

NHS Board Meeting
30 October 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 30 SEPTEMBER 2019

1. PURPOSE

This paper is coming to the 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

At the end of September 2019 the Board is reporting a £0.608m over spend which is £0.193m better than the financial plan year to date trajectory. This includes a reported over spend within the Acute Division of £1.734m. The forecast is that we will end the year within our agreed Revenue Resource Limit.

The Board's financial plan relied on £17.754m of savings to bridge the gap between predicted cost growth and the allocation uplift and opened with a gap of £2.103m. On paper, this gap has now been closed, largely through identifying national opportunities for cost reduction. There are still risks around the delivery of a number of Acute Division savings schemes and uncertainties over drug expenditure forecasts at this time of year but the risk of not achieving the target year-end financial position, ignoring any potential impact of brexit, has been reduced to medium.

The Capital programme is progressing, although in line with previous years the initial timetables are extending deeper into the second half of the year. The opening plan relied on £4.075m of property receipts of which £1.963m have been secured. A further £1.550m have been judged likely based on the best available information but cannot be guaranteed. Even if those sales are concluded it leaves a gap of c £0.5m in the capital plan and discussions have been initiated with the Scottish Government about the best way to manage this. At this stage

it is believed there are viable solutions. It should be noted that the demands on capital for 2020/21 far exceed available resources.

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	<input checked="" type="checkbox"/>	Equality	<input type="checkbox"/>

		Management			
Sustainability Management	<input checked="" type="checkbox"/>				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT / FAIRER SCOTLAND DUTY

An E&D/ FSD 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 on.

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.

18 October 2019

Meeting of Lanarkshire
NHS Board
30th October 2019

Kirklands
Fallside Road
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SUBJECT: FINANCE REPORT FOR THE PERIOD ENDED 30 SEPTEMBER 2019

1. PURPOSE

The attached report provides the Board with an update on financial performance up to 30th September 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 had still to be identified. As at 30 September 2019 the gap has been closed on paper and the risk of not delivering the financial targets reduced to medium.

At the end of September 2019 the Board is reporting expenditure £0.608m over budget. This is £0.193m better than the financial plan year to date trajectory. At this stage of the year however there are only 3 months confirmed 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. It was calculated with reference to the 2018/19 superannuation costs in Scotland. 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 has still to be finalised and the percentage to be passed on to the Glasgow SLA still has to be agreed. The main issue is thought to be that service change plans for 19/20 and beyond will need to be recosted to take account of the higher rate which will impact on future years.

The Acute Division is £1.734m over budget at month 6 (previous year £1.936m). The over spend against the pay budget at £1.504m is nearly double that in the previous year. The improvement in position comes from the non-pay expenditure relative to budget, predominantly drugs where the budget has been increased by 7.3% but expenditure to date has risen by 4.7%. With recent approvals of new high cost drugs this position could change. Corporate areas and both Health and Social Care Partnerships are under budget.

Capital expenditure in the first 6 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

The Board is 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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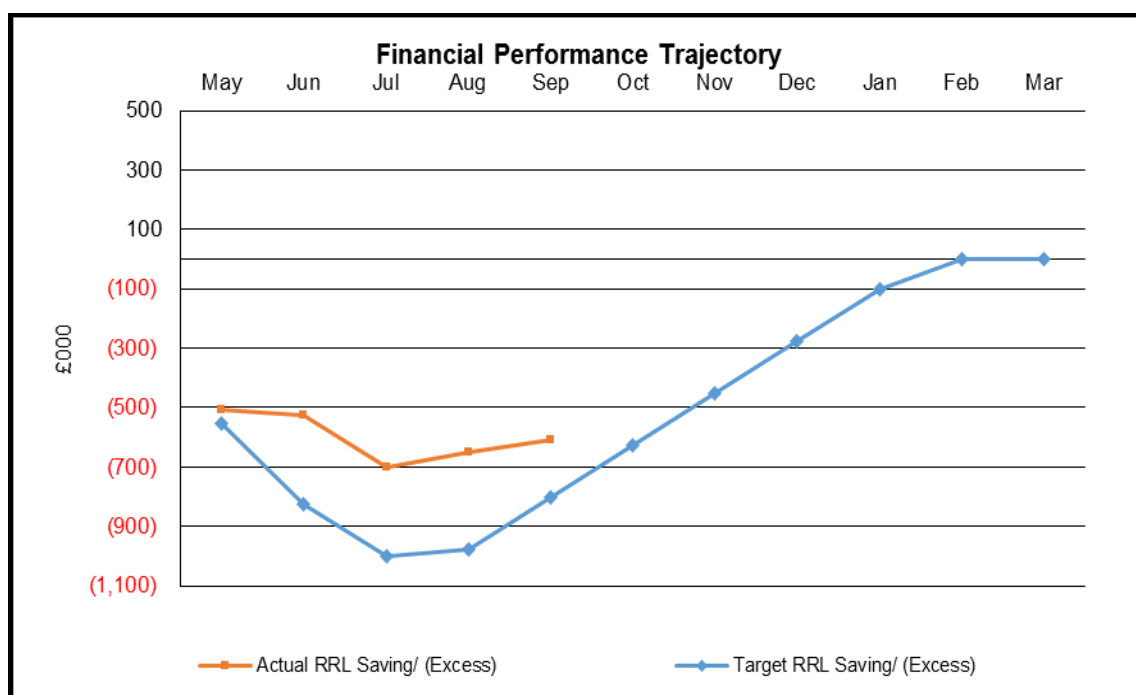
NHS LANARKSHIRE FINANCE REPORT FOR THE PERIOD ENDED 30 SEPTEMBER 2019

1. Introduction

- 1.1. The purpose of this report is to provide the Board with a summary of revenue and capital financial performance for the first six 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 the 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 £0.608m over spend to the end of September 2019 is set out in table 1. This is £0.193m better than the estimates made at the time of the AOP submission.

	YTD Budget £M	YTD Actual £M	YTD Variance £M
Acute Operating Division	188.653	190.387	(1.734)
North Lanarkshire Health & Social Care Partnership	143.745	143.143	0.602
South Lanarkshire Health & Social Care Partnership	200.168	199.476	0.692
Headquarters / Corporate Functions	78.559	77.183	1.376
Service Level Agreements / Other Healthcare Providers	99.719	99.415	0.304
NHSL - wide	(8.241)	(7.687)	(0.554)
Net operating costs	702.603	701.917	0.686
Remove IJB Position	(343.913)	(342.619)	(1.294)
Revised Net operating costs	358.690	359.298	(0.608)

3. Revenue Resources

- 3.1. At the end of September 2019, the Core Revenue Resource Limit (RRL) for NHS Lanarkshire was £1,362.226m, details of which are noted in Annex A.
- 3.2. The September 2019 Core Revenue Resource Limit includes confirmed resources for Health and Social Care Partnerships of £0.124m for Veterans First Point Services, £0.379m supporting improvements in primary care digital technology, £1.803m for Shingles, Rotavirus, Seasonal Flu and Childhood Flu vaccine costs, £100.347m for Primary Medical Services, £0.175m for technology enabled care (TEC) and £0.370m for supporting improvements in GP Premises.
- 3.3. The September 2019 Core Revenue Resource Limit also includes confirmed resources of £3.011m for agreed additional waiting times activity and £0.465m national cancer strategy funding.
- 3.4. The NHS terms and conditions (Section 13.9 of the Agenda for Change Handbook) states that pay during annual leave will be calculated on the basis of what the individual would have received had he/she been at work. Historically, this has meant that all relevant contractual elements are included. However, following partnership discussions a national agreement has been reached on the inclusion of regularly paid non-contractual overtime and excess hours in these

calculations. This agreement was backdated to 1 August 2017 and the Board has received £0.535m in respect of 17/18 arrears.

- 3.5. We are anticipating at least an additional £2.4m of mental health outcomes framework funding. 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 £1.734m for the period to the end of September 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. £2.390m of efficiency savings achieved to date have been removed from budgets and returned centrally.

	Budgeted Operating Costs 30/09/2019 £M	Actual Operating Costs 30/09/2019 £M	Actual saving / (excess) 30/09/2019 £M
Pay	154.027	155.531	(1.504)
Non Pay	50.832	51.062	(0.230)
Healthcare Purchases	2.302	2.302	0.000
Gross operating costs	207.161	208.895	(1.734)
Less: miscellaneous income	0.000	0.000	0.000
Net operating cost	207.161	208.895	(1.734)

- 4.3. The medical staffing budget is overspent by £0.543m as at 30th September 2019, linked to locum costs as a result of sickness, maternity leave and difficulties in filling posts. This compares with an over spend of £0.431m for the same period of 18/19. Across the Monklands site, Locum costs within Respiratory, Dermatology and Gastroenterology have now ceased and there is an exit strategy for Urology from end of August. Costs are therefore expected to reduce in the second half of the financial year. 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 6 stage.

- 4.4. Healthcare scientists are 5.7% (£0.559m) over budget, more than double in the first 6 months of the previous year. Multiple factors contribute to this including more staff on higher increments.
- 4.5. The nursing budget is overspent by £0.469m as at 30th September, £0.245m more than the first 6 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 6 months of 19/20, at £0.932m is £0.069m (4.6%) more than in the first 6 months of the previous year and £0.243m 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 £26.610m the first 6 month's Lanarkshire hospitals drug spend is 4.7% 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 £0.328m underspend against budget at month 6, 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.
- 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 £1.294m for the period to the end of September 2019 (North IJB - £0.602m; South IJB - £0.692m). This represents an increase of £0.736m from the previous month (North IJB - £0.378m; South IJB - £0.358m).
- 5.2. GP prescribing figures up to July 2019 support continued forecasts that spend will be within budget. Monthly volume changes have been volatile but sit just over 2% up on last year at the end of August. Changes to the drug tariff in 2018/19 and 2019/20 lower the cost associated with the drugs but recirculate the reduction into funding for Pharmacies through the global sum so do not give a bottom line benefit. Both partnerships are on track to meet their savings target.

5.3. Tables 3 and 4 show the position in each partnership.

Table 3 - North Lanarkshire Health & Social Care Partnership 2019/20			
	Budgeted	Actual	Actual
	Operating	Operating	saving /
	Costs	Costs	(excess)
	30/09/2019	30/09/2019	30/09/2019
	£M	£M	£M
Pay	64.796	63.921	0.875
Non Pay	40.240	40.601	(0.361)
Prescribing	35.464	35.464	0.000
Sub Total	140.500	139.986	0.514
Primary Care Improvement Fund	0.000	0.000	0.000
Share of Primary Care Other Services	3.245	3.157	0.088
Family Health Services	0.000	0.000	0.000
Net operating cost	143.745	143.143	0.602

Table 4 - South Lanarkshire Health & Social Care Partnership 2019/20			
	Budgeted	Actual	Actual
	Operating	Operating	saving /
	Costs	Costs	(excess)
	30/09/2019	30/09/2019	30/09/2019
	£M	£M	£M
Pay	31.278	30.643	0.635
Non Pay	32.128	32.455	(0.327)
Prescribing	33.060	33.060	0.000
Sub Total	96.466	96.158	0.308
Primary Care Improvement Fund	1.725	1.425	0.300
Share of Primary Care Other Services	3.117	3.033	0.084
Family Health Services	98.860	98.860	0.000
Net operating cost	200.168	199.476	0.692

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 £1.376m for the period to the end of September 2019, as detailed in Table 5, an increase of £0.407m from the previous month.

	Budgeted Operating Costs 30/09/2019 £M	Actual Operating Costs 30/09/2019 £M	Actual saving / (excess) 30/09/2019 £M
Pay	32.179	30.835	1.344
Non Pay	49.902	49.870	0.032
Gross operating costs	82.081	80.705	1.376
Less: miscellaneous income	(3.522)	(3.522)	0.000
Net operating cost	78.559	77.183	1.376

- 6.2. The under spend is spread across Corporate Departments (£0.487m), Central Services (£0.253m) and Property and Support Services (£0.636m).
- 6.3. The majority of target savings have been deducted from budgets so this performance continues to be reassuring.

7. Service Level Agreements/Other Healthcare Providers

- 7.1. Service Level Agreements and Other Healthcare Providers are reporting an under spend of £0.304m for the period to the end of September 2019, as detailed in table 6, a decrease of £0.089m from the previous month.

	Budgeted Operating Costs 30/09/2019 £M	Actual Operating Costs 30/09/2019 £M	Actual saving / (excess) 30/09/2019 £M
Service Level Agreements	86.912	86.509	0.403
Unpacs and Oats	12.663	12.722	(0.059)
Independent Sector	0.144	0.184	(0.040)
Net operating cost	99.719	99.415	0.304

- 7.2. The under spend of £0.403m 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.

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 6 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	0.077	0.101
Drugs & prescribing	2.787	2.913	2.556	2.584
Workforce	0.620	0.573	0.577	0.464
Procurement	0.216	1.696	2.821	2.845
Infrastructure	1.339	1.548	1.548	1.548
Other	5.742	6.388	2.932	2.932
Financial Management / Corporate Initiatives	-	-	-	-
Unidentified Savings	2.103	-	-	-
Total Core NHS Board Savings	13.439	13.750	10.511	10.474
Savings delegated to Integration Authorities	4.315	4.264	3.824	4.165
Total Savings Required	17.754	18.014	14.335	14.639

- 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. £2.390m has been returned to date. 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. The risk of under delivery has been provisionally estimated at £0.800m. Targeted temporary workforce savings

appear very vulnerable at this stage. Consumable savings are taking longer to materialise.

- 8.5. 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.
- 8.6. Additional rebates and discounts from national negotiations have made inroads into the residual £2.103m gap and once factoring in a one off benefit in our CNORIS premium and some additional corporate savings, the gap has now been closed on paper. This relies on acute schemes delivering as forecast though. 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. This has been in place since 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 has received £2.400m 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 until the sale is completed. £1.963m has been secured but £2.112m remains at risk.
- 9.2 Expenditure to the value of £3.202m has been incurred in the first six 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. Also approved, subject to confirmation that waiting times funding will cover the additional staffing costs, is a business case for an ophthalmology clean room module.
- 9.6 Best current estimates of property receipts set against expenditure forecasts indicate that the capital plan could be £0.432m over committed. Exploratory discussions have been opened with SG about the best way to manage this and at this stage it is not a cause for concern.

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 has highlighted that, with auto enrolment taking place in June 2019 and expansion in various staff groups the funding calculated based on the 18/19 levels, will come under strain in any areas expanding;
- 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 and to allow routine prescribing of adult cystic fibrosis drugs which had been rejected by SMC;
- Although the savings gap has been solved on paper, schemes still need to deliver their minimum forecasts to meet the target;
- There has been reliance on Scottish Government funding to cover winter pressures in previous years. The sum notified so far is lower than last years but the pressures already in the system are greater;
- No allowance for any Brexit impact has been made in the figures;

- £2.112m of capital receipts may not materialise. Conversely there may be some slippage in expenditure plans.

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 the August Board report there have been conversations with SG who have confirmed that we should not plan to have to meet the £2.690m sought by Greater Glasgow & Clyde as a contribution to their waiting list activity.

The risk rating has been reduced from High to Medium given the performance to date, the closing of the savings gap and a reduction in the waiting times funding risk.

12. Conclusion

The Board is asked to note:

- the actual revenue over spend of £0.608m as at 30 September 2019;
- the initial assessment that month 6 is on trajectory even though this relies on various assumptions round drugs and funding ;
- the significant risks highlighted in section 11;
- The intention to review the risks around the capital programme in October to assess the best approach for managing them.

LAURA ACE
DIRECTOR OF FINANCE
17 October 2019

ANNEX A**REVENUE RESOURCE LIMIT 2019/20**

	Baseline Recurring £M	Earmarked Recurring £M	Non Recurring £M	Total £M
Core Revenue Resource Limit as at 31 August 2019	1,231.167	6.340	17.265	1,254.772
Top Slice - Stereotactic Radiosurgery	(0.029)	0.000	0.000	(0.029)
Top Slice - Mitral Valve	(0.023)	0.000	0.000	(0.023)
CSO - support for research infrastructure	0.000	0.000	0.005	0.005
Flow Variability Programme	0.000	0.000	0.070	0.070
Scottish Diabetes Foot Coordinator	0.000	0.000	0.016	0.016
PFG - Enhancing School Nursing Service for C&YP	0.000	0.000	0.069	0.069
Veterans First Point Service	0.000	0.000	0.125	0.125
Supporting Improvements in Primary Care Digital Technology	0.000	0.000	0.379	0.379
Modernisation of out patient services	0.000	0.000	0.028	0.028
Primary Medical Services - provision and support	0.000	100.347	0.000	100.347
Projects in support of Primary Care Rural Fund	0.000	0.000	0.003	0.003
Supporting improvements to GP Premises	0.000	0.000	0.370	0.370
TEC Funding to support local scale up	0.000	0.000	0.175	0.175
Test of Change - Health and Social Care in Prisons	0.000	0.000	0.038	0.038
Agreed additional activity funding	0.000	0.000	3.011	3.011
Neonatal Expenses Fund	0.000	0.000	0.046	0.046
Supporting better value healthcare in Boards	0.000	0.000	0.002	0.002
Implementation - child weight management services standards	0.000	0.000	0.052	0.052
Paid As If At work	0.000	0.000	0.535	0.535
National Cancer Strategy	0.000	0.000	0.465	0.465
Shingles, Rotavirus, Seasonal Flu and Childhood Flu 2019	0.000	0.000	1.803	1.803
Men C vaccine costs	0.000	0.000	(0.032)	(0.032)
Core Revenue Resource Limit as at 30 September 2019	1,231.115	106.687	24.424	1,362.226
Non Core Revenue Resource Limit as at 31 August 2019	0.000	0.000	0.000	0.000
	0.000	0.000	0.000	0.000
Non Core Revenue Resource Limit as at 30 September 2019	0.000	0.000	0.000	0.000
Total Revenue Resource Limit as at 30 September 2019	1,231.115	106.687	24.424	1,362.226

ANNEX B

NHS LANARKSHIRE			
CAPITAL EXPENDITURE TO 30th September 2019			
	2019/20 Plan £M	2019/20 Forecast £M	Actual £M
Initial Capital Formula Allocation:	12.392	12.392	0.493
Capital Resource limit adjustments:			
Additional Central Resource Allocation	2.450	2.450	0.745
LATEST CAPITAL RESOURCE LIMIT	£14.842	£14.842	£1.238
Anticipated Capital Resource Limit Adjustments :			
West of Scotland Laundry - Transfer from other Boards	0.112	0.140	
Forensic Medical Services	0.000	0.089	
Revenue to Capital transfer	0.000	0.000	
	£0.112	£0.229	£0.000
Other Income Adjustments:			
Other Income	0.017	0.017	
	£0.017	£0.017	£0.000
Disposal Programme:			
Property Disposals	4.075	3.513	1.963
Property Disposals returned to S.G.	0.000	0.000	0.000
	£4.075	£3.513	£1.963
	£19.046	£18.601	£3.201
<u>CAPITAL EXPENDITURE:</u>			
<u>Business Cases</u>			
Monklands general business continuity	5.800	5.800	0.835
Acute Property Works	3.230	2.652	0.338
New Monklands Fees	2.400	2.400	0.745
	11.430	10.852	1.918
<u>Medical Equipment</u>	4.600	5.383	0.750
	4.600	5.383	0.750
<u>Other Service Developments</u>			
Northern Corridor	0.020	0.020	0.009
	0.020	0.020	0.009
<u>Capital Grants</u>			
Greening NHS Estate Programme	0.000	0.050	
	0.000	0.050	0.000
<u>Other Expenditure</u>			
Statutory Maintenance	0.173	0.173	
PSSD Equipment	0.280	0.280	
	0.453	0.453	0.000
I.M.&T Projects	2.543	2.275	0.524
	2.996	2.728	0.524
TOTAL CAPITAL EXPENDITURE	£19.046	£19.033	£3.201
(OVER) / UNDER COMMITTED	£0.000	-£0.432	£0.000