

NHS Golden Jubilee

Summary Finance Report

As at 31 December 2022 – Month 9 (Appendix 1)



1. EXECUTIVE SUMMARY

Finance Position as at 31 December 2022 – Month 9 Report		
1.1	Delivery of Financial Plan	The year to date (YTD) Core Revenue position as at the end of December 2022/23 is a surplus of £70k in line with the planned breakeven forecast position. Whilst there is still a significant gap on the remaining efficiency target, this is being managed within the overall level of resource to-date. Final agreement of anticipated core funding RRL allocations from Scottish Government as at December 2022, are confirmed at £42.790m remaining of £122.224m .
1.2	Efficiency Performance	Divisions have identified high-level schemes of £2.535m by March 2023. Further schemes are in development to achieve £3m by the end of the year. This leaves a remaining in-year gap of £1.688m .
1.3	Capital Expenditure	The baseline core capital allocation for the Board has been confirmed as £2.691m , with additional allocations of £11.220m agreed for further investment in the estate, medical equipment and IMT proposals, as well as supporting the replacement of Cath Lab 1 and the Academy refurbishment. In addition, a further £25m has been approved for Phase 2 projects. All these aspects are included as part of Financial Performance Qtr 3 Capital Investment return.
1.4	Income	Income is £0.771m above plan as at Month 9. This reflects the ongoing performance of the GJC Hotel (£0.658m) and the revised forecast SLA positions on the topslice arrangements.
1.5	Expenditure	Expenditure is (£0.701m) overspent YTD with the largest pressure related to increasing levels of activity reported against surgical supplies (£1.743m) offset by the YTD pay underspends of £0.902m . This reflects the level of vacancy challenge within the Board, specifically across nursing and clinical support areas.
1.6	Annual Delivery Plan 2022/23 to 2024/25	Work is now progressing on the ADP update for 2023/24, with planned levels of activity to be determined based upon agreed capacity levels within the 2023/24 activity plan. This will be updated to reflect revisions to the increased capacity available within the opening of Phase 2 expansion.

		Key Actions
1.1	Recovery Workforce Budget, in post and Release review	HLD Cardiology Nursing have informed Finance of four RN Nursing posts that were funded non-recurrently and now have an exit strategy to return the funding back to recurrent funding levels. Finance will continue to work with HLD to confirm the remaining level of funding issued non-recurrently against recurring Posts.
1.2	Efficiency Meetings	Services meet regularly with finance and procurement teams to proactively review and identify savings opportunities. The focus is now on the identification of recurring and sustainable savings in the new financial year and beyond. Engagement has been very good across all areas, but remains challenging to deliver when existing pressures on service to increase capacity for Phase 2 expansion continues to be a priority. Finance continue to link the Financial Improvement Group (FIG) and the Sustainability and Value process to ensure initiatives put forward by other Boards are fully considered.
1.3	Agreement of final outstanding allocations from SG	Allocations for NHS Scottish Academy have been received this month for both Core and NTC Funding. There are still some significant anticipated allocations to be finalised with SG. Whilst many of these will reflect revised estimates of expenditure to the year end, some allocations are within baseline expenditure plans for 2022/23 now and will require final approval as soon as possible.
1.4	2023/24 to 2025/26 Financial Plan and Annual Delivery Plan	A recent communication from Scottish Government has confirmed a draft Financial Plan is due to be submitted by 9 th February, with a final draft submitted by 16 th March. The draft financial plan will be shared with EDG prior to submission, whilst the final draft will go to a Finance and Performance committee for approval before 16 th March. with Scottish Government has commenced to progress the next financial planning and annual development plan. The current timetable is for submission in June 2023. Clarity on timetable and financial assumptions are being discussed at Corporate Finance Network (CFN) to ensure consistency across Scotland in planning assumptions moving forwards.

Core Revenue Financial Performance as at 31 December 2022, Month 9

The Core Revenue position for December 2022 reflects a surplus of £70k.

The table below highlights the key variances:

Table 1: - Summary Core position as at Month 9

Summary Position	Year to Date			Dec-22 Annual Budget £000s	% Variance
	YTD Budget £000s	YTD Actuals £000s	YTD Var £000s		
Income					
Core RRL	(80,105)	(80,105)	0	(122,224)	0%
Income	(60,823)	(61,594)	771	(79,821)	1.3%
Total	(140,928)	(141,699)	771	(202,045)	0.5%
Expenditure					
Staffing	94,646	93,744	902	125,727	-1.0%
Non-pay	46,282	47,885	(1,603)	76,317	3.5%
Total expenditure	140,928	141,629	(701)	202,045	0.5%
Total Core Position	(0)	70	70	0	0.0%

Key Points

- Golden Jubilee Conference Hotel income is above plan but offset by underperformance of NSD Services YTD.
- Efficiencies now identified total £2.535m across the Divisions. A further £0.367m of schemes have been identified to be delivered by the year-end, leaving an in-year forecast gap of £1.694m. This will be managed within the overall financial position.
- Issues with the supply chain regarding regular consumable items continue to be challenging, with the increased use of 'off-contract' suppliers and increased bulk purchasing practice to minimise the risk of sufficient stock contributing to increased surgical supply costs.
- Increasing use of Agency medical costs to cover gaps and recover activity in month relate to:-
 - HL&D - Radiology Consultants (£145k) YTD and Cardiac Registrars (£61k) YTD

- NES – Ophthalmology Consultants (£154k) YTD and Gen Anaesthetics Registrar (£164k) YTD. WLI has also been significant this month a total of 185.88 sessions equates to £149k – for specialties all Anaesthetic, General Surgery, Ophthalmology and Orthopaedics.

Total Income Performance as at 31 December 2022

The table below represents an extract of the summary financial position against Core Income, comprised of the Revenue Resource Limit (RRL) and other Core income (mainly SLA income from Heart & Lung and National Services) as at Month 9, 31 December 2022.

Table 2 – Total Core Funding as at Month 9

	Year to Date			Dec-22	% Variance
	Budget £ 000	Actual £ 000	Variance £ 000	Annual Budget £ 000	
Core - RRL	(63,745)	(63,745)	0	(100,411)	0%
Core - RRL (SLA)	(16,360)	(16,360)	0	(21,813)	0%
Total Core Funding	(80,105)	(80,105)	0	(122,224)	0.0%
Non - RRL SLA	0	0	0	0	
Heart & Lung - Cardiac	(25,380)	(25,231)	(150)	(33,705)	0.6%
Heart & Lung - Thoracic	(7,704)	(7,654)	(50)	(10,288)	0.7%
Heart & Lung - Cardiology	(18,119)	(18,279)	160	(23,703)	-0.9%
Heart & Lung - SPVU	(529)	(529)	(0)	(606)	0.0%
GJCH	(3,066)	(3,723)	658	(3,887)	-21.5%
Other	(6,024)	(6,178)	154	(7,632)	-2.6%
Total Income	(60,823)	(61,594)	771	(79,821)	-1.3%
Total Core Funding/Income	(140,928)	(141,699)	771	(202,045)	-0.5%

The key areas of Income movement driving the above are:

- Cardiac activity is under plan - reduction in the ACT Clinical Fellows income of £90K due to inability to recruit to Clinical Fellows posts, reduced Medical Training income of £44k and Non-West of Scotland cardiac activity is £18k below plan due to the slight decrease in

activity.

- Thoracic activity is £50k below plan, whilst Cardiology activity is now £160k ahead of plan -
- Golden Jubilee Conference Hotel continues to generate revenue ahead of plan as at Month 9. The hotel is now reporting a £111K in month and £658k YTD over-performance, the International Recruitment accommodation impact is included in this figure.

Total Expenditure Performance as at 31 December 2022

The following table provides an overview of how the above key variances are driven from a Divisional level to provide a more detailed understanding of what services within each Division are driving the YTD position noted above;

Table 3 – Total Expenditure by Division as at Month 9

	Annual Budget	YTD Budget	YTD Actuals	YTD Variance	Period Budget M9	Period Actuals M9	% Variance
	£000s	£000s	£000s	£000s	£000s	£000s	YTD
Pay Costs							
Staff Costs-Medical	33,478	25,262	26,453	(1,191)	2,905	3,165	-4.7%
Staff Costs-Nursing	42,602	31,866	30,712	1,154	3,593	3,401	3.6%
Staff Costs-Clinical	17,009	12,835	12,490	344	1,420	1,376	2.7%
Staff Costs-Support	10,168	7,611	7,478	132	861	821	1.7%
Staff Costs-Admin	22,471	17,072	16,610	463	1,923	1,853	2.7%
Total Pay	125,727	94,646	93,744	902	10,702	10,616	1.0%
Pharmacy supplies	4,478	3,452	3,668	(216)	352	387	-6.2%
Surgical Supplies	26,625	21,246	22,989	(1,743)	2,213	2,565	-8.2%
Lab/Radiology Supplies	1,732	1,342	1,410	(68)	138	153	-5.1%
PPE	7,074	5,538	5,575	(37)	452	622	-0.7%
FM	7,975	6,201	6,228	-26	685	749	-0.4%
CS&R&S	28,434	8,503	8,016	487	1,462	1,202	5.7%
Total Non-Pay	76,317	46,282	47,885	(1,603)	5,302	5,678	-3.5%
Total Position	202,045	140,928	141,629	(701)	16,003	16,294	-0.5%

Key Issues:

Medical Pays – There has been an increase in the amount of Discretionary Points across both HL&D (£35k increase) and NES (£21k increase) -backdated to 1st April 2022 HL&D

Cardiac medical pays – (£214k) YTD – a driver within this figure is Agency Locum Registrar of (£61k) YTD to cover vacancy and WLIs. Cardiology medical pays-(£528k) YTD, main drivers within this figure is NSD pressures relating to SNAHFS business case reflects a gap of (£60k YTD). SACCs business case gap of (£196k) YTD. CT Anaesthetics medical (£104k) YTD (main driver WLI at (£460k) YTD).

This is offset with vacancies across the other specialities mainly Radiology and SNRRS at £277k YTD.

NES

General Surgery medical pays – (£583k) YTD activity has increased as well as vacancies which are mainly covered by WLIs – recruitment is underway for substantive staff.

Ophthalmology medical pays – (£38k) YTD, main driver is Agency Locum Consultant of (£154k) YTD - Orthopaedic medical pays – (£231k) YTD, drivers are increased Agency Locum Registrar costs (£22k) YTD covering rota gaps and Consultants salary (£208k) YTD. This is offset with vacancies across the other specialities mainly General Anaesthetics and Gastroenterology at £87k YTD.

Nursing Pays

HL&D – there is a total underspend of £512k YTD and £38k in month within the division – the use of Agency £155k YTD for Critical Care is expected to increase to cover the high number of vacancies.

NES continues to seek to recruit to vacancies and has identified a further £100k in-month efficiency savings. Phase 2 recruitment is still progressing as a priority.

Other pays

Mainly within clinical areas due to vacancies within both HL&D and NES overall total variance of £180k YTD – but main drivers Med Physics, Labs, Perfusion and NES Divisions overall total variance of £136k YTD specifically CSPD and Rehabilitation, Corporate £27k.

Support Staff are also continuing to show slippage with workforce recruitment challenges At a variance of £132k YTD - but we currently advertising for housekeeping and catering.

Non-Pays

HL&D - Surgical supplies continues to be the significant driver of pressure (£1.331m) YTD, Cath Lab is (£1.280m) of this total.

NES activity has increased in month with overspends in Surgical Supplies (£202k) relates to problems within the supply chain stock and the need to use out of contract suppliers and bulk purchases to mitigate the risk of running out of stock.

Division Performance 2022/23

The following table provides an overview of how the above key variances are driven from a Divisional level to provide a more detailed

understanding of what services within each Division are driving the YTD position noted above;

Board Expenditure - 2022/23 at December 2022

Core Expenditure Category	Year To date			Dec-22	Division Year To date Variance				variance %
	YTD Actuals	YTD Period Budget	Var(YTD)	Annual Budget	H&L	NES	CORP	Hotel	
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	
Staff Costs-Medical	26,453	25,262	(1,191)	33,478	(569)	(765)	143	0	-5%
Staff Costs-Nursing	30,712	31,866	1,154	42,602	512	635	6	0	4%
Staff Costs-Clinical	12,490	12,835	344	17,009	181	136	27	0	3%
Staff Costs-Support	7,478	7,611	132	10,168	0	131	2	(1)	2%
Staff Costs-Admin	16,610	17,072	463	22,471	(39)	36	709	(243)	3%
Total Pay	93,744	94,646	902	125,727	85	174	887	(244)	1%
Pharmacy supplies	3,668	3,452	(216)	4,478	(147)	(59)	(9)	0	-6%
Surgical Supplies	22,989	21,246	(1,743)	26,625	(1,331)	(383)	(29)	0	-8%
Lab/Radiology Supplies	1,410	1,342	(68)	1,732	(25)	(32)	(11)	0	-5%
PPE	5,575	5,538	(37)	7,074	(65)	75	(23)	(24)	-1%
FM	6,228	6,201	(26)	7,975	(105)	(60)	289	(150)	0%
CS&R&S	8,016	8,503	487	28,434	(36)	(255)	732	46	6%
Total Non-Pay	47,885	46,282	(1,603)	76,317	(1,708)	(714)	948	(128)	-3%
Total Core Position	141,629	140,928	(701)	202,045	(1,623)	(541)	1,835	(372)	0%

Key Issues

- Information from the Expansion Team have informed that there are 67.0wte filled vacancies currently going through the recruitment process and should be actually in post once all paperwork is complete. Recruitment to key vacancies continues are prioritised by the Board as a whole.
- Reviews of locum, overtime and WLIs expenditure as highlighted above are ongoing, linked in with service gaps, absence management and job plans.

- The fragmented supply chain issues with current suppliers has meant an increase in 'off contract' orders from other suppliers – linked to this is an increase in the level of bulk purchases to mitigate the risk of running out of supplies whilst continuing to increase activity.
- Workforce vacancies, pressures on energy prices and increasing inflationary pressures through short supply chains are increasing leading to cause pressures within utilities and catering.
- Service planning meetings for 2023/24 have highlighted an HR error within Junior Doctors regarding the payment of the correct percentage of banding – equates to approx. £35k and accrual has been done to reflect this - now been rectified and forwarded to Payroll and this will be completed before year-end.
- This use of medical agency in both junior and consultant areas within HL&D and NES divisions is reflected in a total cost of £123K in month, which is a reduction of £70k on last month. It is expected that gaps in service related to this expenditure will continue for the remainder of the year in both Ophthalmology and Orthopaedics due to ongoing vacancies. This is being monitored closely by finance week on week.
- The Golden Jubilee Conference Hotel bedroom sales have exceeded budget in month by £111k. The revenue per available room remains strong with a good annual outturn expected.
- YTD shortfalls in NHS delegate numbers are eroding the gains from the association markets.
- The pay award has now been confirmed and this will be paid in January 2023 but the arrears of pay will not be paid until February 2023.

Annual Delivery Plan and Finance Plan 2022/23 to 2024/25

Work is now progressing to review an update the strategic overview of activity plans for the next 3 years.(23/24 to 25/26). The immediate priority is to review the level of activity moving forwards into 23/24 to inform the first draft of the 3 year Financial Plan which is now due by 9th February 2023.

This initial draft will be presented through EDG to ensure governance and oversight is maintained, however due to the short deadline now requested by the Scottish Government for an initial draft, this will be a very high level view based upon current known assumptions. A more robust and in-depth draft will be completed as per guidance by 16th March, shared through an extra Finance and Performance Committee for review and approval.

The Scottish Government is as yet still to confirm final budget assumptions for 23/24 pay inflation and baseline uplifts for the Financial Plan, but has advised to use 2% for a planning figure for the initial draft. Ongoing work by the Corporate Finance Network and SG finance team will agree further assumptions in the coming weeks.

Confirmation of Covid Funding Allocations 2022/23

The Board continues to review and monitor expenditure and income implications directly attributable to Covid through the FPR route, the main contributors are within GJCH income loss and the ongoing recovery recurring workforce costs not yet released or re-aligned from within the recovery workforce approved.

The Scottish Government has made it clear that the only costs being funded in 2023/24 will relate to Test and Protect and Vaccinations, with the expectation of Boards resolving on-going recovery costs from within their own baselines. This will require the remaining recovery costs, particularly within HLD to be identified and either reduced or eliminated as per original plans.

Efficiency Savings and Financial Improvement Performance

The current efficiency gap as identified in the revised financial plan submission reflects £4.590m. To-date schemes of £2.535m FYE are identified across the Divisions for Month 9, leaving a balance of £2.055m still to be met. A further £0.367m of efficiency opportunities is forecast on the back of some of the key service meetings held during this month, reducing the balance to £1.688m.

The level of unconfirmed funding streams continue to be a further challenge and may affect upon the future level of efficiency plans required, however the finance team continue to work diligently with Scottish Government to mitigate this ensure where feasible that funding applies a cost neutral expenditure out-turn.

NHS GJ is represented within the Scottish Government Financial Improvement meetings, working to drive forward collaborative opportunities and meet with SG to review progress against efficiency performance regularly. It is expected, as has been noted in this month's report, that there will continue to be an improvement in the delivery of in-year and recurring schemes by the financial year-end.

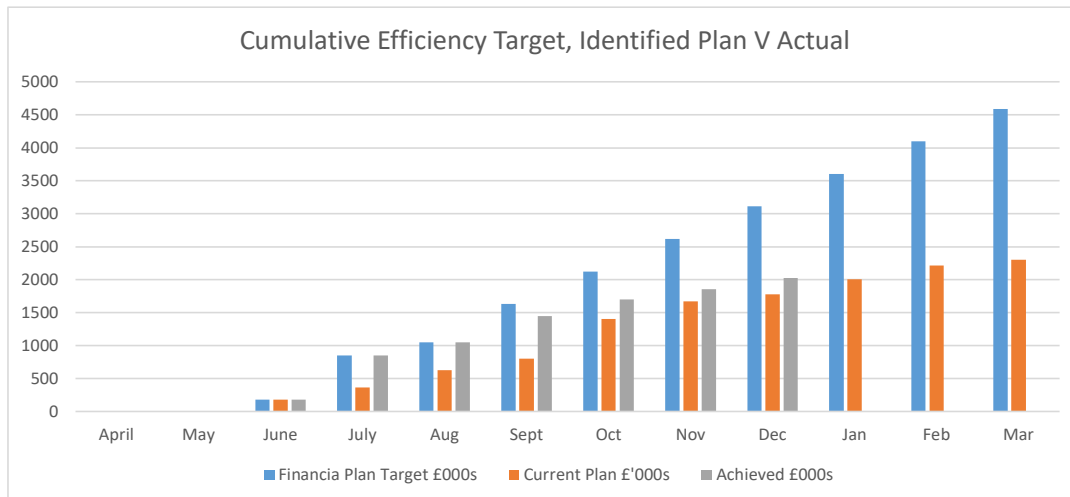


Table 8 – Efficiency Savings as at Month 9

	CYE £000's
Target	4,590
Identified Recurring Savings	977
Identified Non-Recurring Savings	1925
Total Identified	2,902
Outstanding Balance	(1,688)

£2.024m of savings YTD are reported as achieved as at Month 9 financial reporting, this is an increase on previously predicted for this point in the financial year, however it is important to note that this excludes the unidentified savings balance noted within the Boards submitted financial plan.

£1.556m of the achieved £2.024m position relates to non-recurring schemes, mainly from recruitment gaps within nursing and clinical areas due to recruitment challenges. At this stage of the year only 23% of the schemes identified have been found recurrently.

The approach to identification of efficiency savings moving forwards, will move away from reliance on non-recurrent slippage to recruitment and focus on identifying real opportunities to deliver sustainable savings from recurring budgets.

Non-Core Performance

The main elements of non-core funding that are included within the finances for the Board are;

- Depreciation for core capital items – this is an annual transfer from core RRL each year with the budget based on a detailed depreciation budget prepared annually in line with our approved capital plan and existing capital items. This reflects a breakeven position for the year to date.
- Depreciation for donated capital items – this is an annual budget forms part of exchequer funding; this relates to items that have been purchased using donated funds.
- AME Provisions – this is part of Annually Managed Expenditure and is managed and funded centrally. The original £40k estimate in 2022/23 will fluctuate throughout the year with the final amount being identified by year-end. As this is based on movement in claims and estimates from the CLO this number changes on a monthly basis in addition the Board element of its share of the CNORIS pot is only identified at year-end and is expected to be cost neutral. At the end of Month 9 the Board movement in provision has decreased by £63k, which relates to settlement of a number of claims, we will not receive our share of the pot until period thirteen. In month, this is showing a decrease in the value of the provision, mainly due to the settlement and reimbursement of a significant claim in month, due to the process of accounting for AME provisions this will show movements during the year but will be break even at year-end.
- AME – Debtor – as required by accounting standards this is the corresponding debtor for the AME provisions recognising that the Board will receive income upon settlement of claims. This has increased in month due to the increase in value of one claim.
- Impairment – this also is part of Annually Managed Expenditure and is managed and funded centrally based upon an annual expected spend on building projects. There has been no budget included for this in 2022/23, as it is not anticipated that there will be any impairment funding required from SG. Any in year impairment will be managed via the revaluation reserve.

Capital

The Board capital plan for 2022/23 has been agreed by the Capital Group and approved by the capital department at Scottish Government.

The 2022/23 plan is comprised of the following elements:

Capital Plan	Original	Updated capital plan – December	Month 9
	£000's	£000's	£000's
Estates	1,660	3,220	373
Medical Equipment	2,553	3,627	4,309
IMT	1,640	2,793	1,266
Hotel	680	80	-
Academy (Equipment)	275	275	-
Academy (Infrastructure)	1,800	1,225	-
Total	8,608	11,220	5,948
Projects			
Water Source Heat Pump	2,050	0	0
Phase 2*	29,609	25,000	11,636
Total Projects	31,659	25,000	11,636
Total Spend	40,267	36,220	17,584

*The spend for phase two included construction and equipment.

The current allocations have been reviewed in detail by the leads in each area and the core capital group and it has been identified that we can return £8.399m to SG in year with this comprised as follows:

Area	£000'	explanation
Core capital	1.740	it is anticipated that this will be included as additional funding in next financial year
Phase 2	4.609	this will be re-phased into next year as part of the approved FBC funding, this will not impact on the approved funding
Water source heat pump	2.050	this has been re-phased into next year

The capital position is as planned for Month 9 for Board spend, with the spend for phase 2 slightly lower than planned. This is likely to move again prior to year-end, but does not affect the total spend for phase 2.

A significant value of items in the medical equipment plan have now been ordered, this has now been included in the above as the orders have been placed. This spend is £4.309m which includes the cost of cath lab one there is a further £1.953m of the planned equipment spend for phase 2 is included in the phase 2 spend profile.

The baseline core-capital allocation for the Board is £2.691m.

Due to the time in the financial year and following discussions with Scottish Government it has been agreed that we will work with the cost advisor to review the predicted in-year spend. When this has been re-phased funding will be moved from the current year to the next financial year to match the actual expenditure. The funding associated with the elective centres, (which will be subject to some in-year variation), has been reduced in agreement with the Scottish Government to £25m for this financial year. The remaining balance of £4,609m will be moved to 2023/24. It is likely that the phase two budget will be further reduced before year end, with the latest forecast being circa £20m.

When additional funding has become available from SG, NHS Golden Jubilee have made bids for further capital funding within this financial year, with the successful bids relating to:

- National Infrastructure Equipping group - £1.4m to date; this funding relates to cath lab one upgrade
- Initial SG funding, included in the original capital plan - £2.442m
- New released funding from SG for backlog and infrastructure - £4.353m, this is likely to be further reduced prior to year-end due to timing associated with specific projects. Further detail has to be finalised with the relevant lead.

All the funding above was approved by SG and agreed by the capital group, however following a request from SG to revisit the additional funding that we have been allocated, work has been ongoing with the leads from each area in the capital plan to identify what/if any funds that we will be unable to utilise in this year. At the end of Month 8, we have identified there is an initial £1.166m that we can return to SG,

linked to the timing of projects. There is a potential further £1m of slippage that can also be returned – this will be finalised with SG colleagues with any further funds being returned being included in the month 9 return are likely to be £500k-£1m.

The plan has already been altered following discussions with SG to move the water source heat pump to future years and reduce the in year academy infrastructure spend and phase it over this year and next. The plan is likely to be amended again following the latest request from SG.

IFRS16

As in prior months the numbers are not yet in e-financials, however the numbers we are reporting are from pro-lease, the national system purchased for recording IFRS 16. The account codes for this have now been entered into e-financials therefore from month 9 onwards the information will be recorded in the finance system.

RRL Allocations April-December

The December allocation letter has confirmed allocation funding of **£79.433m** against anticipated allocations of **£122.224m**. Final discussions are taking place in liaison with SG policy teams to confirm the final level of outstanding allocations still to be received of **£42.790m**.

Appendix 1 provides the detail of the 2022/23 RRL Financial Plan.

The Board are asked to

- Note the financial position for Month 9, as at 31 December for the financial year 2022/23; and
- Note the key messages as highlighted above

Director of Finance
NHS Golden Jubilee

Appendix 1 – 2022/23 RRL Financial Plan

2022-23 RRL Financial Plan		Fin Plan	Adj	Total
		£	£	£
Income				
Base	Baseline recurring	60,942,000		60,942,000
Outcomes Framework	Earmarked Recurring			0
RRL prior year Recurring Adjustments	Baseline recurring	0		0
RRL prior year earmarked recurring	Baseline recurring	4,990,530		4,990,530
Uplift % to baseline figures	Earmarked Recurring	1,318,651	17,719	1,336,370
National Insurance Increase	Earmarked Recurring	900,000		900,000
Infrastructure support - AST WTIP	Recurring (Allocated Non-Rec)	1,460,000		1,460,000
Top slice National Boards - operating cost or RRL	Recurring	0		0
National Boards savings	Recurring	200,000		200,000
NHS Reform access to transformational change				0
IJB - Impact in future years				0
NWTC top-slice for Boards SLA's	Recurring	21,130,442	667,384	21,797,826
SLA top slice uplift	Recurring	422,609	13,348	435,957
Waiting Times - recurring marginal transition	Recurring		2,088,000	2,088,000
Ophthalmology Phase 1 Elective expansion - acceleration	Recurring	2,266,999	982,426	3,249,425
remove depreciation to non-core		(7,688,000)	(100,000)	(7,788,000)
NDC top slice		(512,882)		(512,882)
Outcomes Framework:				
e-health Applications fund				0
e-Health - strategic fund		244,298		244,298
e-Health - infrastructure fund				0
e-Health - other				0
e-health - 5% reduction				0
HAI funding allocation		0		0
Outcomes Framework	Recurring	64,949		64,949
QUEST - Quality & Efficiency Support team		0		0
Support for Advocacy provision		0		0
MRI Mobile Unit (Assume t/f to 1 of new scanners)		0		0
Core research allocation incl. additional NRS nursing funds	Recurring	475,000		475,000
Additional NRS Nursing funds	Recurring			0
Small Business Research Initiative (SBRI)	Non-recurring			0
Ehealth Leads support	Non-recurring	65,000		65,000
Distinction awards	Non-recurring	54,190		54,190
Additional SG bid against Waiting Times/ recovery plan:				
Cath Lab 5 expansion capacity pressures	Recurring	0		0
NHS Improvement in careers programme	Non-recurring	10,000		10,000
Discovery system (top-slice)	Recurring	(3,131)		(3,131)
Ophthalmology Phase 1 Elective expansion	Recurring			0
Ortho/Other specialties Phase 2 Elective expansion	Recurring	482,778	6,581,000	7,063,778
Waiting Times - recurring workforce transition	Recurring	3,940,000	(940,000)	3,000,000
Independence Sector Development		730,000	(46,000)	684,000
21/22 Surlis c/fwd		50,000	57,000	107,000
NHS Scotland Academy		1,444,162	2,105,838	3,550,000
Endoscopy Unit		2,974,000	(186,000)	2,788,000
WTIP - Main Suite IS Theatre		1,147,000	(72,000)	1,075,000
Cardiac & Cardiology WTIP bids			0	0
Recovery Plan	Non-recurring	305,000		305,000
IV Fluids Programme	Non-recurring	35,000		35,000
MPPP Arise	Non-recurring	4,801		4,801
Realistic medicine - Leads & Programme Managers	Non-recurring	50,000		50,000
OU Students	Non-recurring	25,000		25,000
Health Staffing Act	Non-recurring	34,038		34,038
Implementation of EIC	Non-recurring	31,930		31,930
Cardiac Physiologists Training	Non-recurring	23,760		23,760
Radiographer Training	Non-recurring	16,881	1,759	18,640
Building capacity for international recruitment	Recurring	45,000	243,000	288,000
Covid Funding Letter			2,200,000	2,200,000
CFSD Green Theatres bid			201,016	201,016
CFSD additional support bud			756,000	756,000
CFSD ANIA bid			220,960	220,960
CFSD	Recurring	13,221,301	(4,075,319)	9,145,982
4.5% Medical Pay Award uplift			551,472	551,472
				0
Total Core		110,901,307	11,267,603	122,168,910