

Meeting of Lanarkshire
NHS Board
31st March 2021

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



SUBJECT: FINANCIAL PLAN: 2021/22 UPDATE

1. PURPOSE

This paper is coming to the Board:

For approval	<input checked="" type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input checked="" type="checkbox"/>
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This paper sets out the impact of expected inflationary pressures and developments on the Board's framework of authorised service budgets. It represents a baseline position from which the financial impact of any service changes would be evaluated. As the costs of the historic services exceed the funding available an efficiency programme will be needed to fill the gap.

Significant elements of the response to the Covid 19 pandemic are still in place and these are also described in the paper. It is assumed these will be separately funded.

The capital plan for 2021/22 is also presented with for outline approval and agreement to proceed on certain elements.

2. ROUTE TO THE BOARD

Board briefing sessions in February and March have allowed discussion on the planning assumptions behind this paper. Links with the IJBs' Chief Finance Officer have been made in developing the planning assumptions for the health element of the IJB budgets. The Boards Capital Investment Group reviewed the draft capital plan in March 2021.

3. SUMMARY OF KEY ISSUES

Inflation and national developments meant the cost of the Board's services were predicted to rise faster than its income growth in 2020/21. In March 2020 it was forecast that, if no further action was taken, the Board could be facing a financial gap of over £29m in 2021/22. The Covid – 19 pandemic has meant that for all of 2020/21 the Board has been on an emergency footing and the Board's ability to identify and deliver any further efficiencies has been severely curtailed. Reviewing financial estimates in March 2021 indicates that, assuming any additional expenditure due to Covid 19 will be separately funded by SG, the Board faces a gap of £30.693m in 2021/22. The continued emergency footing and the level of uncertainty round recovery means a strategy of sound housekeeping, reviewing estimates after quarter one and developing a balanced approach to standing up the efficiency programme is recommended at this stage.

The Board will submit an estimate of additional expenditure to be incurred in responding to and recovering from the Covid 19 pandemic on 31st of March 2021. The Scottish Government Health and Social Care Department (SGHSCD) plan to use this return as a guide but review actual expenditure after the first quarter before issuing funding.

The draft capital plan is submitted to the Board for noting the overall position and for approving the initial work programme. Some of the proposals require more detailed business plans before they could be authorised to proceed.

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 setting out already approved budgets and forecasting the impact of external factors. The need for an EDIA would be assessed at the point individual service proposals are approved.

11. CONSULTATION AND ENGAGEMENT

As described in route to the Board.

12. ACTIONS FOR THE BOARD

The Board is asked to approve the financial framework, noting the risks and uncertainties.

Approval	<input checked="" 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

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SUBJECT: FINANCIAL PLAN: 2021/22 UPDATE

1. PURPOSE

This paper presents the baseline position for 2021/22 for the Board's authorised service budgets, taking into account inflation, new funding and known developments. It evaluates the likely gap between income and costs that would need to be filled through efficiency or service redesign. It describes the range of activities devoted to responding to the Covid 19 pandemic for which separate Scottish Government funding is anticipated. It presents an initial capital plan and asks for approval to proceed with identified projects.

2. BACKGROUND

Although the Health Board's funding from Scottish Government is issued as a Lanarkshire wide sum, the delegation of functions to the North and South Lanarkshire Integrated Joint Boards (IJBs) means it is then subdivided into 3 portions. The 2021/22 allocation letter provided a £19.006m (1.5%) uplift to the whole system's base revenue budget, which is shared between the 3 bodies by applying the 1.5% to the relevant recurring budgets resulting in a split of £4.219m for North, £2.910m for South and £11.877m for the rest of the health. In line with the policy commitment to shift the balance of care to the community, there is substantial funding for mental health, social and primary care and substance misuse which is passed through the NHS Board to the IJBs for decision making. Any underspend in the IJB is retained in that bodies reserves, with no offset against the rest of the NHS budget. For this reason, this paper deals with the IJB financial plans and those for the rest of Health in separate sections.

The Board is still on an emergency footing with substantial activity devoted to tackling Covid 19 and many of its services operating in a modified fashion due to the pandemic. It has been assumed, that additional expenditure incurred in the direct response to Covid will be separately funded by Scottish Government and work is ongoing to model and submit costs.

The gap needs to be closed by delivering existing services with increased efficiency so that funding can be released to fund the new cost rises. Many services are still operating in a modified fashion due to the pandemic and as they recover there will be a desire to incorporate any successful new approaches that had been adopted out of necessity during the emergency response. As well as highlighting an enhanced imperative for efficiency, the financial planning work described in this paper should be seen as a baseline from which to evaluate and approve service changes.

3. HEALTH FUNCTIONS OUTWITH THE IJBS

The financial planning exercise compared the projected impact of inflation and known developments on existing service budgets with expected income growth. Cost growth is forecast to outstrip income growth as shown in the overview table below.

	2021/22 Rec £m	2021/22 Non rec £m	2021/22 Total £m
Income net of opening recurring gap	2.256	14.622	16.877
Drugs	6.504	0.000	6.504
Pay Award	17.075	0.000	17.075
Other Supplies	3.257	0.000	3.257
Purchase of Healthcare	2.918	0.000	2.918
Developments	3.793	14.022	17.816
Expenditure Rise	33.548	14.022	47.570
Gap to be filled by savings	-31.292	0.599	-30.693 -3.9%

The following sections cover the different elements in more detail.

3.1 Opening Financial Position

Despite receiving less than its target share of national resources, NHS Lanarkshire has consistently lived within its resources. However after a decade of allocation uplifts that are less than the unavoidable cost rises and a reliance on increasingly hard to find efficiency measures to fill the gap, financial balance in 2019/20 relied on a degree of non recurring savings and funding. A financial sustainability programme had been established in 2019/20 to provide an enhanced focus on recurring savings but the emergency response to the pandemic meant this was stood down in March 2020. With the financial sustainability programme unable to make significant inroads into the predicted 2020/21 gap, the Board will start 2021/22 with its allocated budgets exceeding its expected income by £17.356m – a higher figure than the £11.877m share the Board will receive from the general allocation uplift 2021/22.

Appendix A provides more information on how this tracks back to the predictions in the 2020/21 plan.

3.2 Income Expectations

The 2021/22 settlement brings a 1.5% uplift to the base revenue resource limit. This equates to £19.006m of which £4.219m will go to North Lanarkshire IJB and £2.910m to South. There is no additional funding this year to bring NHS Lanarkshire closer to its share of the national resource allocation formula (NRAC) as the £30.2m available nationally has been targeted at Boards more than 0.8% away from target.

An Agenda for Change pay offer has been made to staff side and is out to consultation for 6 weeks. Legacy impacts of the previous pay deal plus the original public sector pay deal have to be met from the Board's general allocation uplift. The excess of the current pay offer over that is expected to be separately funded by SG and an estimate of that income has been included.

We have been told to expect waiting times funding equal to last year and have built in £11.531m. Money has been made available for the national trauma strategy and we have assumed £1.643m as a contribution split between our Trauma and Orthopaedic plans and brain injury rehabilitation within South Lanarkshire IJB. We have funding sitting with SGHSCD, delayed from previous years, that we intend to call on during 2021/22, to support infrastructure projects.

There will be significant additional funding provided for function delegated to the IJBs which is picked up in section 4.

These funding assumptions have been pulled together in a table in appendix A.

3.3 Pay Assumptions

The opening recurring pay budgets for services not delegated to the IJBs total £378.695m, £267.845m of which relates to staff covered by Agenda for Change and the balance mostly medical and dental grades, with a small element in senior managers terms and conditions. We also pick up NHS pay costs indirectly when we purchase £192.131m of health care from other NHS organisations.

2020/21 was the final year of a 3 year Agenda for Change pay deal. One of the objectives of that pay deal was to reduce the number of incremental points between the bottom and top of a pay grade and there is still a legacy impact of that across bands 5, 6 and 7 in 2021/22 which is forecast to cost over 1 % of the AFC pay budget (£2.793m) and is to be met from the general allocation uplift. The original public sector pay deal (since uplifted in the March SG budget) has also to be funded from our base budget. Together those were estimated to cost approximately 2.8% compared to the 1.5% allocation uplift. The pay deal currently out to consultation offers a minimum of 4 % up to band 7 with a reducing amount thereafter. Taken together with the legacy impact of the previous pay deal, the budgeted pay cost is expected to increase by 5.17%.

For other staff groups there has not yet been any indication of the potential pay rise. For the purposes of this plan an £800 rise has been assumed for anyone over £80,000 with percentage rises similar to that in the AFC pay deal for anyone below that. There is a risk that this may be insufficient.

In addition, there is the estimated annual impact of incremental progression or discretionary points for medical staff. £0.725m has been assumed though the eventual figure depends on the net of staff moving up the scale and staff retiring and being replaced nearer the start of the scale.

3.4 Drug Uplift Assumptions

The hospital drugs bill is predicted to be the fastest growing element of health expenditure. In 2014/15 £51.9m was spent on hospital drugs, by 2019/20 that had risen to £78.8m. A continued expansion in the number of people being treated for hepatitis C, ophthalmology and inflammatory conditions increases background expenditure. Policies increasing access to new treatments, often high cost, for cancer, cystic fibrosis and a range of rare conditions, are also having a significant impact on drug costs. The high year on year growth paused during the pandemic. 2019/20 has been taken as the most reliable starting point for future projections. A review of individual high cost drugs and past trends, combined with a recognition that the first quarter will be impacted by services standing up more cautiously, has led to a growth forecast of £6.504m over the recurring £77.368m budget in the financial plan (8.41%). As with pay, the difference between the forecast growth and the 1.5% uplift percentage is widening the opening financial gap.

3.5 Other Supplies

Inflation on the general supplies budget of £107.323m has been forecast at 1.8% though within that some products and services are forecast to rise by more, some less. Bespoke modelling has been done for utilities and the PFI contracts. In total other supplies costs are forecast to rise by £3.257m.

3.6 Health Care Agreements with other NHS Bodies

Outside the IJBS there are £192.132m of healthcare agreements with other NHS bodies. This is partly through accessing very specialist services and partly due to geography, where populations (particularly the boundary change population of Cambuslang, Rutherglen and the Northern corridor) finding it easier to access Glasgow hospitals or Forth Valley. Inter Board SLAs have in recent years been increased by the allocation uplift and so modelling has been done on the basis of 1.5%. When SGHSCD issue additional funding for the pay deal an additional uplift percentage to the SLAs will also be agreed to cover this.

3.7 Developments, Cost Pressures and Infrastructure Projects

Apart from the investment of the expected £11.531m for waiting times, a minimum of £6.285m is expected to be required for agreed or unavoidable developments.

£0.312m of this relates to specialist services and drugs which are provided on a national basis with each Board being levied their share

A national contract for Microsoft Office 365 was signed in 18/19 which introduced a step change in costs and a further increase of over £0.600m (plus a contribution of £0.170m for each IJB) is expected in 21/22.

The Golden Jubilee has expanded its Ophthalmology, Orthopaedic, General Surgery and Endoscopy provision, so it can absorb the West of Scotland's predicted annual

growth in procedures. Our share of this started at £0.247m last year and increases by £1.651m in 22/22 with a profile of future rises each year in line with demand projections.

We are expecting £1.613m of funding from the regional trauma strategy, provisionally split £1.166m for services line managed by the Acute division and £0.477m for AHP support for brain injury rehab with in the IJB. The final service split may differ slightly.

£0.392m has been built in for Boards contribution to robotic surgery as a part share of the revenue costs of a robot hosted by Golden Jubilee National Hospital. If the Board were to agree to the purchase and running costs of a second CT scanner in Monklands a £0.479m revenue budget would be needed per annum. There are just under £0.7m of non recurring implementation costs for a range of ongoing projects such as the laboratory information system, Community Wi-Fi and the PACS refresh programme, plus just under £0.6m for national and regional radiology and other business cases. A judgement has been made to include £0.4m for other potential pressures still being worked through and which may be able to find alternative funding. It is planned to pull down £2.285m of the Boards banked infrastructure funding to cover these infrastructure costs in year.

3.8 Efficiencies

The pressure on services due to the impact of Covid 19 even still, is such that a large scale focus on efficiency is not yet feasible. Opportunities for prescribing savings totalling £2.867m have been identified. Approved energy or process efficiency schemes area already in place which should deliver around £1.084m. It has been assumed, based on past experience, that corporate departments would be able to contribute 1 % which would add a further £0.913m and a change in a regional service model will release £0.147m. In total this yields £4.920m of savings, £3.076m of which have been cautiously labelled non recurring. Set against the financial gap at the start of this section this leaves a £25.773m shortfall to be met to deliver in year balance.

	2021/22 Rec £m	2021/22 Non rec £m	2021/22 Total £m
Gap after identified savings	-29.448	3.675	-25.773

This gap is based on services returning to operating as before so a review after quarter 1 and a re-evaluation of the baseline is advised. Meantime the Board should be conscious of the gap and the need to close it and decisions at all level should be made in the context of trying to improve this situation.

3.9 Risks

The £25.773m gap between projected costs and income is the single largest financial risk facing the Board. While services recovering slower may temporarily reduce this there are also factors which could increase this. These include

- A higher pay rise than assumed for staff groups outside AFC with no further SG funding. Every 1 % would be £1.1m;
- New drugs costs resuming previous rate of increase faster than modelled, a potential increase of £2.4m;
- EU withdrawal having an impact on supplies inflation. Every 1 % would be c £1.07m;
- full funding not being available for the additional costs of responding to Covid19. This risk is judged to be low.

The pandemic has had a very significant impact on the elective programme. All previous inroads into numbers waiting have been reversed and there are now over 9000 people waiting for inpatient or day case treatment and over 29000 waiting for outpatient appointments. This is despite huge advances in using technology to allow virtual outpatients, improved protocols and the continued search for additional accommodation to maintain physical distancing. With the continued need for greater physical distancing and infection control measures throughput will still be less even with the elective programme resuming. The financial cost of recovering the backlog would be high – potentially as much as £20m on top of the £11.53m the Board traditionally receives for waiting lists. However, the most immediate constraints are physical capacity so in the first instance this sits as a national service risk.

4. IJB Financial Plans

The Chief Finance Officer of the IJB, working with the NHS and council finance departments, has drawn up detailed plans for North and South Lanarkshire IJBs. These were presented for approval at meetings on the 23rd and 29th of March 2021 respectively and can be accessed on line. In summary the increase in health expenditure on core budgets exceeds the related income growth by £1.032m in North Lanarkshire IJB and £1.574m in South Lanarkshire IJB. Both have a plan to cover this gap through a combination of prescribing efficiencies and use of reserves so the risk of a deficit against the health portion of the IJB budget in 2021/22 is low. Some key figures are set out below.

4.1 Income

Both IJBs received a budget offer with a 1.5% uplift on the agreed recurring budget. This equated to £4.219m for North Lanarkshire IJB and £2.910m for South Lanarkshire IJB. Top up funding for the costs of the AFC pay deal above a certain level have been assumed. There is also a commitment to pass through to the IJB any specific funding allocated for functions delegated to them. Development funding as per the table below has been announced. The amounts to be received by Lanarkshire have not yet been confirmed and it is likely that, for some areas of spend, calling down new money will only be allowed when existing reserves are exhausted.

Area	National funding (£ms)		
	2020-21	2021-22	Increase
Primary Care	205.0	250.0	45.0

Mental Health and CAMHS	89.0	111.1	22.1
Drugs Deaths	11.0	61.0	50.0
Mental Health recovery and renewal	0.0	120.0	120.0

Expenditure incurred by the Health and Social Care Partnerships in directly responding to the Covid pandemic is also expected to be bid for and received separately.

4.2 Expenditure

Inflationary pressures on the core health budgets within the IJBS have been modelled as below. Where services have been set up out of ring-fenced non recurring allocations, any inflationary rise is expected to come from that allocation so is not included below.

	North £ms	South £ms
Pay	6.029	2.814
GP prescribing	1.307	2.432
Supplies	0.190	0.079
Health and social care agreements	1.040	0.928

South Lanarkshire IJBs prescribing expenditure already exceeds the recurring budget hence the higher level of pressure going in to 2021/22.

On top of the above there are a range of developments being funded by the IJBs

5. Capital Plan

5.1 Capital Income

The formula allocation remains at the same level as last year (£12.393m). It is assumed we will keep £0.535m of property receipts. The Monklands replacement project will receive separate central funding. Contributions from other Boards are expected for regional projects. A number of specific schemes (the CAMHS base in South, the Medical Education centre and the brain injury accommodation) have already identified revenue funding to support costs. Any loans approved under the GP sustainability loan programme will be covered by SG funding. Dividend income from the Hub investment will be used to support the capital programme.

5.2 Proposed Capital Expenditure

A £5.696m programme to address business continuity risks in Monklands was considered and approved in principle by the local Capital Investment Group in March. The largest single element, at £2.507m is for ventilation in ward 16 and is subject to further design work. Other elements include £0.063m for completing the Day surgery air handling, £0.508m for the steam main replacement, £0.492m for fire compartmentation, £0.606m for a bed escape lift, £0.428m for condensate receivers

and £0.300m for the endoscopy theatres. The plan also contains an estimate of £5m to progress the Monklands replacement business case further. The 2020/21 hybrid vascular theatre and combined heat and power plant at Hairmyres projects will complete in 2021/22. The Board is asked to agree to these programmes continuing within the envelope set out in this draft plan.

£5.192m of other developments have been accepted into the plan but need further work before approval can be given to proceed. The business case for improved accommodation in the Northern Corridor is being developed with North Lanarkshire council and £1m has provisionally been reserved in the 2021/22 plan with completion due in the following year. An outline business case for a second CT scanner has been reviewed by the capital investment group but needs further design work and agreement to the staffing costs before it can be signed off. Detailed costings are awaited for creating a CAMHS base in Udston with a provisional estimate of £0.800m entered in this first draft. Improvement to the Medical Education centre to create more usable space and adaptations to create a bedded unit for brain injury patients under the regional trauma strategy are also included at this stage with further work needed. The Board is asked to agree in principle the inclusion of these projects and note that updates will be provided through normal Board reports with decisions for the 2 higher cost developments (the second CT Scanner and Northern Corridor) being taken on receipt of the required detail.

The next phase of the West of Scotland Laundry equipment replacement programme is included along with some items of catering equipment. A budget has been proposed for medical and imaging equipment replacement, with work to proceed through the core equipment group to produce a prioritised list. The £0.75m for e-health is a provisional estimate at this stage. It is a lower amount than in previous years reflecting the move to more revenue based models. The Board is asked to approve this level of budget for the capital investment group to manage within the context of the overall capital programme.

Further requests have been received for small property work at Hairmyres to make better use of the medical records and pharmacy space. As the year progresses it is likely other proposals will emerge. The capital investment group will work flexibly with the plan looking at opportunities from slippage or reprioritising within the medical equipment and e health provisional budgets.

The capital plan is in appendix 2.

6. Additional Expenditure related to Covid

Elements of the Covid19 response are due to continue into 2021/22. These include:

- Increased testing through our own laboratories;
- Community testing (largely organised by the Councils);
- Contact tracing and enhanced outbreak control;
- Additional health support for care homes;
- The covid vaccination programme;

- The extended flu vaccination programme;
- Mental health assessment centres;
- Urgent care flow centres;
- Community respiratory centres.

These are being costed up based on the existing plans but will be revised as the path of the pandemic, and any resulting national policy, evolves. In addition, there are support and additional staffing costs still in place and costs associated with remobilising services. Once finalised the initial estimates will be included in a return to SGHSCD who will review actual costs on a quarterly basis and release funding as appropriate.

7. Recommendations

The Board is asked to note:

- The financial planning assumptions used to update the baseline position prior to the Covid-19 response;
- The estimate that the baseline budgets for services not delegated to the IJBS, even with efficiencies identified so far, exceed our expected income by £25.773m in 2021/22;
- The further risks to that position set out in section 3.9;
- That detailed plans have been considered by each IJB for the services delegated to them that are consistent with health planning assumptions and have viable plans for meeting the estimated health financial gap of £1.032m in North Lanarkshire IJB and £1.574m in South Lanarkshire IJB;
- That separate financial estimates are being submitted for additional expenditure due to Covid and additional funding is expected.

The Board is asked to approve:

- Monklands Business continuity work and work to progress the Monklands Replacement Programme to continue as outlined in the capital plan;
- The envelope for equipment and e health to be managed by the capital investment group in line with priorities as they emerge;
- Planning work to continue on the projects identified on the capital plan as being required in 2021/22 but needing further detail before final approval;
- A review of the baseline revenue position after the first quarter's results have been analysed;
- Further discussions to develop proposals for financial sustainability, taking account of the ongoing impact of the Covid 19 response.

LAURA ACE
DIRECTOR OF FINANCE
25 March 2021

Appendix 1: Income Expectations for budgets outwith IJB

	2021/22 Rec £m	2021/22 Non rec £m	2021/22 Total £m
Income			
General Allocation uplift 1.5%	11.877		11.877
NRAC	0.000		0.000
Additional Funding for AFC pay deal	6.568		6.568
Waiting Times Allocation	0.000	11.531	11.531
Trauma Centre Funding	1.166	0.000	1.166
Banked Funding S.G		2.485	2.485
New Medicines Fund		0.606	0.606
cfwd recurring	-17.356		-17.356
	2.256	14.622	16.877
Movement between 20/21 plan prediction and opening 2021/22 gap			
	Recurring £m	Non Rec £m	20/21 gap £m
Original 20/21 prediction if no further savings found	-22.452	12.422	-10.030
Fewer recurring savings delivered	-5.559		
20/21 growth predictions did not materialise	28.011		
roll forward recurring gap	0.000		

Appendix 2 – Capital Plan

Initial Capital Programme 2021/22

	£ms	£ms
Capital Income		
Formula Allocation	12.392	
MRP business case funding	5.000	
Regional capital contribution	0.532	
Property disposals	0.535	
Transferred from Revenue	1.550	
Hub Dividend	0.018	
GP sustainability loan scheme	1.642	
		21.669
Expenditure		
Monklands General Business Continuity	5.500	
New Monklands fees	5.000	
Hairmyres vascular surgery business case	0.400	
Hairmyres CHP energy efficiency	0.100	
		11.000
Business cases to be completed		
Medical Education centre	0.400	
CAMHS base Udston	0.800	
Northern Corridor	1.000	
Second CT scanner Monklands	1.000	
Traumatic Brain Injury Beds	0.350	
GP Sustainability Loan Scheme	1.642	
Property Expenditure		5.192
Medical Equipment	3.977	
Laundry and catering equipment	0.750	
E health programme	0.750	
Equipment Expenditure		5.477
		21.669

NHS Lanarkshire			
Capital Income v Desired Expenditure			
	2020/21	21/22	22/23
	£ms	£ms	£ms
Income			
Formula Allocation:	12.392	12.392	12.392
MRRP Business Case Funding	3.000	6.000	30.000
Regional Capital Contribution - WOSL	0.300	0.210	0.160
Regional Capital Contribution - Vascular Surgery	1.350		
Retained Property Receipts	1.665	0.000	0.000
Other Income	0.018		
Anticipated Income	18.725	18.602	42.552
Expenditure			
Monklands Replacement Programme	3.000	6.000	30.000
Monklands General Business Continuity	6.032	5.500	5.500
Hairmyres vascular surgery business case	3.000		
Wishaw 24 bedded Ortho. Ward	2.847		
Ophthalmology Surgicube	0.200		
Other		1.500	1.500
Acute Property	15.079	13.000	37.000
Medical equipment	3.908	6.100	6.100
Imaging Equipment	0.820	1.500	1.500
Northern Corridor	0.050	2.000	
Laundry	0.600	0.420	0.320
I.M.&T Projects	0.875	1.500	1.500
Invest to save	1.400		
PSSD system	0.340		
Total Expenditure Requests	23.072	24.520	46.420
Overcommitment to be managed	-4.347	-5.918	-3.868