

NHS LANARKSHIRE FINANCE REPORT FOR THE PERIOD ENDED 29 FEBRUARY 2024

1. Introduction

- 1.1. This paper sets out the revenue and capital expenditure to the end of February 2024 and provides an update on the 2023/24 forecast.

2. Overview

- 2.1. Recognising additional income, savings and further slippage against financial planning estimates improved the forecast to a reasonable level of confidence that breakeven could be achieved. The estimated position at month 11 is £2.634m over budget.
- 2.2. The target issued by SGHSCD to all Boards is for 3% recurring savings which would equate to c £42.7m for NHS Lanarkshire spread across all budgets including those delegated to the Integration Joint Boards (IJBs). The next year recurring impact of the 2023/24 identified savings schemes is currently estimated at £4.607m for the NHS Board and £5.6m for the IJBS. Work to identify further recurring savings for 2024/25 is continuing at pace.
- 2.3. An assumption has been made that both IJBs will cover the mounting financial pressure from growth in the primary care drugs bill through a combination of savings, financial management and use of reserves. The estimated prescribing overspend at 29 February is £7.454m (31 January £6.777m). Had further funding not been released from IJB contingency reserves the overspend this would be £13.138m. In total £6.274m is being released from IJB reserves over the year to reduce the overspend in 2023/24, £3.835m from North HSCP and £2.439m from South HSCP.
- 2.4. IJBS receive a relatively high proportion of funding through specific allocations ring-fenced for a set purpose. Any funding unspent at the year-end arithmetically improves the bottom line but, given the restrictions on its use it is protected in reserves for use next year. For these programmes, money has been released throughout the year to match expenditure so it does not distort the general position. The unspent elements have been phased in from month 10, resulting in surpluses that will ultimately be reserved for use next year. If the ring-fenced surpluses were removed the underlying position at month 11 would have been an underspend of £1.654m in North HSCP and an overspend of £2.193m in South HSCP.
- 2.5. The table below gives the summary by division at the end of February 2024. Sections 4 to 7 provide more detail on each area.

Table 1 - Summary Financial Position 2023/24

	YTD Budget £M	YTD Actual £M	YTD Variance £M
Acute Operating Division	467.373	490.472	(23.099)
North Lanarkshire Health & Social Care Partnership	340.337	328.704	11.633
South Lanarkshire Health & Social Care Partnership	469.041	467.180	1.861
Estates, Digital and Other Corporate Functions	203.249	201.217	2.032
Service Level Agreements / Other Healthcare Providers	227.732	226.314	1.418
NHSL - wide	(47.462)	(64.477)	17.015
Net operating cost	1,660.270	1,649.410	10.860
Remove IJB Position	(809.378)	(795.884)	(13.494)
Revised Net operating cost	850.892	853.526	(2.634)

- 2.6. The capital plan had been brought within available resources through a combination of additional income, part from SG and part from IJB reserves held for estates improvements for Mental health and through recognising some projects can or will proceed on a longer timescale. The converged IT infrastructure is due to be replaced by 2025 and the programme was originally phased over late 2023/24 and early 2024/25. The equipment will now be procured in early 2024/25 and SGHSCD have agreed to carry over £2m of this year's formula allocation to next year to match the new profile.

3. Revenue Resources

- 3.1. At the end of February 2024, the Core Revenue Resource Limit (RRL) for NHS Lanarkshire was £1,737.396m, details of which are noted in Annex A.
- 3.2. The February 2024 Core Revenue Resource Limit includes the following confirmed resources for Health and Social Care Partnerships; £0.258m for Mental Health Pharmacy and £0.166m for Mental Health Outcomes Framework. The Primary Medical Services allocation has been reduced by £0.562m. These are as expected.
- 3.3. An amount (£1.259m) has been deducted from our February 2024 Core Revenue Resource Limit and transferred to National Shared Services for PET scanning which is £0.107m more than the amount top sliced last year reflecting increased activity.
- 3.4. We have had it confirmed by Scottish Government that we will receive the Outcomes Framework pay uplift funding in the next allocation letter.
- 3.5. In February 2024 Boards were advised of the availability of £150m of late funding as a consequence of UK spending decisions. Those Boards unable to balance in 2023/24 will receive an NRAC share to directly offset their deficit. As NHS Lanarkshire is now predicting breakeven, it will get the benefit of its share (£18.469m) in 2024/25 to reduce the predicted deficit in that year.

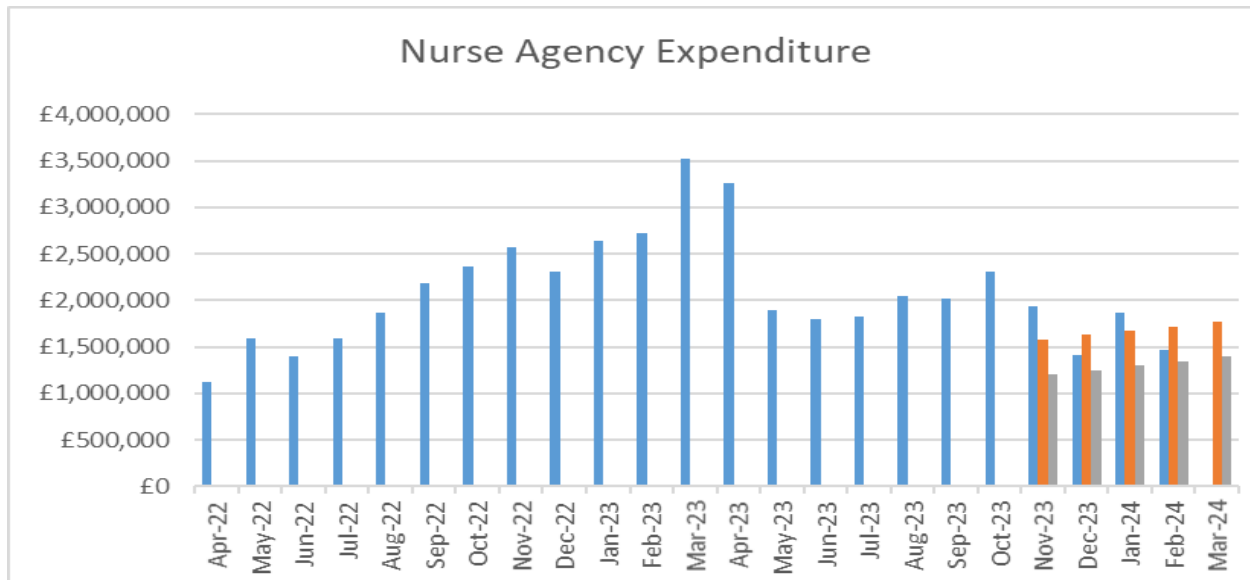
4. Acute Division

- 4.1. The Acute Division is reporting an over spend of £23.099m for the period to the end of February 2024, as detailed in Table 2.

	Budgeted Operating Costs 29/02/2024 £M	Actual Operating Costs 29/02/2024 £M	Actual saving / (excess) 29/02/2024 £M
Pay	382.545	401.557	(19.012)
Non Pay	127.441	131.525	(4.084)
Healthcare Purchases	5.672	5.675	(0.003)
Gross operating costs	515.658	538.757	(23.099)
Less: miscellaneous income	(48.285)	(48.285)	0.000
Net operating cost	467.373	490.472	(23.099)

- 4.2. The raw overspend to month 10 to compare with previous figures would have been £27.682m had the Board not agreed in May 2023 to convert £5m of the emergency department pay overspend to substantive budget. As the NHS Board itself did not have the £5m, allocating this budget to the Acute was mirrored exactly by a £5m recurring deterioration in the core Board deficit. A non recurring funding solution, bringing in funding from IJB reserves established for unscheduled care, has been identified for this in 2023/24.
- 4.3. The estimated overspend is driven by pay costs in excess of budget (nursing £12.860m, medical £6.026m and healthcare scientists £1.068m). Non pay costs are also overspent (drugs £2.795m, hotel services £0.930m, equipment £0.551m, other therapeutic supplies £0.284m and other admin supplies £0.247m).
- 4.4. The medical overspend of £6.026m is made up of a £3.549m underspend against senior medical posts due to recruitment difficulties and £9.575m overspend on other grades with supernumerary posts and rota compliance contributing to the medical overspend. The remit of the Sustainability and Value (S & V) Group established to look at Medical locum costs has been widened to review the medical staffing pressures. Based on the first 11 months the overspend against the medical budget could be over £6.574m versus the £5.205m overspend in 2022/23.
- 4.5. The total nursing spend in excess of budget for the 11 months to February is £12.860m (6.8%), £2.613m of which is attributable to registered nursing posts (1.8% of RGN budget) and £10.247m to clinical support workers (25.2% of HCSW budget).
- 4.6. The total number of clinical support workers in post is c. 93w.t.e. below budget but the skill mix is richer, with those performing a range of clinical duties rebanded from a 2 to a 3 and a move to create more band 4 assistant practitioner roles. This means the underspend on substantive staffing is far less than expected from the vacancy numbers. There has been £12.425m spent on bank staff (c 322 w.t.e.) and £0.661m on agency. High sickness absence, surge cover, increased dependency and providing support for gaps in registered nursing contribute to the overspend.

- 4.7. The nurse agency spend is £21.828m for the first 11 months compared to £22.362m in the same period last year and £2.357m in 2019/20. This is the first month the package of measures to reduce spend has brought the cumulative expenditure to less than in 2022/23 allowing a £0.533m saving to be recorded. The £1.465m spent in month is 46% less than in February 23. This is the main factor driving the registered nursing overspends where the £21.182m agency spend (c 193 w.t.e.) and £6.123m bank spend exceeds the underspend from c 223 w.t.e. vacancies.



Key: Blue = Expenditure Grey = Original Target Orange = revised target

- 4.8. In 2022/23 £6.980m of the £12.702m total Acute Division pays overspend sat in the Emergency Departments and the supporting admission units. £5m of additional budget was agreed by the Board to support that overspend, but even after it has been phased in the month 11 overspend on pays is £7.831m, a significant deterioration on last year. The conversion of posts to substantive and the additional Operation Flow investment to support a new target operating model have not yet been fully enacted. The better staffing configuration that should result from this needs to translate to more effective working and remove the excess costs of reactive and ad hoc supplementary staffing.
- 4.9. The expenditure on laboratory and theatres supplies in the 11 months of 2023/24, at £38.159m is £1.601m (4.4%) more than in the 11 months of the previous year. This is a combination of price and activity increases as we stand up more services.
- 4.10. At £70.690m, the 11 months' Lanarkshire hospitals drug spend is 13.2% more than at the same point last year (42.7% more than in the 11 months to November 2019). The financial plan predicted an 8% rise and added £5.488m on to the opening budget to take it to £74.227m. On a straight line basis this rate of spend would result in a £3.049m overspend. The Sustainability and Value Group looking at prescribing has identified some further drug switches, though at this late stage the 2023/24 impact will be small.
- 4.11. We have now received 9 month's expenditure for out of area drugs including the transfer of MS drugs costs from the Acute Division and a further forecast carried out suggests that overall, the total uplift in the financial plan will cover the cost rise in hospital drugs.

5. Health and Social Care Partnerships

- 5.1. Across the Health and Social Care Partnerships, there is now an under spend of £13.494m for the period to the end of February 2024 (North IJB - £11.633m under; South IJB - £1.861m under).
- 5.2. In 2022/23 both IJBs ended the year with a prescribing overspend, (North £1.750m and South £3.750m). The budget had received the 2% allocation uplift in 2023/24 but the numbers of items dispensed has increased by 2.72% and the price per item had increased in the first 7 months from an average of £9.65 per item to £10.25. The IJBS are releasing funding from contingency reserves, phased in £6.274m throughout the year but even with this there is a £7.454m prescribing overspend to date.
- 5.3. Both IJBS have set a target reduction through efficiency of £2.7m. At the end of February 2024, £3.038m has been recorded as being achieved. New opportunities are being identified each month.
- 5.4. The prescribing overspend is the single biggest threat to the HSCPs financial plans. In North, the underspend on pay costs is sufficient to cover this. In South the general underspend against other budgets falls short of covering the prescribing excess. The plan remains to use a combination of additional savings and reserves to balance in year.
- 5.5. Tables 3 and 4 show the position in each partnership.

	Budgeted Operating Costs 29/02/2024 £M	Actual Operating Costs 29/02/2024 £M	Actual saving / (excess) 29/02/2024 £M
Pay	167.831	157.766	10.065
Non Pay	95.242	92.470	2.772
Prescribing	70.446	71.820	(1.374)
Sub Total	333.519	322.056	11.463
Primary Care Improvement Fund	0.000	0.000	0.000
Share of Primary Care Other Services	6.818	6.648	0.170
Family Health Services	0.000	0.000	0.000
Net operating cost	340.337	328.704	11.633

	Budgeted Operating Costs 29/02/2024 £M	Actual Operating Costs 29/02/2024 £M	Actual saving / (excess) 29/02/2024 £M
Pay	89.021	83.281	5.740
Non Pay	70.107	68.687	1.420
Prescribing	65.630	71.710	(6.080)
Sub Total	224.758	223.678	1.080
Primary Care Improvement Fund	20.982	20.357	0.625
Share of Primary Care Other Services	6.293	6.136	0.157
Family Health Services	217.008	217.009	(0.001)
Net operating cost	469.041	467.180	1.861

- 5.6 Both IJBS receive a significant level of funding as ring-fenced allocations. To avoid any as yet unused element of those funds masking the position on general budgets they are released throughout the year to match expenditure. Of the £42.907m received, £22.781m has been matched with expenditure to February 2024 leaving £20.126m to be released in the final quarter creating a surplus that will be carried in to 2024/25.

6. Estates, Digital and Other Corporate Functions

- 6.1. Estates, Digital and Other Corporate functions are reporting an under spend of £2.032m for the period to the end of February 2024, as detailed in Table 5.

	Budgeted Operating Costs 29/02/2024 £M	Actual Operating Costs 29/02/2024 £M	Actual saving / (excess) 29/02/2024 £M
Pay	78.232	76.416	1.816
Non Pay	134.795	134.579	0.216
Gross operating costs	213.027	210.995	2.032
Less: miscellaneous income	(9.778)	(9.778)	0.000
Net operating cost	203.249	201.217	2.032

- 6.2. The under spend is spread across Corporate Departments (£1.311m) offset against an over spend within Property and Support Services (£0.014m). The remaining under spend (£0.735m) sits within Occupational Health (SALUS) whose income generating activities are pre-planned to make a contribution to other Board overheads. This has been included in the efficiency table at 8.4 though and will need reassessed each month given the potential vulnerability of commercial income to loss of contracts.

7. Service Level Agreements/Other Healthcare Providers

- 7.1. Service Level Agreements and Other Healthcare Providers are reporting an under spend of £1.418m for the period to the end of February 2024, as detailed in table 6.

	Budgeted Operating Costs 29/02/2024 £M	Actual Operating Costs 29/02/2024 £M	Actual saving / (excess) 29/02/2024 £M
Service Level Agreements	199.017	197.495	1.522
Unpacs and Oats	28.333	28.593	(0.260)
Independent Sector	0.382	0.226	0.156
Net operating cost	227.732	226.314	1.418

- 7.2. A national agreement was reached for 5.37% SLA uplift which factors in proposed pay funding, a share of the sustainability funding and 0.63% non-recurring for excess energy costs. The activity base used for SLAs had been frozen during the pandemic with widespread agreement that 2020/21 and 2021/22 were so atypical due to Covid-19 that they could not be used. How individual Boards update their SLAs for 2023/24 will vary. NHS Lothian has recently communicated its intention to use a new methodology updating

for activity in year. The West of Scotland has agreed to use a fixed base for 2023/24, uprating the previous amount by the 5.37% only. There are plans to rebuild the NHS Greater Glasgow and Clyde SLA model which should progress in 2024/25.

8. CRES/Efficiency

- 8.1. At £26.285m the Board has exceeded the £22.373m set out in the opening plan for savings, though there is a far greater reliance on non-recurring gains.
- 8.2. The financial plan was prepared on the basis of historic budgets and agreed developments. It forecast that costs would exceed income by £56.505m. Balancing in year would require efficiencies that either reduced costs or increased income. At the time of submitting the financial plan to Scottish Government the Board estimated it could expect £22.373m of savings leaving a gap at that time of £34.132m. Since the start of the year SG released £27.245m of additional funding and gave approval to us increasing our deficit by £5.9m to advance Operation Flow. On their own these would have taken the forecast deficit to £12.787m. At present a breakeven position is forecast, assuming the Board will achieve £26.285m of savings and the IJBs, £9.360m. Appendix B sets the movement out in more detail.
- 8.3. Table 7 shows month 11 performance against the opening financial plan submission. Some further drug savings have been identified in month.

Table 7				
Financial Plan description	Annual Operating Plan £m	Extant Plans £m	Plan to date £m	Actual Savings Achieved £m
Service Redesign	-	-	-	-
Drugs & Prescribing	1.000	1.011	0.843	0.850
Workforce	5.250	0.017	0.017	0.533
Procurement	6.000	6.239	5.651	5.162
Estates & Infrastructure	2.385	2.707	2.608	2.607
Non-Pay (Other)	1.738	1.722	0.735	0.735
Financial Management / Corporate Initiatives	6.000	14.589	13.609	13.603
Identified Savings	22.373	26.285	23.464	23.490
Further savings to be identified to breakeven in year	34.132	-		
Total Core NHS Board Savings Required	56.505	26.285	23.464	23.490
Savings delegated to Integration Authorities	10.455	9.360	8.171	7.881
Total Savings Required	66.960	35.645	31.636	31.371

- 8.4. Savings to date include rebates on drug list prices, drugs & prescribing, procurement savings and estates & infrastructure projects. Of the £26.285m of NHS Board savings identified only £1.705m are recurring (though will generate over £2m more in full year effect). It is assumed the forecast £4.066m of IJB prescribing savings will be recurring. The total of these falls far short of the SG 3% target (c £42.7m).
- 8.5. The Board has set up a Sustainability and Value programme with 10 separate groups which segment expenditure into cohesive areas so opportunities for cost reduction can be

explored in depth. These cover medicines, nursing agency, medical locums, procurement, estates, energy and waste and income generation. 3 wider groups have also been established looking for opportunities from workforce optimisation, redesign and reform and digital and innovation. To date the programme has identified £6.680m of deliverable savings in year of which £4.066m relate to the Health and Social Care Partnerships prescribing efficiency initiative. A further £28.731m of opportunities, largely one off, have been identified outside the S & V Programme split £5.101m in the IJBs and £23.630m in the rest of the NHS.

- 8.6. In addition to these there is a pipeline of projects at an earlier stage of development.
- 8.7. The £5.250m workforce savings in the original plan were largely an estimate of what might be a realistic net saving through reducing reliance on nursing agencies. As the graph in 4.7 shows there has been success in reducing expenditure from its March peak and the total expenditure on the first 11 months of the year is now £0.533m less than in the same period last year allowing a saving to be recorded for the first time.
- 8.8. The Medical Locums group has widened its scope to look at supernumerary post and rota compliance and can demonstrate success in reducing the number of doctors working in non-compliant rotas that attract a higher banding. This is important for cost avoidance but as the overall medical overspend is increasing from last year's level however this hasn't been quantified as a net saving.
- 8.9. The redesign and reform group has been reconstituted to be a main plank of 2024/25 planning.

9. Capital

- 9.1 At the start of the year the demands for capital far exceeded income and the approach agreed with the Board was to continue to work up projects to establish realistic timelines while allowing more advanced priority items to proceed. At the end of September 2023 the commitments made to date had been brought within budget, largely due to financial support from the IJBs for specific mental health projects. A management action plan for the remaining demands has been agreed, with the less ready or urgent schemes proposed for April 2024 to stay within the Capital Resource limit in 2023/24.
- 9.2 To date £26.755m of expenditure has been recorded to date with £16.104m relating to MRP and £3.748m relating to the new shared facility in Northern Corridor. Although we have been making contributions as the project progressed the accounting treatment previously agreed for our contribution to the North Lanarkshire Council led Chryston facility was that on us taking over our part of the leased building the entire capital value would be recorded.
- 9.3 £2m of the formula allocation is now to be carried in to 2024/25 to cover part of the IT converged infrastructure programme which will now commence in early 2024/25 rather than March 2024.

10. Development and Approvals

10.1 A "Star Chamber" approach has been established to reviewing the priority investments for Operation FLOW, ensuring they are clearly linked to improving performance, are coherent with existing services and other initiatives and are deliverable. No new approvals have been given since the October 2023 Board though work is advanced on a new role for an Interface care Director. Table 8 reflects commitments to date, with estimates of time to recruit informing the 2023/24 projections which will be refreshed monthly. The tail of non-recurring initiatives going into 2024/25 pushes the expenditure over the £5.9m envelope in that year. The tentative proposal for managing that is to pre-commit available winter funding to those initiatives in 2024/25.

Table 8	Fixed Term WTE	Perm. WTE	Part year 23/24	24/25	25/26
			£000s	£000s	£000s
Core Group (1)					
HR Support	3.00		99	29	-
3 Pas for Consultant Clinical leads	0.30		23	23	-
Service Improvement managers		2	72	138	138
Project Manager		1	6	30	30
Business Support Analyst	1.00	1	54	91	45
Pre Hospital/ Avoiding Admission (2)					
Hospital at Home - Expansion for winter	13.30		102	-	-
Expansion of Flow Navigation Centre		9	197	792	792
Front door redesign pan Lanarkshire (3)					
OPAT		13	225	794	794
OPAT funding		-	225	-	-
REACT		7	258	1,046	1,046
UHW ED Minors		14	267	722	722
Revenue Equipment for minors area		-	60	-	-
Ward and System Flow (4)					
ANP support for Boarders	4.50		120	190	-
Discharge Lounge extension	6.00		40	278	-
Heads of Patient Flow	2.00		107	161	-
Medical Cover for Boarding UHM		2	57	300	300
Site Flow Capacity Managers		9	130	460	460
Ward Admin Support for Discharge	21.76		97	480	-
Clinical champion for each site	3.00		67	135	-
Frailty (5)					
Frailty Interface team	10.50		90	690	-
Frailty Network		3	93	199	199
Frailty Offsite bed support	3.00		34	197	-
Digital Equipment			50	-	-
	68.36	62	2,024	6,755	4526
Supplementary Initiatives					
Additional winter costs			680		
Hospital at Home Expansion Clydesdale			326	326	326
Hospital at Home funding			- 326	- 300	
			2,704	6,781	4852

10.2 The STAR chamber is awaiting further information on converting £5m of the previous emergency department pay overspend to substantive staffing. This had been agreed at the May 2023 Board on the premise that permanently filling posts would provide consistent and better quality care and reduce the use of ad hoc premium cost supplementary staffing, potentially eliminating the £6.980m pays overspend experienced in 2022/23. The Star Chamber asked for further work to be carried out on the proposal to demonstrate how this will lead to more cost effective use of staffing and help contain the escalating overspend described in para. 4.8. At month 9 the cumulative agency spend in the extended Emergency department is 118% greater than at the same point in 2022/23.

11. Risk Assessment

11.1 Following a recent review of financial planning estimates, further slippage, additional income and savings has been identified which allows us to predict a breakeven position for 2023/24. It also assumes both IJBS will be able to cover the GP prescribing forecast overspend by in year measures and reserves. Although neither of these are certain at this stage there is a possibility that this might be achieved in 2023/24 so the risk of us entering 2024/25 with a material repayable brokerage debt from the current year now sits at low.

11.2 Given the financial projections for 2024/25 Risk ID 2197 remains very high. (There is a significant risk that NHSL will be unable to identify and release the savings needed, on current income and expenditure projections, to meet the Scottish Governments requirement to deliver a balanced budget for the period of 2023/24 – 2025/26).

12. Conclusion

The Board is asked to note:

- the actual revenue over spend of £2.634m as at 29 February 2024;
- the predicted year-end gap has been closed and there is confidence breakeven is achievable;
- the risk assessment in section 12 that, notwithstanding the lower risk of requiring repayable brokerage in 2023/24, the risk of not breaking even over 3 years remains very high;
- that a plan to bring the capital programme within available resources for the year, involving additional income, prioritising and phasing has been agreed.

LAURA ACE
DIRECTOR OF FINANCE
20 March 2024

REVENUE RESOURCE LIMIT 2023/24				
	Baseline Recurring £M	Earmarked Recurring £M	Non Recurring £M	Total £M
Core Revenue Resource Limit as at 31 January 2024	1,516.447	144.436	77.771	1,738.653
February Adjustments to Allocations Confirmed:				
Mental Health Pharmacy	0.000	0.258	0.000	0.258
Mental Health Outcomes Framework	0.000	0.000	0.166	0.166
Primary Medical Services - Adjustment of 211	0.000	(0.562)	0.000	(0.562)
Cervical Audit Board and Clinic	0.000	0.000	0.001	0.001
Young Patients Family Fund	0.000	0.000	0.026	0.026
Distinction Awards for NHS Consultants 23/24	0.000	0.000	0.073	0.073
Positron Emission Tomography Scans - Adjustment	(1.259)	0.000	0.000	(1.259)
Cardiac Physiology trainee	0.000	0.000	0.034	0.034
Shortened Midwifery course at ENU backfill - Q4 FY 2023-24	0.000	0.000	0.005	0.005
Core Revenue Resource Limit as at 29 February 2024	1,515.188	144.132	78.076	1,737.396
Non Core Revenue Resource Limit as at 31 January 2024	0.000	0.000	0.000	0.000
	0.000	0.000	0.000	0.000
Non Core Revenue Resource Limit as at 29 February 2024	0.000	0.000	0.000	0.000
Total Revenue Resource Limit as at 29 February 2024	1,515.188	144.132	78.076	1,737.396

<u>Forecast Out-turn 2023/24</u>			
	2023/24		
	Rec	Non rec	Total
	£m	£m	£m
Gap between cost and income growth as assessed March 2023	-68.485	11.980	-56.505
Efficiency Schemes Identified as at 29 February 2024	1.705	24.580	26.285
Net Postion 29 February 2024	-66.779	36.560	-30.220
Improvements:			
Additional Sustainability & NRAC Parity Adjustment	14.933	0.000	14.933
New Medicines Fund (better than expected)	0.000	12.493	12.493
Slippage on financial planning estimates	5.429	2.500	7.929
Forecast corporate surplus	0.000	2.841	2.841
Covid-19 Response (corporate funding not required)	1.037	0.000	1.037
Additional Income	0.000	1.435	1.435
	-45.380	55.828	10.448
Increased Costs:			
Operation Flow Investment	-5.900	3.196	-2.704
Forecast Acute deficit	-6.807	0.000	-6.807
National Payroll Modernisation	0.000	-0.066	-0.066
Increased Waste Bin Collection	0.000	-0.121	-0.121
Increase in energy costs	0.000	-0.750	-0.750
Forecast surplus / (deficit) 2023/24	-58.087	58.087	0.000

NHS LANARKSHIRE			
CAPITAL EXPENDITURE TO 29th February 2024			
	2023/24	2023/24	
	A.O.P	Forecast	Actual
	£M	£M	£M
Initial Capital Formula Allocation:	13.012	13.012	8.382
Capital Resource limit adjustments:			
Decarbonisation Funding	0.400	0.812	0.812
National Infrastructure Board Equipment	0.000	0.675	0.675
GP Sustainability Loan	1.311	0.735	0.734
ADJUSTED NET ALLOCATION	£14.723	£15.233	£10.603
Anticipated Capital Resource Limit Adjustments :			
Monklands Replacement Project	22.853	21.353	16.104
WoS Brain Injury Service	0.000	0.682	
Diagnostic and Elective Centre, Cumbernauld	0.300	0.075	
Revenue to Capital Transfer - IJB Support	3.638	2.593	
Capital Formula Allocation: (slippage on I.T converged Infrastructure)	0.000	-2.000	
Leases (IFRS 16)	0.000	0.000	
	£26.791	£22.703	£16.104
Other Income Adjustments:			
Other Income	0.017	0.069	
	£0.017	£0.069	£0.000
Disposal Programme:			
Property Disposals	0.068	0.054	0.048
	£0.068	£0.054	£0.048
	£41.599	£38.059	£26.755
CAPITAL EXPENDITURE:			
Business Cases			
Monklands Replacement Project	22.853	21.353	16.104
Monklands general business continuity	5.918	3.048	0.671
Acute Property Works	3.189	2.141	1.573
Traumatic Brain Injury Service	0.582	0.682	0.455
	32.542	27.224	18.803
Medical Equipment	2.700	3.307	1.804
	2.700	3.307	1.804
Other Service Developments			
Chryston Community Facility (Northern Corridor)	2.450	3.650	3.748
Clydesdale Primary Care Practice	0.480	0.000	0.000
Diagnostic and Elective Centre, Cumbernauld	0.300	0.075	0.204
Mental Health and CAMHS	1.302	0.000	0.000
Kylepark	1.254	1.444	1.208
	5.786	5.169	5.160
Other Expenditure			
Other	0.000	0.391	0.121
General Estates Works	0.000	0.000	0.000
West of Scotland Laundry - Replacement	0.000	0.100	0.000
Fleet Decarbonisation	0.400	0.812	0.047
GP Sustainability Loan	1.311	0.734	0.734
Leases (IFRS 16)	0.671	0.000	0.000
<i>subtotal</i>	2.382	2.037	0.902
I.M.&T Projects	3.525	0.322	0.086
	5.907	2.359	0.988
TOTAL CAPITAL EXPENDITURE	£46.935	£38.059	£26.755
(OVER) / UNDER COMMITTED	-£5.336	£0.000	£0.000