

SUBJECT: FINANCE REPORT FOR THE PERIOD ENDED 30 SEPTEMBER 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 were 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. Severe pressures on services from the prevalence of Covid-19 and pent up demand has meant we remain on an emergency footing and have been unable to resume the financial sustainability programme which has been paused since March 2020. We have entered a dialogue with SGHSCD on Covid-19 related financial assistance to bridge the gap to be combined with any underspends or slippage we identify in the second half of the year.

£23.566m of additional cost has been incurred in the first six 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 part funding. This will be followed by further allocations, though timing is as yet unclear. We will submit a further return and forecast to Scottish Government by 29th October and hope to have greater certainty on funding by December. IJBs are expected to use relevant reserves to fund initial costs associated with Covid-19 before calling on further funding though discussions are ongoing with SGHSCD about using some of these reserves as longer term change funds. Substantial funding has been announced for winter, portions of it recurring. In light of this, the risk of not ending the year end within the target level agreed with SGHSCD has been reduced from very high to high. Once formal confirmation of funding and how it can be used is received we anticipate this will reduce further.

At the end of September 2021 the Board is reporting a £11.661m over spend which is £0.233m better than the financial plan year to date trajectory. This includes a reported over spend within the Acute Division of £2.332m.

As well as uncertainty over the level of Covid-19 funding, estimates on areas such as drugs are still provisional. The first 3 months expenditure for out of area drugs is known which, combined with six months information from the Lanarkshire acute hospitals, leads to a forecast that the rise in hospital drugs costs could be over £2m more than in the financial plan. This will be closely monitored.

As in previous years the Board maintained a longer list of schemes than could be covered by initial secured funding with a commitment to manage through the year to allow maximum progress. Higher construction costs but longer lead times have opposing impact on the year end forecast. We have been successful in securing additional funding which gives increased confidence our plans can all be delivered within the resource available.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	AOP	<input checked="" type="checkbox"/>	Government policy	<input type="checkbox"/>
Government directive	<input checked="" type="checkbox"/>	Statutory requirement	<input checked="" type="checkbox"/>	AHF/local policy	<input type="checkbox"/>
Urgent operational issue	<input type="checkbox"/>	Other	<input type="checkbox"/>		

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	<input type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input type="checkbox"/>
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Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

6. MEASURES FOR IMPROVEMENT

Achievement of AOP agreed position for revenue resource limit, capital resource limit and efficiency target.

7. FINANCIAL IMPLICATIONS

As set out in the paper.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

As set out in the paper.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input type="checkbox"/>	Effective partnerships	<input type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance management	<input checked="" type="checkbox"/>	Equality	<input type="checkbox"/>
Sustainability Management	<input checked="" type="checkbox"/>				

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

21 October 2021

NHS LANARKSHIRE

FINANCE REPORT FOR THE PERIOD ENDED 30 SEPTEMBER 2021

1. Introduction

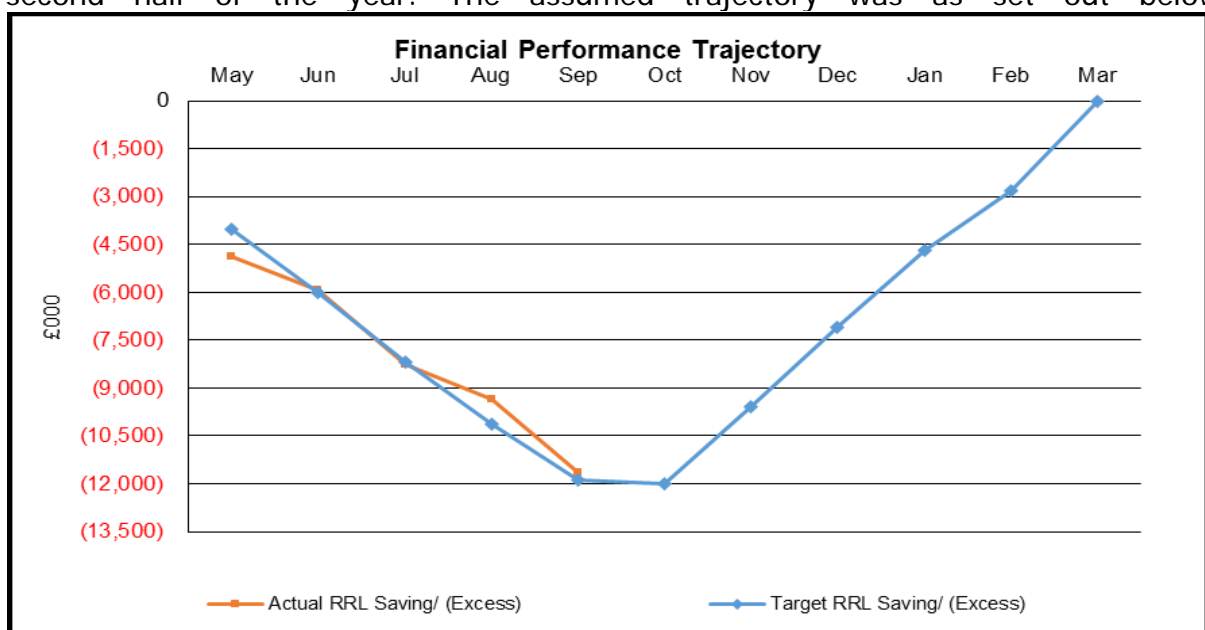
1.1. The purpose of this report is to provide the Board with a summary of revenue and capital financial performance for the first six months of 2021/22. The unusual level of uncertainty due to the impact of Covid-19 on services means forecasts based on these figures are provisional and are being continually 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 AfC pay deal, 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 were still 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 September 2021, Acute and Corporate have recorded a total of £21.270m as being attributable to Covid-19 and the health element of the Health and Social Care Partnerships £2.296m. 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 specific inroads have been made into the initial £25.773m gap though as the year progresses we will opportunistically identify any areas of underspend against plans to narrow that gap. Financial scrutiny meetings were re-established with each Division though in light of growing system pressures may need to stand back down.
- 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.

Table 1 - Summary Financial Position 2021/22			
	YTD Budget £M	YTD Actual £M	YTD Variance £M
Acute Operating Division	207.825	210.157	(2.332)
North Lanarkshire Health & Social Care Partnership	154.554	152.508	2.046
South Lanarkshire Health & Social Care Partnership	216.113	215.775	0.338
Estates, E health and Other Corporate Functions	96.363	94.268	2.095
Service Level Agreements / Other Healthcare Providers	110.322	110.140	0.182
NHSL - Area Wide	(28.881)	(17.275)	(11.606)
Net operating costs	756.296	765.573	(9.277)
Remove IJB Position	(370.667)	(368.283)	(2.384)
Revised Net operating costs	385.629	397.290	(11.661)

3. Revenue Resources

- 3.1. At the end of September 2021, the Core Revenue Resource Limit (RRL) for NHS Lanarkshire was £1,488.303m, details of which are noted in Annex A.
- 3.2. The September 2021 Core Revenue Resource Limit includes the following confirmed resources for Health and Social Care Partnerships; £105.982m for Primary Medical Services, £0.546m emergency Covid-19 funding for eating disorders, £0.245m for Workforce Wellbeing, £0.920m for the dental sector to purchase electric speed adjusting hand pieces and £1.267m being Lanarkshire's share of £10.83m national part year effect funding for CAMHS improvement work.
- 3.3. The September 2021 Core Revenue Resource Limit also includes a total of £6.113m of funds being transferred to National Shared Services. This includes £0.466m for the introduction of human papillomavirus (HPV) testing to the Scottish Cervical Screening

Programme and £5.647m which relates to the national risk sharing of specialist services. These are in line with financial plan expectations.

- 3.4. The Board also received £1.185m our share (tranche 1) of regional funding from the Scottish Trauma Network, £0.205m to develop capacity within recruitment teams to support international recruitment, £0.135m for Young Patients Family Fund and £0.152m to implement Best Start recommendations.
- 3.5. We are anticipating at least an additional £2.378m of mental health outcomes funding and £0.828m Distress Brief Intervention Host and Pilot funding.
- 3.6. £300m national funding has been announced for health and social care with a strong focus on preventing admission, reducing delayed discharges and improving social care staffing. Elements of it are recurring which is particularly welcome. We await further guidance on the detail of sums to come to NHS Lanarkshire and have no formal allocations as yet. We have been given authority to start recruitment of 123 Health Care Support Workers.

4. Acute Division

- 4.1. The Acute Division is reporting an over spend of £2.332m for the period to the end of September 2021, as detailed in Table 2. The over spend is £1.811m 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 £5.941m of costs attributed to Covid-19 up to the end of September so it does not contribute to the over spend.

	Budgeted Operating Costs 30/09/2021 £M	Actual Operating Costs 30/09/2021 £M	Actual saving / (excess) 30/09/2021 £M
Pay	169.423	170.288	(0.865)
Non Pay	52.172	53.639	(1.467)
Healthcare Purchases	1.347	1.347	0.000
Gross operating costs	222.942	225.274	(2.332)
Less: miscellaneous income	(21.058)	(21.058)	0.000
Net operating cost	201.884	204.216	(2.332)
Covid-19 Spend	5.941	5.941	0.000
Revised Net operating cost	207.825	210.157	(2.332)

- 4.2. The main elements of the over spend are pay costs in excess of budget (nursing £0.618m and Medical £0.460m) and a £2.037m over spend on drugs partly offset by an under spend of £0.679m on theatres supplies which are lower due to reduced elective activity.
- 4.3. The combination of the Covid-19 demand 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 £3m in the first 6 months compared to £0.814m in the same period in 2019/20. This is expected to continue 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 is flowing through the figures 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. The impact of a successful rebanding claim for a group of health care support workers will also feature in future months and, depending on national discussions, may have far wider impact.

- 4.4. The medical staff pay rise has been announced at 3% and the AFC pay award for bands 8 & 9 has also been increased to 3%. SGHSCD have indicated they will provide funding to cover the higher than planned impact. Both income and expenditure will feature in future months.
- 4.5. At £30.349m, the first 6 month's Lanarkshire hospitals drug spend is 25% more than at the same point last year and 14% 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 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 £2.384m for the period to the end of September 2021 (North IJB - £2.046m; South IJB - £0.338m). There are pay underspends in all North localities and in the South hosted services (Community dental, OOH and physiotherapy) due to vacancies.
- 5.2. In accordance with S.G. guidance the Covid-19 costs up to the end of September 2021 (North IJB - £1.672m; South IJB - £0.624m) 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 July 2021 with indicative volumes to the end of July. The number of items dispensed is 0.9% lower than the corresponding period pre pandemic but 3.5% higher than the same period last year which was atypically low because of stocking up in March 2020. Price per item is slightly higher than last year's average. As in previous years the higher average price per item in South Lanarkshire causes difficulties against the budget with a provisional estimate of an £0.9m overspend to date. The North Lanarkshire position has been held at breakeven until more data is available.
- 5.4. A proportion of the planned savings (those relating to GP prescribing, 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 half year 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 30/09/2021 £M	Actual Operating Costs 30/09/2021 £M	Actual saving / (excess) 30/09/2021 £M
Pay	72.292	69.834	2.458
Non Pay	42.775	43.341	(0.566)
Prescribing	35.120	35.120	0.000
Sub Total	150.187	148.295	1.892
Primary Care Transformational Fund	0.000	0.000	0.000
Share of Primary Care Other Services	4.367	4.213	0.154
Family Health Services	0.000	0.000	0.000
Net operating cost	154.554	152.508	2.046
Less: Covid-19 spend	(1.672)	(1.672)	0.000
Revised net operating cost	152.882	150.836	2.046

	Budgeted Operating Costs 30/09/2021 £M	Actual Operating Costs 30/09/2021 £M	Actual saving / (excess) 30/09/2021 £M
Pay	35.433	34.628	0.805
Non Pay	33.835	33.550	0.285
Prescribing	33.163	34.063	(0.900)
Sub Total	102.431	102.241	0.190
Primary Care Transformational Fund	3.179	3.179	0.000
Share of Primary Care Other Services	4.195	4.047	0.148
Family Health Services	106.308	106.308	0.000
Net operating cost	216.113	215.775	0.338
Less: Covid-19 spend	(0.624)	(0.624)	0.000
Revised net operating cost	215.489	215.151	0.338

6. Estates, e-Health and Other Corporate Functions

6.1. Corporate functions are reporting an under spend of £2.095m for the period to the end of September 2021, as detailed in Table 5. Budget has been released to match the £15.329m of costs attributed to Covid-19 up to the end of September. 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.

Table 5 - Estates, E Health and Other Corporate Functions

	Budgeted Operating Costs 30/09/2021 £M	Actual Operating Costs 30/09/2021 £M	Actual saving / (excess) 30/09/2021 £M
Pay	35.560	34.176	1.384
Non Pay	49.859	49.148	0.711
Gross operating costs	85.419	83.324	2.095
Less: miscellaneous income	(4.385)	(4.385)	0.000
Net operating cost	81.034	78.939	2.095
Covid-19 Spend	15.329	15.329	0.000
Revised Net operating cost	96.363	94.268	2.095

6.2. The under spend is spread across Property and Support Services (£0.766m), other corporate functions (£1.081m) and Occupational Health (SALUS) (£0.248m) 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 under spend of £0.182m for the period to the end of September 2021, as detailed in table 6.

Table 6 - Service Agreements / Other Healthcare Providers 2021/22

	Budgeted Operating Costs 30/09/2021 £M	Actual Operating Costs 30/09/2021 £M	Actual saving / (excess) 30/09/2021 £M
Service Level Agreements	94.629	94.401	0.228
Unpacs and Oats	15.468	15.427	0.041
Independent Sector	0.225	0.312	(0.087)
Net operating cost	110.322	110.140	0.182

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 Agenda for Change 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 additional schemes have been identified in the first 6 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 suggests that the 2020/21 experience is unlikely to be repeated although given the scale of our activities it is likely that during the second half of the year we will see slippage on some smaller areas within our plan or unexpected income. Reflecting this NHS Lanarkshire advised SGHSCD of the potential for a remaining gap of £18m from undeliverable savings in year due to Covid-19. SGHSCD have asked that we continue to look to reduce this figure and as yet have not confirmed Covid-19 funding.
- 8.3. Table 7 gives an assessment of month 6 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 and further procurement savings 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	0.161	0.161
Workforce	-	-	-	-
Procurement	2.250	2.250	0.450	1.868
Infrastructure	1.906	2.051	1.867	1.901
Other	-	-	-	-
Financial Management / Corporate Initiatives	-	-	-	-
Unidentified Savings	25.773	25.605	-	-
Total Core NHS Board Savings	30.693	30.693	2.478	3.931
Savings delegated to Integration Authorities	4.254	4.254	0.934	1.834
Total Savings Required	34.947	34.947	3.412	5.765

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 and £0.144m for Dental Education. NHS Lanarkshire will also be allowed to retain an estimated £0.515m property receipts to support capital plans and will receive £5.0m towards the Monklands replacement or refurbishment business case. In addition, we are expecting a contribution from other Boards to regional schemes and are assuming a transfer of identified revenue to capital.
- 9.2 The full £0.515m of property receipts have now been secured, with the final £0.075m being received in October 2021.
- 9.3 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. Cost engineering on the tender has brought the overall cost to £1.246m and given the scheme's priority it has been given permission to proceed with a strategy in place for covering the funding gap.
- 9.4 There has been a considerable increase in the forecast cost of the risk assessed Monklands business continuity programme though longer lead times mean some of the cost will now fall in the next financial year.
- 9.5 We have been successful in a bid for additional capital funds for equipment and are now able to fund the year's capital plans as well as bring forward some other equipment.
- 9.6 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. It should now be possible to progress them.

9.7 Expenditure to the value of £5.708m has been incurred in the first six months as detailed in Annex B.

10. Development and Approvals

10.1 We continue to incur additional costs as a result of the Covid-19 pandemic which are being recorded separately and reported quarterly to Scottish Government. Table 8 below represents the provisional month 6 position as at the 14th October. We continue to follow up some outstanding queries and there may yet be some minor changes to these figure before submitting the next return to SG on 29th October.

10.2 In Table 8, 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, HR or estates support.

Table 8 - Covid-19 Revenue & Capital Spend	
Area	Revenue 2021/22 £m
Acute Operating Division	5.941
Corporate including Covid vaccinations and Test and Protect	15.329
Total Board	21.270
North Lanarkshire Health & Social Care Partnership	1.672
South Lanarkshire Health & Social Care Partnership	0.624
Total Health & Social Care Partnership	2.296
Total Board and Health & Social Care Partnership	23.566
Capital Spend	0.000
Total Revenue and Capital	23.566

11. Risk Assessment

Following confirmation of substantial winter funding the overall financial risk has been reduced from very high to high. Once greater detail has been received on exactly how that will be targeted and the level of Covid-19 support available the risk rating for 2021/22 is likely to further decrease. The underlying problems remain so the rating for 2022/23 would sit at 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

six months figures give no hope in this regard.

12. Conclusion

The Board is asked to note:

- the actual revenue over spend of £11.661m as at 30 September 2021;
- Covid-19 expenditure is provisionally assessed at 30 September 2021 as £23.566m and continuing;
- the initial assessment that month 6 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 and the reduction in the risk rating to high;
- that the early pressure on the capital plan has been resolved.

LAURA ACE
DIRECTOR OF FINANCE
21 October 2021

REVENUE RESOURCE LIMIT 2021/22				
	Baseline Recurring £M	Earmarked Recurring £M	Non Recurring £M	Total £M
Core Revenue Resource Limit as at 31 August 2021	1,303.121	22.517	58.118	1,383.755
September Adjustments to Allocations Confirmed:				
NSD Riskshare topslice	0.000	0.000	(5.282)	(5.282)
NSSC Business Case - Burns hub	(0.262)	0.000	0.000	(0.262)
NSSC Business Case - Lynch syndrome	(0.061)	0.000	0.000	(0.061)
NSSC Business Case - Psychology support	(0.042)	0.000	0.000	(0.042)
NSSC Business Case - HPV screening	0.000	0.000	(0.466)	(0.466)
Scottish Trauma Network Tranche 1 - WoS split	0.000	1.185	0.000	1.185
Primary Medical Services	0.000	105.982	0.000	105.982
Emergency Covid Funding for Eating Disorders	0.000	0.000	0.546	0.546
Workforce Wellbeing - Primary Care and Social Care	0.000	0.000	0.245	0.245
Electric Speed Adjusting Hand Pieces	0.000	0.000	0.920	0.920
Support to build recruitment capacity	0.000	0.000	0.118	0.118
Building capacity for international recruitment	0.087	0.000	0.000	0.087
Young Patients Family Fund	0.000	0.000	0.135	0.135
CAMHS improvement - Intensive Psychiatric Care Units	0.000	0.202	0.000	0.202
CAMHS improvement - Intensive Home Treatment Teams	0.000	0.245	0.000	0.245
CAMHS improvement - LD, Forensic and Secure CAMHS	0.000	0.086	0.000	0.086
CAMHS improvement - Out of Hours unscheduled care	0.000	0.144	0.000	0.144
CAMHS improvement - CAMHS Liaison Teams	0.000	0.215	0.000	0.215
CAMHS improvement - Neurodevelopmental Professionals	0.000	0.375	0.000	0.375
Review of child deaths	0.000	0.000	0.024	0.024
Best Start Board 2021-22	0.000	0.000	0.152	0.152
Core Revenue Resource Limit as at 30 September 2021	1,302.843	130.950	54.510	1,488.303
Non Core Revenue Resource Limit as at 31 August 2021	0.000	0.000	0.000	0.000
	0.000	0.000	0.000	0.000
Non Core Revenue Resource Limit as at 30 September 2021	0.000	0.000	0.000	0.000
Total Revenue Resource Limit as at 30 September 2021	1,302.843	130.950	54.510	1,488.303

ANNEX B

NHS LANARKSHIRE			
CAPITAL EXPENDITURE TO 30th September 2021			
	2021/22 A.O.P £M	2021/22 Forecast £M	Actual £M
Initial Capital Formula Allocation:	12.392	12.392	5.268
Capital Resource limit adjustments:			
Hairmyres Orthopaedic Redesign	0.000	0.250	
Dental Education	0.000	0.144	
ADJUSTED NET ALLOCATION	£12.392	£12.786	£5.268
Anticipated Capital Resource Limit Adjustments :			
Additional Central Resource Allocation (MRP)	5.000	5.000	
West of Scotland Laundry - Transfer from other boards	0.300	0.450	
Regional Capital Contribution - Vascular Surgery Theatre	0.232	0.062	
Revenue to Capital Transfers	1.550	2.084	
Diagnostic and Elective Centre	0.000	0.040	
GP Sustainability	0.000	1.624	
Equipment Replacement	0.000	2.583	
	£7.082	£11.843	£0.000
Other Income Adjustments:			
Other Income	0.018	0.080	
	£0.018	£0.080	£0.000
Disposal Programme:			
Property Disposals	0.535	0.515	0.440
	£0.535	£0.515	£0.440
	£20.027	£25.224	£5.708
<u>CAPITAL EXPENDITURE:</u>			
<u>Business Cases</u>			
Monklands General Business Continuity	5.500	5.689	1.606
Acute Property Works	1.750	1.472	0.064
New Monklands Fees	5.000	5.000	2.364
	12.250	12.161	4.034
<u>Medical Equipment</u>	3.977	5.450	0.266
	3.977	5.450	0.266
<u>Other Service Developments</u>			
Northern Corridor	1.000	1.000	0.056
METC	0.400	0.800	0.791
CAMHS	0.800	1.246	0.024
	2.200	3.046	0.871
<u>Other Expenditure</u>			
CHP HM	0.100	0.100	0.023
PSSD Equipment	0.750	1.129	-0.065
ANPR Cameras	0.000	0.026	0.000
GP Sustainability	0.000	1.624	0.000
CAFM Replacement	0.000	0.275	0.045
Ultrasound & Video Scopes - Cancer	0.000	0.134	0.000
Dental Education	0.000	0.144	0.000
Other	0.000	0.060	0.000
<i>subtotal</i>	0.850	3.492	0.003
I.M.&T Projects	0.750	1.075	0.534
	1.600	4.567	0.537
TOTAL CAPITAL EXPENDITURE	£20.027	£25.224	£5.708
(OVER) / UNDER COMMITTED	£0.000	£0.000	£0.000