

NHS Board Meeting
28 August 2019

Lanarkshire NHS Board
Kirklands
Fallside Road
Bothwell
G71 8BB
Telephone: 01698 855500
www.nhslanarkshire.scot.nhs.uk



SUBJECT: FINANCE REPORT FOR THE PERIOD ENDED 31 JULY 2019

1. PURPOSE

This paper is coming to the Board:

For approval	<input type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input checked="" type="checkbox"/>
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2. ROUTE TO THE BOARD

As agreed, this report comes straight to the Board from the Director of Finance. The Acute Governance Committee and Health and Social Care Partnership Management Teams receive financial reports for their own area.

The paper has been:

Prepared	<input checked="" type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input type="checkbox"/>
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by the Director of Finance.

3. SUMMARY OF KEY ISSUES

The Board's financial plan relied on £17.754m of savings to bridge the gap between predicted cost growth and the allocation uplift. An estimated £2.103m of savings had still to be identified at the time of submitting the financial plan and a number of agreed savings plans would not take effect until part way through the year meaning the trajectory for the year started off with costs exceeding income, starting to turn round in August 2019 to end the year at break-even.

At the end of July 2019 the Board is reporting a £0.703m over spend which is £0.298m better than the financial plan year to date trajectory. This includes a reported over spend within the Acute Division of £1.186m.

There are still some key uncertainties over income and in several areas of expenditure, most notably on drugs. Reasonable assumptions have been used in preparing the month 4 figures but the degree of estimation means a level of caution is required.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	AOP	<input checked="" type="checkbox"/>	Government policy	<input type="checkbox"/>
Government directive	<input checked="" type="checkbox"/>	Statutory requirement	<input checked="" type="checkbox"/>	AHF/local policy	<input type="checkbox"/>
Urgent operational issue	<input type="checkbox"/>	Other	<input type="checkbox"/>		

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	<input type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input type="checkbox"/>
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Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

6. MEASURES FOR IMPROVEMENT

Achievement of AOP agreed position for revenue resource limit, capital resource limit and efficiency target.

7. FINANCIAL IMPLICATIONS

As set out in the paper.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

As set out in the paper.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input type="checkbox"/>	Effective partnerships	<input type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance Management	<input checked="" type="checkbox"/>	Equality	<input type="checkbox"/>
Sustainability Management	<input checked="" type="checkbox"/>				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

An E&D Impact Assessment has not been completed

Yes
No

This is a factual position report prepared from information in the financial ledger. It contains no proposals with an equality and diversity impact.

11. CONSULTATION AND ENGAGEMENT

This is a factual position report prepared from information in the financial ledger. It contains no proposals on which to consult.

12. ACTIONS FOR THE BOARD

The Board is asked to note the contents of the report:

Approve	<input type="checkbox"/>	Endorse	<input type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input checked="" type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>	Ask for a further report	<input type="checkbox"/>

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact *Laura Ace, Director of Finance* Telephone: 01698 858190.

28 August 2019

Meeting of Lanarkshire
NHS Board
28th August 2019

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SUBJECT: FINANCE REPORT FOR THE PERIOD ENDED 31 JULY 2019

1. PURPOSE

The attached report provides Board members with an update on financial performance up to 31st July 2019.

2. CONTENT/SUMMARY OF KEY ISSUES

The Board is expected to live within its Revenue Resource limit (RRL). The 2019/20 annual operating plan submitted to the Scottish Government Health and Social Care Department (SGHSCD) in March 2019 forecast £17.754m of savings would be required to achieve this, of which £2.103m of savings had still to be identified. Achievement levels at 31st July 2019 has led to a revised assessment of a £0.400m gap still to be filled for 2019/20. The gap is narrowing through additional savings from rebates and discounts as part of national deals. They are not guaranteed beyond a fixed period though are likely to continue in some form going forwards.

At the end of July 2019 the Board is reporting expenditure £0.703m over budget. This is £0.298m better than the financial plan year to date trajectory. At this stage of the year however there are no figures for high cost drugs prescribed out of area so the above assessment would only hold if the invoices are in line with the financial plan.

Funding of £29.523m has been received from Scottish Government for the impact of the 6% increase in superannuation employer costs precipitated by a change in the treasury discount rate. The funding has to cover our own employees, the impact on our healthcare service level agreements with other NHS Boards and the impact on some other bodies. Modelling work on how to distribute it will be concluded in August. Our assumption remains that this will be cost neutral overall.

The Acute Division is £1.186m over budget at month 4. Although this is less than the £1.303m overspend at a similar point last year, the overspend on the pays element is higher and the benefit this year from the drugs expenditure to July being less than one third of the annual budget may be eroded as the year progresses. Corporate areas and both Health and Social Care Partnerships are under budget.

Capital expenditure in the first 4 months is low. The Monklands business continuity work, the e health plan, the medical equipment plan and the creation of another laminar flow theatre in Hairmyres have all been approved by CIG over the period May – August, so spending should accelerate.

3. CONCLUSION

Board members are asked to note that, based on known information the plan is still on trajectory, though there is still uncertainty on a number of estimates.

4. FURTHER INFORMATION

For further information or clarification of any issues in this paper, please contact:

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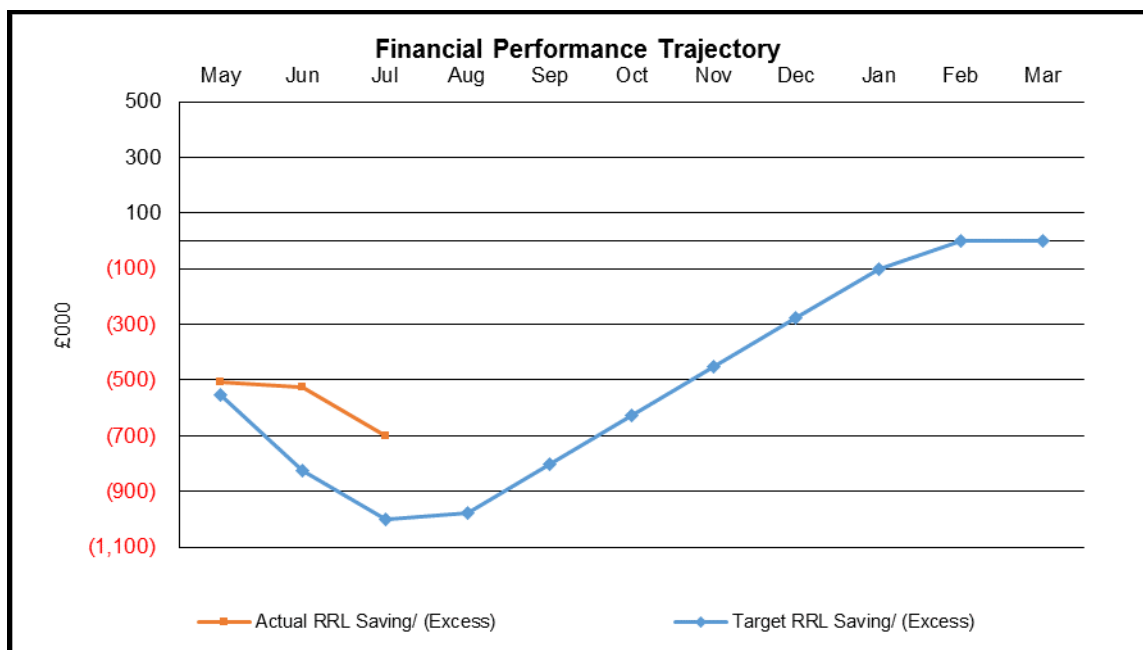
NHS LANARKSHIRE FINANCE REPORT FOR THE PERIOD ENDED 31 JULY 2019

1. Introduction

- 1.1. The purpose of this report is to provide Board Members with a summary of revenue and capital financial performance for the first four months of 2019/20.

2. Overview

- 2.1. The 2019/20 financial plan was submitted to the Scottish Government Health and Social Care Department (SGHSCD) in March 2019. In order to meet anticipated unavoidable cost rises £17.754m of efficiency savings were needed. At the time of submitting the plan £2.103m of those still had to be identified.
- 2.2. The graph below shows how our financial position to date compares to the trajectory estimated at the time of setting the initial plan which is consistent with the estimates made at the time of the Annual Operating Plan submission. As the £2.103m had not been identified at 31 March 2019 it was assumed expenditure would exceed income until August 2019 at which point that Board would have implemented plans for financial balance and would see an improvement in the second half of the year.



- 2.3 The Divisional split of the £0.703m over spend to the end of July 2019 is set out in table 1. This is £0.298m better than the estimates made at the time of the AOP submission.

	YTD Budget £M	YTD Actual £M	YTD Variance £M
Acute Operating Division	125.264	126.450	(1.186)
North Lanarkshire Health & Social Care Partnership	94.975	94.497	0.478
South Lanarkshire Health & Social Care Partnership	130.887	130.483	0.404
Headquarters / Corporate Functions	52.079	51.189	0.890
Service Level Agreements / Other Healthcare Providers	64.457	64.278	0.179
NHSL - wide	(8.467)	(7.881)	(0.586)
Net operating costs	459.195	459.016	0.179
Remove IJB Position	(225.862)	(224.980)	(0.882)
Revised Net operating costs	233.333	234.036	(0.703)

3. Revenue Resources

- 3.1. At the end of July 2019, the Core Revenue Resource Limit (RRL) for NHS Lanarkshire was £1,251.787m, details of which are noted in Annex A.
- 3.2. The July 2019 Core Revenue Resource Limit includes confirmed resources of £0.674m to provide Public Dental Services, £0.122m to implement Child Weight Management Services Standards, £2.055m for Family Nurse Partnership funding for delivering the expansion of the programme, £0.339m to increase the number of Insulin Pumps and Continuous Glucose Monitoring for Adults and £0.763m for Cancer and Diagnostics activity in 2019/20.
- 3.3. The Board received a letter from Scottish Government setting out the 2019/20 approach to recruiting additional Mental Health workers under Action 15 of the Mental Health Strategy. £17m is available nationally and funding is to be issued in two tranches and delegated to Integration Authorities. The Scottish Government have notified the Chief Financial Officers network that any local earmarked Action 15 reserves for 2018/19 are to be invested in 2019/20 before accessing new funding. NHS Lanarkshire's first tranche of Mental Health Strategy Action 15 funding has been confirmed at £1.244m and will be supplemented with £0.224m of IJB earmarked reserves held over from 2018/19.
- 3.4. We are anticipating at least an additional £102m of specific allocations, the largest component of which would be approximately £93m in standard primary care allocations. Where funding is being issued for a specific purpose the

assumption is that it will be wholly spent achieving those aims and so will have no impact on the bottom line.

4. Acute Division

- 4.1. The year-end Acute over spend for 2018/19 was £3.684m. The Acute Division's efficiency plans for 2019/20 tackled several areas of pay and supplies overspend and for the financial plan to hold these would need to reduce the over spend to a maximum of £2.683m. The Acute Division is reporting an over spend of £1.186m for the period to the end of July 2019, as detailed in Table 2.
- 4.2. In addition the Acute Division's efficiency plan sees it being able to return a minimum of £2.571m of efficiency savings from budgets to recirculate to fund pay and drug cost increases. £0.300m of efficiency savings achieved to date has been removed from budgets and returned centrally.

	Budgeted Operating Costs 31/07/2019 £M	Actual Operating Costs 31/07/2019 £M	Actual saving / (excess) 31/07/2019 £M
Pay	102.244	103.246	(1.002)
Non Pay	32.908	33.092	(0.184)
Healthcare Purchases	1.893	1.893	0.000
Gross operating costs	137.045	138.231	(1.186)
Less: miscellaneous income	(11.781)	(11.781)	0.000
Net operating cost	125.264	126.450	(1.186)

- 4.3. The medical staffing budget is overspent by £0.377m as at 31st July 2019, linked to locum costs as a result of sickness, maternity leave and difficulties in filling posts. This compares with an over spend of £0.157m for the same period of 18/19. Efficiency schemes linked to reducing agency costs should have led to a reduction of approximately 40% in the over spend but have not been able to demonstrate a saving at the month 4 stage.
- 4.4. Healthcare scientists are 5.2% (£0.341m) over budget, more than double in the first 4 months of the previous year. Multiple factors contribute to this including more staff on higher increments.
- 4.5. The nursing budget is overspent by £0.303m as at 31st July 2019, double the first 4 months of the previous year. The efficiency proposals to control agency spend and make best use of substantive staffing should have led to a 62% reduction in the previous level of overspend.
- 4.6. The expenditure on hotel services in the first 4 months of 19/20, at £0.667m is £0.048m (7.8%) more than in the first 4 months of the previous year and

£0.207m over budget. A new contract was awarded to provide transport for patients, securing a lower price for the service. However patient numbers have since increased across the Wishaw and Monklands sites, in particular the specialist transport for renal patients.

- 4.7. At £17.034m the first 4 month's Lanarkshire hospitals drug spend is 3.2% more than at the same point last year. This indicates the savings achieved to date through drug switches or national discounts have kept pace with the expansion in use of new drugs. The Acute Division has recognised a £0.159m underspend against budget at month 4, offsetting other non-pay over spends. In future months, expenditure is expected to rise more steeply due to new drugs and an expansion in the numbers of people treated and the range of conditions for which drugs can be used for. It is too early to draw conclusions on year-end forecasts. We have not yet been advised of the high cost drugs to be invoiced to us from the specialist out of region centres.
- 4.8. Continued pressure on the 3 District General Hospitals has meant that Wishaw has not yet stood down all of its additional winter capacity and Hairmyres is having to put in place extra measures. The financial impact of this has been contained so far but would start to have an impact in future months.

5. Health and Social Care Partnerships

- 5.1. Across the Health and Social Care Partnerships, there is an under spend of £0.882m for the period to the end of July 2019 (North IJB - £0.478m; South IJB - £0.404m). This represents a decrease of £0.135m from the previous month (North IJB - £0.033m; South IJB - £0.102m).
- 5.2. GP prescribing figures for April 2019 showed a 7.88% increase in the number of items dispensed though by June's indicative figures this has settled down to under 2% in the first 3 months. Changes to the drug tariff are mainly being recirculated into funding for Pharmacies through the global sum but there are still some benefits accruing from a greater discount factor as well as some further rebates. Both partnerships are on track to meet their savings target. For North this should be sufficient to allow prescribing to remain within budget. South's weaker starting position and lower savings achievement however means it is at risk. With only 2 months' expenditure data, breakeven has been assumed.
- 5.3. Tables 3 and 4 show the position in each partnership.

	Budgeted Operating Costs 31/07/2019 £M	Actual Operating Costs 31/07/2019 £M	Actual saving / (excess) 31/07/2019 £M
Pay	42.944	42.453	0.491
Non Pay	26.348	26.396	(0.048)
Prescribing	23.603	23.603	0.000
Sub Total	92.895	92.452	0.443
Primary Care Improvement Fund	0.000	0.000	0.000
Share of Primary Care Other Services	2.080	2.045	0.035
Family Health Services	0.000	0.000	0.000
Net operating cost	94.975	94.497	0.478

	Budgeted Operating Costs 31/07/2019 £M	Actual Operating Costs 31/07/2019 £M	Actual saving / (excess) 31/07/2019 £M
Pay	20.787	20.407	0.380
Non Pay	21.124	21.354	(0.230)
Prescribing	22.004	22.004	0.000
Sub Total	63.915	63.765	0.150
Primary Care Improvement Fund	1.022	0.801	0.221
Share of Primary Care Other Services	1.998	1.965	0.033
Family Health Services	63.952	63.952	0.000
Net operating cost	130.887	130.483	0.404

- 5.4. The majority of non-prescribing savings identified by the HSCPs related to portions of budgets against which there were not yet full commitments. These were removed in full from the starting position and the fact that overall expenditure is still contained within budget gives confidence that these savings can be delivered. South has flagged that some of its savings plans relating to mitigating cost growth have not yet found a way of doing this that gives recurring benefit so there is concern for 2020/21.

6. Headquarters / Corporate Functions

- 6.1. The Headquarters and Corporate Functions are reporting an under spend of £0.890m for the period to the end of July 2019, as detailed in Table 5, an increase of £0.466m from the previous month.

	Budgeted Operating Costs 31/07/2019 £M	Actual Operating Costs 31/07/2019 £M	Actual saving / (excess) 31/07/2019 £M
Pay	21.286	20.431	0.855
Non Pay	33.141	33.106	0.035
Gross operating costs	54.427	53.537	0.890
Less: miscellaneous income	(2.348)	(2.348)	0.000
Net operating cost	52.079	51.189	0.890

- 6.2. The under spend is spread across Corporate Departments (£0.241m), Central Services (£0.219m) and Property and Support Services (£0.430m).
- 6.3. The majority of target savings have been deducted from budgets so this performance is reassuring.

7. Service Level Agreements/Other Healthcare Providers

- 7.1. Service Level Agreements and Other Healthcare Providers are reporting an under spend of £0.179m for the period to the end of July 2019, as detailed in table 6, no change from the previous month.

	Budgeted Operating Costs 31/07/2019 £M	Actual Operating Costs 31/07/2019 £M	Actual saving / (excess) 31/07/2019 £M
Service Level Agreements	57.719	57.417	0.302
Unpacs and Oats	6.631	6.719	(0.088)
Independent Sector	0.107	0.142	(0.035)
Net operating cost	64.457	64.278	0.179

- 7.2. The under spend of £0.302m being reported against service level agreements is based on the continuation of the 2018/19 position. The uplift to be applied to agreements for 2019/20 has still to be agreed. Boards received a standard uplift of 2.5% which has traditionally formed the basis of the uplift. Funding for the 6% additional superannuation cost arising from the change to the discount rate in the scheme valuation would also be expected to be passed on in the SLA agreement. Until the additional uplift percentage is confirmed the uplift value is uncertain.

- 7.3. NHS Greater Glasgow & Clyde had provisionally informed NHS Lanarkshire to expect a reduction in the amount due to Glasgow following the latest iteration for 2019/20 of the Glasgow cross boundary flow model. Caution in not recognising this earlier has proved well founded as it would only be a reduction, if additional non-recurring payments made in 2017/18 were counted.

8. CRES/Efficiency

- 8.1. To balance the financial plan in 2019/20 the Board needed to release £17.754m of cash from budgets through efficiency savings (CRES). At the time of submitting the financial plan the Board had identified proposals for all but £2.103m of this total.
- 8.2. Table 7 below gives a provisional assessment of month 4 performance against the Annual Operational Plan (A.O.P) submission.

Financial Plan description	Annual Operating Plan £m	Revised Annual Plan £m	Plan to date £m	Actual to Date £m
Service redesign	0.632	0.632	0.245	0.249
Drugs & prescribing	2.787	2.963	0.882	0.898
Workforce	0.620	0.730	0.263	0.143
Procurement	0.216	0.858	0.786	0.716
Infrastructure	1.339	1.468	1.426	1.386
Other	5.742	6.388	2.015	2.015
Financial Management / Corporate Initiatives	-	-	-	-
Unidentified Savings	2.103	0.400	-	-
Total Core NHS Board Savings	13.439	13.439	5.617	5.407
Savings delegated to Integration Authorities	4.315	4.264	3.634	4.014
Total Savings Required	17.754	17.703	9.251	9.421

- 8.3. The split of the £17.754m AOP savings was £8.260m recurring, £9.494m non-recurring. Delivery to date is broadly in line with that.
- 8.4. For the Acute Division to deliver on the targets included in the financial plan £2.571m of savings would need to be returned from budgets to be recirculated to meet pay, drugs and other cost pressures. A further £1.317m would need to be delivered by reducing overspends against existing budgets. This would equate to the Acute Division reducing its year end overspend to no more than £2.683m. These are minimum savings. The residual gap of £0.400m has still to be identified and will rely on both Acute and Corporate identifying further savings.

- 8.5. At month 4 £0.300m has been deducted from the Acute Division budgets in respect of agreed plans. A number of acute savings schemes did not anticipate delivering savings until June or beyond. A review of progress against key milestones for some of these plans would indicate a risk of slippage. Targeted temporary workforce savings appear very vulnerable at this stage. Consumable savings are taking longer to materialise.
- 8.6. IJB's received the agreed 2.5% allocation uplift and therefore had to identify efficiency savings to meet any cost growth predicted in excess of this. Almost all the savings have been deducted from budget, holding the funding to recirculate alongside the 2.5% uplift. Based on information from the pharmacy team about initiatives successfully in place the combined £1.640m of prescribing efficiencies is on track and may achieve slightly more. The intention to generate £0.1m of savings from moving to single use instruments in podiatry may not be realised as it relied on a reducing in the cost of the decontamination contract which has not yet been secured.
- 8.7. Additional rebates and discounts from national negotiations have made inroads into the residual £2.103m gap, which now sits at £0.400m. This will be reviewed monthly and if established schemes deliver less than current forecasts could rise as well as fall. In preparation for a higher level of savings in 2020/21, the focus on efficiency and sustainable financial solutions to service issues is being enhanced. The CMT will dedicate one session a month for programme oversight of an expanded efficiency review. The first meeting took place on 24th June 2019.

9. Capital

- 9.1 The Scottish Government has confirmed the initial NHS Lanarkshire Capital Formula Allocation for 2019/19 at £12.392m, no change from the previous year. NHS Lanarkshire will also be allowed to retain property receipts to support capital plans and will receive £2.450m towards the Monklands replacement or refurbishment business case. NHS Lanarkshire has authority to commit capital expenditure in advance of expected sales, though should any sale not materialise in 2019/20, the Board will be expected to work with SGHSCD to find ways to minimise the need for temporary brokerage till the sale is completed.

- 9.2 Expenditure to the value of £1.244m has been incurred in the first four months as detailed in Annex B.
- 9.3 The £5.8m risk based programme of business continuity work, endorsed at the PPRC of 11th April and approved in the May Board meeting, has been commissioned and taken through the design stages with on-site work commencing in June. Reactive maintenance, supported through revenue funding, continues as required.
- 9.4 A prioritised medical equipment programme has been agreed through the core equipment group and capital investment group. Until July only emergency replacements had been ordered.
- 9.5 The Capital Investment Group approved the business case for an additional laminar flow theatre at Hairmyres to increase the volume of orthopaedic procedures that can take place on that site. On site work should commence soon.

10. Development and Approvals

Since the March 2019 Financial Plan there have been no additional commitments made by NHS Lanarkshire. There are however a number of national business cases being progressed which could result in additional costs.

11. Risk Assessment

There are a number of risks that could threaten delivery of the financial targets, the most significant of which are listed below. Remaining uncertainties means the risk rating still sits at high.

- The modelling work to distribute the funding received to cover the cost of the employer's superannuation increase will be completed soon. There is still a risk, with auto enrolment taking place in June 2019 and expansion in various staff groups that funding calculated at a point in time will come under strain;
- Since the plan was drawn up, a Scottish Government policy commitment has been made to allowing the use of drugs for very rare conditions in advance of the normal drug evaluation processes. Such drugs can fall in the £0.1m to £0.450m range each;
- £0.400m savings have still to be identified based on the original plan and the divisions still have to deliver against their current savings forecasts;

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- There has been reliance on Scottish Government funding to cover winter pressures in previous years and the plan does not have a provision for replacing or increasing that;
- Since preparing the plan the potential for a 5% reduction in the e health strategic fund and a 5% reduction in the outcomes framework funding has been advised. Details are not yet known and coping strategies have yet to be fully developed;
- The funding requirements and responsibilities for a number of national business cases are not yet known. It has been assumed for example that the Board will face no additional in year costs for the national decision to contract with Microsoft for Office 365. NHS Lanarkshire already has valid up to date licences for Microsoft Office.

The initial risk rating of very high has been reduced following confirmation of £10.3m funding to support delivery of planned care access targets. Since then NHS Greater Glasgow & Clyde have indicated they wish to receive £2.69m of the funding to cover Lanarkshire residents treated in Glasgow. The agreement reached with the Access unit over funding was that it was to be applied to the waiting lists in NHS Lanarkshire hospitals and it was understood Scottish Government funded NHS Greater Glasgow & Clyde directly for their waiting lists activity. There is no provision to meet this request.

Given the level of uncertainty described above the risk rating still sits at high.

Active monitoring and modelling once information becomes available will help quantify some of the identified risks. Finding solutions to a higher cost or lower income profile than anticipated will rely on acceleration of efforts to identify efficiencies for future years.

12. Conclusion

The Board is asked to note:

- the actual revenue over spend of £0.703m as at 31 July 2019;
- the initial assessment that month 4 is on trajectory even though this relies on various assumptions round drugs and funding ;
- the significant risks highlighted in section 11;
- The expectation that the capital programme, since agreed by the May 2019 Board, will now pick up pace.

LAURA ACE
DIRECTOR OF FINANCE
19 August 2019

REVENUE RESOURCE LIMIT 2019/20

	Baseline Recurring £M	Earmarked Recurring £M	Non Recurring £M	Total £M
Core Revenue Resource Limit as at 30 June 2019	1,230.951	6.083	9.438	1,246.472
Advanced Breast Practitioner in Radiography Pilot	0.000	0.000	0.073	0.073
Salaried General Dental Services element of the Public Dental Service	0.000	0.674	0.000	0.674
Implementation - Child Weight Management Services	0.000	0.000	0.122	0.122
Family Nurse Partnership Programme	0.000	0.000	2.055	2.055
Breastfeeding PfG year 2 project funding	0.000	0.000	0.062	0.062
PASS Contract	0.000	0.000	(0.071)	(0.071)
Excellence in Care	0.000	0.000	0.090	0.090
Excellence in Care, e-Health	0.000	0.000	0.020	0.020
Increase provision of insulin pumps for adults	0.000	0.000	0.339	0.339
Scottish Diabetes Foot Coordinator	0.000	0.000	0.013	0.013
Cancer and Diagnostics Activity in 2019-20	0.000	0.000	0.763	0.763
Mental Health Strategy Action 15 Workforce - Tranche 1	0.000	1.244	0.000	1.244
Discovery (top slice)	0.000	(0.069)	0.000	(0.069)
Core Revenue Resource Limit as at 31 July 2019	1,230.951	7.932	12.904	1,251.787
Non Core Revenue Resource Limit as at 30 June 2019	0.000	0.000	0.000	0.000
	0.000	0.000	0.000	0.000
Non Core Revenue Resource Limit as at 31 July 2019	0.000	0.000	0.000	0.000
Total Revenue Resource Limit as at 30 July 2019	1,230.951	7.932	12.904	1,251.787

NHS LANARKSHIRE			
CAPITAL EXPENDITURE TO 30th June 2019			
	2019/20 Plan £M	2019/20 Forecast £M	Actual £M
Initial Capital Formula Allocation: Capital Resource limit adjustments:	12.392	12.392	0.603
ADJUSTED NET ALLOCATION	£12.392	£12.392	£0.603
Anticipated Capital Resource Limit Adjustments :			
Additional Central Resource Allocation	2.450	2.450	0.641
West of Scotland Laundry - Transfer from other boards	0.112	0.140	
Revenue to Capital transfer	0.000	0.000	
	£2.562	£2.590	£0.641
Other Income Adjustments:			
Other Income	0.017	0.017	
	£0.017	£0.017	£0.000
Disposal Programme:			
Property Disposals	4.075	4.163	1.950
Property Disposals returned to S.G.	0.000	0.000	
	£4.075	£4.163	£1.950
	£19.046	£19.162	£3.194
<u>CAPITAL EXPENDITURE:</u>			
<u>Business Cases</u>			
Monklands general business continuity	5.800	5.800	0.128
Acute Property Works	3.230	3.230	0.275
New Monklands Fees	2.400	2.400	0.641
	11.430	11.430	1.044
<u>Medical Equipment</u>	4.600	4.727	0.112
	4.600	4.727	0.112
<u>Other Service Developments</u>			
Northern Corridor	0.020	0.020	0.009
	0.020	0.020	0.009
<u>Other Expenditure</u>			
Statutory Maintenance	0.173	0.173	
PSSD Equipment	0.280	0.280	
<i>subtotal</i>	0.453	0.453	0.000
I.M.&T Projects	2.543	2.532	0.079
	2.996	2.985	0.079
TOTAL CAPITAL EXPENDITURE	£19.046	£19.162	£1.244
(OVER) / UNDER COMMITTED	£0.000	£0.000	£1.950