

SUBJECT: FINANCE REPORT FOR THE PERIOD ENDED 30 JUNE 2020

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.

3. SUMMARY OF KEY ISSUES

On 2 March 2020 the Board invoked its emergency response protocol in light of the growing Covid-19 threat and rapidly mobilised to create additional bed and intensive care space, community assessment centres and large scale remote working. Elective care was suspended and staff redeployed. Testing was ramped up. Additional staff were brought in to cover for predicted absence. The scale of the response means expenditure patterns do not align to the historic budgets. Processes are in place to track additional expenditure due to Covid-19 but the exercise is complex and time consuming and the earlier cut-off date means the figures reported in this Board paper should be regarded as provisional. Work is ongoing to assess the full expenditure impact of Covid-19 and a revised return will be submitted to the Scottish Government Health and Social Care Department (SGHSCD) mid-August. It is expected this return will be used to inform additional allocations, giving the Board more certainty as to the extent of any financial issues arising in the first 3 months. At present it is assumed the additional costs will be covered.

Prior to any Covid -19 impact, the Board's financial plan relied on £29.828m of savings to bridge the gap between predicted cost growth and the allocation uplift. An estimated £10.030m of savings had still to be identified at the time of submitting the financial plan. With the financial sustainability programme suspended due to Covid-19, little progress has been made in closing the gap and a number of agreed savings plans, particularly those relating to productivity and additional staffing in the acute, are now reflecting that delivery is unlikely. At this stage more potential corporate savings are being recognised than were included in the Annual Operational Plan but given the inclusion of property sales and likely future estates and e health costs this assumption is optimistic.

With the caveats above, At the end of June 2020 the Board is reporting an underlying £2.876m over spend which is £0.468m worse than the financial plan year to date trajectory mainly due to under delivery of savings.

There are still some key uncertainties over income and in several areas of expenditure, most notably out of area drugs. Reasonable assumptions have been used in preparing the month 3 figures but the degree of estimation means a high level of caution is required.

The capital plan remains overcommitted. Due to its risk profile the Monklands Business Continuity work is proceeding, costs are being finalised for Trauma and Orthopaedics phase 1 a and the regional vascular centralisation and the risk of exceeding our Capital Resource limit is being managed by holding back on an invest to save proposal and the less urgent medical equipment replacements.

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"/>
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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	<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

24 July 2020

NHS LANARKSHIRE

FINANCE REPORT FOR THE PERIOD ENDED 30 JUNE 2020

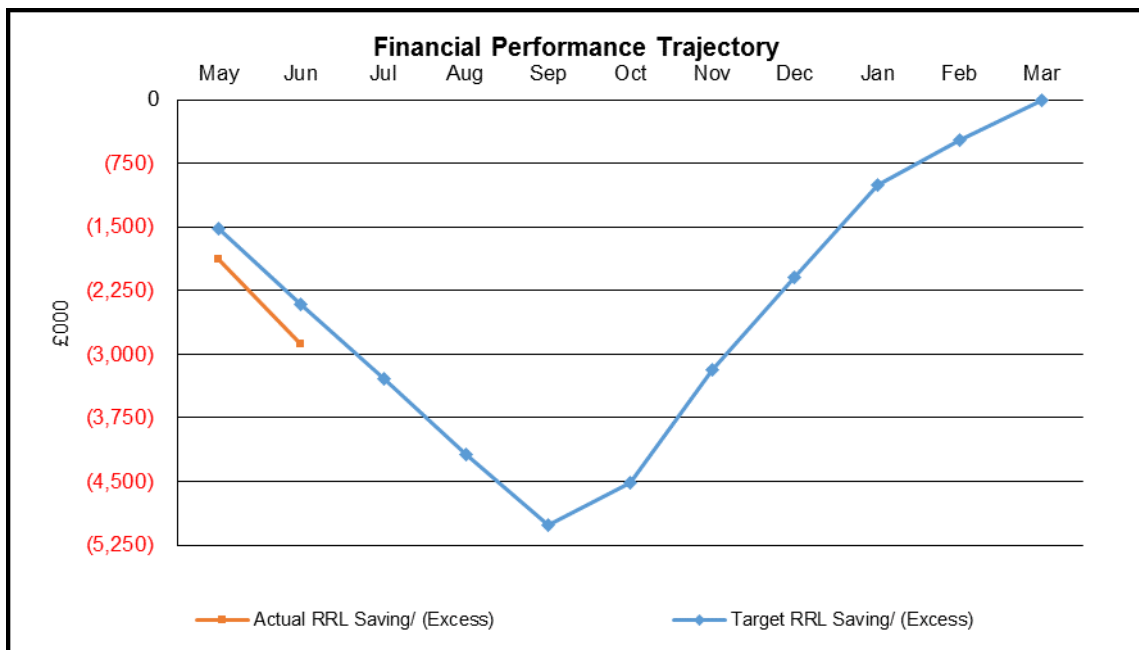
1. Introduction

1.1. The purpose of this report is to provide the Board with a summary of revenue and capital financial performance for the first three months of 2020/21. The unusual level of uncertainty due to the impact of Covid-19 on services means these figures should be regarded as provisional. Detailed work is ongoing to assess the impact of the outbreak, with a month 3 return due to be submitted mid-August. It is anticipated this return will inform the funding to be released to Boards.

2. Overview

2.1. The 2019/20 financial plan was submitted to the Scottish Government Health and Social Care Department (SGHSCD) in March 2020 reflecting the Board's plans pre Covid-19. The allocation uplift was 3% but, with the 3rd year of the Agenda for Change pay deal projected to cost 4.57%, hospital drugs forecast to increase by 10.9%, a range of national commitments to be funded and local cost pressures, it was estimated there would be a gap between the allocation uplift and cost rises of £29.828m. Efficiency savings were required to close this gap. Despite initiating an enhanced financial sustainability programme in June 2019, at the time of submitting the plan £10.030m of those efficiency savings still had to be identified.

2.2. As the £10.030m had not been identified at 28 February 2020 it was assumed expenditure would exceed income until September 2020 at which point that Board would have implemented plans for financial balance and would see an improvement in the second half of the year. The assumed trajectory was as set out below.



- 2.3 At the beginning of March 2020, NHS Lanarkshire moved on to an emergency footing to prepare for the anticipated surge of Covid-19 cases. Acting in line with Scottish Government advice, there was a rapid mobilisation to quadruple Intensive care capacity, bring up to 198 additional beds into the system, create community assessment hubs, expand testing and recruit unprecedented numbers of additional staff to cover the demand and predicted staff absence.
- 2.4 Mechanisms were put in place to capture the additional costs of this though the pace of the response and extent of staff redeployment means extensive work is required to assess and confirm these. To the end of June 2020 Acute and Corporate have recorded a total of £9.549m as being attributable to Covid-19 and the Health and Social Care Partnerships £6.800m, of which £3.706m relates to FHS payments which SGHSCD have already confirmed funding for. At the same time financial sustainability programme was suspended so all service focus could be on the impact of the pandemic. As well as meaning no inroads could be made to the initial £10.030m gap, it meant progress on many agreed schemes was halted.
- 2.5 If the £9.549m of NHS Board costs attributed directly to the Covid-19 response are excluded, the position to date would be a £2.876m over spend. This is £0.468m worse than the estimates made at the time of the AOP submission due mainly to inability to deliver savings. The table below shows the split by Division.

	YTD Budget £M	YTD Actual £M	YTD Variance £M
Acute Operating Division	91.175	91.574	(0.399)
North Lanarkshire Health & Social Care Partnership	76.359	76.883	(0.524)
South Lanarkshire Health & Social Care Partnership	101.465	106.580	(5.115)
Headquarters / Corporate Functions	39.183	39.172	0.011
Service Level Agreements / Other Healthcare Providers	52.091	52.061	0.030
NHSL - wide	(3.938)	(1.420)	(2.518)
Net operating costs	356.335	364.850	(8.515)
Remove IJB Position	(177.824)	(183.463)	5.639
Revised Net operating costs	178.511	181.387	(2.876)

3. Revenue Resources

- 3.1. At the end of June 2020, the Core Revenue Resource Limit (RRL) for NHS Lanarkshire was £1,273.986m, details of which are noted in Annex A.
- 3.2. The June 2020 Core Revenue Resource Limit includes a £6.167m share of the initial funding of £50m being made available to IJBs to support the immediate challenges in the social care sector in response to the Covid-19 pandemic (North IJB £3.191m, South IJB £2.976m.)

- 3.3. We were anticipating at least an additional £123m of specific allocations, the largest component of which would be approximately £101m in standard primary care allocations which is likely to materialise. The £11.3m of funding previously intimated to support access targets is unlikely to be awarded in that form, having been superseded by the remobilisation return process. At present there is not clarity on the amount of funding available for remobilisation plans.

4. Acute Division

- 4.1. The Acute Division is reporting an over spend of £6.366m for the period to the end of June 2020, as detailed in Table 2. £5.967m of this has been attributed to Covid-19 and £0.399m is seen as an underlying problem. Although this looks slightly better than at the same point last year, the Acute Division has been unable to release the expected funding from its efficiency programme leaving a gap in the area wide section of this report.

	Budgeted Operating Costs 30/06/2020 £M	Actual Operating Costs 30/06/2020 £M	Actual saving / (excess) 30/06/2020 £M
Pay	79.478	80.165	(0.687)
Non Pay	22.369	22.081	0.288
Healthcare Purchases	0.251	0.251	0.000
Gross operating costs	102.098	102.497	(0.399)
Less: miscellaneous income	(10.923)	(10.923)	0.000
Underlying Net operating cost	91.175	91.574	(0.399)
Covid-19 Spend	0.000	5.967	(5.967)
Net operating cost	91.175	97.541	(6.366)

- 4.2. The estimated underlying overspend is driven by pay costs in excess of budget (Nursing £0.288m, Medical £0.043m, AHP staff £0.100m and Healthcare Scientists £0.222m).
- 4.3. The main driver of the additional Covid-19 costs has been additional nursing and medical staff costs. The nursing budget for the first 3 months has increased by 4.6%, as expected to cover the average impact of the pay deal, but expenditure has increased by 17.7%. £4.644m of additional nursing costs have been attributed to cover for Covid-19 during the first 3 months. This includes £1.553m from the mass national deployment of year 2 and 3 student nurses into support roles, bank, overtime and other supernumerary recruitment. Medical pay has increased by 7.0% on the amount expended in the first 3 months of 2019/20 with £1.275m of this attributed to Covid-19 to cover additional beds, ITU areas and cover for staff either shielding (pregnancy etc.) or absent with Covid-19 related absences.
- 4.4. The acute hospital drug spend in the first 3 months is less than that in the comparative period of 2019/20 when the normal expectation would be a steady increase due to new drugs and extended use of existing drugs. At this stage nothing is known about the out of area high cost drugs which have risen so steeply in recent years they now make up approximately one third of our hospital drug spend. The financial plan uplift for drugs growth in 2020/21 has been held back and not issued to budget until more is known.

- 4.5. With all but the most urgent procedures postponed with effect from 18 March 2020 there has been none of the usual additional activity to reduce waiting times in the first 3 months. However with uncertainty now as to what funding we will receive and what the recovery costs will be we are not in a position yet to assess the final impact this will have on the year end position.
- 4.6. At this stage the Acute Division has flagged that £2.949m of its planned efficiency schemes are at risk due to Covid-19 although some of these had a risk of slippage prior to Covid-19. This will be reassessed each month.

5. Health and Social Care Partnerships

- 5.1. Across the Health and Social Care Partnerships, there is an over spend of £5.639m for the period to the end of June 2020 (North IJB - £0.524m; South IJB - £5.115m). This includes additional costs attributed to Covid-19 of £6.800m (North IJB - £1.871m; South IJB - £4.929m). If the additional cost was excluded the underlying position would be an underspend of £1.161m (North IJB - £1.347m under spent; South IJB - £0.186m over spent)
- 5.2. Covid-19 expenditure relates to running the Community Hub and 2 assessment centres, mental health assessment centres to divert mental health attendances from A & E, additional psychological, physiotherapy and occupational therapy support, additional payments to Primary care contractors, and additional staffing to cover absences.
- 5.3. Prescribing volumes rose in March 2020 which was believed to be of people stocking up before lockdown. North IJB was able to cover the projected increase within its existing prescribing budget but South IJB had to take cover from the prescribing contingency reserve and receive £0.429m of additional S.G allocation. The national belief was that the increase was purely a timing issue, April volumes would decrease and any IJB who had required temporary cover in 2019/20 could then return it to S.G without adverse impact. April volumes have shown a decrease but not enough to compensate for the activity rise in March. Price per item is also higher. Both IJBs had a prescribing efficiency plan and the target amount has been withdrawn from the opening budget. SGHSCD have withdrawn the £0.429m issued in 2019/20. The net impact of these movements are an estimated £0.514m overspend in South and £0.116m overspend in North.
- 5.4. Including prescribing, a proportion of the planned savings have been deducted from the opening budgets (North £1.970m out of the original £2.040m, South £1.058m out of the original £2.194m). The balance remains a risk.

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

Table 3 - North Lanarkshire Health & Social Care Partnership 2020/21			
	Budgeted Operating Costs 30/06/2020 £M	Actual Operating Costs 30/06/2020 £M	Actual saving / (excess) 30/06/2020 £M
Pay	33.788	33.964	(0.176)
Non Pay	23.653	23.993	(0.340)
Prescribing	17.046	17.162	(0.116)
Sub Total	74.487	75.119	(0.632)
Primary Care Transformational Fund	0.000	0.000	0.000
Share of Primary Care Other Services	1.872	1.764	0.108
Family Health Services	0.000	0.000	0.000
Net operating cost	76.359	76.883	(0.524)
Less: Covid-19 spend	0.000	(1.871)	1.871
Revised net operating cost	76.359	75.012	1.347

Table 4 - South Lanarkshire Health & Social Care Partnership 2020/21			
	Budgeted Operating Costs 30/06/2020 £M	Actual Operating Costs 30/06/2020 £M	Actual saving / (excess) 30/06/2020 £M
Pay	16.417	17.404	(0.987)
Non Pay	20.402	20.644	(0.242)
Prescribing	15.898	16.412	(0.514)
Sub Total	52.717	54.460	(1.743)
Primary Care Transformational Fund	1.321	1.321	0.000
Share of Primary Care Other Services	1.799	1.695	0.104
Family Health Services	45.628	49.104	(3.476)
Net operating cost	101.465	106.580	(5.115)
Less: Covid-19 spend	0.000	(4.929)	4.929
Revised net operating cost	101.465	101.651	(0.186)

6. Headquarters/Area Wide Departments

- 6.1. The Headquarters and Area Wide Departments are reporting an over spend of £3.571m for the period to the end of June 2020, as detailed in Table 5. £3.582m of this has been attributed to Covid-19 and £0.011m is seen as the underlying under spend.

	Budgeted Operating Costs 30/06/2020 £M	Actual Operating Costs 30/06/2020 £M	Actual saving / (excess) 30/06/2020 £M
Pay	16.931	16.529	0.402
Non Pay	23.738	24.129	(0.391)
Gross operating costs	40.669	40.658	0.011
Less: miscellaneous income	(1.486)	(1.486)	0.000
Net operating cost	39.183	39.172	0.011
Covid-19 Spend	0.000	3.582	(3.582)
Revised Net operating cost	39.183	42.754	(3.571)

- 6.2. The under spend net of Covid-19 is spread across Corporate Departments (£0.091m) and Property and Support Services (£0.021m) offset against an over spend in Central Services (£0.101m).
- 6.3. The majority of Corporate HQ department savings have been deducted from budgets.

7. Service Level Agreements/Other Healthcare Providers

- 7.1. Service Level Agreements and Other Healthcare Providers are reporting an under spend of £0.030m for the period to the end of June 2020, as detailed in table 6.

	Budgeted Operating Costs 30/06/2020 £M	Actual Operating Costs 30/06/2020 £M	Actual saving / (excess) 30/06/2020 £M
Service Level Agreements	44.748	44.795	(0.047)
Unpacs and Oats	7.253	7.109	0.144
Independent Sector	0.090	0.157	(0.067)
Net operating cost	52.091	52.061	0.030

- 7.2. The uplift to be applied to agreements for 2020/21 has been agreed at 3% the standard uplift Boards received from Scottish Government. Due to Covid-19 the activity levels out of area will be significantly reduced. However as the provider Boards will still be incurring costs the expectation is SLAs will be paid at historic levels.

8. CRES/Efficiency

- 8.1. To balance the financial plan in 2020/21 the Board needed to release £29.828m of cash from budgets through efficiency savings (CRES). At the time of submitting the financial plan the Board had identified proposals for all but £10.030m of this total. Due to Covid-19 no inroads have been made into that gap in the first 3 months. The Acute Division has made a provisional assessment that £2.949m of their savings, mainly those relating to productivity or temporary staffing, are now unlikely to be delivered due to the impact of Covid-19. There had always been a degree of caution in assuming full delivery and some compensating additional corporate savings have been identified, so at this stage the gap for which no schemes have been identified has only increased to £10.168m.
- 8.2. As a range of IJB and Corporate savings had been secured in advance of the start of the year these have been recorded as achieved and budgets adjusted to recirculate the funding to cover the excess rise in pay, drugs and other costs identified in the original plan.
- 8.3. South IJB has at this stage only identified £1.058m of its initial target of £2.194m savings.
- 8.4. Table 7 below gives a provisional assessment of month 3 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	0.170	-	-	-
Drugs & prescribing	0.836	0.802	0.035	0.035
Workforce	1.060	0.496	0.146	0.146
Procurement	3.666	3.600	0.566	0.662
Infrastructure	2.320	3.016	1.951	1.951
Other	6.740	6.740	1.685	1.685
Financial Management / Corporate Initiatives	-	-	-	-
Unidentified Savings	10.030	10.168	-	-
Total Core NHS Board Savings	24.822	24.822	4.383	4.479
Savings delegated to Integration Authorities	5.006	3.029	1.304	1.568
Total Savings Required	29.828	27.851	5.687	6.047

9. Capital

- 9.1 The Scottish Government has confirmed the initial NHS Lanarkshire Capital Formula Allocation for 2020/21 at £12.392m, no change from the previous year. NHS Lanarkshire will also be allowed to retain an estimated £3.155m property receipts to support capital plans and will receive £2.750m towards the Monklands replacement or refurbishment business case and £1.350m regional support for the Vascular Surgery Theatre.

- 9.2 £1.2m of the £3.155m property receipts has already been secured, which given the uncertainty in the market during Covid-19 is a strong achievement. The remainder relates to property sales which were actively progressed during 2019/20 so confidence levels are high. In current conditions however none can be fully relied on.
- 9.3 The 24 bedded ward had been tendered and a contract awarded but, given the Covid-19 experience, a pause has been instigated to evaluate whether there is a feasible option to convert this to a 17 single room option. There are risks around the pause in relation to timescale (the temporary fix for Orthopaedic Trauma will come under increasing pressure as other activity increases) and costs from delay or re-specification. It is important this proceeds at pace.
- 9.4 The regional vascular model is well advanced but has still to be finalised. The plan is to tender early autumn at which point we will get price certainty.
- 9.5 The plan reported to the March Board showed that the demands for capital exceeded the available funding. Whilst at a national level slippage is expected, the nature of the NHS Lanarkshire schemes makes it hard to rely on that. Both the vascular theatres and the orthopaedic ward are driven by service imperatives and avoiding delay is important. The Monklands business continuity work is a risk based programme and has recently been reassessed so no changes are forecast immediately. There were delays due to diversion of effort and inability to access areas in March 2020 due to Covid-19 which has resulted in a portion of the last years programme plus the completion of the SACT work following in to 2020/21.
- 9.6 £0.574m of capital expenditure relating to Covid-19 has been reflected in the schedule with an assumption that funding will be received for this. This has to yet to be agreed with Scottish Government therefore remains a risk.
- 9.7 For now the Board is being presented with a plan where demands exceed funding. This will be actively managed with approvals for certain items delayed until such time as a funding solution can be found. This will include the Invest to save project of a combined heat and power unit, the replacement estates system and a portion of the medical equipment replacement. Slippage will be closely monitored and there will be an ongoing dialogue with Scottish Government on potential funding sources. In previous years the option of last resort was a transfer from revenue but given the huge additional revenue costs this year and funding uncertainties the likelihood of us being able to do that in 2020/21 is seen as very low.
- 9.8 Expenditure to the value of £1.949m has been incurred in the first three months as detailed in Annex B.

10. Development and Approvals

- 10.1 Scottish Government have indicated they will release Covid-19 funding based on the quarter 1 submission due mid-august. In the meantime a regional and national review process has been set up to ensure all Boards report costs consistently. Until then we continue to incur Covid-19 costs at risk.

10.2 Table 8 below summarises the Covid-19 costs to 30 June 2020. Once national clarity is reached on funding, the Board will need to rebase its 20/21 financial plan. Costs continue to be incurred to respond to Covid-19. The test and protect initiative, care home testing and the expansion of Health Board responsibilities for care homes all brings significant additional resource requirements. We have been modelling these and ensuring Scottish Government is kept informed though until full clarity is achieved on timescales and the national versus the local requirement these will continue to change. As services which had been stood down begin to receive patients again costs relating to making the physical environment safe and using technology more are being incurred. Although the excess beds are being stood down in line with numbers of Covid-19 patients in hospital other elements of the response, such as the assessment centres, remain in play.

Table 8 - Covid-19 Revenue & Capital Spend		
Area	Revenue 2020/21 £m	Capital 2020/21 £m
Acute Operating Division	5.967	0.000
Headquarters / Corporate Functions	3.582	0.000
Total Board Areas	9.549	0.000
North Lanarkshire Health & Social Care Partnership	1.871	0.000
South Lanarkshire Health & Social Care Partnership	4.929	0.000
Total Health & Social Care Partnership	6.800	0.000
Total Board and Health & Social Care Partnership	16.349	0.000
Capital Spend	0.000	0.574
Total Revenue and Capital Spend	16.349	0.574

11. Risk Assessment

The overall financial risk has been assessed as very high, with the highest risk rating the Boards financial position has received in the last 13 years. Risks are from multiple sources starting with the underlying £10.030m of unidentified savings rising to £10.168m but compounded by uncertainties over funding and very significant additional Covid-19 costs. A huge amount of work is going in to monitoring and assessing this and for future Board papers it is hoped that uncertainties can begin to be defined onto more meaningful ranges.

12. Conclusion

The Board is asked to note:

- the actual revenue over spend of £12.425m as at 30 June 2020;
- Acute and Corporate Covid-19 expenditure as at 30 June 2020 is £9.549m and continued expenditure against the Covid-19 response;
- the assessment that month 3 is behind trajectory as the savings delivery gap has widened;
- the very significant risks highlighted in section 11;
- The over commitment against the capital programme and the initial management plan to avoid exceeding agreed capital limits.
- The positive progress with the e observation business case and intention to move to procurement.

LAURA ACE
DIRECTOR OF FINANCE
24 July 2020

REVENUE RESOURCE LIMIT 2020/21				
	Baseline Recurring £M	Earmarked Recurring £M	Non Recurring £M	Total £M
Core Revenue Resource Limit as at 31 May 2020	1,267.058	0.000	0.000	1,267.058
Covid-19 Integration Authority Funding	0.000	0.000	6.167	6.167
Scottish Living Wage Uplift	0.000	0.000	0.914	0.914
Covid-19 Prescribing Pressures - return of 19/20 allocation	0.000	0.000	(0.429)	(0.429)
NHS Board contribution to funding of the PASS contract	0.000	0.000	(0.071)	(0.071)
TEC Programme Funding to support Digital Programmes Locally	0.000	0.000	0.078	0.078
Child Healthy Weight	0.000	0.000	0.209	0.209
Neonatal Expenses Fund Allocation	0.000	0.000	0.058	0.058
Core Revenue Resource Limit as at 30 June 2020	1,267.058	0.000	6.927	1,273.986
Non Core Revenue Resource Limit as at 31 May 2020	0.000	0.000	0.000	0.000
	0.000	0.000	0.000	0.000
Non Core Revenue Resource Limit as at 30 June 2020	0.000	0.000	0.000	0.000
Total Revenue Resource Limit as at 30 June 2020	1,267.058	0.000	6.927	1,273.986

NHS LANARKSHIRE			
CAPITAL EXPENDITURE TO 30th June 2020			
	2020/21 Plan £M	2020/21 Forecast £M	Actual £M
Initial Capital Formula Allocation:	12.392	12.392	1.949
Capital Resource limit adjustments:			
ADJUSTED NET ALLOCATION	£12.392	£12.392	£1.949
Anticipated Capital Resource Limit Adjustments :			
Additional Central Resource Allocation	3.000	2.750	
West of Scotland Laundry - Transfer from other boards	0.150	0.300	
Regional Capital Contribution - Vascular Surgery Theatre	1.350	1.350	
Central Resource Returned	0.000	-0.426	
Covid-19 Costs	0.000	0.574	
	£4.500	£4.548	£0.000
Other Income Adjustments:			
Other Income	0.018	0.018	
	£0.018	£0.018	£0.000
Disposal Programme:			
Property Disposals	1.665	3.155	
	£1.665	£3.155	£0.000
	£18.575	£20.113	£1.949
<u>CAPITAL EXPENDITURE:</u>			
<u>Business Cases</u>			
Monklands general business continuity	5.528	4.985	0.761
Acute Property Works	5.700	6.309	0.531
New Monklands Fees	3.000	2.750	0.470
	14.228	14.044	1.762
<u>Medical Equipment</u>	3.860	4.728	0.054
	3.860	4.728	0.054
<u>Other Service Developments</u>			
Northern Corridor	0.050	0.050	0.000
	0.050	0.050	0.000
<u>Other Expenditure</u>			
CHP HM	0.700	1.400	
PSSD Equipment	0.300	0.697	0.096
CAFM Replacement	0.000	0.340	
Covid-19 costs	0.000	0.574	
<i>subtotal</i>	1.000	3.011	0.096
I.M.&T Projects	0.708	0.875	0.037
	1.708	3.886	0.133
TOTAL CAPITAL EXPENDITURE	£19.846	£22.708	£1.949
(OVER) / UNDER COMMITTED	-£1.271	-£2.595	£0.000