

**NHS Board Meeting
30 March 2022**

**Lanarkshire NHS Board
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SUBJECT: FINANCE REPORT FOR THE PERIOD ENDED 28 FEBRUARY 2022

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 COMMITTEE

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, £25.773m of which were still to be identified when submitting the plan. This meant 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. Funding was notified in February to cover all Covid-19 related costs including £9m against undeliverable savings in year. Combined with the savings delivered, other underspends or slower pace of national, regional and local developments the Board should now be able to breakeven at 31st March 2022. The underlying gap remains and the latest assessment of it is £24.254m moving into the next financial year.

Since the end of December 2021 the Board has been notified of £103.847m of additional funding, the largest component of which is a further £83.932m to meet Covid-19 and Remobilisation costs in health and social care (bringing total Covid-19 funding for the year to £140.155m). £15.121m of the £83.832m related to the NHS Board which included the £9m cover for undelivered savings and was the amount estimated needed to allow financial breakeven. North Lanarkshire IJB was allocated an additional £32.102m of Covid-19 funding and South Lanarkshire IJB £36.708m. This was £30.864m and £30.126m more, respectively, than was estimated to be needed by 31st of March and this will be placed in reserve to meet additional Covid-19 costs in 2022/23 for the social and health care services allocated to IJBs.

At the end of February 2022 the Board is reporting a £0.195m over spend which is £2.621m better than the financial plan year to date trajectory. This includes a reported over spend within the Acute Division of £2.920m.

As in previous years, the Board maintained a longer list of capital schemes than could be covered by initial secured funding with a commitment to manage through the year to allow maximum progress. A funding plan is now in place for the current programme with any slippage or cost changes in the final quarter being closely monitored.

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

This paper provides the Board with assurance on risk ID 1990 on the Boards ability to achieve financial breakeven in 2021/22. This was initially entered on the corporate risk register as very high but through progressive action and certainty on funding has been reduced to low.

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	<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
23 March 2022

NHS LANARKSHIRE

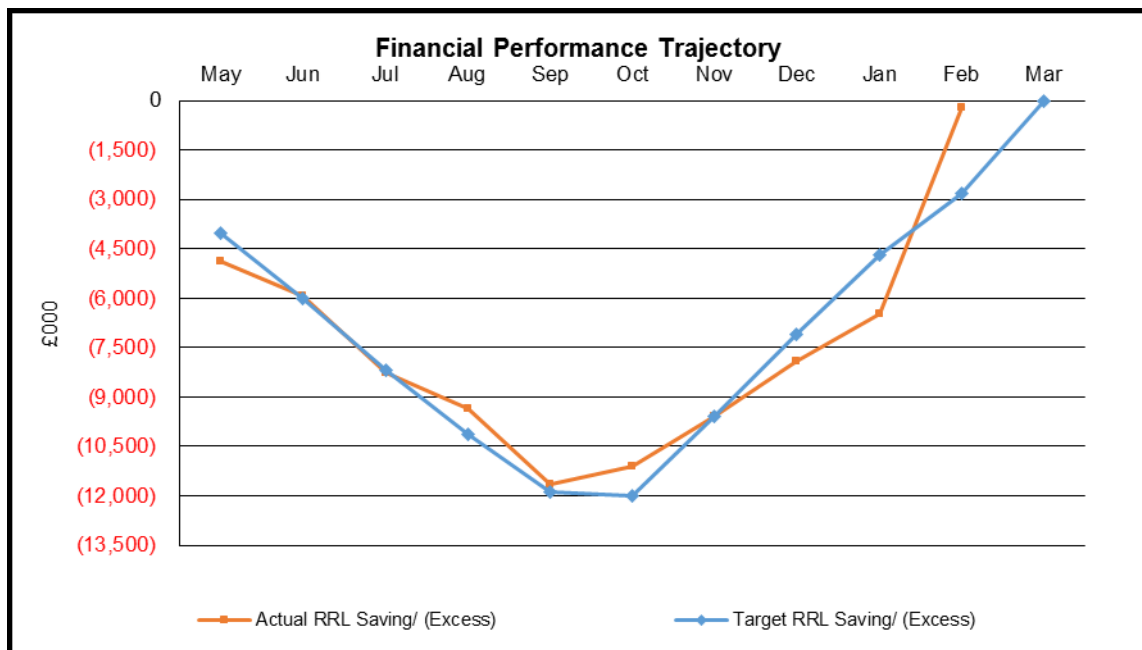
FINANCE REPORT FOR THE PERIOD ENDED 28 FEBRUARY 2022

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 eleven months of 2021/22.

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 assumed any continuing costs of the response to the Covid-19 pandemic would be separately funded. 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. The Board broke even in 2020/21, but to do so relied on non-recurring savings, slippage in anticipated developments and drugs growth stalling during the pandemic. In the opening position recurring expenditure was estimated to be £17.365m higher than the recurring income. On top of this costs in 2021/22 were 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. The closing gap was predicted to rise to £30.693m. Efficiency savings would normally have been sought to close this gap but at the time of submitting the plan £25.773m of 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 Given the continuing system pressures there was no capacity to make significant inroads into the gap by efficiency schemes. There are areas of the plan which proceeded more slowly and pockets of unplanned underspends which narrowed the gap. We received £9m funding support from Scottish Government in the January 2022 allocation letter, recognising that the Board was unable to deliver its savings programme because of the focus on the pandemic. Taken together these were sufficient to allow the Board to predict breakeven at the year end.
- 2.4 An exceptionally high level of additional funding has been supplied in the final quarter (£103.847m in January and February). The largest component of which is a further £83.932m to meet Covid-19 and Remobilisation costs in health and social care. This provides North and South Lanarkshire IJBs with £30.864m and £30.126m more, respectively, than they estimated they would need to cover Covid-19 costs in 2021/23 with any unspent balance to be used to meet these costs in 2022/23. This will be held in reserve at year end and result in a considerable increase in the £28.799m combined surplus reflected in the figures to end of February 2022.
- 2.5 Table 1 below shows the split by Division, further explained in sections 4 to 7.

	YTD Budget £M	YTD Actual £M	YTD Variance £M
Acute Operating Division	404.046	406.966	(2.920)
North Lanarkshire Health & Social Care Partnership	296.001	282.943	13.058
South Lanarkshire Health & Social Care Partnership	429.109	413.368	15.741
Estates, E health and Other Corporate Functions	182.906	180.459	2.447
Service Level Agreements / Other Healthcare Providers	201.338	201.060	0.278
NHSL - Area Wide	(33.069)	(33.069)	0.000
Net operating costs	1,480.331	1,451.727	28.604
Remove IJB Position	(725.110)	(696.311)	(28.799)
Revised Net operating costs	755.221	755.416	(0.195)

3. Revenue Resources

- 3.1. At the end of February 2022, the Core Revenue Resource Limit (RRL) for NHS Lanarkshire was £1,641.019m, details of which are noted in Annex A.
- 3.2. The February 2022 Core Revenue Resource Limit includes the following confirmed resources for Health and Social Care Partnerships; £0.736m Taskforce funding for Alcohol Drug Partnerships, £0.024m Type 2 Diabetes & Adult Weight Management, £0.022m Audiology equipment, £0.018m Video medication prompting and £0.302m Out of Hours additional urgent support.
- 3.3. The February 2022 Core Revenue Resource Limit also includes £2.405m additional funding for acute system winter pressures and £0.108m for Distinction Awards paid to NHS Consultants.
- 3.4. The following amounts have been deducted from our February allocation, £2.862m funding transferred to the Golden Jubilee National Hospital in respect of Lanarkshire waiting times activity, £1.241m (unchanged from last year) top sliced to fund the activities of the National Distribution Centre which acts as the central distribution point consolidating supplies and deliveries for the NHS in order to gain better prices. £0.623m for the transfer to the Scottish Ambulance Service for the Scottish Specialist Transport and Retrieval Service (ScotSTAR), broadly in line with financial plan expectations.
- 3.5. Scottish Government has allocated a further £83.932m to NHS Lanarkshire in the January allocation letter to meet the reported Covid-19 and Remobilisation costs in 2021-22 covering the costs of PPE (£0.280m), General (£81.065m), Test & Protect (£0.609m) and Covid-19 and extended flu vaccinations (£1.978m). This brings the total funding guaranteed for the year to £140.155m and meets the funding required by Health and both Local Authorities to offset Covid-19 costs. The funding also includes £9m support for Health against undeliverable savings in year due to Covid.

- 3.6. The January 2022 Core Revenue Resource Limit includes the following confirmed resources for Health and Social Care Partnerships; £0.169m additional Winter Pressures Wellbeing Funding, £9.505m being the second tranche from the Primary Care Improvement Fund, £1.856m being the second tranche of Mental Health Strategy Action 15 Funding, £0.184m being the second tranche for GP Premises Improvement and £2.004m access to Diabetic Technologies including the provision of replacement insulin pump devices and the provision of continuous glucose monitoring (CGM) devices for people with type 1 diabetes including women during pregnancy.
- 3.7. The January 2021 Core Revenue Resource Limit also includes £0.180m for Waiting Times delivery and the return of £0.165m from NSD in respect of Lanarkshire's share of Burns hub funding not required this year from the national risk sharing of specialist services.
- 3.8. The following amounts have been deducted from our January allocation, £0.323m funding transferred to NSD for our share pay award funding, £1.114m transferred to National Shared Services for PET scanning which is £0.086m more than the amount top sliced last year reflecting increased activity and £0.739m for our share of Children's Hospices across Scotland (CHAS). This is our expected year 5 contribution to a 5-year National Service Plan and sets out how hospice services for babies, children and young people with life-shortening conditions will be delivered, governed, funded and monitored as well as how CHAS will work in partnership with Health Boards in Scotland.

4. Acute Division

- 4.1. The Acute Division is reporting an over spend of £2.920m for the period to the end of February 2022, as detailed in Table 2. The over spend is £3.028m more than at the same point in the previous year. Covid-19 funding has been fully confirmed by SGHSCD and budget has been released to match the £12.312m of costs attributed to Covid-19 up to the end of February so it does not contribute to the over spend.

Table 2 - Acute Division 2021/22

	Budgeted Operating Costs 28/02/2022 £M	Actual Operating Costs 28/02/2022 £M	Actual saving / (excess) 28/02/2022 £M
Pay	325.230	326.686	(1.456)
Non Pay	102.525	103.989	(1.464)
Healthcare Purchases	3.370	3.370	0.000
Gross operating costs	431.125	434.045	(2.920)
Less: miscellaneous income	(39.391)	(39.391)	0.000
Net operating cost	391.734	394.654	(2.920)
Covid-19 Spend	12.312	12.312	0.000
Revised Net operating cost	404.046	406.966	(2.920)

- 4.2. The main elements of the over spend are pay costs in excess of budget (nursing £0.677m and Medical £1.146m) and a £2.848m over spend on drugs partly offset by

an under spend of £1.494m 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 the available workforce and necessitated a range of measures to increase available resource. Supernumerary health care support workers were recruited some time ago with a further round of permanent recruitment on the back of the December allocation. All available nursing graduates were recruited in 2021 with those willing to start early being brought in as band 4's. Supernumerary admin staff were also recruited to support wards. Nursing agency not directly related to Covid-19 activity has increased to £7.692m in the first 11 months compared to £2.357m in the same period in 2019/20. 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 is greater in the second half of the year. The impact of a successful re-banding claim for a group of health care support workers also features in the final months of the year.
- 4.4. At £54.664m, the first 11 month's Lanarkshire hospitals drug spend is 23% more than at the same point last year and 16% 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. All funding set aside for drugs growth in the financial plan has now been issued out into budgets and is insufficient to cover the forecast year end overspend. There is a 13% increase in out of area drug spend, based on the first nine months' data, driven by growth in use of new cancer drugs and treatments for cystic fibrosis.

5. Health and Social Care Partnerships

- 5.1. Across the Health and Social Care Partnerships, there is an under spend of £28.799m for the period to the end of February 2022 (North IJB - £13.058m; South IJB - £15.741m). There are pay underspends in all North localities and in the South hosted services (Community dental, Out of Hours and physiotherapy) due to vacancies. It is expected the overall underspend will grow significantly by the year-end as new allocations issued in the final quarter will have limited expenditure against them in year. The recently allocated Covid-19 funding has not been reflected in the position below. The health element of IJB Covid-19 costs up to the end of February 2022 (North IJB - £2.634m; South IJB - £1.500m) have been covered from earlier SG funding and IJB reserves created from funding issued by Scottish Government in 2020/21.
- 5.2. Prescribing figures have been received up till the end of December 21 with indicative volumes for January 2022. The cumulative number of items dispensed is 0.37% lower than the equivalent period pre pandemic but 3.22% higher than in 2020/21. The average price per item in South Lanarkshire is higher than that in North Lanarkshire resulting in an estimated overspend to date of £1.5m. With 9 month's data there is now sufficient confidence to predict that North Lanarkshire will underspend against budget, with £1.5m being recorded in this month's paper.
- 5.3. A proportion of the planned savings have been deducted from the opening budgets (those relating to GP prescribing, North £1.186m out of the original £2.082m, South

£0.682m out of the original £2.172m). Both IJB's are showing year to date underspends despite the originally assessed gap in savings.

5.4. Tables 3 and 4 show the position in each partnership.

	Budgeted Operating Costs 28/02/2022 £M	Actual Operating Costs 28/02/2022 £M	Actual saving / (excess) 28/02/2022 £M
Pay	137.196	129.705	7.491
Non Pay	84.171	81.732	2.439
Prescribing	64.386	62.886	1.500
Sub Total	285.753	274.323	11.430
Primary Care Transformational Fund	0.000	0.000	0.000
Share of Primary Care Other Services	10.248	8.620	1.628
Family Health Services	0.000	0.000	0.000
Net operating cost	296.001	282.943	13.058
Less: Covid-19 spend	(2.634)	(2.634)	0.000
Revised net operating cost	293.367	280.309	13.058

	Budgeted Operating Costs 28/02/2022 £M	Actual Operating Costs 28/02/2022 £M	Actual saving / (excess) 28/02/2022 £M
Pay	69.912	64.503	5.409
Non Pay	77.631	76.504	1.127
Prescribing	60.799	62.299	(1.500)
Sub Total	208.342	203.306	5.036
Primary Care Transformational Fund	15.563	6.423	9.140
Share of Primary Care Other Services	9.847	8.282	1.565
Family Health Services	195.357	195.357	0.000
Net operating cost	429.109	413.368	15.741
Less: Covid-19 spend	(1.500)	(1.500)	0.000
Revised net operating cost	427.609	411.868	15.741

6. Estates, e-Health and Other Corporate Functions

6.1. Corporate functions are reporting an under spend of £2.447m for the period to the end of February 2022, as detailed in Table 5. Budget has been released to match the £25.806m of costs attributed to Covid-19 up to the end of February. 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 28/02/2022 £M	Actual Operating Costs 28/02/2022 £M	Actual saving / (excess) 28/02/2022 £M
Pay	68.174	65.550	2.624
Non Pay	97.443	97.620	(0.177)
Gross operating costs	165.617	163.170	2.447
Less: miscellaneous income	(8.517)	(8.517)	0.000
Net operating cost	157.100	154.653	2.447
Covid-19 Spend	25.806	25.806	0.000
Revised Net operating cost	182.906	180.459	2.447

- 6.2. The under spend is spread across Property and Support Services (£0.311m), other Corporate Functions (£1.868m) and Occupational Health (SALUS) (£0.268m) whose income generating activities are pre-planned to make a contribution to other Board overheads. This will be transferred to our efficiency total in the year end reporting.

7. Service Level Agreements/Other Healthcare Providers

- 7.1. Service Level Agreements and Other Healthcare Providers are reporting an under spend of £0.278m for the period to the end of February 2022, as detailed in table 6.

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

	Budgeted Operating Costs 28/02/2022 £M	Actual Operating Costs 28/02/2022 £M	Actual saving / (excess) 28/02/2022 £M
Service Level Agreements	176.252	175.927	0.325
Unpacs and Oats	24.704	24.638	0.066
Independent Sector	0.382	0.495	(0.113)
Net operating cost	201.338	201.060	0.278

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 11 months though some of the schemes have delivered more than anticipated.

- 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. This year expenditure on new medicines has risen steeply although there has been underspends on some corporate budgets, slippage on a number of developments and more income than initially expected, temporarily reducing but not closing the gap. We advised Scottish Government of the potential for a remaining gap of £9m from undeliverable savings in year due to Covid-19 and received confirmation of additional support funding through the January 2021 Covid-19 allocation.
- 8.3. Savings to date include rebates on drug list prices, small property or equipment savings and the estimated impact of the HSCP prescribing efficiency plans. The net impact of these combined with additional support from SG and slippage against financial plan estimates primarily service developments and NSD for the return of funding not required from the national risk sharing scheme has allowed us to eliminate the 2021/22 savings gap. In order to report against the original submission, these factors have been recorded in the financial management line even though it is a changed cost profile rather than a true efficiency.
- 8.4. Table 7 gives a provisional assessment of month 11 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	0.147	0.147	0.147	0.147
Drugs & prescribing	0.617	0.640	0.557	0.499
Workforce	-	-	-	-
Procurement	2.250	4.040	4.040	4.040
Infrastructure	1.906	2.051	2.051	2.096
Other	-	-	-	-
Financial Management / Corporate Initiatives	-	23.815	21.830	21.830
Unidentified Savings	25.773	-	-	-
Total Core NHS Board Savings	30.693	30.693	28.625	28.613
Savings delegated to Integration Authorities	4.254	4.254	1.712	2.146
Total Savings Required	34.947	34.947	30.338	30.759

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, £0.144m for Dental Education and £0.100m for Laundry support as well as an additional allocation to cover an equipment bid. NHS Lanarkshire received £5.0m towards the Monklands replacement or refurbishment business case and £6.794m to purchase land at the Wester Moffat site for the replacement of Monklands Hospital. In addition, we also received contributions of £0.386m from other Boards for regional schemes and assuming a transfer of identified revenue for specific schemes to capital. NHS Lanarkshire will also be allowed to retain the £0.515m property receipts secured in year to support capital plans.

- 9.2 We have reached a stage where funding sources had been identified for all the capital projects listed and have amended our projections for any slippage known at this stage, regular monitoring will continue to fine tune plans for any late changes which should be of smaller magnitude.
- 9.3 Expenditure to the value of £20.584m has been incurred in the first eleven months as detailed in Annex A.

10. Development and Approvals

- 10.1 We continue to incur additional costs as a result of the Covid-19 pandemic. Table 8 below represents the provisional month 11 position as at the 28th February 2022. A commitment to the 2022/23 vaccination programme staffing was given on the 14th February 2022.

Table 8 - Covid-19 Revenue & Capital Spend

Area	Revenue 2021/22 £m	Capital 2020/21 £m
Acute Operating Division	12.312	0.000
Corporate including Covid-19 vaccinations and Test & Protect	25.806	0.000
Total Board	38.118	0.000
North Lanarkshire Health & Social Care Partnership	2.634	0.000
South Lanarkshire Health & Social Care Partnership	1.500	0.000
Total Health & Social Care Partnership	4.134	0.000
Total Board and Health & Social Care Partnership	42.252	0.000
Capital Spend	0.092	0.573
Total Revenue and Capital	42.344	0.573

- 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.

10.3 The forecast year end expenditure for health services is included in more detail as Annex C. A revised forecast was submitted on the 31st January 2022. North and South Lanarkshire Councils also submitted social care forecasts of £12.848m and £21.993m respectively.

11. Risk Assessment

11.1 The total funding guaranteed for the year is £140.155m and meets the funding required by Health and both Local Authorities to offset Covid-19 costs. The funding also includes £9m support for Health against undeliverable savings in year due to Covid-19. Combined with the £2.405m non-recurring winter funding recently agreed to reflect the additional costs of the acute winter plan, efficiencies delivered, slippage and underspends this would be enough to allow NHS Lanarkshire to break even. The current risk rating is therefore low and this has been reflected by reducing corporate risk id 1990 from its previous level of medium (having started the year as very high).

12 Conclusion

The Board is asked to note:

- the actual revenue over spend of £0.195m as at 28 February 2022;
- Covid-19 expenditure is provisionally assessed at 28 February 2022 as £42.344m and continuing;
- the total funding guaranteed for Covid-19 is £140.155madn the impact that the £60.99m additional funding for IJBS will have on their year end reserves;
- the prediction of year end breakeven and the corresponding reduction in the corporate risk relating to this to low;
- that the capital plan is now balanced.

LAURA ACE
DIRECTOR OF FINANCE
23 March 2022

ANNEX A

REVENUE RESOURCE LIMIT 2021/22				
	Baseline Recurring £M	Earmarked Recurring £M	Non Recurring £M	Total £M
Core Revenue Resource Limit as at 31 December 2021	1,306.440	140.346	97.422	1,544.208
January Adjustments to Allocations Confirmed:				
Additional Winter Pressures Wellbeing Funding	0.000	0.000	0.169	0.169
Improvements to forensic medical services	0.000	0.000	(0.010)	(0.010)
NHS Board international recruitment costs	0.000	0.000	0.080	0.080
Primary Care Improvement Fund - Tranche 2	0.000	9.505	0.000	9.505
GP Premises Improvement - Second Tranche	0.000	0.000	0.184	0.184
Waiting Times Delivery Q4 2021/22	0.000	0.000	0.180	0.180
GP Practices – Sustainability Payment	0.000	0.000	1.765	1.765
NSD Pay Uplift	(0.323)	0.000	0.000	(0.323)
NSD - Burns hub handback	0.000	0.000	0.165	0.165
COP26	0.000	0.000	0.066	0.066
Arcus Training - phase 3 and, or 4	0.000	0.000	(0.010)	(0.010)
Positron Emission Tomography Scans - Adjustment	0.000	0.000	(1.114)	(1.114)
Diabetic Technologies	0.000	0.000	2.004	2.004
SLA Children's Hospices Across Scotland	0.000	0.000	(0.736)	(0.736)
Mental Health Strategy Action 15 Workforce - Tranche 2	0.000	1.856	0.000	1.856
Discovery 2021-22	0.000	(0.067)	0.000	(0.067)
Covid-19 PPE Funding	0.000	0.000	0.280	0.280
Further 2021-22 Covid-19 Funding	0.000	0.000	81.065	81.065
Covid and Extended Flu Vaccinations	0.000	0.000	1.978	1.978
Test & Protect	0.000	0.000	0.609	0.609
Core Revenue Resource Limit as at 31 January 2022	1,306.117	151.641	184.097	1,641.855
February Adjustments to Allocations Confirmed:				
Task Force Funding to ADPs	0.000	0.000	0.736	0.736
Type 2 Diabetes and Adult weight management	0.000	0.000	0.024	0.024
Principal Lead Researcher to evaluate DMH programme	0.000	0.000	(0.050)	(0.050)
Distinction Awards for NHS Consultants	0.000	0.108	0.000	0.108
CSO support for Covid research infrastructure	0.000	0.000	0.123	0.123
Improvements to forensic medical services	0.000	0.000	0.001	0.001
Audiology Equipment	0.000	0.000	0.022	0.022
Video Medication Prompting	0.000	0.000	0.018	0.018
Out of Hours additional Urgent Support 2021-22	0.000	0.000	0.302	0.302
ScotSTAR Topslice	(0.623)	0.000	0.000	(0.623)
Additional system pressure funding	0.000	0.000	2.405	2.405
GJNH - Top slice adjustment - Boards SLA's	0.000	0.000	(2.862)	(2.862)
National Distribution Centre - Top-slice	0.000	(1.241)	0.000	(1.241)
Additional International Recruitment Funding	0.000	0.000	0.200	0.200
Core Revenue Resource Limit as at 28 February 2022	1,305.494	150.508	185.017	1,641.019

ANNEX B

NHS LANARKSHIRE			
CAPITAL EXPENDITURE TO 28th February 2022			
	2021/22 A.O.P £M	2021/22 Forecast £M	Actual £M
Initial Capital Formula Allocation:	12.392	12.392	20.051
Capital Resource limit adjustments:			
Hairmyres Orthopaedic Redesign	0.000	0.250	
Dental Education	0.000	0.144	
Equipment Replacement	0.000	2.583	
Laundry Equipment Funding	0.000	0.100	
Thrombectomy - scanner upgrades	0.000	0.017	
Monklands Land Purchase	0.000	6.794	
Additional Central Resource Allocation (MRP)	5.000	5.000	
West of Scotland Laundry - Transfer from other boards	0.300	0.224	
Regional Capital Contribution - Vascular Surgery Theatre	0.232	0.162	
Colposcope	0.000	0.012	
ADJUSTED NET ALLOCATION	£17.924	£27.678	£20.051
Anticipated Capital Resource Limit Adjustments :			
Revenue to Capital Transfers	1.550	0.134	
Robot - GJNH Contribution	0.000	1.645	
Covid-19	0.000	0.092	
	£1.550	£1.871	£0.000
Other Income Adjustments:			
Other Income	0.018	0.018	0.018
	£0.018	£0.018	£0.018
Disposal Programme:			
Property Disposals	0.535	0.515	0.515
	£0.535	£0.515	£0.515
	£20.027	£30.082	£20.584
CAPITAL EXPENDITURE:			
Business Cases			
Monklands General Business Continuity	5.500	5.558	2.800
Acute Property Works	1.750	1.220	0.380
New Monklands Fees	5.000	5.000	4.855
Monklands Land Purchase	0.000	6.750	6.750
	12.250	18.528	14.785
Medical Equipment	3.977	7.018	3.690
	3.977	7.018	3.690
Other Service Developments			
Northern Corridor	1.000	0.000	0.102
METC	0.400	0.776	0.754
CAMHS	0.800	0.899	0.341
	2.200	1.675	1.197
Other Expenditure			
CHP HM	0.100	0.000	0.000
PSSD Equipment	0.750	1.027	0.038
CAFM Replacement	0.000	0.056	0.056
Dental Education	0.000	0.100	0.094
Digital Pathology	0.000	0.431	0.000
Covid-19	0.000	0.092	0.000
Other	0.000	0.020	0.002
	0.850	1.726	0.190
I.M.&T Projects	0.750	1.135	0.722
	1.600	2.861	0.912
TOTAL CAPITAL EXPENDITURE	£20.027	£30.082	£20.584
(OVER) / UNDER COMMITTED	£0.000	£0.000	£0.000

ANNEX C

Covid-19 - forecast year end expenditure for health services			
Revenue - Forecast Expenditure £000s	NHS Board	North HSCP	South HSCP
Additional PPE	10		
Contact Tracing	4,726		
Testing	4,497		17
Covid-19 and Flu Vaccination	17,355		
Scale up of Public Health Measures	651		
Additional Bed Capacity/Change in Usage	1,788		
Additional Infection Prevention and Control Costs	1,975		
Additional Equipment and Maintenance	0		
Other Additional Staff Costs	9,002	282	405
Staff Wellbeing	199		
Additional FHS Prescribing		139	138
Additional FHS Contractor Costs			160
Payments to Third Parties	351		
Loss of Income	194		
Other Costs	1,235	1,123	73
Community Hubs and MH Assessment Centres		967	1,734
Total Covid-19 Costs	41,983	2,511	2,527
Unachievable Savings	9,000		
Offsetting Cost Reductions			
	50,983	2,511	2,527
Remobilisation Costs	796	708	523
Total	51,779	3,219	3,050