

SUBJECT: FINANCE REPORT FOR THE PERIOD ENDED 31 DECEMBER 2020

1. PURPOSE

This paper is coming to the Board:

For approval	<input type="checkbox"/> For Assurance	<input checked="" type="checkbox"/> For Information	<input checked="" type="checkbox"/>
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2. ROUTE TO THE BOARD

This paper has been prepared by the Director of Finance and as agreed, this report comes straight to the Board. The Acute Management Team and Health and Social Care Partnership Management Teams receive financial reports for their own area.

3. SUMMARY OF KEY ISSUES

The Board's original 2020/21 financial plan, prepared prior to the Covid-19 emergency response, predicted cost growth would exceed the allocation uplift by £29.828m. Savings would be needed to bridge this gap, of which £10.030m had still to be identified by March 2020.

The Board moved into emergency response mode on 2 March 2020. From the outset, expenditure patterns varied from the business as usual financial plan. Lanarkshire has incurred an estimated £41.565m of net expenditure to date, directly linked to the Covid-19 response. As services adapted to redirect beds and staff to the emergency response, developments previously anticipated in specialist services and high cost drugs inevitably moved more slowly and the cost increases forecast from these, which had created part of the unfunded gap in the original plan, have not materialised to the full extent. So although the financial sustainability programme was suspended in March 2020 and there has been limited ability to make inroads into the original £10.030m gap, the gap itself has narrowed in 2020/21. The net impact of these three factors is that providing full funding is received for the additional Covid-19 expenditure, the Board should be able to achieve breakeven. From the outset mechanisms had been put in place to track the additional Covid-19 costs and these have been regularly reported and discussed with the Scottish Government Health and Social Care Department (SGHSCD). A further allocation is expected in early February and there is increased confidence the costs will be fully covered. Based on this at the end of December 2020 the Board is reporting an underlying £1.460m under spend which is £3.553m better than the financial plan year to date trajectory, although there are still uncertainties about the final quarter's expenditure.

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

The traditional measures would be achievement of AOP agreed position for revenue resource limit, capital resource limit and efficiency target. Given the NHS is on an emergency footing the target for 2020/21 would be to live within the funding envelope agreed with SGHSCD whilst delivering on immediate priorities.

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.

12. ACTIONS FOR THE BOARD

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

Approve	<input 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

22 January 2021

NHS LANARKSHIRE

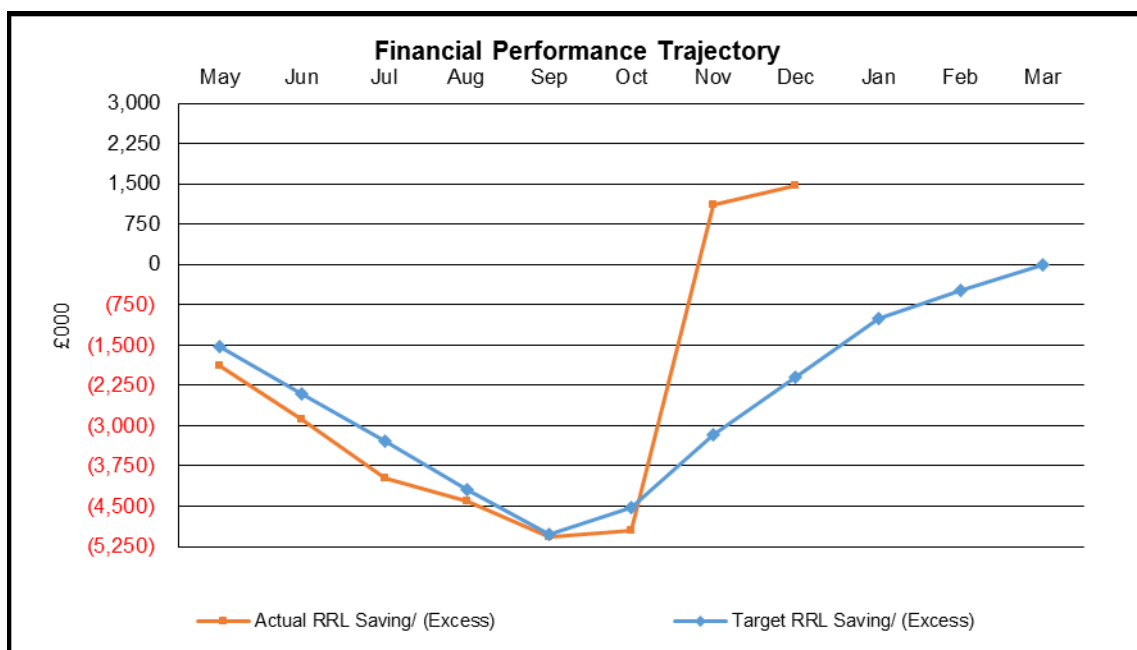
FINANCE REPORT FOR THE PERIOD ENDED 31 DECEMBER 2020

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 nine months of 2020/21. The reorganisation of services to respond to the Covid-19 pandemic means the pattern of expenditure bears little resemblance to the opening budgets approved in the financial plan. The Board has incurred additional expenditure estimated at £41.565m in response to the Covid-19 pandemic to date. This paper is prepared on the assumption that this will be fully funded.

2. Overview

- 2.1. The 2020/21 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. At that point costs were expected to grow more than the 3 % allocation uplift. Factors influencing that assessment were the 4.57% estimated impact of the 3rd year of the Agenda for Change pay deal, a 10.9% potential increase in hospital drugs and a range of national commitments. 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. Prior to the start of the year the Board moved on to an emergency footing and since then the priority has been to respond to the Covid-19 pandemic. This has resulted in a very different use of resources in year than envisaged in the original Annual Operational Plan (AOP). Significant additional costs have been incurred in the Covid-19 response. Other less urgent planned developments have either been deferred or happened more slowly. The steep rise in the cost from new drugs has not materialised, nor has some of the notified expansion in specialist services. It has also meant work on the financial sustainability programme has been suspended. At this stage the best estimate is that the slower cost growth in these areas, plus some small savings have eliminated the predicted gap and as long as the additional Covid-19 costs are reimbursed the Board should be able to deliver a breakeven position for 2020/21.
- 2.3. Until month 7 progress tracked slightly below trajectory because of difficulties in identifying and delivering savings. However once information on the out of area drug expenditure was received the financial plan estimates could be revised with only £0.750m estimated as now being required from the £4.387m set aside. The prospect of a steep rise in the second half of the year in the local acute hospitals was also discounted given the extent of Covid-19 pressures emerging. It has also been confirmed that funding set aside for various national and regional specialist developments will not be required in full this year. Taking everything together the reduction in these predicted cost rises means the initial estimate of the gap can be reduced and breakeven forecast. This produces a step change in the performance against trajectory as shown below.



2.4. The revised trajectory makes the assumption we will be fully funded for the additional costs of responding to Covid-19. To the end of December 2020 Acute and Corporate have recorded a total of £27.701m as being attributable to Covid-19 and the Health and Social Care Partnerships NHS services £13.864m. There is increased confidence that this will be the case although it will not be confirmed until early February. The figures for November and December suggest at this stage we are in a slight underspend position (£1.460m). An assessment is being made however, of what still needs to happen before the year end, so the current assumption is a move towards breakeven.

2.5. Table 1 below shows the split by Division.

	YTD Budget £M	YTD Actual £M	YTD Variance £M
Acute Operating Division	300.760	300.887	(0.127)
North Lanarkshire Health & Social Care Partnership	237.000	234.517	2.483
South Lanarkshire Health & Social Care Partnership	325.929	326.658	(0.729)
Headquarters / Corporate Functions	131.105	130.372	0.733
Service Level Agreements / Other Healthcare Providers	159.435	158.394	1.041
NHSL - wide	(1.619)	(1.432)	(0.187)
Net operating costs	1,152.610	1,149.396	3.214
Remove IJB Position	(562.929)	(561.175)	(1.754)
Revised Net operating costs	589.681	588.221	1.460

3. Revenue Resources

- 3.1. At the end of December 2020, the Core Revenue Resource Limit (RRL) for NHS Lanarkshire was £1,492.701m, details of which are noted in Annex A.
- 3.2. The December 2020 Core Revenue Resource Limit includes confirmed resources for Health and Social Care Partnerships, £7.340m to support the Adult Social Care Winter Plan, £5.532m from the Primary Care Improvement Fund tranche 2, £0.875m local improvement fund to invest in services to reduce problem alcohol and drug use and £0.275m for additional district nurse posts. Also included is £0.339m funding being transferred back in respect of the Boards contribution to the 2020/21 Pharmacy Global Sum. All these allocations will pass to the IJB budgets.
- 3.3. The December 2020 Core Revenue Resource Limit also includes confirmed resources of £0.774m for Infection, Protection and Control (IPC) within Adult Social Care and £0.362m for Trauma and Orthopaedics Bringing It Together.
- 3.4. The top slice of £2.392m funding to transfer to the Golden Jubilee National Hospital in respect of Lanarkshire waiting times activity is £1.6m less than anticipated and reflects the impact of Covid-19. This expenditure has been recorded as an offsetting saving in the month 9 Covid-19 return. This means that the total costs claimed for Covid-19 in 20/21 are reduced by this lower than planned expenditure although future years will see a backlog in cases.
- 3.5. In November 2017 a national decision was made to convert and phase out 4 year GPST rotations by disestablishing up to 87 posts between the August 2018 and August 2020 recruitments. The objective was to improve GP training, offer more of the most popular training options and reduce attrition rates for GP training. Scottish Government requested that affected Boards produce a management plan on a regional basis (noting that the West region was disproportionately affected and this would impact on service delivery within hospitals). This affected 20 posts within NHS Lanarkshire with a knock on impact on Orthopaedics, Emergency Medicine, General Medicine and General Surgery. For 2020-21 financial year, funding allocated to mitigate this is £0.0461m. The funding has been progressively withdrawn resulting in greater pressure each year.
- 3.6. The expectation is that by 1 February 2021 the provisional full year Covid-19 allocation will be known and it is hoped that will allow a distribution to each party based on latest actual costs. In the meantime if the Local Authorities need to draw down more than the £10.251m already distributed from the £72.518m interim allocation, this can be processed quickly.

4. Acute Division

- 4.1. The Acute Division is reporting an over spend of £0.127m for the period to the end of December 2020, as detailed in Table 2. Budget has been released to match the £17.654m of costs attributed to Covid-19 up to the end of December. Although this looks better than at the same point last year, the Acute Division has been unable to release the expected funding from its efficiency programme.

Table 2 - Acute Division 2020/21

	Budgeted Operating Costs 31/12/2020 £M	Actual Operating Costs 31/12/2020 £M	Actual saving / (excess) 31/12/2020 £M
Pay	242.910	243.403	(0.493)
Non Pay	68.435	68.069	0.366
Healthcare Purchases	1.395	1.395	0.000
Gross operating costs	312.740	312.867	(0.127)
Less: miscellaneous income	(29.634)	(29.634)	0.000
Underlying Net operating cost	283.106	283.233	(0.127)
Covid-19 Spend	17.654	17.654	0.000
Net operating cost	300.760	300.887	(0.127)

- 4.2. The estimated underlying overspend is driven by medical and healthcare scientist pay costs in excess of budget.
- 4.3. In calculating the additional costs of Covid-19, £3.386m of offsetting cost reductions including theatre consumables and the lower than expected charge from the Golden Jubilee have been netted off.
- 4.4. The acute hospital drug spend in the first 9 months is 7.4% less than that in the comparative period of 2019/20. Based on six month information for out of area high cost drugs the predicted growth in new drugs is below the financial planning estimates at the time of the AOP submission with only £0.750m estimated as being required from the £4.387m set aside for specialist out of region centres in 2020/21.
- 4.5. With all but the most urgent procedures postponed with effect from 18th March 2020 there has been none of the usual additional activity to reduce waiting times in the first 3 months and only a cautious return in months 4 though to 8. In order to support the Board with additional capacity for elective services, Scottish Government has confirmed £5.861m of non-recurring revenue funding could be made available to the Board to support additional activity in relation to outpatients, TTG and diagnostics. The surge in Covid-19 cases however has meant that potentially only £2.783m can be utilised.

5. Health and Social Care Partnerships

- 5.1. Across the Health and Social Care Partnerships, there is an under spend of £1.754m for the period to the end of December 2020 (North IJB - £2.483 under spent; South IJB - £0.729m over spent). The costs attributed to Covid-19 are North IJB - £5.388m; South IJB - £8.476m up to the end of December.
- 5.2. Covid-19 expenditure relates to running the Community Hub and assessment centres, mental health assessment centres to divert mental health attendances from A & E, additional psychological, physiotherapy and occupational therapy support, and additional staffing to cover absences. The costs of the Covid-19 vaccination programme, are now being reflected in this section (rather than the Health Board) as they are being coordinated by the HSCP's.

- 5.3. Prescribing volumes rose in March 2020 which was believed to be due to 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 and the additional funding was deducted from the 2020/21 budget. Volumes for the first six months are a cumulative 3.07% lower than in the same period of 2019/20 but the price per item is higher than had been expected with the pricing of two drugs identified as being potentially related to a Covid-19 impact on supply. Boards were asked to submit a return evaluating the impact of price changes and £1.797m has been included in the Covid-19 cost return to reflect this. If the funding is received it would go some way to reduce the over spend in South IJB and move North IJB into an under spend.
- 5.4. Both IJBs had a prescribing efficiency plan and the target amount has been withdrawn from the opening budget. Both IJBs are demonstrating achievement of efficiencies, though in South's case an underlying overspend remains.
- 5.5. Including prescribing, a proportion of the planned savings have been deducted from the opening budgets (North £2.539m out of the original £2.775m, South £1.058m out of the original £2.194m).
- 5.6. Tables 3 and 4 show the position in each partnership.

	Budgeted Operating Costs 31/12/2020 £M	Actual Operating Costs 31/12/2020 £M	Actual saving / (excess) 31/12/2020 £M
Pay	105.497	101.978	3.519
Non Pay	72.670	73.873	(1.203)
Prescribing	52.777	52.777	0.000
Sub Total	230.944	228.628	2.316
Primary Care Transformational Fund	0.000	0.000	0.000
Share of Primary Care Other Services	6.056	5.889	0.167
Family Health Services	0.000	0.000	0.000
Net operating cost	237.000	234.517	2.483
Less: Covid-19 spend	(5.388)	(5.388)	0.000
Revised net operating cost	231.612	229.129	2.483

Table 4 - South Lanarkshire Health & Social Care Partnership 2020/21

	Budgeted Operating Costs 31/12/2020 £M	Actual Operating Costs 31/12/2020 £M	Actual saving / (excess) 31/12/2020 £M
Pay	51.500	51.060	0.440
Non Pay	60.134	60.513	(0.379)
Prescribing	49.192	50.142	(0.950)
Sub Total	160.826	161.715	(0.889)
Primary Care Transformational Fund	5.142	5.142	0.000
Share of Primary Care Other Services	5.818	5.658	0.160
Family Health Services	154.143	154.143	0.000
Net operating cost	325.929	326.658	(0.729)
Less: Covid-19 spend	(8.476)	(8.476)	0.000
Revised net operating cost	317.453	318.182	(0.729)

6. Headquarters/Area Wide Departments

- 6.1. The Headquarters and Area Wide Departments are reporting an under spend of £0.733m for the period to the end of December 2020, as detailed in Table 5. Budget has been released to match the £8.371m of costs attributed to Covid-19 up to the end of December.

Table 5 - Headquarters / Corporate Functions 2020/21

	Budgeted Operating Costs 31/12/2020 £M	Actual Operating Costs 31/12/2020 £M	Actual saving / (excess) 31/12/2020 £M
Pay	50.666	49.416	1.250
Non Pay	77.121	77.638	(0.517)
Gross operating costs	127.787	127.054	0.733
Less: miscellaneous income	(5.053)	(5.053)	0.000
Underlying Net operating cost	122.734	122.001	0.733
Covid-19 Spend	8.371	8.371	0.000
Revised Net operating cost	131.105	130.372	0.733

- 6.2. The under spend is spread across Corporate Departments (£0.426m), Central Services (£0.204m) and Property and Support Services (£0.103m). The majority of Corporate HQ department savings have been deducted from budgets and have over achieved on the AOP assumptions.

7. Service Level Agreements/Other Healthcare Providers

- 7.1. Service Level Agreements and Other Healthcare Providers are reporting an under spend of £1.041m for the period to the end of December 2020, as detailed in table 6.

Table 6 - Service Agreements / Other Healthcare Providers 2020/21

	Budgeted Operating Costs 31/12/2020 £M	Actual Operating Costs 31/12/2020 £M	Actual saving / (excess) 31/12/2020 £M
Service Level Agreements	137.630	137.450	0.180
Unpacs and Oats	21.513	20.569	0.944
Independent Sector	0.292	0.375	(0.083)
Net operating cost	159.435	158.394	1.041

- 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.
- 7.3. As services were paused or stood down due to the pandemic and travel restrictions imposed across many council areas of Scotland fewer Lanarkshire patients accessed services from other Boards including cross border which has resulted in the Unplanned and Oats area reporting an under spend of £0.944m for the period to the end of December 2020.

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). £24.822m of this fell against the Acute and Corporate budgets. At the time of submitting the financial plan the Board had identified proposals for all but £10.030m of this total.
- 8.2. Within the Acute Division it has been assumed that planned savings from the drugs bill and from theatre consumables would be secured by the end of the year and they were deducted from budget. However the response to Covid-19 means that savings associated with reductions in temporary workforce, theatre productivity and some smaller service redesigns have not been able to be advanced. £2.949m of the Acute Divisions initial long list of £5.205m of potential efficiencies are very unlikely to be achieved. Given the risk rating of some of the proposals, full delivery had not been assumed even pre Covid-19.
- 8.3. A number of corporate savings had been secured in advance of the start of the year. Budgets were reduced to recirculate the funding to cover the excess rise in pay, drugs and other costs identified in the original plan. Overall the corporate budgets are underspent indicating they are living within the reduced budget. Three of the four planned property sales have been achieved. Overall the corporate departments are forecast to exceed the risk adjusted forecast at the time of the Annual Operational Plan (AOP) submission.

- 8.4. The net impact of these early Acute and Corporate forecasts combined with slippage against financial plan estimates primarily the drug reserve and NSD for the return of funding not required from the national risk sharing scheme has allowed us to eliminate the savings gap much earlier than we had anticipated. In order to report against the original submission the slower growth in drugs costs and specialist services has been recorded in the financial management line even though it is a changed cost profile rather than a true efficiency.
- 8.5. Both IJBs received the full allocation uplift on their recurring budget. An assessment was made of the likely cost rises to be funded from this and the gap determined their individual savings requirement. At the time of the AOP, both IJBs had identified long lists of efficiencies to close the gap. North IJB has achieved and removed from budget all but £0.070m of the initially assessed amount. South IJB has at this stage only identified £1.058m of its initial target of £2.194m savings. The target itself was reviewed downwards as more was known about the actual level of cost rises.
- 8.6. Table 7 gives a provisional assessment of month 9 performance against the AOP submission.

Table 7				
Financial Plan description	Annual Operating Plan £m	Revised Annual Plan £m	Plan to date £m	Actual to Date £m
Service redesign	0.170	0.140	0.108	0.108
Drugs & prescribing	0.836	0.892	0.778	0.800
Workforce	1.060	0.686	0.515	0.513
Procurement	3.666	3.580	1.794	2.029
Infrastructure	2.320	3.935	3.850	3.770
Other	6.740	6.740	5.055	5.055
Financial Management / Corporate Initiatives	-	8.850	5.903	5.903
Unidentified Savings	10.030			
Total Core NHS Board Savings	24.822	24.822	18.002	18.178
Savings delegated to Integration Authorities	5.006	3.636	3.636	3.636
Total Savings Required	29.828	28.458	21.639	21.814

9. Capital

- 9.1 At the outset, the demands of the 20/21 capital programme exceeded the resources available. Rather than rule out any of the priority projects at the start of the year, the Board approved a management strategy of monitoring expenditure for slippage and trying to maximise opportunities for additional funding with a fall back of delaying some expenditure on equipment into April 2021 should the position remain unchanged. This strategy paid off. By the end of October the initial known allocations had been supplemented by sufficient additional funding to balance the original aspirations.

- 9.2 £2.640m of the targeted £3.080m property receipts has already been secured, which given the uncertainty in the market during Covid-19 is a strong achievement. The missives for the remainder have been concluded with the sale now scheduled for April 2021.
- 9.3 As the year progressed, additional demands emerged, particularly from the ongoing review of the risks to business continuity in Monklands but conversely initial timescales to complete some of the projects proved optimistic. The hybrid theatre for the regional vascular theatre and the invest to save energy efficiency project will now be finalised in the first quarter of 2021/22. The medical equipment replacement programme for 2021/22 has been advanced to bring forwards some purchases into 2020/21 to balance off the expenditure between the two years.
- 9.4 The original plans for a 24 bedded ward were revised in the light of the Covid-19 experience and converted to a 17 bedded solution which opened during November.
- 9.5 Expenditure to the value of £8.548m has been incurred in the first nine months as detailed in Annex B.

10. Development and Approvals

- 10.1 Expenditure to manage the Covid-19 response continues to be incurred, captured and reported to SGHSCD. Table 8 summarises the Covid-19 costs to 31 December 2020. The year-end forecast for the Health claim has been revised downwards due to recognising higher offsetting savings and recognising that slower cost growth in areas such as high cost drugs reduced the original identified gap and means the cost of undelivered savings does not need to be claimed from SGHSCD.

Table 8 - Covid-19 Revenue & Capital Spend		
Table 8	Revenue	Capital
Area	2020/21	2020/21
	£m	£m
Acute Operating Division	17.654	0.000
Headquarters / Corporate Functions	8.371	0.000
Sub Total	26.025	0.000
Loss of income and planned expenditure under negotiation	1.676	0.000
Total Board Areas	27.701	0.000
North Lanarkshire Health & Social Care Partnership	5.388	0.000
South Lanarkshire Health & Social Care Partnership	8.476	0.000
Sub Total	13.864	0.000
Loss of income and planned expenditure under negotiation	0.000	0.000
Total Health & Social Care Partnership	13.864	0.000
Total Board and Health & Social Care Partnership	41.565	0.000
Capital Spend	0.000	1.537
Total Revenue and Capital Spend	41.565	1.537

11. Risk Assessment

- 11.1 The overall financial risk has been reduced from very high to medium as the initial £10.030m gap was first reduced to £8.844m gap and then closed for 2020/21. There is increased confidence, though no confirmation yet, that the Covid 19 costs will be covered in full.
- 11.2 Continued uncertainties mean our forecasts will be liable to fluctuations up until the year end.

12. Conclusion

The Board is asked to note:

- the step change in trajectory due to revising elements of expenditure growth forecasts downwards primarily for drugs and specialist services and the actual revenue under spend of £1.460m as at 31 December 2020 against the non IJB portion of the budget;
- the figures include an assumption that the £41.565m costs attributed directly to the Covid-19 response up to the end of December 2020 will be covered, but the actual disposition of the Covid-19 payment on account received in December 2020 has still to be agreed with our partners;
- the lowering of the risk rating from very high to medium ;
- the re-profiled but balanced capital plan based on current best estimates.

LAURA ACE
DIRECTOR OF FINANCE
22 January 2021

REVENUE RESOURCE LIMIT 2020/21

	Baseline Recurring £M	Earmarked Recurring £M	Non Recurring £M	Total £M
Core Revenue Resource Limit as at 30 November 2020	1,266.933	123.935	88.989	1,479.858
Disestablishment of 4 year GPST programmes	0.000	0.000	0.416	0.416
Trauma & Orthopaedics - Bringing It Together	0.000	0.000	0.362	0.362
GJNH - Top-slice adjustment - Boards SLA's	0.000	0.000	(2.392)	(2.392)
Contribution to Pharmacy Global Sum	0.000	(0.339)	0.000	(0.339)
2020/21 PFG Local Improvement Fund Tranche 2	0.000	0.000	0.875	0.875
Primary Care Improvement Fund 2020-21 Tranche 2	0.000	5.532	0.000	5.532
Adult Social Care Winter Plan	0.000	0.000	7.340	7.340
ASC Nurse Director Support IPC	0.000	0.000	0.774	0.774
District Nurse Posts	0.000	0.275	0.000	0.275
Core Revenue Resource Limit as at 31 December 2020	1,266.933	129.403	96.365	1,492.701

NHS LANARKSHIRE			
CAPITAL EXPENDITURE TO 3st December 2020			
	2020/21 Plan £M	2020/21 Forecast £M	Actual £M
Initial Capital Formula Allocation:	12.392	12.392	5.908
Capital Resource limit adjustments:			
CHP Hairmyres	0.000	1.735	
Covid-19 Costs	0.000	1.197	
Imaging Replacement Programme	0.000	0.900	
Ophthalmology - Eye Care Services	0.000	0.202	
ADJUSTED NET ALLOCATION	£12.392	£16.426	£5.908
Anticipated Capital Resource Limit Adjustments :			
Additional Central Resource Allocation	3.000	2.600	
West of Scotland Laundry - Transfer from other boards	0.150	0.190	
Regional Capital Contribution - Vascular Surgery Theatre	1.350	1.268	
Central Resource Returned	0.000	-0.426	
Covid-19 Costs	0.000	0.340	
	£4.500	£3.972	£0.000
Other Income Adjustments:			
Other Income	0.018	0.018	
	£0.018	£0.018	£0.000
Disposal Programme:			
Property Disposals	1.665	2.640	2.640
	£1.665	£2.640	£2.640
	£18.575	£23.056	£8.548
<u>CAPITAL EXPENDITURE:</u>			
<u>Business Cases</u>			
Monklands general business continuity	5.528	4.281	2.128
Acute Property Works	5.700	5.851	2.705
New Monklands Fees	3.000	2.600	1.702
	14.228	12.732	6.535
<u>Medical Equipment</u>	3.860	5.829	0.893
	3.860	5.829	0.893
<u>Other Service Developments</u>			
Northern Corridor	0.050	0.050	0.052
CAMHS		0.030	
	0.050	0.080	0.052
<u>Other Expenditure</u>			
CHP Hairmyres	0.700	1.668	
PSSD Equipment	0.300	0.493	0.096
Covid-19 costs	0.000	1.537	0.616
<i>subtotal</i>	1.000	3.698	0.712
I.M.&T Projects	0.708	0.715	0.356
	1.708	4.413	1.068
TOTAL CAPITAL EXPENDITURE	£19.846	£23.054	£8.548
(OVER) / UNDER COMMITTED	-£1.271	£0.002	£0.000