

Meeting of Lanarkshire,
NHS Board
27th March 2019

Lanarkshire NHS Board
Kirklands
Fallside Road
Bothwell G71 8BB
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www.nhslanarkshire.co.uk



SUBJECT: FINANCE REPORT FOR THE PERIOD ENDED 28 FEBRUARY 2019

1. PURPOSE

This paper is coming to the Board:

| | | | | | |
|--------------|-------------------------------------|-----------------|--------------------------|---------|-------------------------------------|
| For approval | <input checked="" type="checkbox"/> | For endorsement | <input type="checkbox"/> | To note | <input checked="" type="checkbox"/> |
|--------------|-------------------------------------|-----------------|--------------------------|---------|-------------------------------------|

2. ROUTE TO THE BOARD

As agreed, this report comes straight to the Board from the Director of Finance. The Operating Management Committees receive financial reports for their own area.

3. SUMMARY OF KEY ISSUES

At the end of February 2019 the Board is reporting a £0.114m over spend, £0.030m better than the Annual Operating Plan (AOP) trajectory which had always recognised a gap between expenditure being incurred and savings schemes taking full effect. A deliverable plan for closing the £5.473m gap remaining at the time of submitting the AOP is now in place. The forecast is for year-end breakeven, including being able to use underspends and slippage to ensure additional winter capacity is in place and to advance some high priority infrastructure spending.

The portfolio of capital projects identified at the start of the year are being actively monitored with the trajectory amended as appropriate to ensure available resources are used to best effect.

4. STRATEGIC CONTEXT

This paper links to the following:

| | | | | | |
|--------------------------|-------------------------------------|-----------------------|-------------------------------------|-------------------|--------------------------|
| Corporate objectives | <input checked="" type="checkbox"/> | LDP | <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"/> |
|------|--------------------------|-----------|-------------------------------------|----------------|--------------------------|

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 | <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.

| | | | | | |
|----------|-------------------------------------|----------------------------|--------------------------|--------------------------|--------------------------|
| Approval | <input type="checkbox"/> | Endorsement | <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 | |

13. FURTHER INFORMATION

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

Laura Ace
Director of Finance

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SUBJECT: FINANCE REPORT FOR THE PERIOD ENDED 28 FEBRUARY 2019

1. PURPOSE

The attached report provides Board members with an update on financial performance for the 11 months to February 2019.

2. CONTENT/SUMMARY OF KEY ISSUES

The Board is expected to live within its Revenue Resource limit (RRL). The 2018/19 financial plan submitted to the Scottish Government Health and Social Care Department (SGHSCD) in March 2018 identified a potential gap between expenditure and income growth and assessed that £25.821m of savings would be required to achieve breakeven. At the 11 month point, delivery against the identified schemes, new opportunities and corporate underspends are judged sufficient to close the gap by the 31st of March 2019.

At the end of February 2019 the Board is reporting expenditure £0.114m over budget, £0.030m better than the financial plan trajectory. The Acute Division is £3.329m over budget at month 11, which is an improvement on the £3.881m overspend at a similar point last year. Corporate areas and both Partnerships are under budget. This better than planned position has allowed the Board to agree additional winter capacity in excess of national funding and to a community IT system replacement programme.

The capital programme approved in outline in March 2018 is being actively managed to ensure available funding is best matched to deliverable priorities. Additional funding has been transferred in to capital from revenue to allow the buyout of the laundry equipment lease.

3. CONCLUSION

Board members are asked to note that the plan is still on trajectory and the level of uncertainty over income and expenditure in the final month has reduced.

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 28 FEBRUARY 2019

1. Introduction

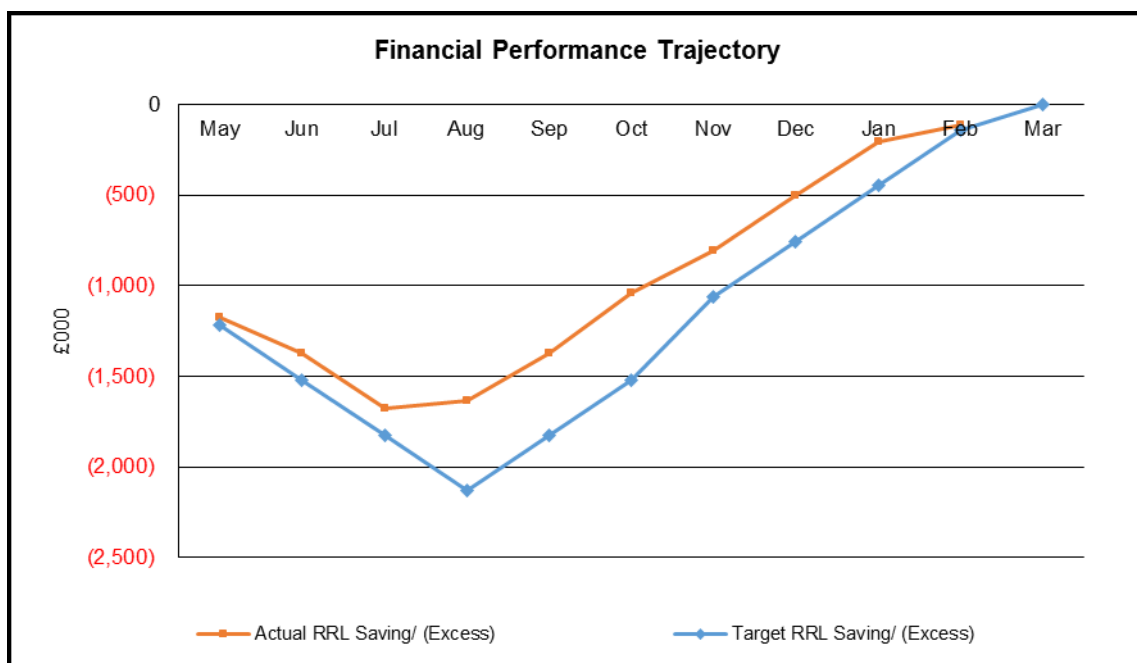
1.1. The purpose of this report is to provide Board members with a summary of revenue and capital financial performance for the eleven months of 2018/19.

2. Overview

2.1. The 2018/19 financial plan was submitted to the Scottish Government Health and Social Care Department (SGHSCD) in March 2018. In order to meet anticipated unavoidable cost rises £25.821m of efficiency savings were needed. Based on the first 11 months performance there is now a high degree of confidence that the Board will not exceed its revenue resource limit.

2.2. The trajectory submitted to SGHSCD assumed that in the early months the gap in identified savings would mean expenditure would exceed income until August 2018 at which point the Board would have implemented plans for financial balance which would then see an improvement in the second half of the year.

2.3. 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 better than estimates made at the time of the Financial Plan submission and has allowed the Board to put in place additional winter capacity and fund community IT implementation costs.



The Divisional split of the £0.114m overspend to the end of February 2019 is set out in table 1. This is £0.030m better than the estimates made at the time of the AOP submission.

Table 1 - Summary Financial Position 2018/19

| | YTD Budget £M | YTD Actual £M | YTD Variance £M |
|---|---------------------|---------------------|-----------------------|
| Acute Operating Division | 327.783 | 331.112 | (3.329) |
| North Lanarkshire Health & Social Care Partnership | 255.672 | 251.402 | 4.270 |
| South Lanarkshire Health & Social Care Partnership | 350.843 | 348.134 | 2.709 |
| Headquarters / Corporate Functions | 140.505 | 139.871 | 0.634 |
| Service Level Agreements / Other Healthcare Providers | 177.075 | 176.229 | 0.846 |
| NHSL - wide | (16.321) | (18.056) | 1.735 |
| Net operating costs | 1,235.557 | 1,228.692 | 6.865 |
| Remove IJB Position | (606.515) | (599.536) | (6.979) |
| Revised Net operating costs | 629.042 | 629.156 | (0.114) |

3. Revenue Resources

- 3.1. At the end of February 2019, the Core Revenue Resource Limit (RRL) for NHS Lanarkshire was £1,272.153m and the Non-Core Revenue Resource Limit was £26.345m, details of which are noted in Annex A.
- 3.2. The February 2019 Core Revenue Resource Limit includes confirmed resources of £0.139m for distinction awards paid to NHS Consultants, £0.108m for the GP Premises loan scheme, £0.247m NSD rebate from the national risk sharing of specialist services and £0.055m for seasonal and childhood flu.
- 3.3. The £0.730m Primary Care improvement fund (tranche 2) represents additional funding beyond the 70% of the initial allocation received in June. The Primary Care strategy group recognised that the pace of spend meant that expenditure would happen next year and in line with the Scottish Government Health and Social Care Directorate (SGHSCD) preferred treatment this was returned through the February allocation letter to be reissued in 2019/20.
- 3.4. An adjustment to return £4.8m of infrastructure funding to be reissued in future years to match the timing of expenditure has also been processed through the February allocation letter by SGHSCD.

4. Acute Division

- 4.1. The Acute Division is reporting an over spend of £3.329m for the period to the end of February 2019, as detailed in Table 2. At the same point in 2017/18 the Acute Division was £3.881m overspent, so this represents continued inroads into the deficit. On top of this, £1.912m of efficiency savings achieved to date have been removed from budgets and returned centrally.

Table 2 - Acute Division 2018/19

| | Budgeted Operating Costs 28/02/2019 £M | Actual Operating Costs 28/02/2019 £M | Actual saving / (excess) 28/02/2019 £M |
|----------------------------|---|---|---|
| Pay | 267.469 | 268.987 | (1.518) |
| Non Pay | 91.571 | 93.382 | (1.811) |
| Healthcare Purchases | 0.920 | 0.920 | 0.000 |
| Gross operating costs | 359.960 | 363.289 | (3.329) |
| Less: miscellaneous income | (32.177) | (32.177) | 0.000 |
| Net operating cost | 327.783 | 331.112 | (3.329) |

- 4.2. The nursing budget is overspent by £0.520m as at 28th February. The Acute Division has put in place a range of measures to control agency spend and make best use of substantive staffing. The over spend is £0.722m less than at the same point in the previous year.
- 4.3. Medical staffing is sitting £0.667m over budget compared to £0.669m over at 28/02/18 and £2.509m over at 28/02/17 indicating that earlier improvements in managing costs are being sustained.
- 4.4. Healthcare scientists are 2.9% (£0.480m) over budget compared to £0.485m over at 28/02/18 and £0.422m over at 28/02/17. Multiple factors contribute to this including more staff on higher increments.
- 4.5. The Lanarkshire hospitals drug spend in month 11 is 4.9% greater than at the same point last year. A year end overspend of £0.250m has been factored in to the overall acute forecast for the year end. There is a compensating benefit however from the overall drug related efficiencies overachieving but this has been shown elsewhere in the plan.
- 4.6. In aggregate, the other supplies budgets are £1.435m over budget. The over spend is £0.392m less than at the same point in the previous year. A number of savings schemes to reduce consumables costs are underway but to date savings are behind trajectory.
- 4.7. Continued pressure on the 3 District General Hospitals has meant that Wishaw has not yet stood down all of its additional winter capacity, with beds still open in the short stay ward. The financial impact of this has been assessed at approximately £0.030m per month. The beds are expected to remain open till the end of 2018/19 and the cost of this over the winter has been included in the winter plan. The first draft financial plan to be presented to the Board in March 2019 does not include any financial provision to make this permanent.

5. Health and Social Care Partnerships

- 5.1. Across the Health and Social Care Partnerships, there is an under spend of £6.979m for the period to the end of February 2019 (North IJB - £4.270m; South IJB - £2.709m). This represents an increase of £0.970m from the previous month (North IJB - £0.584m; South IJB - £0.386m).

- 5.2. Provisional prescribing volumes to the end of January show volumes of items prescribed to date as being 0.37% higher than those in the first nine months of last year. Differences are emerging in the performance against budget in both IJB's. Both have been uplifted for the 1.5% allocation uplift. All the volume growth is in South, and the drop in price per item (a combination of a national change in pricing structure and local efficiency) is less in South than North. As a result South is just holding to breakeven with a risk of moving towards over spend. North is sitting an estimated £1.100m under budget at month 11. The Medical Director in the South Health and Social Care Partnership is investigating the reasons behind this differential performance. Additional pharmacists in post in South should help to make inroads into savings plans in 2019/20.
- 5.3. Tables 3 and 4 show the position in each partnership.

| | Budgeted Operating Costs 28/02/2019 £M | Actual Operating Costs 28/02/2019 £M | Actual saving / (excess) 28/02/2019 £M |
|--------------------------------------|---|---|---|
| Pay | 109.116 | 106.751 | 2.365 |
| Non Pay | 74.963 | 74.572 | 0.391 |
| Prescribing | 65.673 | 64.573 | 1.100 |
| Sub Total | 249.752 | 245.896 | 3.856 |
| Primary Care Improvement Fund | 0.000 | 0.000 | 0.000 |
| Share of Primary Care Other Services | 5.920 | 5.506 | 0.414 |
| Family Health Services | 0.000 | 0.000 | 0.000 |
| Net operating cost | 255.672 | 251.402 | 4.270 |

| | Budgeted Operating Costs 28/02/2019 £M | Actual Operating Costs 28/02/2019 £M | Actual saving / (excess) 28/02/2019 £M |
|--------------------------------------|---|---|---|
| Pay | 52.286 | 51.417 | 0.869 |
| Non Pay | 60.453 | 59.310 | 1.143 |
| Prescribing | 60.691 | 60.691 | 0.000 |
| Sub Total | 173.430 | 171.418 | 2.012 |
| Primary Care Improvement Fund | 1.893 | 1.593 | 0.300 |
| Share of Primary Care Other Services | 5.687 | 5.290 | 0.397 |
| Family Health Services | 169.833 | 169.833 | 0.000 |
| Net operating cost | 350.843 | 348.134 | 2.709 |

- 5.4. A single delayed discharge out of region has meant that since October 2015 South IJB has been paying £0.6m per annum for the costs of caring for the patient in an NHS environment until appropriate social care provision can be put in place. Accommodation and a care provider has now been sourced but transition plans look likely to extend beyond the July date envisaged, potentially as far as March 2019.

- 5.5. £3.291m Primary Care improvement fund was received in the September allocation. £1.162m of the £3.291m was in respect of pharmacy initiatives and is included in the pharmacy budget. The remaining £2.129m is held separately, with £1.593m spent to date as shown above. In January it was recognised the time lag in recruiting will lead to a year end underspend and, in line with SGHSCD advice, £0.730m has been returned for reissue in 2019/20.
- 5.6. In addition to the prescribing underspend, North IJB is underspent across a wide range of pay headings due to vacancies. Continued efforts are being made to fill these vacancies and there is enhanced monitoring in areas such as CAHMS, psychological services and Paediatric services where these plans are linked with access improvement targets. Supernumerary recruitment to CAMHS to ensure inroads are made into waiting lists means expenditure in this area has risen though is still under budget.
- 5.7. The figures to date include an accrual for £1.154m, reflecting the month 11 impact of IJB's intention to transfer £1.259m from the NHS underspend to North Lanarkshire Council to help cover a forecast social services overspend. The opening IJB financial plan also assumed £1.4m would be released from IJB reserves for this purpose, though current forecasts would require a larger release.

6. Headquarters/Area Wide Departments

- 6.1. The Headquarters and Area Wide Departments are reporting an under spend of £0.634m for the period to the end of February 2019, as detailed in Table 5, a decrease of £0.397m from the previous month. This is mainly within Property and Support Services due to the initial impact of the planned year-end spend on backlog maintenance.

| | Budgeted Operating Costs 28/02/2019 £M | Actual Operating Costs 28/02/2019 £M | Actual saving / (excess) 28/02/2019 £M |
|----------------------------|---|---|---|
| Pay | 53.804 | 51.545 | 2.259 |
| Non Pay | 92.741 | 94.366 | (1.625) |
| Gross operating costs | 146.545 | 145.911 | 0.634 |
| Less: miscellaneous income | (6.040) | (6.040) | 0.000 |
| Net operating cost | 140.505 | 139.871 | 0.634 |

- 6.2. The under spend is spread across Corporate Departments (£0.408m), Central Services (£0.161m) and Property and Support Services (£0.065m). The majority of target corporate savings have been deducted from budgets so this performance continues to be reassuring. The under spend will be used non-recurrently to close the gap in the original savings plan list.

7. Service Level Agreements/Other Healthcare Providers

- 7.1. Service Level Agreements and Other Healthcare Providers are reporting an under spend of £0.846m for the period to the end of February 2019, as detailed in table 6, an increase of £0.134m from the previous month.

| | Budgeted Operating Costs 28/02/2019 £M | Actual Operating Costs 28/02/2019 £M | Actual saving / (excess) 28/02/2019 £M |
|---------------------------|---|---|---|
| Service Level Agreements | 158.943 | 157.720 | 1.223 |
| Unpacs and Oats | 17.756 | 17.984 | (0.228) |
| Independent Sector | 0.376 | 0.525 | (0.149) |
| Net operating cost | 177.075 | 176.229 | 0.846 |

- 7.2. Service level agreements with other Boards have mostly been concluded with all regional services now agreed for 2018/19. The above figures include an increase in the cost of Lanarkshire's agreement with Glasgow beyond the inflationary uplift of 2.44%.
- 7.3. Given the activity shift away from Glasgow when the Victoria Hospital closed, NHS Lanarkshire was expecting a reduction in the SLA value in 2018/19. Glasgow however have re-costed their service level agreement adding over £2m in higher charges particularly for outpatients based on a higher ratio of return to new appointments for Lanarkshire residents. Instead of receiving a refund the 2018/19 SLA presents a £0.613m cost pressure over and above inflationary uplifts.
- 7.4. In January 2019 the Board received the NHS Lothian East Coast Consortium model which contained an unexpected increase of £0.333m (8%) described as being linked to activity. The figure has been built into the financial projections but work is still underway to understand the basis for this increased charge.

8. CRES/Efficiency

- 8.1. The Annual Operating Plan submitted to SGHSCD in March 2018 estimated that the Board needed to deliver £25.821m through efficiency savings to balance the plan. Although achieving all of these on a recurring basis would be financially ideal, in March 2018 however there was only confidence around delivering £13.736m recurrently of a widening but still realistic target of £19.236m of these being delivered recurrently. There was confidence that £6.585m could be delivered recurrently. This would leave the Board in a breakeven position for 2018/19 but with an underlying recurring gap of £7.247m that would need to be addressed in 2019/20.

- 8.2. At Month 11 the forecast is for £28.716m to be delivered, an overachievement which has helped the Board fund additional winter and infrastructure costs whilst still breaking even and is also reflected in part of the IJB underspend, particularly prescribing in the North. The recurring component of this is £17.139m so there has been positive progress from the £13.736m identified at the start of the year however it falls short of the £19.236m target. Everything else being equal this would have increased the £7.247m recurring gap going forwards. However in preparing the 2019/20 plan it has been recognised that although technically time limited, some of the non-recurring savings are highly likely to continue. In addition there are some areas where expenditure growth was not quite as high as forecast in the 2018/19 opening plan, reducing the recurring gap. The net impact of this assessment is that the true recurring gap going in to 2019/20, all factors considered has been assessed at £7.389m at this stage which means the Board has effectively delivered on its opening aspirations and enters 2019/20 as envisaged in the 2018/19 plan.
- 8.3. It has been highlighted to the Audit Committee that drug related savings have overachieved and service redesign plans have underachieved. The service redesign efficiencies were already heavily discounted from the potential level sought by the service to take account of the difficulties of delivering them in year. The 2018/19 experience indicates to the Board that the risk around achieving future savings from service redesign plans is based on current approach, high and will need considerable work in 2019/20.

| Financial Plan description | Financial Plan £m | Revised Plan £m | Plan to date £m | Actual to Date £m |
|--|------------------------------|----------------------------|----------------------------|------------------------------|
| Service redesign | 1.332 | 1.375 | 1.266 | 1.269 |
| Drugs & prescribing | 6.388 | 2.070 | 1.754 | 2.011 |
| Workforce | 1.730 | 1.823 | 1.760 | 1.544 |
| Procurement | 0.000 | 2.472 | 2.439 | 2.424 |
| Infrastructure | 3.643 | 2.039 | 2.039 | 1.913 |
| Other & Financial Management / Corporate Initiatives | 3.400 | 12.285 | 11.580 | 11.580 |
| Unidentified Savings | 5.473 | 0.000 | 0.000 | 0.000 |
| Total Core NHS Board Savings | 21.966 | 22.064 | 20.838 | 20.741 |
| Savings delegated to Integration Authorities | 3.855 | 6.652 | 4.766 | 6.010 |
| Total Savings Required | 25.821 | 28.716 | 25.604 | 26.751 |

9. Capital

- 9.1 The initial 2018/19 Formula Allocation for 2018/19 of £12.392m, will be supplemented by £2.976m of central funding for Theatres and the Monklands business case, £0.109m of funding received from other Boards who use the Laundry, some minor receipts and a £5.278m transfer from NHS Lanarkshire's revenue allocation.
- 9.2 Expenditure to the value of £10.426m has been incurred in the eleven months as detailed in Annex B. The year-end projections were reviewed at the Board's capital investment group in January and confirmed as achievable.

10. Development and Approvals

No proposals are put to the Board for approval in this paper.

11. Risk Assessment

The risk of not ending 2018/19 within RRL is low been reduced to low. High cost drugs and cost pressures arising over the winter period will be monitored but any variation should now be within tolerable levels.

12. Conclusion

The NHS Board is asked to note:

- the revenue over spend of £0.114m as at 28 February 2019, £0.030m better than trajectory;
- the current capital plan forecast;
- the low risk assessment in section 11.

LAURA ACE
DIRECTOR OF FINANCE
19 March 2019

REVENUE RESOURCE LIMIT 2018/19

| | Baseline Recurring £M | Earmarked Recurring £M | Non Recurring £M | Total £M |
|---|-----------------------------|------------------------------|------------------------|------------------|
| Core Revenue Resource Limit as at 31 January 2019 | 1,169.477 | 13.726 | 93.948 | 1,277.152 |
| Grant Reversal allocation - Lanarkshire FDR | 0.000 | 0.000 | (0.018) | (0.018) |
| Distinction Awards for NHS Consultants | 0.000 | 0.139 | 0.000 | 0.139 |
| GP Premises Loan Scheme - costs for transfer of GP leases | 0.000 | 0.000 | 0.108 | 0.108 |
| NSD Rebate | 0.000 | 0.000 | 0.247 | 0.247 |
| Seasonal and Childhood Flu (Quad) | 0.000 | 0.000 | 0.055 | 0.055 |
| Return of Primary Care Improvement Fund Tranche 2 | 0.000 | 0.000 | (0.730) | (0.730) |
| Return infrastructure funding for projects | 0.000 | 0.000 | (4.800) | (4.800) |
| Core Revenue Resource Limit as at 28 February 2019 | 1,169.477 | 13.865 | 88.810 | 1,272.153 |
| Non Core Revenue Resource Limit as at 31 January 2019 | 0.000 | 0.000 | 26.345 | 26.345 |
| Non core expenditure - Depreciation | 0.000 | 0.000 | 0.000 | 0.000 |
| Annually Managed Expenditure - Impairments | 0.000 | 0.000 | 0.000 | 0.000 |
| Annually Managed Expenditure - Provisions | 0.000 | 0.000 | 0.000 | 0.000 |
| Donated Asset Depreciation | 0.000 | 0.000 | 0.000 | 0.000 |
| IFRS Revenue PFI - Non Cash | 0.000 | 0.000 | 0.000 | 0.000 |
| Non Core Revenue Resource Limit as at 28 February 2019 | 0.000 | 0.000 | 26.345 | 26.345 |
| Total Revenue Resource Limit as at 28 February 2019 | 1,169.477 | 13.865 | 115.155 | 1,298.498 |

| NHS LANARKSHIRE | | | |
|---|--------------------------------|------------------------------------|----------------------|
| CAPITAL EXPENDITURE TO 28th February 2019 | | | |
| | 2018/19 Plan £M | 2018/19 Forecast £M | Actual £M |
| Initial Capital Formula Allocation: | 12.392 | 12.392 | 10.426 |
| Capital Resource limit adjustments: | | | |
| Additional Central Resource Allocation | 3.180 | 2.594 | |
| Revenue to Capital transfer | 1.138 | 5.278 | |
| LATEST CAPITAL RESOURCE LIMIT | £16.710 | £20.264 | £10.426 |
| Disposal Programme: | | | |
| Property Disposals | 0.780 | 0.340 | |
| | £0.780 | £0.340 | £0.000 |
| Anticipated Capital Resource Limit Adjustments : | | | |
| Monklands Theatres | 0.000 | 0.376 | |
| Monklands Fees | 0.000 | -0.200 | |
| | £0.000 | £0.176 | £0.000 |
| Other Capital Adjustments : | | | |
| Other Income | 0.000 | 0.016 | |
| | £0.000 | £0.016 | £0.000 |
| | £17.490 | £20.796 | £10.426 |
| CAPITAL EXPENDITURE: | | | |
| <u>Business Cases</u> | | | |
| Monklands general business continuity | 1.870 | 3.227 | 1.093 |
| Monklands Theatres/ICU | 1.200 | 1.576 | 1.558 |
| Acute Property Works | 3.238 | 1.562 | 1.062 |
| New Monklands Fees | 1.600 | 1.400 | 1.098 |
| <i>subtotal</i> | 7.908 | 7.765 | 4.811 |
| <u>Medical Equipment</u> | 6.124 | 7.197 | 2.953 |
| <i>subtotal</i> | 6.124 | 7.197 | 2.953 |
| <u>Other Service Developments</u> | | | |
| Northern Corridor | 0.070 | 0.040 | 0.000 |
| <i>subtotal</i> | 0.070 | 0.040 | 0.000 |
| <u>Other Expenditure</u> | | | |
| Statutory Maintenance | 0.300 | 0.649 | 0.545 |
| PSSD Equipment | 0.845 | 2.692 | 1.926 |
| <i>subtotal</i> | 1.145 | 3.341 | 2.471 |
| I.M.&T Projects | 2.243 | 2.452 | 0.190 |
| <i>subtotal</i> | 3.388 | 5.794 | 2.661 |
| TOTAL CAPITAL EXPENDITURE | £17.490 | £20.796 | 10.426 |
| | | | |
| (OVER) / UNDER COMMITTED | £0.000 | £0.000 | £0.000 |