

Meeting of Lanarkshire
NHS Board
28th March 2018

NHS Lanarkshire
Kirklands
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www.nhslanarkshire.org.uk



SUBJECT: FINANCIAL PLAN: 2018/19 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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The Board is asked to approve the 2018/19 financial framework.

2. ROUTE TO THE BOARD

The process of developing the plan has involved Corporate Management Team discussions, 2 Board development sessions, a preliminary overview to the Board in January 2018 and engagement with the Area partnership forum. Links with the IJBs' Chief Finance Officer have been made in developing the planning assumptions for the health element of the IJB budgets.

3. SUMMARY OF KEY ISSUES

To be able to fully fund pay rises, increased expenditure on drugs, supplies inflation and increased expenditure on Information Management and Technology it is estimated that the NHS Board will have to supplement the anticipated increase in allocations with £25.821m of efficiency plans. Work is well underway to secure this, with an estimated £5.385m still needed to deliver breakeven.

The capital programme is on track.

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 AOF 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 prepared from information in the financial ledger. It contains no proposals with an equality and diversity impact.

11. CONSULTATION AND ENGAGEMENT

In addition to the engagement described in the route to the Board the input of those with specialist knowledge has been sought on specific areas, most notably in forecasting drug pricing and usage trends.

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: 2018/19 UPDATE

1. PURPOSE

This paper outlines the 2018/19 financial planning assumptions and risks, and asks for Board approval of the financial plan as a basis of issuing budgets. The Board has only been asked to submit an annual operational plan on the back of the 18/19 allocation with the intention to move to more regional approach for future years.

2. CONTENT/SUMMARY OF KEY ISSUES

The Board will receive an uplift of £20.7m to its £1,135.9m base revenue budget. This represents a 1.5% increase plus an additional sum to take it to 0.8% below NRAC parity. In line with Scottish Government guidance, a planning assumption has been used that additional funding will be received later in the year to cover all but the first 1% of the AFC pay deal once agreed.

To meet inflation and identified unavoidable cost pressures, the Board would need to use all of the allocation uplift plus release a further £25.821m through efficiency. Both IJBs have developed an action plan to manage the combined £3.676m potential cost rise on their health activities in excess of the funding uplift. The Acute and Corporate areas of health are experiencing a higher level of cost pressure and have identified plans risk assessed as being able to deliver £16.760m, leaving a potential gap of £5.385m. Work continues to increase the amount deliverable from identified efficiency schemes and to identify new opportunities. In 2017/18 the opening gap had been £6.586m, which had been closed by month 7.

Further funding is expected in year to develop primary care, mental health, health visiting, family nurse practitioners and alcohol and drugs services. Amounts have still to be confirmed but all new funding will be invested in the area for which it is intended and is assumed to have no impact on the bottom line. The Board is also expected to bid against a transformation fund for non recurring financial support for meeting access targets, improving performance and a potential range of other issues. For several years the Board's performance against access targets has relied on non recurring funding from Scottish Government therefore funding from the transformation fund will be key to the annual operational plan.

The Board's initial capital plan was heavily oversubscribed. SGHSCD have offered an additional £1.2m of central funding to complete the theatres project. It is assumed we will be successful in a £0.720m bid for funding to replace imaging equipment and that we are able to keep any new property sale income. Even with this however we

have had to plan for a slower pace of implementation on some projects in order to remain within available resources.

3. CONCLUSION

The NHS Board is asked to approve this financial framework as the basis for opening budgets noting that final decisions on pay and its funding have still to be made at a national level, that the Board has still to identify £5.385m of deliverable efficiency schemes to stay within its revenue resource limit and that our level of performance against access targets is dependent on funding from the Transformation fund.

4. FURTHER INFORMATION

For further information or clarification of any issues in this paper, please contact:

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NHS LANARKSHIRE FINANCIAL PLAN: 2018/19 UPDATE

1. Introduction

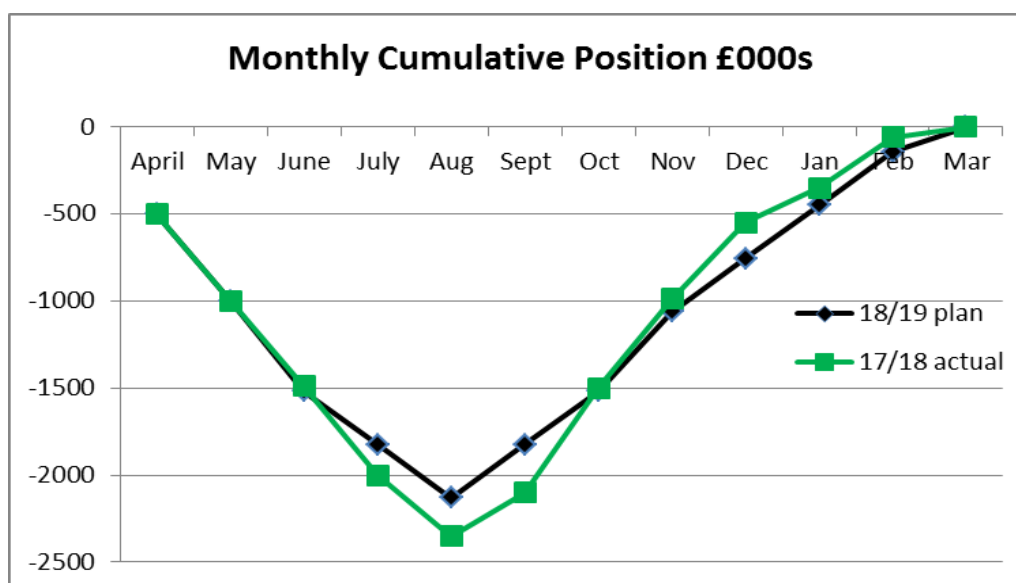
1.1. This paper presents the opening 2018/19 financial plan to the Board.

2. Overview

2.1. NHS Lanarkshire is expected to breakeven in 2017/18 however will have relied to an extent on non recurring means to do so and will start 2018/19 with an estimated £7.247m recurring gap. Historically the Board has received less than its target share of funding under the NRAC formula and a parity adjustment in the 2018/19 allocation will reduce this gap to £3.580m. During 2018/19 costs of existing services are forecast to rise by £47.551m. £25.310m additional income is expected through a 1.5% allocation uplift and central funding towards the AFC pay deal. To stay within available resources the NHS Board therefore needs to deliver £25.821m through efficiency. Deliverable plans totalling £20.436m have been identified, leaving a gap of £5.385m still to be filled.

2.2. In past years, a substantial amount of permanent additional investment from recurring Scottish Government allocations or the Board's general allocations has been put towards maintaining access targets. In recent years there has also been a substantial reliance on non recurring funding from Scottish Government to maintain performance. In 17/18, £7.668m such funding had been received as well as £0.704m for cancer and diagnostics. The Board has had verbal reassurance that it can rely on receiving £3.7m in the first 6 months so it can continue to deliver additional capacity. There is still a risk in the second part of the year, either to performance or financial balance.

2.3. The graph below shows how 18/19 plan trajectory compares with the actual achievement in 17/18.



- 2.4. At present the potential pay uplift is modelled on the public sector pay policy statement announced as part of the SG budget. The exact terms of an NHS pay deal have still to be agreed.
- 2.5. Demands for capital funding outstripped funding by £4.192m in the first iteration of the capital plan. SGHSCD have offered an additional £1.2m to complete the Monklands theatre refurbishment and we are bidding for an additional £0.720m for funding for imaging equipment. The residual £2.272m over commitment has been managed by identifying a range of projects to proceed on a phased basis between 18/19 and 19/20.

3. IJB Budget Offer and Financial Position

- 3.1. In January 2018 the NHS Board approved the proposal to uplift the IJB recurring budgets by the 1.5% allocation uplift received by the NHS Board. This would be supplemented by a fair share of any further pay uplift funding received by the NHS Board. Subject to some minor fine tuning once the 17/18 final recurring base budgets is settled, this would result in the following budget uplifts:

	North £m	South £m
1.5% Allocation uplift	3.784	2.761
Provisional estimate of pay funding	1.694	0.991
	5.478	3.753

- 3.2. SG has announced additional funding for Primary Care, Mental Health, Health Visiting, Family Nurse Practitioners and Alcohol and Drugs. Once the Board is notified of the sums due to NHS Lanarkshire these will be passed to the IJBs.
- 3.3. NHS Lanarkshire has for many years received an allocation for the Carer's Information Strategy, receiving £0.570m in 17/18, which was passed to the IJBs. In 18/19 this will be subsumed in the Carer's Act funding to be passed to local authorities and will no longer be issued through Health.
- 3.4. Work has taken place between the NHS Board and the Chief Officers and Chief Finance Officer of the IJBs to model inflationary rises and cost pressures and to develop a savings plan to close the gap between cost and income rises. At this stage is estimated that £3.676m of efficiencies or cost avoidance are needed in total. Both IJBs have developed plans for producing a balanced budget.
- 3.5. GP prescribing emerged as a cost pressure in 17/18 with a forecast £1.6m overspend arising due to the prices the NHS has had to pay for a range of drugs being pushed up by short supply in the market. Modelling forwards to the end of 18/19, prescribing costs could be £4.713m more than the current budget. Between the allocations uplift and identified potential efficiencies it is feasible for this pressure to be managed by the Health and Social Care Partnerships but strong focus on achieving prescribing efficiencies will be needed. As well as continued support through the Prescribing Quality and Efficiency programme the NHS Board is considering providing one off funding to cover the 17/18 prescribing overspend which would allow both IJBs to retain the reserve of circa £0.6m each hold to cover

prescribing volatility. This would provide a buffer of last resort, further mitigating the prescribing risk.

- 3.6. The new GMS contract will bring substantial changes and it is too early to quantify their impact. The assumption has been made that all changes will be funded from within the existing and new funding pledged.
- 3.7. Under the Joint Working Act, A & E services and a number of medical inpatient specialties are delegated to the IJBs. As they are provided from large hospitals, to a number of IJBs and intermingled with other services, they cannot be physically separated and so direct management rests with the Director of Acute services or with another NHS Board (in the case of cross boundary services). Through using an accepted methodology that allocates costs to units of activity then subdivides between IJBs, a financial estimate is made of the amount of the delegated resource each IJB's population uses and this becomes the set aside budget over which the IJB exercises strategic planning. The 1.5% allocation uplift will be applied to this budget, plus a later in year adjustment for the estimated impact of any pay rise funding.
- 3.8. Where joint planning between the IJBs and the hospital sector has resulted in changes to how the service will be delivered the financial impact of that will be established, using real costs and, where this has resulted in a shift towards services directly managed by the IJBs funding will be transferred out of the set aside budget into the budgets directly managed by the Chief Officers. The 18/19 opening set aside budget will be adjusted to recognise the changes in provision at Udston and the new management arrangements for CARS.
- 3.9. IJB actions to reduce admissions or prevent delays in discharging are essential to avoid population demand overwhelming available capacity. Joint working and delivery of agreed performance needs to be strong. To retain clear lines of accountability however over operational decisions, the Director of Acute services has in the first 2 years retained the responsibility for identifying the efficiencies needed to close the gap between the income uplift and the cost growth on the set aside services and the NHS Board has picked up any year end overspends on the local Acute Division or out of Area Services. This may not be sustainable long term but it is proposed this continues in 18/19.

4. Acute, Out of Area and Corporate Functions

- 4.1. Appendix A sets out the estimated impact of inflation and unavoidable cost pressures on the Acute Division and other services that sit outside the IJB, the extent to which they are covered by income and identified efficiencies and the residual £5.385m gap. Work will continue on identifying further opportunities for closing the gap. The shortfall is of similar magnitude to the amount still to be identified in previous year's financial plans, so there is historic evidence that this should be achievable, although with each year it is becoming harder.
- 4.2. The percentage growth on hospital drugs is higher than that in any other class of expenditure and has doubled over the 5 years leading to 17/18 expected to end the year just under £70m. The 9.2% cost growth estimate was built up from looking at trends and developments in specific drugs, overlaid by looking at medium term

trends. It is lower than the 11.9% p.a. average growth over the last decade, though higher than the experience in the 2 most recent years.

- 4.3. The recently announced UK pay deal for AFC differs from the Scottish public sector pay policy statement made in the budget. The final Scottish NHS pay deal will be the product of national discussions over the coming weeks or months. For now it is assumed that even if the end shape and costs of the deal differed from that modelled in this plan, the differential would be met from national funding.
- 4.4. Where large contracts have specific uplift provisions (such as the PFI contracts or managed service contract for laboratories) this has been individually modelled, otherwise UK general inflation indices have been applied. These have been high in the past 2 years and the Acute division is already running a substantial overspend on its non pay budgets.
- 4.5. A range of other cost pressures have been recognised through the financial planning process. Some relate to finding a sustainable recurring funding source for pressures that emerged during 2017/18. These include the £0.704m deducted from the Board's allocation to fund a commitment made by the Cabinet Secretary to Children's hospices and in year increases to the charges made to us by other Boards for their services. Further rises in SLA charges in some areas are anticipated in 18/19.
- 4.6. Formal recognition of a range of e health pressures is put forward in this plan. For several years NHS Lanarkshire has opportunistically used in year slippage or underspends in the financial plan to make substantial inroads into its end user device replacement programme. A steadier pre planned process is needed to ensure that by February 2020, when Windows 7 becomes unsupported and therefore vulnerable to cyber attack, all our devices have been brought up to date. It is therefore proposed that a recurring £1.25m budget is provided.
- 4.7. The Board has already endorsed proposals to invest £0.113m in preparing for GDPR and £0.057m to enhance central resilience support.
- 4.8. The Board has relied on non recurring funding from the Scottish Government access support unit to deliver its 17/18 and prior years' performance against waiting times targets. The table below shows the amount specifically received for general inpatient and outpatient waiting times, cancer and diagnostic support and trauma and orthopaedics. In addition NHS Lanarkshire has at points benefited from additional capacity at GJNH funded by SG and also from a contract which NHS Lanarkshire administered on behalf of several Boards and from which NHS Lanarkshire also received funded activity.

	15/16	16/17	17/18
	£000s	£000s	£000s
NHS Lanarkshire specific	1,649	3,675	8,682

- 4.9. It is recognised that using one off money, issued in year, limits the options available for securing additional capacity and forces increased reliance on ad hoc waiting list initiatives and the private sector. Enhancing core capacity is seen as a more reliable and cost effective means of delivering additional activity. Given the steady history of receiving additional funding, the benefits of putting in place core capacity were felt to outweigh the risk of funding not materialising and the Acute Division took forward a number of proposals in 17/18 which when fully in place would cost £2.9m.
- 4.10. NHS Lanarkshire has verbal reassurance that it will receive at least £3.7m in the first 6 months to meet access targets. Ostensibly this eliminates the financial risk from the commitment to £2.9m of additional capacity. However that would depend on the £2.9m physically delivering sufficient additional activity over baseline activity to justify SG's investment. Detailed work is underway with the Acute Division to evidence the activity delivered.
- 4.11. £3.7m is still substantially less than was relied on in 17/18. The national £126m transformation fund is likely to be heavily oversubscribed and with background uncertainties on the pay deal it may be some time before final decisions can be made on its distribution.

5. CRES/Efficiency

- 5.1. From a long list of £27.631m proposals, it is estimated that £20.436m could potentially be delivered in year. This falls £5.385m short of what is needed to deliver a year end breakeven position.
- 5.2. Both IJBs have identified sufficient savings to cover the estimated £3.676m inflationary and other pressures they face. This enables them to present a balanced plan to their Boards. Delivery of prescribing efficiencies will need to be a key focus in both IJBs in order to hold that position.
- 5.3. The margin for failure is smaller in the South than in the North. The latter enters 2018/19 in a stronger underlying position and has a longer initial list of saving proposals.
- 5.4. The £5.385m gap needs to be solved by delivering additional efficiencies within the acute and corporate areas, identifying additional income or being able keep cost growth below its forecast level.
- 5.5. Appendix b sets out the profile of the efficiency saving in the format stipulated by SGHSCD.
- 5.6. £8.045m of the savings are non recurring, leaving the Board with an opening gap in 19/20.

6. Capital

- 6.1 We anticipate a Formula Allocation of £12.392m, supplemented by £2.8m central funding to cover the completion of the Monklands theatre refurbishment (£1.2m) and the Monklands business case (£1.6m). We hope to retain £0.470m of property

receipts for reinvestment and to be successful in a bid for £0.720m of funding replace imaging equipment. Where money has been received as revenue (for LIMS and laundry equipment) it will be vired to capital. This gives £17.490m of resource.

- 6.2 The initial list of request for capital for 2018/19 exceeded this by £2.272m. To stay within the available funding a slower pace of implementation has been recognised for a number of projects. These include a number of acute and e health proposals not yet at the business case stage and further roof replacement work at Monklands.
- 6.3 The programme for Monklands business continuity has been based on risk assessments. In 18/19 there will be continued work on fire safety, drainage, security lifts, asbestos removal, the electrical switchgear, the nurse call system and infection control issues.
- 6.4 The Acute property works will involve completing the consolidation of Aseptic facilities on the Monklands site (£1.018m). Business cases are being developed for a laminar flow theatre at Hairmyres, extensions to the emergency receiving facilities at Wishaw for orthopaedics, changes to our accommodation for systemic anti cancer therapy to meet anticipated demand, a proposal for introducing hysteroscopy and fees for feasibility studies. Work will continue on all the proposals and the distribution of funding reassessed as the business cases are finalised and the priority and the implementation timetable become clearer.
- 6.5 Demand for replacement medical equipment remains high with the second cath lab and some high cost imaging equipment needing to be replaced as well as a diverse list of other equipment. An initial list of the highest priorities will be approved with a sum retained in reserve for emergency breakdowns during the year.
- 6.6 There is a requirement to replace equipment in the West of Scotland Laundry as well as electrical switchgear in a community hospital leading to a request of £1.145m.
- 6.7 The e health programme includes a range of infrastructure and security upgrades approved by the e health strategy group as well as the capital funding required to complete LIMS. A sum has been set aside to commence work on a replacement community IT system and developing electronic forms for trakcare. The community IT system is likely to require significant funding over the coming years, though the exact pattern of this is still to be established. As with the acute property proposals, the e health proposals will be further evaluated as more information becomes available.

7. Development and Approvals

The plan recognises a number of unavoidable cost pressures as set out in paragraphs 4.5 to 4.7 and recognises a £2.9m financial risk from the decision to invest recurrently in capacity to address waiting times. The intention is that the latter risk will be covered, at least non recurrently in 18/19 by receipt of funding from Scottish Government's Access support unit.

8. Risk Assessment

8.1 There are still significant uncertainties, most notably the final terms of the pay award and its funding structure and what the NHS Board may receive from the transformation fund. Estimates for cost growth in drugs and supplies inflation are, as always based on the best available, and will need to be monitored against actual experience month by month.

8.2 The 5 highest specific risks in addition to the general forecasting risk are:

- We are not yet assured that the £2.9m committed at risk to recurring capacity for acute access will be accommodated within the £3.7m verbally pledged to the Board nor that further national funding is forthcoming. Given the substantial reliance on non recurring funding in 17/18 this poses a risk to our operational plan in the second half of the year.
- The Boundary change switched responsibility for a population who made high use of Glasgow hospitals to NHS Lanarkshire. The profile of services consumed outside of NHS Lanarkshire is therefore unusually high and means the cost control of in excess of £160m expenditure incurred by the Board relies on the actions of another NHS Board. The Glasgow Acute hospitals overspent against budget in 18/19. Any re-costing by NHS Greater Glasgow & Clyde to increase income recovery from other Boards could have a significant impact on NHS Lanarkshire.
- It has been assumed, given there are outline plans for achieving this, that the IJBs will be able to close the gap between the 1.5% allocation uplift and the forecast 3.4% prescribing growth through efficiency. This will require a sustained effort.
- There are still £5.385m of efficiencies (or additional income, or greater background cost control) to be identified in order to achieve year end breakeven.
- The capital plan assumes we will receive £0.720m of additional funding to replace imaging commitment. No central decision has been taken on this. If the funding does not materialise we will have to defer more schemes into 19/20 and beyond.

8.3 Given the £5.385m gap and the other risks described above the risk rating of not achieving all financial plan targets currently sits at high.

9. Conclusion

The Board is asked to approve:

- The financial planning assumptions and resulting financial framework as a basis for setting the 18/19 revenue budgets, including the budget offer to the IJBs;

- The outline plan for spending the anticipated £17.490m of capital resource, acknowledging that final decisions on the split of funding for several schemes is dependent on a prioritised business case and viable implementation plan.

The Board is asked to note:

- The high risk rating given the £5.385m unidentified savings at this stage alongside other uncertainties;
- The best case reliance on £8.045m of non recurring savings that will need to be resolved to ensure longer term financial balance.

LAURA ACE
DIRECTOR OF FINANCE
26 March 2018

Appendix A

NHS LANARKSHIRE SUMMARY 18/19

	%	Acute	Corporate	Total Non IJB
Inflation on base				
Pay	2.39%	8,300,185	2,467,685	10,767,870
Hospital Drugs	9.2%/3%	3,467,000	2,702,000	6,169,000
GP Prescribed drugs	3.40%			
Supplies and Services	3.13%	1,297,237	3,084,202	4,381,439
Purchased healthcare	1.50%	15,737	2,611,029	2,626,766
		13,080,159	10,864,916	23,945,075
Additional pressures		3,121,800	7,577,143	10,698,943
Bfwd deficit (less NRAC adj)			3,579,926	3,579,926
		16,201,959	22,021,985	38,223,944
Uplift	1.50%	5,589,853	4,897,567	10,487,420
Additional AFC funding		3,299,816	2,291,582	5,591,398
Net savings balance		7,312,290	14,832,836	22,145,126
Savings identified		5,841,500	10,918,468	16,759,968
Prescribing savings to be identified				
Savings gap		1,470,790	3,914,368	5,385,159

Appendix B

NHS LANARKSHIRE FINANCIAL PLAN 2018-19 - SUBMISSION Cash-releasing Savings Requirement						
	Rec £000s	Non-Rec £000s	Total £000s			
Forecast variance against Core RRL	(7,247)	7,247	0			
2018-19 planned savings (detail in table below)	17,776	8,045	25,821			
Savings required to break even	25,023	798	25,821			
Savings as % of Baseline			2.2%			
	2018-19			Risk rating		
Planned savings:	Rec	Non-Rec	Total	High	Med	Low
	£000s	£000s	£000s	£000s	£000s	£000s
Service redesign	2,169	910	3,079	744	1,565	770
Drugs and prescribing	2,207	1,267	3,474	0	2,207	1,267
Workforce	2,364	0	2,364	600	1,413	351
Procurement	1,162	0	1,162	0	370	792
Infrastructure	489	2,468	2,957	0	506	2,451
Other	0	0	0	0	0	0
Total Efficiency Savings workstreams	8,391	4,645	13,036	1344	6061	5,631
Financial Management / Corporate Initiatives	4,000	3,400	7,400	0	4,000	3,400
Unidentified savings assumed to be delivered by year end	5,385	0	5,385	5,385		
Total core NHS Board Savings	17,776	8,045	25,821	6,729	10,061	9,031
Savings delegated to Integration Authorities	3,568	108	3,676	66	2,882	728

Appendix C

Provisional Capital Plan 2018/19 to 2020/21

2017/18 (projected) £000s		2018/19 £000s	2019/20 £000s	2020/21 £000s
	Income			
12392	Formula Allocation	12392	12392	12392
2681	Anticipated Additional Central Allocation	3520	6740	25655
128	Retained Property Receipts	440	940	800
5660	Revenue to Capital transfer	1138	0	0
20861		17490	20072	38847
	Expenditure			
3053	Monklands Business Continuity	1870	2200	2650
3976	Monklands Theatre Refurbishment	1200		
3390	Acute Property Projects	3238	2750	2400
300	New Monklands fees	1600	6740	25655
6148	Medical Equipment	6124	5300	5300
289	Other Service Developments	70	800	800
75	Statutory Maintenance and PSSD equip	1145	400	900
3630	E Health projects	2243	3750	3000
20861		17490	21940	40705
0	Potential Over commitment	0	-1868	-1858