

NHS Board Meeting
27th May 2020

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



SUBJECT: FINANCE REPORT FOR THE PERIOD ENDED 31 MARCH 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.

The paper has been:

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

3. SUMMARY OF KEY ISSUES

The Board is reporting that all 3 financial targets were met in 2019/20. These results are subject to Audit during May and June of 2020.

The NHS Board ended the year breakeven from a revenue resource limit of £1,470.586m and matches with our planned AOP trajectory. Additional funding was provided to cover costs of preparing for COVID 19 during March 2020. In line with guidance, the year-end position treats the £6.715m surplus on funding delegated to the IJBs as being transferred to IJB reserves.

At £21.511m the year end efficiency recorded was more than the £17.754m target at the start of the year. 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. The gap closed and the target exceeded, largely through identifying national opportunities for cost reduction. A significant element of the savings were delivered on a one off basis and so 2020/21 opens with a recurring gap of £8.853m.

The 2019/20 capital plan was delivered within CRL. There were a number of minor changes agreed with Scottish Government in March to reflect the impact of Covid 19 on the capital plan.

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"/>				
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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.

20 May 2020

Meeting of Lanarkshire
NHS Board
27th May 2020

Kirklands
Fallside Road
Bothwell G71 8BB
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SUBJECT: FINANCE REPORT FOR THE PERIOD ENDED 31 MARCH 2020

1. PURPOSE

This report presents the 2019/20 year end financial performance for revenue and capital.

2. CONTENT/SUMMARY OF KEY ISSUES

The Board has achieved its target year end position against the Revenue Resource Limit and the Capital Resource Limit as well as delivering against the efficiency target set in its financial plan.

At the end of February 2020 NHS Lanarkshire was sitting with a small surplus and comfortably forecasting breakeven. 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. Less leave was taken in March as staff responded, additional staffing was also needed to cover increased absence due to Covid. Prescribing volumes rose as people sought to make sure they would not run out. The additional costs for this were logged and submitted to SGHSCD through an agreed national process. The final allocation contained a series of agreed adjustments to ensure NHS Lanarkshire was covered for any additional cost it could not cover. The result is therefore exact breakeven for RRL and CRL. These figures are subject to audit. Audit work will start beginning of June 2020.

During 2019/20 £704.075m of funding was delegated to the IJBs to be directly managed. The IJBs ended the year with £6.715m (0.95%) of the in-year funding still in reserve for use in future years.

The Board delivered £21.511m of efficiency savings. The initial assessment had been that £17.754m was required to breakeven. £8.624m of those savings were classed as recurring leaving a non-recurring balance which needs to be revisited in future years. The 2020/21 plan recognises that the Board starts with the challenge of filling a £8.853m brought forward gap.

The Board has delivered a £19.770m capital programme in line with the funding agreed with SGHSCD during the year. SG had previously issued £1.4m of funding to cover the Board for capital receipts which had been delayed into 20/21. Slippage in estates schemes in March 2020 due to Covid-19 meant the Board was able to return £0.974m of this and in return receive £0.372m of funding for Covid-19 capital expenditure.

3. CONCLUSION

The Board is asked to note the contents of this report.

4. FURTHER INFORMATION

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

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NHS LANARKSHIRE FINANCE REPORT FOR THE PERIOD ENDED 31 MARCH 2020

1. Introduction

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

2. Overview

- 2.1 The agreed 2019/20 AOP target against our Revenue Resource limit was to use all in year income including full use of the Boards £0.288m brought forward surplus to end the year breakeven. The draft accounts show that a breakeven position was achieved for 2019/20, as detailed in Table 1 below. This is subject to audit, with Audit Scotland commencing their review of the accounts in early June 2020.

Table 1 - Summary Financial Position 2019/20			
	YTD Budget £M	YTD Actual £M	YTD Variance £M
Acute Operating Division	397.197	401.184	(3.987)
North Lanarkshire Health & Social Care Partnership	295.891	295.891	0.000
South Lanarkshire Health & Social Care Partnership	408.184	408.184	0.000
Headquarters / Corporate Functions	160.342	158.119	2.223
Service Level Agreements / Other Healthcare Providers	211.477	212.745	(1.268)
NHSL - wide	(2.505)	(5.537)	3.032
Net operating costs	1,470.586	1,470.586	(0.000)

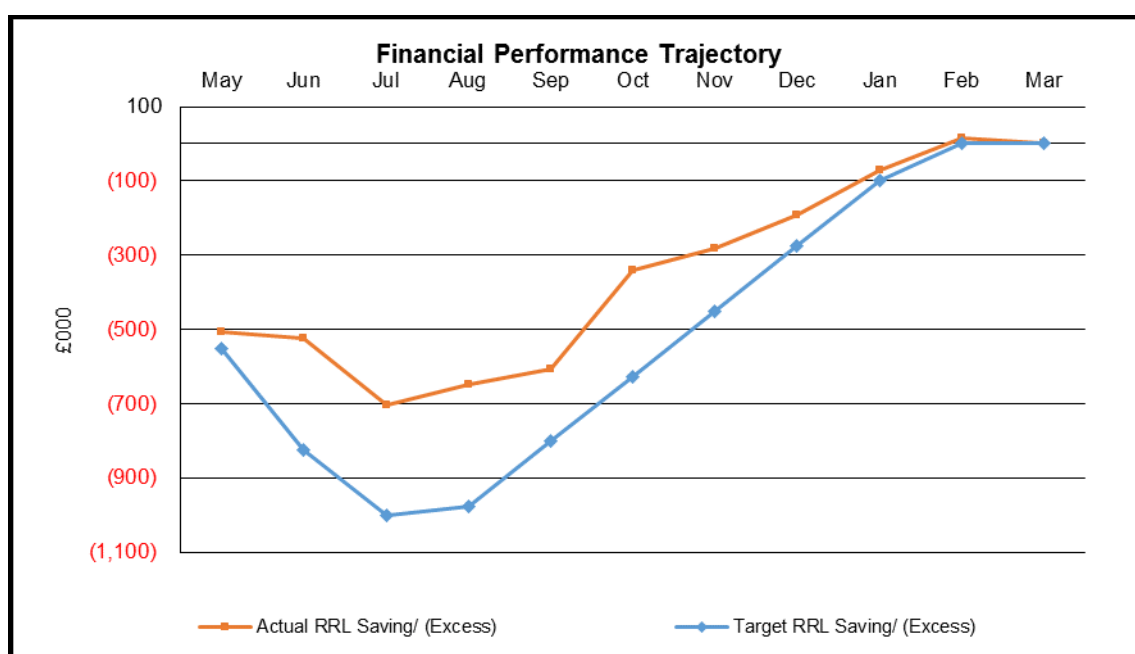
- 2.2 The main factors allowing the Board to meet its Revenue Resource Limit (RRL) target are as follows:

- Additional savings from nationally negotiated price agreements;
- Lower activity in the 3 year rolling averages for regional services;

- Corporate departments delivering savings in full plus generating a further under spend.

2.3 The trajectory submitted to SGHSCD assumed that in the early months the gap in identified savings would mean expenditure would exceed income until August 2019 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.

2.4 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.



2.5 Hospital Drug costs for March were higher in both the local acute hospital and for our patients treated in Glasgow than had been forecast at the end of February. The combined total was still within the overall increase built in to the opening financial plan.

3 Revenue Resources

3.1 At the end of March 2020, the final Core Revenue Resource Limit (RRL) for NHS Lanarkshire was £1,345.584m and the final Non-Core Revenue Resource Limit was £39.555m, details of which are noted in Annex A. We will also receive £85.447m in respect of Family Health Services Non-Discretionary spend.

- 3.2 The March 2020 Core Revenue Resource Limit includes confirmed adjustments including the return to NHS Lanarkshire of £0.278m from the Golden Jubilee from GJNH and the return to Scottish Government from IJB's of £0.616m under spent against Family Nurse Partnership funding. The latter was in line with the agreement in 2019/20 that IJBs would return unused allocations rather than keeping them in reserve and SG would reissue them at the point they were needed. A funding adjustment to return £0.683m in respect of Pensions to NSS for GP/GDP Practitioners via the Scottish Government was also made.
- 3.3 The Board also received additional funding for Covid-19. £0.692m was to cover the cost of accruing excess annual leave not taken as at 31st March 2020. £0.429m was allocated in respect of additional prescribing costs for IJB South that could not be covered by the IJB contingency reserve. £1.668m was provided for additional cost pressures due to the Covid 12 response, comprising £0.320m to cover excess social care costs not able to be managed in IJB South and £1.348m for essential preparatory expenditure incurred by the Board. The Board was able to absorb a further £0.100m of covid-19 costs incurred in 2019/20. £0.372m of equipment and estates work relating to the pandemic was classified as capital and set against that allocation.
- 3.4 A technical adjustment (£10.367m) in respect of Cnoris was made to our non-core allocation to comply with Scottish Government funding and accounting treatments. This has no financial impact and is in line with Financial Plan expectations.

4 Acute Division

- 4.1 The Acute Division reported an over spend of £3.987m for 2019/20 as detailed in Table 2. This is in line with forecasts used for in year planning purposes but higher than the £3.684m over spend reported in 2018/19. The position recognises an additional essential spend of £0.396m on Covid-19 for which a budget was issued retrospectively.

	Budgeted Operating Costs 31/03/2020 £M	Actual Operating Costs 31/03/2020 £M	Actual saving / (excess) 31/03/2020 £M
Pay	321.915	325.038	(3.123)
Non Pay	106.980	107.846	(0.866)
Healthcare Purchases	7.620	7.620	0.000
Gross operating costs	436.515	440.504	(3.989)
Less: miscellaneous income	(39.318)	(39.320)	0.002
Net operating cost	397.197	401.184	(3.987)

- 4.2 The medical staffing budget is overspent by £0.312m as at 31st March 2020, up on last month's £0.266m. This compares with an over spend of £0.731m 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 were plans for Urology.
- 4.3 Healthcare scientists are 5.1% (£1.010m) over budget, £0.481m more than the 12 months of the previous year. Multiple factors contribute to this including more staff on higher increments, sickness absence, maternity leave and agency costs.
- 4.4 The nursing budget is overspent by £2.525m (1.6%) as at 31st March 2020, £2.025m more than the 12 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 March.
- 4.5 The expenditure on hotel services in the 12 months of 2019/20, is £0.080m (4.0%) more than in the 12 months of the previous year and £0.573m 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.
- 4.6 At £55.258m the 12 month's Lanarkshire hospitals drug spend is 6.5% more than at the same point last year. As expected the monthly drugs cost increased as the expansion in use of new drugs happened. This has led to the budget being £0.520m overspent and is another factor behind the step up in divisional overspend between months 11 and 12.

5 Health and Social Care Partnerships

- 5.1 Across Under the Public Bodies (Joint Working) (Scotland) Act 2014, The NHS Board delegates responsibility for a specified range of services to the North and South Integrated Joint Boards (IJB's), passing to these IJBs the budget associated with these services. The IJB then directs the NHS Board to operationally deliver services in line with its a strategic commissioning plan, paying back to the NHS Board the funding needed to deliver the services. In 2019/20 the IJB budget transfer and the payment direction were originally back to back, for the same amount. These transactions are book entries rather than physical cash transfers.
- 5.2 Throughout the year the NHS Board has received reports of the expenditure against this funding. Under the Integration Financial guidance however any funding unspent by the year end belongs to the IJB and should be returned to them to be held in reserve for use in future years. £5.692m was returned to North IJB for 2019/20 and £1.023m is being returned to South IJB and these will be added to reserves remaining from the 18/19 balances. Each IJB will be considering its plans for use or retention of reserves.
- 5.3 Tables 3 and 4 show the position in each partnership.

	Budgeted Operating Costs 31/03/2020 £M	Actual Operating Costs 31/03/2020 £M	Actual saving / (excess) 31/03/2020 £M
Pay	131.935	129.440	2.495
Non Pay	84.797	82.741	2.056
Prescribing	71.098	70.193	0.905
Sub Total	287.830	282.374	5.456
Primary Care Improvement Fund	0.000	0.000	0.000
Share of Primary Care Other Services	8.061	7.825	0.236
Family Health Services	0.000	0.000	0.000
IJB Cfd to Reserves	0.000	5.692	(5.692)
Net operating cost	295.891	295.891	0.000

	Budgeted Operating Costs 31/03/2020 £M	Actual Operating Costs 31/03/2020 £M	Actual saving / (excess) 31/03/2020 £M
Pay	63.653	61.944	1.709
Non Pay	66.735	66.618	0.117
Prescribing	66.706	67.742	(1.036)
Sub Total	197.094	196.304	0.790
Primary Care Improvement Fund	4.131	4.124	0.007
Share of Primary Care Other Services	7.745	7.519	0.226
Family Health Services	199.214	199.214	0.000
IJB Cfwd to Reserves	0.000	1.023	(1.023)
Net operating cost	408.184	408.184	0.000

- 5.4 Prior to the impact of Covid, the forecast had been for a prescribing overspend of c £0.3m in South IJB and an underspend of over £2m in North IJB. In March a national pattern of increased volumes of drugs being dispensed was recognised. A common assumption of a 20% increase was agreed. The impact in Lanarkshire was modelled at £2.360m. It is believed that this was the result of people rushing to ensure they did not run out of prescription medicines and that in April 2020 there would be a reduction in volumes making the issue one of timing rather than overall cost increase. Where the 19/20 increase could be absorbed within existing IJB budgets or reserves, IJBS were asked to do that. If that wasn't possible SG would provide a bridging allocation, issued in March 2020 but returned in April 2020 when lower volumes were expected. North IJB's underspend was large enough to accommodate this. South IJB however was already predicting an overspend. Its prescribing contingency reserve of £0.736m was set off in its entirety against the prescribing overspend, and the remainder was covered by a £0.429m allocation from SG. This leaves North IJB in a strong position going into 2020/21 but South in a weaker one, with no specific prescribing contingency reserve and relying on lower April volumes to pay back the 19/20 allocation.
- 5.5 The IJBs are 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. Due to the success of the training and recruitment programme, Health visiting reached a position of temporarily being over establishment.

6 Headquarters / Corporate Functions

- 6.1 The Headquarters and Area Wide Departments reported an under spend of £2.223m for the period to the end of March 2020, as detailed in Table 5. In March there was an additional essential spend of £1.027m on Covid-19 preparedness, approximately three quarters of which related to IT equipment. There was slippage in the March maintenance programme due to access difficulties and the higher priority of preparing areas for Covid 19 patients.

	Budgeted Operating Costs 31/03/2020 £M	Actual Operating Costs 31/03/2020 £M	Actual saving / (excess) 31/03/2020 £M
Pay	66.474	63.764	2.710
Non Pay	101.075	101.562	(0.487)
Gross operating costs	167.549	165.326	2.223
Less: miscellaneous income	(7.207)	(7.207)	0.000
Net operating cost	160.342	158.119	2.223

- 6.2 Funding of £0.459m was withdrawn from the Occupational Health (SALUS) budget as an agreed contribution towards the Board's cash releasing efficiency savings plan.

7 Service Level Agreements/Other Healthcare Providers

- 7.1 Service Level Agreements and Other Healthcare Providers reported an over spend of £1.268m for the period to the end of March 2020, as detailed in Table 6.

	Budgeted Operating Costs 31/03/2020 £M	Actual Operating Costs 31/03/2020 £M	Actual saving / (excess) 31/03/2020 £M
Service Level Agreements	181.405	180.558	0.847
Unpacs and Oats	29.514	31.685	(2.171)
Independent Sector	0.558	0.502	0.056
Net operating cost	211.477	212.745	(1.268)

- 7.2 The under spend of £0.847m being reported against service level agreements is the continuing impact of Lanarkshire's lower share of costs for 2019/20 as a result of fewer Lanarkshire residents requiring access to West of Scotland regional services over the three year period ending 31st March 2019.
- 7.3 The main causes of the £2.171m over spend against the budget for Unplanned and Oats activity are as follows. Charges received from NHS Greater Glasgow and Clyde were £1.580m higher than the budget available. Bone Marrow Transplant charges (£0.670m), CPAP referrals (£0.200m), Pacemakers (£0.132m) and an increase in procedures (£0.596m) were no budget is available including Mesh removal (£0.081m). There was also an increase in referrals to the NHS Lothian specialist centre for Trans catheter Aortic Valve Implantation (TAVI) resulting in £0.275m over budget. Specialist high cost cases treated outside Scotland ended the year £0.363m over budget.

8 CRES/Efficiency

- 8.1 The actual year-end performance is £3.757m above the annual operating plan trajectory of £17.754m, as shown in (Table 7). The excess has been classed largely as non-recurring. The non-recurring gap with which next year's plan opens has been estimated at £8.853m.

Table 7 - Performance against Annual Operating Plan			
Financial Plan description	Annual Operating Plan £m	Revised Annual Plan £m	Actual Outturn £m
Service redesign	0.632	0.690	0.718
Drugs & prescribing	2.787	2.847	2.928
Workforce	0.620	0.631	0.683
Procurement	0.216	6.648	6.648
Infrastructure	1.339	1.548	1.548
Other	5.742	4.612	4.612
Financial Management / Corporate Initiatives	-	-	-
Unidentified Savings	2.103	-	-
Total Core NHS Board Savings	13.439	16.976	17.136
Savings delegated to Integration Authorities	4.315	4.344	4.374
Total Savings Required	17.754	21.320	21.511

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 £2.200m towards the Monklands replacement or refurbishment business case. The initial plan relied on £4.075m receipts, £2.113m of which had been secured. A further 2 sales scheduled to complete in 2019/20 will now not be concluded until 2020/21 and, in line with an agreement negotiated earlier in the year SG agreed to underwrite any net gap arising from this. Access issues plus the need to divert resources to preparing for Covid 19 meant there was slippage in March 2020 on the Monklands programme and works to support expansion to cancer facilities. This meant the initial requirement for £1.4m of brokerage was reduced to £0.426m. It will be repaid from the sale proceeds when they materialise with the balance of receipts going to support the 20/21 capital programme.
- 9.2 Scottish Government provided £0.372m of capital cover for additional estates and equipment costs incurred in preparing for Covid 19.
- 9.3 Subject to the late changes noted above the Board delivered a £19.770m capital programme in line with the funding now agreed with SGHSCD as detailed in Annex B.

10. Development and Approvals

- 10.1 Since the March 2019 Financial Plan there have been no additional recurring commitments made directly 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 Additional expenditure to prepare for Covid-19 was approved on an emergency basis through the command and control structure. Table 8 below summarises the 19/20 costs. There will be considerable additional cost in 20/21. Once national clarity is reached on funding, the Board will need to rebase its 20/21 financial plan.

Table 8 - Covid-19 Revenue and Capital Spend		
	Revenue 2019/20 £	Capital 2019/20 £
Health Board Spend		
Additional Hospital Bed Capacity/Costs	124,536	
Personal protection equipment and deep cleans	63,430	
Capital equipment		25,995
Revenue equipment	28,223	
IT costs	749,424	
Additional hospital drug spend	47,531	
Estates & Facilities cost	142,062	347,626
Additional temporary staff spend	253,330	
Community Services Preparation	69,496	
Other - Corporate Costs	13,647	
Total	1,491,679	373,621

11. Risk Assessment

The figures quoted in this paper represent NHS Lanarkshire best assessment of its year end income and liabilities using principles and accounting practices that are consistent with those used in previous years. As this is NHS Lanarkshire's fourth year with a new external Audit team from Audit Scotland the risk of any changes during the Audit process should therefore be low.

The rapid escalation in measures to prepare for Covid-19 is generating additional expenditure. Mechanisms are in place to track this. The largest impact will be felt in 2020/21, with the 2019/20 element manageable.

12. Conclusion

The Board is asked to note:

- the contents of the paper and in particular the forecast that all 3 financial targets covered in this paper have been met;
- the reported breakeven position as at 31 March 2020, recognising that at the year-end the under spend on Health and Social Care partnerships was transferred to benefit IJBs;
- the £21.511m of efficiency savings recorded as achieved to date are £3.757m above the annual operating plan trajectory of £17.754m;
- the Board has delivered a £19.770m capital programme within its Capital resource limit.

LAURA ACE
DIRECTOR OF FINANCE
21 May 2020

ANNEX A

	Baseline Recurring £M	Earmarked Recurring £M	Non Recurring £M	Total £M
Core Revenue Resource Limit as at 29 February 2020	1,230.153	120.665	(7.262)	1,343.557
CAR-T Return	0.000	0.000	0.208	0.208
Adjustment to PMS Allocation - GP Pensions	0.000	(0.683)	0.000	(0.683)
Covid-19 pressures	0.000	0.000	0.372	0.372
GJNH - Final top slice adjustment Board SLAs	0.000	0.000	0.278	0.278
Data Collection Exercise - Additional Payment to Practices	0.000	0.000	0.031	0.031
GP Minimum Earnings Expectation	0.000	0.000	0.020	0.020
Covid-19 Annual Leave Accrual Pressure	0.000	0.000	0.692	0.692
Covid-19 Prescribing Pressures	0.000	0.000	0.429	0.429
Covid-19 Additional cost pressures	0.000	0.000	1.668	1.668
Covid-19 pressures reversal	0.000	0.000	(0.372)	(0.372)
Return of Funds - Family Nurse Partnership	0.000	0.000	(0.616)	(0.616)
Core Revenue Resource Limit as at 31 March 2020	1,230.153	119.982	(4.552)	1,345.584
Non Core Revenue Resource Limit as at 29 February 2020	0.000	0.000	30.421	30.421
Annually Managed Expenditure - CNORIS Disclosure Provisions	0.000	0.000	10.367	10.367
Annually Managed Expenditure - Provisions	0.000	0.000	(1.233)	(1.233)
Non Core Revenue Resource Limit as at 31 March 2020	0.000	0.000	39.555	39.555
Total Revenue Resource Limit as at 31 March 2020	1,230.153	119.982	35.003	1,385.139

ANNEX B

NHS LANARKSHIRE			
CAPITAL EXPENDITURE TO 31st March 2020			
	2019/20 Plan £M	2019/20 Forecast £M	Actual £M
Initial Capital Formula Allocation:	12.392	12.392	12.392
Capital Resource limit adjustments:			
Additional Central Resource Allocation	2.562	5.850	5.248
FINAL CAPITAL RESOURCE LIMIT	£14.954	£18.242	£17.640
Other Income Adjustments:			
Other Income	0.017	0.017	0.017
	£0.017	£0.017	£0.017
Disposal Programme:			
Property Disposals	4.075	2.113	2.113
Property Disposals returned to S.G.	0.000	0.000	0.000
	£4.075	£2.113	£2.113
	£19.046	£20.372	£19.770
<u>CAPITAL EXPENDITURE:</u>			
<u>Business Cases</u>			
Monklands general business continuity	5.800	5.580	4.906
Acute Property Works	3.230	2.116	2.197
New Monklands Fees	2.400	2.200	2.201
	11.430	9.896	9.304
<u>Medical Equipment</u>	4.600	8.193	8.224
	4.600	8.193	8.224
<u>Other Service Developments</u>			
Northern Corridor	0.020	0.020	0.016
	0.020	0.020	0.016
<u>Other Expenditure</u>			
Statutory Maintenance	0.173	0.041	0.030
PSSD Equipment	0.280	0.322	0.224
	0.453	0.363	0.254
I.M.&T Projects	2.543	1.900	1.972
	2.996	2.263	2.226
TOTAL CAPITAL EXPENDITURE	£19.046	£20.372	£19.770
(OVER) / UNDER COMMITTED	£0.000	£0.000	£0.000