	240.2	311.8	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	26.6	24.4
Chief Executive	Chief Executive	10.6	1.4	1.3	1.4	41.7	9.2
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	5.1	5.6	6.6	6.0
Board Wide / Reserves	Director of Finance	1,975.6	677.9	289.2	677.9	2,095.0	1,500.3
Overall Board Targets for 2022–23		3,071.8	1,248.2	858.3	1,157.4	2,493.8	1,710.7
Overall Target Achieved in 2022–23 (YTD)		2,569.0					
Overall Target Achieved in 2022–23 (FYE)		1,157.4					

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 and other schemes	100,400	100,331		69	Increased off island activity avoided partly due to increase in activity that declined during Covid-19
Pharmacy Drugs Primary Care Tariff Adjustment	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	49,234	49,234		0	Based upon 2021-22 out-turn underspend variance. Actual cause of out-turn asked Director of Pharmacy to establish with Procurement
Pharmacy Drugs: High cost drugs swaps	49,766	49,766		0	Actual Saving Taken is in Cancer Drugs from procurement agreement.
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.
Reduction in Non-Executive Directors travel cost	1,400	1,400		0	In year adjustment made by Chief Executive
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
Contingency Reserve Cessation	356,953	356,953		0	In year adjustment made by Chief Executive
National Insurance: November 2022 Adjustment On recurring basis	271,748	271,748		0	SG advised that not reducing funding as a result of NI change. Budget impact of 1.25% reduction.
Overall Total Recurring Efficiency Savings Proposals	1,248,260	1,157,491	0	90,769	Plan only equates to 40.6% of the overall recurring target. Low risk achieves 37.7%

Appendix B continued

Table 6: 2022-23 Efficiency Savings Plan

<u>Non-recurring Efficiency Savings Proposals</u>	<u>LDP Plan</u>	<u>Low Risk</u>	<u>Medium Risk</u>	<u>High Risk</u>	<u>Commentary</u>
	<u>£</u>	<u>£</u>	<u>£</u>	<u>£</u>	
Staff Vacancy Factor Cost Reduction	409,458	36,850	372,608	0	Based upon non -recurring efficiency savings in prior years
Acute Off Island Patient Pathways Redesign to Shetland Non Recurring	140,000	17,786	42,214	80,000	Assumes 350 patient journeys avoided by Vanguard Unit 3 month extension and visiting MRI Scanner
Community Services Non recurring plans	183,933	183,933		0	Staff vacancy factor
Chief Executive Non Recurring Plan:	41,708	9,212		32,496	From Chief Executive budget setting template
Human Resources - Non recurrent plan	26,585	26,585		0	In year savings per Director
Finance Non Recurring Plan	658	658		0	Procurement savings achieved
Finance Non Recurring Staff Vacancies	6,609	6,609		0	Vacancies held
Technical Adjustments Part 2	220,864	220,864		0	Balance sheet review of accruals
Technical Financial Gains Balance Sheet	763,256	763,256		0	Accruals referenced by External Audit in ISA260.
Technical Financial Gains Part 3	186,198	186,198		0	Balance sheet review of accruals
National Risk Share Commissioning	124,530	124,530		0	Under spend from NSS national risk share commissioning returned.
Technical Financial Gains Balance Sheet Movement Annual Leave	390,000	390,000	0	0	Movement comparing 2018-19 to 2021-22 value addjusted for wage inflation
Overall Total Non Recurring Efficiency Savings	2,493,799	1,966,481	414,822	112,496	Equates to 79.8% of the annual total
Overall Total Efficiency Savings in Plan	3,742,059	121.8%			

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 Risk share	-	-	-£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	Children's Weight Management	-	-	£65,800	-	£70,991,596
December	Type 2 Diabetes / Adult Weight Management	-	-	£131,600	-	£71,123,196
January	Additional Planned Care funding for Q4 2022/23	-	-	£75,716	-	£71,198,912

Month	Narrative	Baseline	Earmarked	Non-recurring	AME	Net Running Total
January	Shortened Midwifery course at ENU backfill - 2022	-	-	£10,000	-	£71,208,912
January	Perinatal and Infant Mental Health	-	£50,526	-	-	£71,259,438
January	OU students backfill - Q1 & 2 academic year 2022/23	-	-	£32,500	-	£71,291,938
January	PFG Commitment - School Nursing Posts	-	£56,120	-	-	£71,348,058
January	Mental health After Covid Hospitalisation	-	-	£6,666	-	£71,354,724
January	Mental Health Pharmacy & Technician Recruitment	-	£12,317	-	-	£71,367,041
January	New Medicines Fund	-	£709,014	-	-	£72,076,055
January	Discovery Tool	-	-	-£2,833	-	£72,073,222
January	Top Slice - Ayrshire & Arran - Quarries Units	-	-	-£19,995	-	£72,053,227
January	Board contribution to global sum	-	-£22,248	-	-	£72,030,979
January	GP Sustainability Payment 2022-23	-	-	£49,829	-	£72,080,808
February	Recruitment of 802 NMAHPs by April 2023	-	-	£41,340	-	£72,122,148
February	NDC Logistic service charge	-£56,091	-	-	-	£72,066,057
February	Community Pharmacy Practitioner Champions	-	-	£5,000	-	£72,071,057
February	Hearing Aids	-	-	£82	-	£72,071,139
February	National Boards Out of Hours - Tranche 2	-	-	£7,169	-	£72,078,308
February	Primary Care Rediscover the Joy - tranche 2	-	-	£51,016	-	£72,129,324
February	GP Contract Change Management - tranche 2	-	-	£11,725	-	£72,141,049
February	Shortened Midwifery course at ENU backfill - 2022 and 2023	-	-	£5,000	-	£72,146,049
February	Dementia Post Diagnostic Support funds to IJBs	-	-	£12,499	-	£72,158,548
February	ADP tranche 2 allocation of National Mission	-	-	£67,000	-	£72,225,548
February	Cardiac Physiology Cohort 1 - 2022-23	-	-	£33,942	-	£72,259,490
February	New Medicines Funding - additional funding	-	-	£238,972	-	£72,498,462
February	Action 15 - Mental Health Strategy	-	£106,363	-	-	£72,604,825
February	Mental Health Outcomes Framework 2022/23	-	£528,997	-	-	£73,133,822
February	Foundation Training Year funding for NES	-	-£16,033	-	-	£73,117,789
February	Pay Awards 22-23	-	-	£2,500,000	-	£75,617,789

Month	Narrative	Baseline	Earmarked	Non-recurring	AME	Net Running Total
February	Pre-Registration Pharmacy Technician Scheme 2022-23	-	-	£33,440	-	£75,651,229
February	Primary Care Improvement Fund - Tranche 2	-	12,829	-	-	£75,664,058