

SUBJECT: FINANCE REPORT FOR THE PERIOD ENDED 31 JULY 2021

1. PURPOSE

This paper is coming to the Board members:

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

The Board's financial plan reflected the costs of normal operating and assumed any additional Covid-19 costs would be funded by the Scottish Government. To balance, it relied on £30.693m of savings. An estimated £25.773m of savings had still to be identified when submitting the plan meaning the Board started the year with costs exceeding income producing monthly deficits. The aspiration was to have identified sufficient measures by November 2021 to climb back to break-even at the year end. Pressures on services have meant no further progress has been made in closing the gap in the first quarter. In the quarter 1 return to SGHSCD NHS Lanarkshire included for the first time an estimate of savings it would not be able to deliver due to the continuing demands of responding to and recovering services after the Covid-19 pandemic.

The NHS will remain on an emergency footing due to the Covid-19 pandemic until at least 30 September. Services are not yet at full capacity due to the need to maintain distancing and greater time between each patient. £15.456m of additional cost has been incurred in the first four months through cover for staff isolation, additional cleaning, separate Covid-19 pathways still in place, the costs of testing, tracing, outbreak control and vaccination. Costs are being logged and reported to SGHSCD quarterly through an agreed national process. An initial allocation has been received giving 50% funding of the estimated costs for testing and tracing, the Covid-19 and extended flu vaccination programme and general costs outside of the HSCPs. IJBs are expected to use relevant reserves to fund initial costs associated with Covid-19 before calling on further funding. A revised annual forecast was submitted to SGHSCD on 31 July and a review meeting is expected in September to provisionally agree full year funding. Until that point Covid-19 expenditure remains a partial risk.

At the end of July 2021 the Board is reporting a £8.265m over spend which is £0.097m worse than the financial plan year to date trajectory. This includes a reported over spend within the Acute Division of £1.157m.

As well as uncertainty over the level of Covid-19 funding, estimates on areas such as drugs are still provisional. 2 months data has been received for GP prescribing too little to establish a trend and

breakeven is still being assumed. The first 3 months expenditure has been received for Out of Area Drugs which combined with four months information from the Lanarkshire acute hospitals leads to a forecast that the rise in hospital drugs costs will be c £1.8m more than assumed in the financial plan. Reasonable assumptions have been used in preparing the month 4 figures but the degree of estimation means a high level of caution is required.

The costs of some of the projects in the capital plan have increased and there is an early indication that many of the schemes will be affected by a general increase in construction costs. This, and potential sources of funding for the increase in costs in projects are being explored and will be subject of further reports to the Board.

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 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 largely factual position report prepared from information in the financial ledger. The investment proposals are linked back to previous Board strategic priorities, action plans or business cases and have been checked for suitability with the officers of the IJB.

12. ACTIONS FOR THE BOARD

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

Approve	<input checked="" type="checkbox"/>	Accept the assurance provided	<input checked="" type="checkbox"/>	Note the information provided	<input checked="" type="checkbox"/>
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13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact *Laura Ace, Director of Finance*
Telephone: 01698 752774.

Laura Ace
Director of Finance

17 August 2021

NHS LANARKSHIRE

FINANCE REPORT FOR THE PERIOD ENDED 31 JULY 2021

1. Introduction

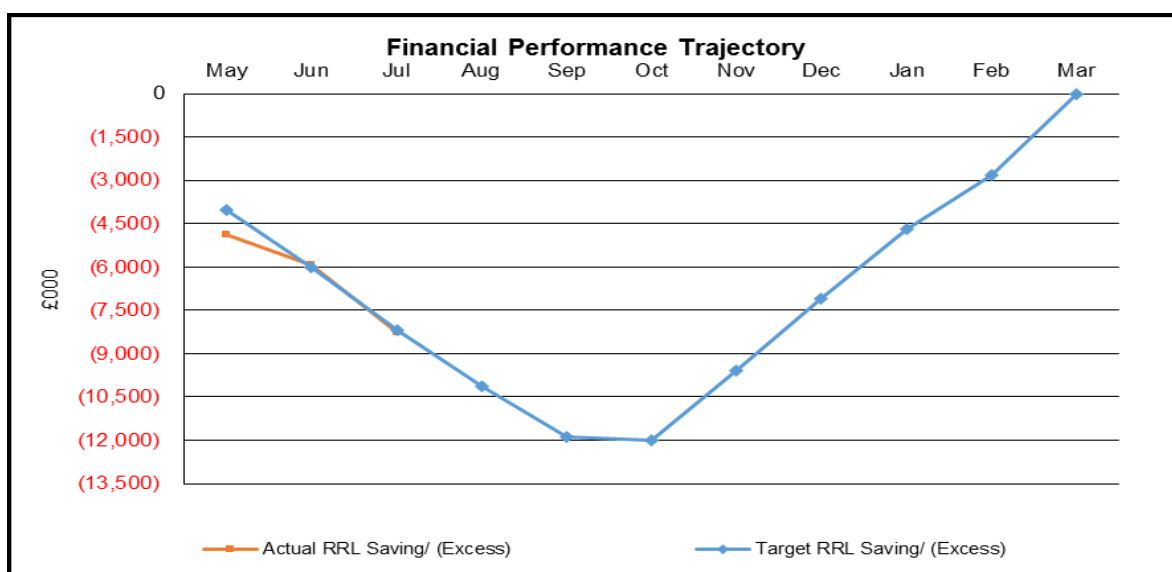
1.1. The purpose of this report is to provide the Board with a summary of revenue and capital financial performance for the first four months of 2021/22. The unusual level of uncertainty due to the impact of Covid-19 on services means forecasts based on these figures are provisional and are being continually updated.

2. Overview

2.1. The 2021/22 financial plan was submitted to the Scottish Government Health and Social Care Department (SGHSCD) in March 2021. It reflected the continued response to the Covid-19 pandemic, assuming separate funding would continue. Otherwise it assumed that the underlying budgets would roll forward and be impacted by pay deals, supplies inflation, drugs growth and any agreed developments.

2.2. Although non-recurring savings meant the Board broke even in 2020/21, the recurring expenditure is estimated to be £17.365m higher than the recurring income. On top of this costs in 2021/22 are predicted to rise by more than the 1.5% allocation uplift plus any supplementary funding. Contributory factors are the previous and new AfC pay deals, hospital drugs growth and a range of national commitments and local cost pressures. Taken together all these factors have led to a prediction that by the end of the year there will be a gap between the allocation uplift and cost rises of £30.693m. Efficiency savings were required to close this gap and at the time of submitting the plan £25.773m of those efficiency savings still had to be identified.

2.2. As the £25.773m had not been identified at 31 March 2021 it was assumed expenditure would exceed income until October 2021 at which point the 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 To the end of July 2021, Acute and Corporate have recorded a total of £13.821m as being attributable to Covid-19 and the health element of the Health and Social Care Partnerships, £1.635m. It has been assumed that these costs will be funded either directly from Scottish Government or from reserves held by IJB's from funding issued by S.G in 2020/21 and so will not impact on the bottom line.
- 2.4 The financial sustainability programme is still suspended so all service focus can be on the impact of the pandemic. No inroads have been made into the initial £25.773m gap. Financial scrutiny meetings have been re-established with each Division.
- 2.5 Table 1 below shows the split by Division, further explained in sections 4 to 7. The negative balance against Area Wide reflects the fact budgets have been handed out to cover pay rises and other cost increases agreed in the financial plan but the cash releasing efficiency savings needed to fund these budgets have not been made.

	YTD Budget £M	YTD Actual £M	YTD Variance £M
Acute Operating Division	136.807	137.964	(1.157)
North Lanarkshire Health & Social Care Partnership	102.787	101.358	1.429
South Lanarkshire Health & Social Care Partnership	143.841	143.392	0.449
Estates, E health and Other Corporate Functions	65.738	65.266	0.472
Service Level Agreements / Other Healthcare Providers	68.641	68.648	(0.007)
NHSL - Area Wide	(22.675)	(15.102)	(7.573)
Net operating costs	495.139	501.526	(6.387)
Remove IJB Position	(246.628)	(244.750)	(1.878)
Revised Net operating costs	248.511	256.776	(8.265)

3. Revenue Resources

- 3.1. At the end of July 2021, the Core Revenue Resource Limit (RRL) for NHS Lanarkshire was £1,378.628m, details of which are noted in Annex A.
- 3.2. The July 2021 Core Revenue Resource Limit includes the following confirmed resources for Health and Social Care Partnerships; £0.613m for Primary Care Out of Hours funding, £0.414m to support the development of Hospital at Home and £0.613m ventilation improvement allowance which is our share of £5m national funding made available from Scottish Government for the dental sector to help dental practices purchase, renew or upgrade ventilation equipment that meets the requirement of 10 air changes per hour.

- 3.3. The July 2021 Core Revenue Resource Limit also includes confirmed resources of £1.227m for Cancer waiting times, £0.752m for additional elective activity and the expected £3.843m funding towards the unitary charges of the three new Health Centres which opened in 2015/16.
- 3.4. The Board received £1.877m from the e-health Strategic Fund, unchanged from last year. The Board also previously received an e health application fund but in 2018/19 this was centralised with the intention that NSS would fund suppliers direct. £0.875m of this has been returned to the Board in recognition of the local primary care and community care systems funded from this source, unchanged from last year.
- 3.5. We are anticipating at least an additional £108m of specific allocations, the largest component of which would be approximately £103m in standard primary care allocations.

4. Acute Division

- 4.1. The Acute Division is reporting an over spend of £1.157m for the period to the end of July 2021, as detailed in Table 2. The over spend is £0.970m more than at the same point in the previous year. Although Covid-19 funding has not been fully confirmed by SGHSCD, in this presentation budget has been released to match the £3.413m of costs attributed to Covid-19 up to the end of July so it does not contribute to the overspend.

	Budgeted Operating Costs 31/07/2021 £M	Actual Operating Costs 31/07/2021 £M	Actual saving / (excess) 31/07/2021 £M
Pay	112.245	112.871	(0.626)
Non Pay	34.467	34.998	(0.531)
Healthcare Purchases	0.334	0.334	0.000
Gross operating costs	147.046	148.203	(1.157)
Less: miscellaneous income	(13.652)	(13.652)	0.000
Net operating cost	133.394	134.551	(1.157)
Covid-19 Spend	3.413	3.413	0.000
Revised Net operating cost	136.807	137.964	(1.157)

- 4.2. The main elements of the overspend are pay costs in excess of budget (nursing £0.492m and Medical £0.202m) and a £1.362m over spend on drugs partly offset by an under spend of £0.695m on laboratory and theatres supplies which are lower due to reduced elective activity.
- 4.3. The combination of the Covid-19 demand and impact on staffing and a more general pressure on unscheduled care has stretched available workforce and necessitated a range of measures to increase available resource. Supernumerary health care support workers were recruited some time ago, nursing agency not directly related to Covid-19 activity has increased to £1.492m in the first 4 months compared to £0.380m in the same period in 2019/20 with a 400% increase in the Emergency Departments. This pressure is expected to intensify and the financial impact of other

measures such as recruiting all available nursing graduates and bringing those willing to start early in as band 4's will start to be seen from month 5 onwards. In addition the previous 3 year pay deal had a final scale point movement in 2021/22 which hasn't been funded and its impact will intensify in the second half of the year.

- 4.4. At £20.022m, the first 4 month's Lanarkshire hospitals drug spend is 25% more than at the same point last year and 17.5% more than the same point in 2019/20. Multiple factors have been identified but the most significant are new cancer treatments and an increase in drugs provided through healthcare at home. In depth work to understand the future impact of emerging trends is underway. The increase in out of area drug spend, based on the first three months data, is even steeper, driven again by growth in use of new cancer drugs as well as an increase in costs of Multiple Sclerosis treatment. The financial plan uplift for drugs growth in 2021/22 is insufficient to cover the provisional year-end forecasts. Chief Executives have recently been advised there are a range of expensive new drugs about to be introduced so this pressure could increase.

5. Health and Social Care Partnerships

- 5.1. Across the Health and Social Care Partnerships, there is an under spend of £1.878m for the period to the end of July 2021 (North IJB - £1.429m; South IJB - £0.429m). There are pay underspends in all North localities and in the South hosted services due to vacancies within Community dental services, OOH and physiotherapy.
- 5.2. In accordance with S.G. guidance the Covid-19 costs up to the end of July 2021 (North IJB - £1.119m; South IJB - £0.516m) are being met from IJB reserves created from funding issued by Scottish Government in 2020/21. It is hoped there will soon be clarity on the level of funding that will follow once these are exhausted.
- 5.3. Prescribing figures have been received up till the end of May 2021 with indicative volumes to the end of June. As expected, the volumes are higher than in the corresponding period last year which was atypically low because of stocking up in March 2020 in advance of the pandemic, but are broadly in line with the year before. Price per item is slightly higher than last year's average. It is too early to predict future months' trends so a neutral break-even position has been assumed for both IJBs.
- 5.4. A proportion of the planned savings have been deducted from the opening budgets (North £1.186m out of the original £2.082m, South £0.682m out of the original £2.172m). As both IJB's are showing a first quarter underspend despite the gap in savings against initial estimates, this will be re-evaluated as the year progresses.
- 5.5. Tables 3 and 4 show the position in each partnership.

	Budgeted Operating Costs 31/07/2021 £M	Actual Operating Costs 31/07/2021 £M	Actual saving / (excess) 31/07/2021 £M
Pay	48.175	46.782	1.393
Non Pay	28.370	28.407	(0.037)
Prescribing	23.413	23.413	0.000
Sub Total	99.958	98.602	1.356
Primary Care Transformational Fund	0.000	0.000	0.000
Share of Primary Care Other Services	2.829	2.756	0.073
Family Health Services	0.000	0.000	0.000
Net operating cost	102.787	101.358	1.429
Less: Covid-19 spend	(1.119)	(1.119)	0.000
Revised net operating cost	101.668	100.239	1.429

	Budgeted Operating Costs 31/07/2021 £M	Actual Operating Costs 31/07/2021 £M	Actual saving / (excess) 31/07/2021 £M
Pay	23.421	23.204	0.217
Non Pay	22.119	21.957	0.162
Prescribing	22.109	22.109	0.000
Sub Total	67.649	67.270	0.379
Primary Care Transformational Fund	2.008	2.008	0.000
Share of Primary Care Other Services	2.718	2.648	0.070
Family Health Services	71.466	71.466	0.000
Net operating cost	143.841	143.392	0.449
Less: Covid-19 spend	(0.516)	(0.516)	0.000
Revised net operating cost	143.325	142.876	0.449

6. Estates, e-Health and Other Corporate Functions

- 6.1. Corporate functions are reporting an under spend of £0.472m for the period to the end of July 2021, as detailed in Table 5. Budget has been released to match the £10.408m of costs attributed to Covid-19 up to the end of July. The costs of Test and Protect, the Vaccination programme, community testing and enhanced cleaning across all of NHS Lanarkshire are being reflected in the corporate section of the ledger, hence the high level of Covid-19 costs.

	Budgeted Operating Costs 31/07/2021 £M	Actual Operating Costs 31/07/2021 £M	Actual saving / (excess) 31/07/2021 £M
Pay	23.664	22.885	0.779
Non Pay	34.533	34.840	(0.307)
Gross operating costs	58.197	57.725	0.472
Less: miscellaneous income	(2.867)	(2.867)	0.000
Net operating cost	55.330	54.858	0.472
Covid-19 Spend	10.408	10.408	0.000
Revised Net operating cost	65.738	65.266	0.472

6.2. The under spend is spread across Property and Support Services (£0.067m), Other Corporate Functions (£0.201m) and Occupational Health (SALUS) (£0.204m) whose income generating activities are pre-planned to make a contribution to other Board overheads. Typically this will be assessed part way through the year and if guaranteed, transferred to our efficiency total.

7. Service Level Agreements/Other Healthcare Providers

7.1. Service Level Agreements and Other Healthcare Providers are reporting an over spend of £0.007m for the period to the end of July 2021, as detailed in table 6.

	Budgeted Operating Costs 31/07/2021 £M	Actual Operating Costs 31/07/2021 £M	Actual saving / (excess) 31/07/2021 £M
Service Level Agreements	60.469	60.461	0.008
Unpacs and Oats	8.010	7.958	0.052
Independent Sector	0.162	0.229	(0.067)
Net operating cost	68.641	68.648	(0.007)

7.2. National discussions on how inter Board SLA's should be calculated have been concluded. Apart from Glasgow who operate two years in arrears, most Boards would have been expected to revise their charges based on a three year rolling average of activity to 2020/21. However there is widespread agreement that 2020/21 was so atypical due to Covid-19 that the previous 3 year rolling average will be retained. As well as passing on the allocation uplift, any specific uplift provided for the AfC pay deal is to be factored in to the SLAs. It was agreed at a national Directors of Finance meeting that the SLAs would also be uplifted for the unfunded cost pressure of the 0.56% impact of the previous AfC pay deal. Whereas the pressure caused by the 0.56% on our local services can theoretically be mitigated by turnover and other potential efficiency measures over time we have no ability to influence or mitigate the increase on out of area services.

8. CRES/Efficiency

- 8.1. The financial plan was prepared on the basis of historic budgets and agreed developments. It was assumed any additional Covid-19 costs would be funded. Taking account of the opening gap of £17.635m and modelling the pay and supplies price increases and the previous trend on high cost drugs produced a cost increase £30.693m greater than the income increase. To balance this the Board would have needed to release £30.693m of cash from budgets through efficiency savings (CRES). At the time of submitting the financial plan the Board had identified proposals for all but £25.773m of this total. Due to Covid-19 no inroads have been made into that gap in the first 4 months.
- 8.2. In 2020/21 NHS Lanarkshire, unlike other Boards did not claim any compensatory funding for savings unable to be delivered due to Covid-19. The gap last year was smaller (starting at £10.030m with sufficient efficiency identified to reduce in year to £9.174m) and was finally able to be closed because cost growth – particularly new drugs and specialist service developments – was suppressed whilst the focus was on Covid-19. At the time of the Board approving the financial plan in March 2021 it was still not clear the pace at which the paused cost growth might resume so it was agreed to reassess the efficiency gap after quarter 1. The steep rise in high cost drugs in the first quarter suggest there is not going to be any significant reduction in the size of the gap. Reflecting this NHS Lanarkshire entered the potential that £18m of savings may be undeliverable in year due to Covid-19. SGHSCD have told Board's that at this stage they cannot rely on Covid-19 funding to cover undelivered savings and that they plan to reintroduce the previous system of financial brokerage rather than eliminating financial gaps through releasing Covid-19 funding.
- 8.3. Table 7 below gives a provisional assessment of month 4 performance against the opening financial plan submission. Savings to date include rebates on drug list prices, small property or equipment savings and the estimated impact of the HSCP prescribing efficiency plans. On top of this there will be some in year underspends which will be able to contribute to closing the gap but at this stage they have not been transferred in to the CRES report below.

Financial Plan description	Annual Operating Plan £m	Revised Annual Plan £m	Plan to date £m	Actual to Date £m
Service redesign	0.147	0.147	-	-
Drugs & prescribing	0.617	0.640	0.050	0.050
Workforce	-	-	-	-
Procurement	2.250	2.250	0.338	1.032
Infrastructure	1.906	1.751	1.567	1.601
Other	-	-	-	-
Financial Management / Corporate Initiatives	-	-	-	-
Unidentified Savings	25.773	25.905	-	-
Total Core NHS Board Savings	30.693	30.693	1.954	2.683
Savings delegated to Integration Authorities	4.254	4.254	0.623	1.431
Total Savings Required	34.947	34.947	2.577	4.114

9. Capital

- 9.1 The Scottish Government has confirmed the initial NHS Lanarkshire Capital Formula Allocation for 2021/22 at £12.392m, no change from the previous year. We have also received £0.250m for Orthopaedic redesign to reconfigure theatre 7 at Hairmyres. NHS Lanarkshire will also be allowed to retain an estimated £0.535m property receipts to support capital plans and will receive £5.0m towards the Monklands replacement or refurbishment business case and £0.232m regional support for the Vascular Surgery Theatre. We also anticipate £0.5m from partners for West of Scotland Laundry improvements and our revenue plans already identify £1.979m of revenue funding to transfer to capital.
- 9.2 £0.440m of the £0.515m property receipts has already been secured. The others are not yet guaranteed, though the overall exposure this year is low.
- 9.3 £0.900m of funding had been identified in the opening plan for new CAMHS accommodation, the building element of which was expected to cost £0.800m. The initial tenders received were nearly double that. A twin track approach of cost engineering on the tender and the HSCP looking to specific CAMHS improvement funding should lead to this scheme being able to be approved in the near future. Hopefully this is the final month where the capital plan figures reflect an imbalance from this scheme.
- 9.4 There has been a considerable increase in the forecast cost of the risk assessed Monklands business continuity programme. This is being worked through.
- 9.5 A number of smaller requests for immediately necessary work or equipment have come forward and being approved, also worsening the position. There has been some indication that some more national funding might be available for replacement equipment and this will be pursued.
- 9.6 Early indications in other projects are that there may be a widespread impact of increased construction costs. The risk is being evaluated. Although a prioritised list for medical equipment replacements has been drawn up elements may need to be deferred if there is insufficient funding to do both these and essential building works.
- 9.7 The cost of e health projects put forwards exceeds the initial budget. Those relating to security and business continuity have been approved. Those relating more to service improvement have had a decision deferred until the overall capital position and other solutions can be assessed.
- 9.8 Expenditure to the value of £3.333m has been incurred in the first four months as detailed in Annex B. The over commitment against the plan is being worked through by looking at cost re-engineering, seeking additional funding, monitoring potential slippage and holding back an element of medical equipment spend until there is confidence the year's projects can be delivered within budget.

10. Development and Approvals

- 10.1 S.G have indicated they will release 50% of the Covid-19 funding sought in the original plan in July although specific elements such as the professional support to care homes and the test and protect service have been given specified guaranteed funding. S.G will collect and review Covid-19 costs quarterly with further funding to be agreed later in the year.
- 10.2 Table 8 summarises the Covid-19 costs to 31 July 2021. Costs continue to be incurred to respond to Covid-19. The test and protect initiative, care home support and the Covid-19 vaccination programme sit within the corporate functions as does any system wide e health or estates support.

Area	Revenue 2021/22 £m
Acute Operating Division	3.413
Corporate including Covid vaccinations and Test and Protect	10.408
Total Board	13.821
North Lanarkshire Health & Social Care Partnership	1.119
South Lanarkshire Health & Social Care Partnership	0.516
Total Health & Social Care Partnership	1.635
Total Board and Health & Social Care Partnership	15.456
Capital Spend	0.000
Total Revenue and Capital	15.456

11. Risk Assessment

The overall financial risk has been assessed as very high. Risks are from multiple sources starting with the underlying £25.773m of unidentified savings but compounded by uncertainties over funding and the ongoing pressures on services.

Initially the possibility that the rise in hospitals drug costs might, as in 2020/21 be less than anticipated in the plan had been held as a potential mitigation. However the first quarter's figures give no hope in this regard.

A date for a further dialogue with SGHSCD is being arranged for mid-September so by the next meeting a more definite risk assessment and action plan is expected.

12. Conclusion

The Board is asked to note:

- the actual revenue over spend of £8.265m as at 31 July 2021;
- Covid-19 expenditure as at 31 July 2021 is £15.456m and continuing;
- the initial assessment that month 4 is broadly in line with trajectory but the turnaround plans envisaged for October have not been able to be progressed;
- the overall risks highlighted in section 11;
- early and as yet unresolved pressure on the capital plan.

LAURA ACE
DIRECTOR OF FINANCE
17 August 2021

REVENUE RESOURCE LIMIT 2021/22				
	Baseline Recurring £M	Earmarked Recurring £M	Non Recurring £M	Total £M
Core Revenue Resource Limit as at 30 June 2021	1,302.656	21.630	43.736	1,368.022
July Adjustments to Allocations Confirmed:				
Breastfeeding projects year 4	0.000	0.000	0.025	0.025
Integrated Primary and Community Care	0.000	0.000	0.875	0.875
Local development aligned with DHAC Strategy	0.000	0.000	1.877	1.877
Implementation of Excellence in Care	0.000	0.000	0.115	0.115
Cervical incident	0.000	0.000	0.028	0.028
Additional elective activity	0.000	0.000	0.752	0.752
Cancer waiting times	0.000	0.000	1.227	1.227
National Eyecare Workstream	0.000	0.000	0.005	0.005
Primary Care Out of Hours Transformation	0.000	0.000	0.613	0.613
Ventilation Improvement Allowance	0.000	0.000	0.613	0.613
Realistic Medicine Leads and Programme Managers	0.000	0.000	0.110	0.110
Implementation of Health & Care Act	0.000	0.000	0.109	0.109
Support development of hospital at home	0.000	0.000	0.414	0.414
Primary Care Bundle - Unitary Charge	0.000	0.000	3.843	3.843
Core Revenue Resource Limit as at 31 July 2021	1,302.656	21.630	54.342	1,378.628
Non Core Revenue Resource Limit as at 30 June 2021	0.000	0.000	0.000	0.000
	0.000	0.000	0.000	0.000
Non Core Revenue Resource Limit as at 31 July 2021	0.000	0.000	0.000	0.000
Total Revenue Resource Limit as at 31 July 2021	1,302.656	21.630	54.342	1,378.628

NHS LANARKSHIRE CAPITAL EXPENDITURE TO 31st July 2021			
	2021/22 A.O.P £M	2021/22 Forecast £M	Actual £M
Initial Capital Formula Allocation:	12.392	12.392	2.893
Capital Resource limit adjustments:			
Hairmyres Orthopaedic Redesign	0.000	0.250	
ADJUSTED NET ALLOCATION	£12.392	£12.642	£2.893
Anticipated Capital Resource Limit Adjustments :			
Additional Central Resource Allocation	5.000	5.000	
West of Scotland Laundry - Transfer from other boards	0.300	0.500	
Regional Capital Contribution - Vascular Surgery Theatre	0.232	0.232	
Revenue to Capital Transfers	1.550	1.979	
GP Sustainability	0.000	1.624	
	£7.082	£9.335	£0.000
Other Income Adjustments:			
Other Income	0.018	0.018	
	£0.018	£0.018	£0.000
Disposal Programme:			
Property Disposals	0.535	0.515	0.440
	£0.535	£0.515	£0.440
	£20.027	£22.510	£3.333
CAPITAL EXPENDITURE:			
<u>Business Cases</u>			
Monklands general business continuity	5.500	7.182	1.123
Acute Property Works	1.750	1.458	0.044
New Monklands Fees	5.000	5.000	1.565
	12.250	13.640	2.732
<u>Medical Equipment</u>	3.977	3.613	0.157
	3.977	3.613	0.157
<u>Other Service Developments</u>			
Northern Corridor	1.000	1.000	0.009
METC	0.400	0.800	0.323
CAMHS	0.800	1.250	0.000
	2.200	3.050	0.332
<u>Other Expenditure</u>			
CHP HM	0.100	0.100	0.023
PSSD Equipment	0.750	1.169	-0.065
GP Sustainability	0.000	1.624	0.000
CAFM Replacement	0.000	0.275	0.016
Clydesdale	0.000	0.020	0.000
	0.850	3.188	-0.026
I.M.&T Projects	0.750	1.015	0.138
<i>subtotal</i>	1.600	4.203	0.112
TOTAL CAPITAL EXPENDITURE	£20.027	£24.506	£3.333
(OVER) / UNDER COMMITTED	£0.000	-£1.996	£0.000