

NHS Board  
29 January 2020

Lanarkshire NHS Board  
Kirklands  
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**SUBJECT: FINANCE REPORT FOR THE PERIOD ENDED 31 DECEMBER 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 December 2019 the Board is reporting a £0.191m over spend which is £0.084m better than the financial plan year to date trajectory. This includes a reported over spend within the Acute Division of £3.197m. 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 is low.

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 £2.113m have been secured. A further £1.400m have been judged likely based on the best available information but cannot be guaranteed. The Scottish Government have agreed to provide bridging finance should the receipts not be realised by March 2020. Even if those sales are concluded it leaves a gap of £1.685m in the capital plan and we have now assumed we will transfer money from revenue to cover this. The alternative would have been to lower expenditure through slippage but with demands on capital in

2020/21 far exceeding available resources this would have stored up greater problems for next year.

#### 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 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.

21 January 2020

Meeting of Lanarkshire  
NHS Board  
29<sup>th</sup> January 2020

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## **SUBJECT: FINANCE REPORT FOR THE PERIOD ENDED 31 DECEMBER 2019**

### **1. PURPOSE**

The attached report provides the Board with an update on financial performance up to 31<sup>st</sup> December 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) forecast £17.754m of savings would be required to achieve this, of which £2.103m had still to be identified. By 31<sup>st</sup> October 2019 the gap had been closed on paper and the risk of not delivering the financial targets reduced to low.

At the end of December 2019 the Board is reporting expenditure £0.191m over budget. This is £0.084m better than the financial plan year to date trajectory.

The Acute Division overspend has increased to £3.197m with increased unscheduled care bed numbers and staffing mainly behind the rise. The over spend against the pay budget at £2.414m is £1.159m more than at this point in the previous year with the nursing and healthcare scientist costs showing the largest increase. Corporate areas and both Health and Social Care Partnerships are under budget.

The capital plan for 2019/20 has solidified. It relies on £1.4m of as yet undelivered property receipts but, as SGHSCD have agreed to underwrite these should they not materialise by 31<sup>st</sup> March 2020, this does not present a risk to the Board. With 2020/21 showing a high level of over commitment if the vascular theatre goes ahead, some essential medical equipment replacements have been brought forward into 2019/20 and the revenue to capital transfer adjusted to balance the 2019/20 plan.

### **3. CONCLUSION**

The Board is asked to note that financial plans remain on trajectory, with increased confidence on year end delivery.

### **4. FURTHER INFORMATION**

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

Laura Ace - Director of Finance  
01698 858190

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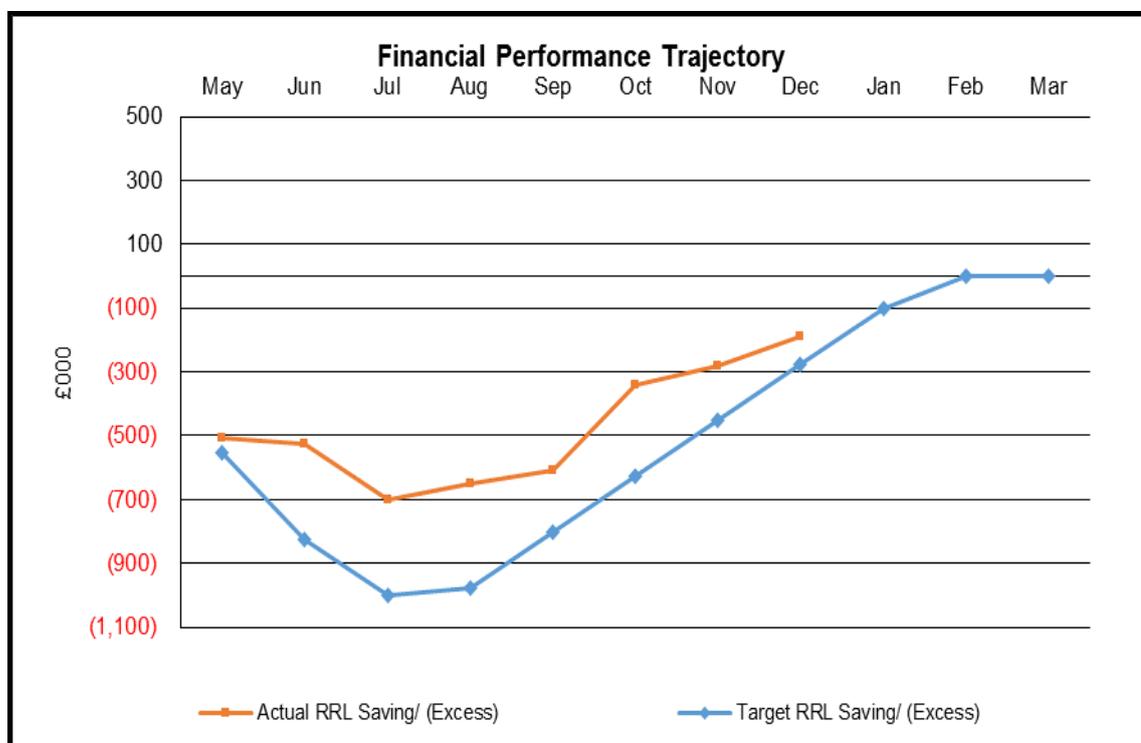
## NHS LANARKSHIRE FINANCE REPORT FOR THE PERIOD ENDED 31 DECEMBER 2019

### 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 nine 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 so the initial trajectory in the graph below 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.
- 2.2 Performance to date is £0.084m better than trajectory, even taking account of additional unscheduled care costs.



- 2.3 The Divisional split of the £0.191m over spend to the end of December 2019 is set out in table 1.

	YTD Budget £M	YTD Actual £M	YTD Variance £M
Acute Operating Division	289.523	292.720	(3.197)
North Lanarkshire Health & Social Care Partnership	218.309	216.910	1.399
South Lanarkshire Health & Social Care Partnership	302.277	301.758	0.519
Headquarters / Corporate Functions	119.781	117.798	1.983
Service Level Agreements / Other Healthcare Providers	153.938	153.922	0.016
NHSL - wide	(13.929)	(14.936)	1.007
<b>Net operating costs</b>	<b>1,069.899</b>	<b>1,068.172</b>	<b>1.727</b>
Remove IJB Position	(520.586)	(518.668)	(1.918)
<b>Revised Net operating costs</b>	<b>549.313</b>	<b>549.504</b>	<b>(0.191)</b>

### 3 Revenue Resources

- 3.1 At the end of December 2019, the Core Revenue Resource Limit (RRL) for NHS Lanarkshire was £1,352.757m and the Non-Core Revenue Resource Limit was £30.421m, details of which are noted in Annex A.
- 3.2 At the time of preparing the financial plan NHS Boards were informed to expect a share of £80m in PPRS receipts which were funding the New Medicines allocation. SGHSCD has issued funding in December 2019 based on £80m nationally, with our share amounting to £9.756m. This is £0.065m more than financial plan expectations.
- 3.3 The December 2019 Core Revenue Resource Limit includes confirmed resources of £0.128m for alcohol and drug partnership local improvement funding, £0.520m for distress brief intervention under 18's partnership, site and pathway funding, £0.135m for screening inequalities year 2 funding and £0.570m additional funding for elective activity.
- 3.4 The December 2019 Core Revenue Resource Limit also includes £0.415m being transferred to National Shared Services as our contribution for the take-up of windows 10 including office 365 and core client access licenses from the National Microsoft contract for 2019/20. This was not known at the time of the

Boards 2019/20 Annual Operating Plan submissions but has now been accommodated within our year-end financial estimates.

- 3.5 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. This year Scottish Government are asking that, for a number of ring fenced allocations including primary care, mental health and addictions, the IJB's first use up any associated reserves before calling down this year's allocation. Returns forecasting 2019/20 expenditure were submitted in November 2019 to support this process. In January we were advised of the abated funding to be received which was inadequate given our expenditure projections. We are engaging with SGHSCD to correct this.

#### 4 Acute Division

- 4.1 In 2018/19 the Acute Division overspent its budget by £3.684m. The efficiency plans for 2019/20 tackled several areas of pay and supplies overspend which, if delivered would reduce the over spend to a maximum of £2.683m. As detailed in Table 2, the Acute Division is reporting an over spend of £3.197m for the period to the end of December 2019 and is forecast to end the year with a deficit of c£4m, higher than assumed in the financial plan.
- 4.2 The Acute Division's efficiency plan sees it being able to return a minimum of £2.734m of efficiency savings from budgets to recirculate to fund pay and drug cost increases. £2.734m of efficiency savings achieved to date have been removed from budgets and returned centrally.

	<b>Budgeted Operating Costs 31/12/2019 £M</b>	<b>Actual Operating Costs 31/12/2019 £M</b>	<b>Actual saving / (excess) 31/12/2019 £M</b>
Pay	234.882	237.296	(2.414)
Non Pay	77.037	77.820	(0.783)
Healthcare Purchases	5.655	5.655	0.000
Gross operating costs	317.574	320.771	(3.197)
Less: miscellaneous income	(28.051)	(28.051)	0.000
<b>Net operating cost</b>	<b>289.523</b>	<b>292.720</b>	<b>(3.197)</b>

- 4.3 The medical staffing budget is overspent by £0.509m as at 31<sup>st</sup> December 2019, down on last month's £0.549m. This compares with an over spend of £0.584m for the same period of 2018/19. Efficiency schemes linked to reducing agency costs should have led to a reduction of approximately 40%. Across the Monklands site there has been success in reducing locum costs within Respiratory, Dermatology and Gastroenterology and there are plans for Urology.

- 4.4 Healthcare scientists are 5.4% (£0.796m) over budget, £0.445m more than the first 9 months of the previous year. Multiple factors contribute to this including more staff on higher increments, sickness absence, maternity leave and agency costs. This will be reviewed in depth at the next scrutiny panels.
- 4.5 The nursing budget is overspent by £1.358m as at 31<sup>st</sup> December 2019, £0.880m more than the first 9 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. The rate of overspend increased in December as additional unscheduled care capacity was brought in earlier than assumed in the winter plan to cope with the increased activity.
- 4.6 The expenditure on hotel services in the first 9 months of 2019/20, at £1.503m is £0.112m (8%) more than in the first 9 months of the previous year and £0.401m 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 £40.365m the first 9 month's Lanarkshire hospitals drug spend is 3.5% more than at the same point last year. This indicates the savings achieved to date through drug switches or national discounts have partly kept pace with the expansion in use of new drugs. As expected the monthly drugs cost is increasing as this expansion happens. This has wiped out the small underspend against the drugs budget at month 8 and is another factor behind the step up in divisional overspend between months 8 and 9.

## **5 Health and Social Care Partnerships**

- 5.1 Across the Health and Social Care Partnerships, there is an under spend of £1.918m for the period to the end of December 2019 (North IJB - £1.399m; South IJB - £0.519m). This represents a decrease of £0.178m from the previous month (North IJB - £0.135m; South IJB - £0.043m). Success in training new health visitors has meant we are now temporarily in excess of funded establishment, with the additional cost being taken from the overall underspend until accommodated through staff turnover.
- 5.2 GP Prescribing figures up to October 2019 support continued forecasts that spend will be within budget. This forecast is borderline for South, which is showing a higher volume rise and higher price per item dispensed and more comfortable for North who are likely to move towards an underspend. Monthly volume changes have been volatile but sit 2.26% up on last year at the end of October 2019. 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. Although, with the time lag in prescribing data the North partnership is showing prescribing breakeven this is highly likely to convert into an underspend as the figures for November onwards become known. This is not the case in the South. Work is underway to determine how much of the overall underspend relates to specific funding or projects that would be regarded as ring-fenced or already forward committed.

	<b>Budgeted Operating Costs 31/12/2019 £M</b>	<b>Actual Operating Costs 31/12/2019 £M</b>	<b>Actual saving / (excess) 31/12/2019 £M</b>
Pay	98.269	96.680	1.589
Non Pay	61.797	62.225	(0.428)
Prescribing	53.195	53.195	0.000
<b>Sub Total</b>	<b>213.261</b>	<b>212.100</b>	<b>1.161</b>
Primary Care Improvement Fund	0.000	0.000	0.000
Share of Primary Care Other Services	5.048	4.810	0.238
Family Health Services	0.000	0.000	0.000
<b>Net operating cost</b>	<b>218.309</b>	<b>216.910</b>	<b>1.399</b>

	<b>Budgeted Operating Costs 31/12/2019 £M</b>	<b>Actual Operating Costs 31/12/2019 £M</b>	<b>Actual saving / (excess) 31/12/2019 £M</b>
Pay	47.259	46.299	0.960
Non Pay	48.579	49.448	(0.869)
Prescribing	49.590	49.590	0.000
<b>Sub Total</b>	<b>145.428</b>	<b>145.337</b>	<b>0.091</b>
Primary Care Improvement Fund	2.811	2.611	0.200
Share of Primary Care Other Services	4.850	4.622	0.228
Family Health Services	149.188	149.188	0.000
<b>Net operating cost</b>	<b>302.277</b>	<b>301.758</b>	<b>0.519</b>

- 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 £1.983m for the period to the end of December 2019, as detailed in Table 5, an increase of £0.362m from the previous month.

	<b>Budgeted Operating Costs 31/12/2019 £M</b>	<b>Actual Operating Costs 31/12/2019 £M</b>	<b>Actual saving / (excess) 31/12/2019 £M</b>
Pay	49.466	47.035	2.431
Non Pay	75.720	76.168	(0.448)
Gross operating costs	125.186	123.203	1.983
Less: miscellaneous income	(5.405)	(5.405)	0.000
<b>Net operating cost</b>	<b>119.781</b>	<b>117.798</b>	<b>1.983</b>

- 6.2 The under spend is spread across Corporate Departments (£1.023m), Central Services (£0.326m) and Property and Support Services (£0.634m).
- 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 provisionally reporting an under spend of £0.016m for the period to the end of December 2019, as detailed in table 6, a movement of £0.031m from the previous months over spend as more information about this year's likely Service Level Agreement levels are factored in.

	<b>Budgeted Operating Costs 31/12/2019 £M</b>	<b>Actual Operating Costs 31/12/2019 £M</b>	<b>Actual saving / (excess) 31/12/2019 £M</b>
Service Level Agreements	134.056	133.841	0.215
Unpacs and Oats	19.523	19.821	(0.298)
Independent Sector	0.359	0.260	0.099
<b>Net operating cost</b>	<b>153.938</b>	<b>153.922</b>	<b>0.016</b>

7.2 The uplift to be applied to agreements for 2019/20 has recently been agreed at 5.38%. This is made up of a standard uplift of 2.54% and a further 2.84% to recognise the impact of funding the 6% additional superannuation cost arising from the change to the discount rate in the scheme valuation. Service Level Agreements with some other Boards have been received and are currently under discussion.

## **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 9 performance against the Annual Operational Plan (A.O.P) submission.

<b>Financial Plan description</b>	<b>Annual Operating Plan £m</b>	<b>Revised Annual Plan £m</b>	<b>Plan to date £m</b>	<b>Actual to Date £m</b>
Service redesign	0.632	0.702	0.566	0.585
Drugs & prescribing	2.787	2.861	2.731	2.772
Workforce	0.620	0.631	0.483	0.472
Procurement	0.216	3.017	2.896	2.894
Infrastructure	1.339	1.548	1.548	1.548
Other	5.742	5.194	2.659	2.659
Financial Management / Corporate Initiatives	-	-	-	-
Unidentified Savings	2.103	-	-	-
<b>Total Core NHS Board Savings</b>	<b>13.439</b>	<b>13.953</b>	<b>10.883</b>	<b>10.930</b>
<b>Savings delegated to Integration Authorities</b>	<b>4.315</b>	<b>4.334</b>	<b>4.260</b>	<b>4.054</b>
<b>Total Savings Required</b>	<b>17.754</b>	<b>18.287</b>	<b>15.143</b>	<b>14.984</b>

- 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 £2.731m of savings have been removed from the Acute Division budgets and then recirculated within the financial plan to fund pay, drugs and other cost pressures within the Division. This is in line with targets. A further £1.317m of efficiency was planned 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. This is not expected to be achieved with targeted temporary workforce savings now highly unlikely and consumable savings 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. 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 initial capital formula allocation was £12.392m, no change from the previous year. NHS Lanarkshire is also be allowed to retain property receipts to support capital plans and has received £2.400m towards the Monklands replacement or refurbishment business case. The initial plan relied on £4.075m receipts, £2.113m of which have been secured to date. NHS Lanarkshire has authority to commit capital expenditure in advance of the remaining expected sales. Should they not materialise by 31<sup>st</sup> March 2020, Scottish Government will underwrite the funding and the Board will pay it back when the sales conclude.
- 9.2 Expenditure to the value of £6.139m has been incurred in the first nine months as detailed in Annex B.
- 9.3 The £5.8m risk based programme of business continuity work, endorsed at the PPRC of 11<sup>th</sup> April 2019 and approved in the May 2019 Board meeting, has been commissioned and taken through the design stages with on-site work commencing in June 2019. There has been a small degree of slippage with forecast in year expenditure now sitting at £5.544m. Reactive maintenance, supported through revenue funding, continues as required. As notified to the PPRC in December 2019, approval to advance commission the fire safety work for 2020/21 has already been given as a first call on that years' capital.
- 9.4 A prioritised medical equipment programme has been agreed through the core equipment group and capital investment group. Approval has been given to allow more equipment replacement through the 2019/20 plan in order to relieve the pressure in the 2020/21 plan caused by high value projects such as the 24 beds at Wishaw and the vascular theatre at Hairmyres on top of the Monklands business continuity work. This has been facilitated by an increase in the revenue to capital transfer which in turn has been made possible by the better than trajectory revenue performance.
- 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 has commenced.

## **10. Development and Approvals**

- 10.1 Since the March 2019 Financial Plan there have been no additional recurring commitments made by NHS Lanarkshire. The Board has been advised of the early opening of surge beds to cope with current demand and the higher than budget winter costs. The transfer from revenue to capital has been increased in year to cover the residual over commitment flagged as a risk from the outset and to allow some equipment purchases which will ease the pressure in 2020/21.

National costs relating to new approved national specialist services, the clinical waste contingency and the Microsoft Office 365 deal have been built in to the financial estimates.

- 10.2 In December an additional £0.150m was provided to each IJB to keep the level of beds taken up with delayed discharges across Lanarkshire to under 200 on any given day. An agreement was also reached with both Councils and IJBs over action to be taken when occupancy on acute sites reached critical levels to rapidly reduce the number of patients who were clinically safe to leave but were awaiting a social care input. This may have additional funding requirements over and above the £0.300m and monitoring arrangements are being put in place. Sources of funding may include any specific funding given by SGHSCD and IJB underspends though all sources will be looked at flexibly.

## **11. Risk Assessment**

At his point in the year the likelihood of events that could derail progress towards achieving the financial targets has diminished and the overall risk assessment has been reduced to low. The risks previously highlighted from rising drug expenditure, additional capacity in the system, any Brexit impact and the superannuation increase on expanding areas are still pertinent to 2020/21 but have been managed in 2019/20.

## **12. Conclusion**

The Board is asked to note:

- the actual revenue over spend of £0.191m as at 31 December 2019;
- the initial assessment that month 9 is on trajectory even though this relies on various assumptions round drugs and funding;
- the risks highlighted in section 11 which at this stage have more relevance to 2020/21;

- There is now a strategy for managing the over commitment on the capital plan for 2019/20 and for improving the position going into 2020/21.

**LAURA ACE**  
**DIRECTOR OF FINANCE**  
**21 January 2020**

**ANNEX A**

	<b>Baseline Recurring £M</b>	<b>Earmarked Recurring £M</b>	<b>Non Recurring £M</b>	<b>Total £M</b>
<b>Core Revenue Resource Limit as at 30 November 2019</b>	<b>1,230.153</b>	<b>108.781</b>	<b>3.093</b>	<b>1,342.027</b>
Microsoft National Licensing	0.000	0.000	(0.415)	(0.415)
DBI Under 18s Programme - Partnership, Site & Pathway Funds	0.000	0.000	0.520	0.520
Infant Mental Health Services in Lanarkshire	0.000	0.000	0.036	0.036
New Medicines Fund	0.000	9.756	0.000	9.756
Additional Funding for Elective Activity	0.000	0.000	0.570	0.570
Screening Inequalities - Year 2 Funding	0.000	0.000	0.135	0.135
Alcohol & Drug Partnership - Local Improvement Fund	0.000	0.000	0.128	0.128
<b>Core Revenue Resource Limit as at 31 December 2019</b>	<b>1,230.153</b>	<b>118.537</b>	<b>4.066</b>	<b>1,352.757</b>
<b>Non Core Revenue Resource Limit as at 30 November 2019</b>	0.000	0.000	30.356	30.356
Additional non-core funding	0.000	0.000	0.065	0.065
	0.000	0.000	0.000	0.000
	0.000	0.000	0.000	0.000
<b>Non Core Revenue Resource Limit as at 31 December 2019</b>	<b>0.000</b>	<b>0.000</b>	<b>30.421</b>	<b>30.421</b>
<b>Total Revenue Resource Limit as at 31 December 2019</b>	<b>1,230.153</b>	<b>118.537</b>	<b>34.487</b>	<b>1,383.178</b>

## ANNEX B

<b>NHS LANARKSHIRE</b>			
<b>CAPITAL EXPENDITURE TO 31st December 2019</b>			
	<b>2019/20 Plan £M</b>	<b>2019/20 Forecast £M</b>	<b>Actual £M</b>
<b>Initial Capital Formula Allocation:</b>	<b>12.392</b>	<b>12.392</b>	<b>3.152</b>
<b>Capital Resource limit adjustments:</b>			
Additional Central Resource Allocation	2.450	2.798	0.874
<b>LATEST CAPITAL RESOURCE LIMIT</b>	<b>£14.842</b>	<b>£15.190</b>	<b>£4.026</b>
<b>Anticipated Capital Resource Limit Adjustments :</b>			
Forensic Medical Services	0.000	0.089	
West of Scotland Major Trauma Centre Equipment	0.000	0.078	
Revenue to Capital transfer	0.000	1.685	
	<b>£0.000</b>	<b>£1.852</b>	<b>£0.000</b>
<b>Other Income Adjustments:</b>			
Other Income	0.017	0.017	
	<b>£0.017</b>	<b>£0.017</b>	<b>£0.000</b>
<b>Disposal Programme:</b>			
Property Disposals	4.075	3.513	2.113
Property Disposals returned to S.G.	0.000	0.000	0.000
	<b>£4.075</b>	<b>£3.513</b>	<b>£2.113</b>
	<b>£18.934</b>	<b>£20.572</b>	<b>£6.139</b>
<b>CAPITAL EXPENDITURE:</b>			
<b><u>Business Cases</u></b>			
Monklands general business continuity	5.800	5.544	2.339
Acute Property Works	3.230	2.505	0.496
New Monklands Fees	2.400	2.400	0.874
	<b>11.430</b>	<b>10.449</b>	<b>3.709</b>
<b><u>Medical Equipment</u></b>	4.600	7.841	1.998
	<b>4.600</b>	<b>7.841</b>	<b>1.998</b>
<b><u>Other Service Developments</u></b>			
Northern Corridor	0.020	0.020	0.009
	<b>0.020</b>	<b>0.020</b>	<b>0.009</b>
<b><u>Other Expenditure</u></b>			
Statutory Maintenance	0.173	0.041	0.000
PSSD Equipment	0.280	0.321	0.000
	<b>0.453</b>	<b>0.362</b>	<b>0.000</b>
I.M.&T Projects	2.543	1.900	0.423
	<b>2.996</b>	<b>2.262</b>	<b>0.423</b>
<b>TOTAL CAPITAL EXPENDITURE</b>	<b>£19.046</b>	<b>£20.572</b>	<b>£6.139</b>
<b>(OVER) / UNDER COMMITTED</b>	<b>-£0.112</b>	<b>£0.000</b>	<b>£0.000</b>