Meeting of Lanarkshire NHS Board
29th March 2017

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

SUBJECT: FINANCE REPORT FOR THE PERIOD ENDED 28 FEBRUARY 2017

1. PURPOSE

This paper is coming to the Board:

For approval	☒	For endorsement	☐	To note	☒

2. ROUTE TO THE BOARD

As agreed, this report comes straight to the Board from the Director of Finance. The Operating Management Committees receive financial reports for their own area.

3. SUMMARY OF KEY ISSUES

At the end of February 2017 the Board is reporting a £4.190m revenue under spend, driven entirely by under spends and slippage in areas managed by the IJBs. Community and Mental Health services have, in each Board report, shown a steady trend of expenditure less than budget and the under spend now sits at £2.155m. The significant increase in month 11 comes from recognition that the plans for the Primary care transformation fund, which was issued late in the year and required complex planning with multiple stakeholders, will not be fully delivered by 31st March 2017 and at least £2.0m of activity will roll into 17/18. With month 9 prescribing data now available and showing continued improvement in containing prescribing costs, we can now predict with a degree of confidence that the target of breakeven will be exceeded therefore a £0.5m under spend has been projected at month 11.

These under spends cannot be netted off against the £0.783m month 11 overspend in the rest of Health. At the end of the year it is envisaged the IJBs will reduce the amount they are transferring to the NHS to provide services to match the amount the Board has actually spent, thereby eliminating any under spend from this source in NHS Lanarkshire's accounts.

There are clear plans for the rest of Health to deliver a breakeven position by month 12.

There has been significant activity against the capital plan in the final quarter.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	☒	LDP	☒	Government policy	☐
Government directive	☒	Statutory requirement	☒	AHF/local policy	☐
Urgent operational issue	☐	Other	☐		

5. CONTRIBUTION TO QUALITY

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

Three Quality Ambitions:

Safe	☐	Effective	☒	Person Centred	☐

Six Quality Outcomes:

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

6. MEASURES FOR IMPROVEMENT

Achievement of LDP 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	☐	Effective partnerships	☐	Governance and accountability	☒
Use of resources	☒	Performance management	☒	Equality	☐
Sustainability	☒				

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 factual position report prepared from information in the financial ledger. It contains no proposals on which to consult.

12. ACTIONS FOR THE BOARD

The Board is asked to note the contents of the report.

Approval	☐	Endorsement	☐	Identify further actions	☐
Note	☒	Accept the risk identified	☐	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: FINANCE REPORT FOR THE PERIOD ENDED 28 FEBRUARY 2017

1. PURPOSE

The attached report provides the Board with a review of financial performance for the 11 months to February 2017.

2. CONTENT/SUMMARY OF KEY ISSUES

At the end of February 2017 the Board is reporting expenditure £4.190m under budget. This can be broken down into a £4.973m under spends within the areas delegated to the IJBs and directly managed by the Chief Officers and a £0.783m over spend in the rest of the Board's budget. There was a step change in the level of reported under spend in month 11. £0.500m of this came from receiving positive December prescribing figures which gave reasonable confidence that the breakeven position predicted at November would be bettered by the year end. £2.0m came from recognising that the plans formulated against the Primary Care Transformation fund would only be partially delivered by 31st March 2017 and would roll into 17/18. It is understood that the £4.973m will be removed from the overall NHS funding at year end and form part of IJB reserves.

There are robust plans in place to eliminate the net £0.783m overspend against other Health budgets. The Month 11 position is better than the opening trajectory predicted it would be. Good cost control, particularly over winter, strong achievement of efficiency plans, slower drugs cost growth and additional income are all factors behind this. Although there is a high degree of confidence in achieving the RRL target for 16/17 £9.504m of the measures needed to close the opening gap have not been secured recurrently. That gap forms the starting point for the 17/18 plan.

17/18 brings a further financial challenge both for revenue and for capital where the need to pursue major e-health schemes whilst simultaneously maintaining high levels of expenditure on Monklands creates a pressure point. Proactive planning to mitigate this has taken place throughout the year and in February an agreement was reached with SG on protecting funding needed for a major e-health projects which have slipped into 17/18. SG will hold £3m of funding for re-issue in 17/18.

3. CONCLUSION

The Board is asked to note the contents of the report.

4. FURTHER INFORMATION

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

FINANCE REPORT FOR THE PERIOD ENDED 28 FEBRUARY 2017

1. Introduction

1.1. The purpose of this report is to provide the Board with a summary of revenue and capital financial performance covering the eleven months of 2016/17.

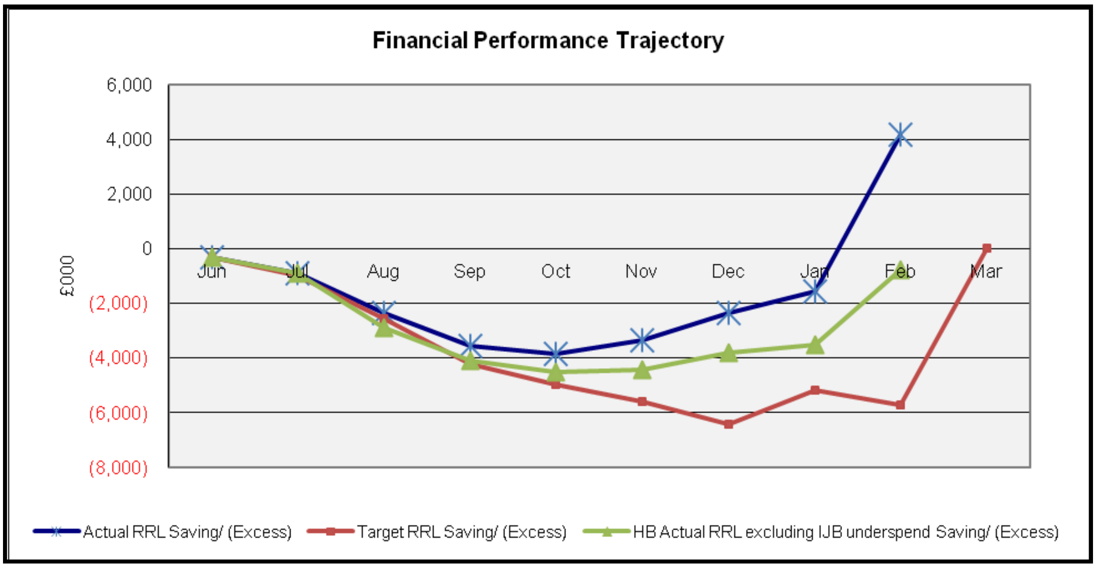
2. Overview

2.1. Following confirmation of £2m additional funding secured from SGHSCD for NRAC and recognition of £4m of savings still to be identified, the 3 year Financial Plan 16/17 – 18/19 submitted on 5th July 2016 was approved by SGHSCD.

2.2. The LDP financial trajectory (graph below) has been expanded to reflect the results including and excluding the areas delegated to the IJBs and directly managed by the Chief Officers.

2.3. The middle green line reflects the Health Board's revenue performance excluding IJBs. Although still in deficit there are robust plans for delivering year end breakeven. Performance to date is better than trajectory for the following reasons;

- Earlier identification of the remaining savings than the original trajectory envisaged.
- Strong all round achievement of savings with greater than might be expected success in reducing prescribing and locum costs;
- A temporary slowing in the pace of new high cost drugs emerging;
- Lower activity in the 3 year rolling averages for regional services;
- Corporate departments delivering savings in full plus generating a further under spend;
- Strong cost control and additional income allowing the release of some minor reserves.



2.4. The blue line reflects the full NHS budgets including those covered by IJBs. It shows an even greater improvement on trajectory due to a number of factors relating to IJBS. At the time of submitting the Local Delivery Plan, IJBS had not yet identified their full target savings. They not only identified savings by midyear but also generated under spends in excess of savings levels. The Prescribing Quality and Efficiency Programme made remarkable progress this year. Based on December's data, it can be predicted that it will deliver the full £4m target savings, thereby funding 16/17 growth in numbers of prescriptions from efficiency. A prescribing windfall from an extended national discount will also deliver an under spend. Significant slippage has emerged against the Primary Care transformation programme – over £2m of planned activity will roll into 17/18. It is assumed any year end IJB under spends will be removed from the NHS Board's year end position into IJB reserves. The slippage on the Primary Care Transformation Fund will be ring fenced to fulfil the commitments already made against this funding.

2.5. Table 1 provides a breakdown by major area of the position to the end of February 2017.

Table 1 - Summary Financial Position 2016/17

	YTD Budget £M	YTD Actual £M	YTD Variance £M
Acute Operating Division	310.896	315.116	(4.220)
North Lanarkshire Health & Social Care Partnership	224.764	223.260	1.504
South Lanarkshire Health & Social Care Partnership	161.149	157.998	3.151
Primary Care Other Services	149.042	148.724	0.318
Headquarters / Corporate Functions	128.567	126.488	2.079
Service Level Agreements / Other Healthcare Providers	165.838	164.981	0.857
NHSL - wide	2.484	1.983	0.501
Net operating costs	**1,142.740**	**1,138.550**	**4.190**

3. Revenue Resources

3.1. At the end of February 2017 confirmed allocations bring the Core Revenue Resource Limit to £1,204.128m and the Non Core Revenue Resource Limit to £30.049m. Annex A provides further detail.

3.2. The February 2017 Core Revenue Resource Limit includes confirmed resources of £0.153m for the remaining 10% of flu, shingles and rotavirus vaccine costs, £0.070m for technology enabled care (TEC), £0.252m for GP digital services, £0.100m access support funding for ophthalmology waiting times delivery, and a further £1m of funding from the access unit for Lanarkshire to source and coordinate extra capacity for all Scottish Boards.

3.3. This year the Board has had £1.210m top sliced from its allocation 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. This is £0.012m less than the amount top sliced last year reflecting lower volumes passing through NDC leading to a decrease in costs.

3.4. Scottish Government has also processed an adjustment in the February 2017 Core Revenue Resource Limit to protect (£3m) of NHS Lanarkshire funding to support the 2017/18 e-health programme and set aside funding for maintenance in the West of Scotland Laundry.

3.5. The infrastructure support adjustment (£1m) processed through Annex A (revenue) in January 2017 to transfer funds to capital has now been confirmed in the Core Capital Allocations for February 2017. SG has also confirmed an adjustment to transfer from capital to revenue (£0.200m) in respect of an allocation previously received for energy efficiency projects. The capital plan can now proceed on the basis of the budget set out in Annex B.

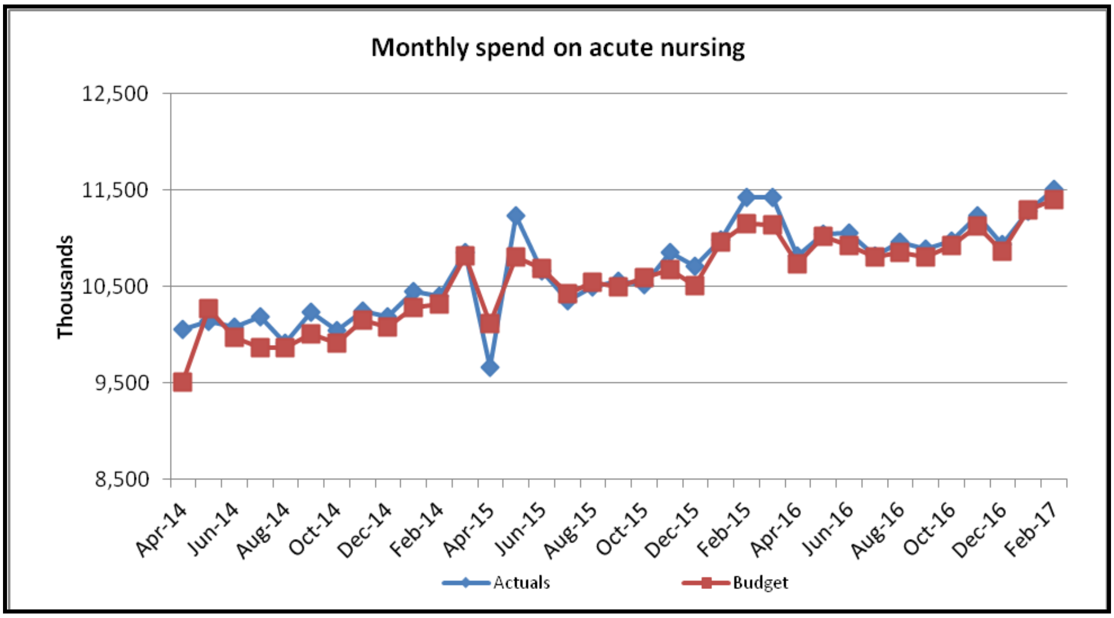
4. Acute Division

4.1. The Acute Division is reporting an over spend of £4.220m for the period to the end of February 2017 (last month, £3.848m), as detailed in Table 2. This time last year the Acute Division was £5.468m overspent and given £4.140m of budgets have since been handed over as realised savings, this demonstrates ongoing cost control.

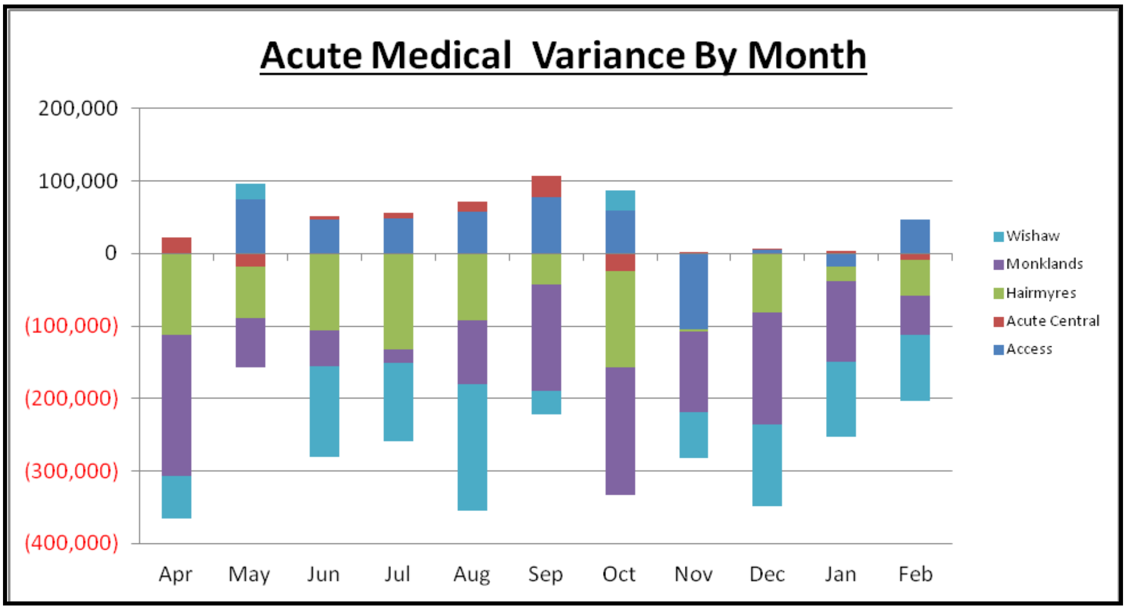
Table 2 - Acute Division 2016/17

	Budgeted Operating Costs 28/02/2017 £M	Actual Operating Costs 28/02/2017 £M	Actual saving / (excess) 28/02/2017 £M
Pay	251.391	254.854	(3.463)
Non Pay	88.040	88.801	(0.761)
Healthcare Purchases	1.326	1.322	0.004
Gross operating costs	340.757	344.977	(4.220)
Less: miscellaneous income	(29.861)	(29.861)	0.000
Net operating cost	**310.896**	**315.116**	**(4.220)**

4.2. Nursing expenditure for the 11 months of 2016/17, at £121.542m, is £4.098m (3.5%) more than in the 11 months of the previous year. From an early under spend nursing budgets ended 2015/16 £0.785m over spent, with expenditure in excess of budget by £0.250m per month in the final quarter. The Acute Division has put in place strict measures to reduce the use of agency nursing and the £0.781m total overspend against budget at month 11 demonstrates that these are having an impact. The recruitment of significant numbers of newly qualified nurses in August has helped control costs over the winter periods, avoiding so far the sharp increase in costs seen in the final 5 months of last year.



4.3. A further £2.509m of the pays over spend is within medical staffing linked to continuing locum costs as a result of sickness and national difficulties in filling posts. The monthly over spend has reduced from £0.228m last month to £0.178m this month. Hotspots at month 11 continue to include General Surgery (£0.450m), Orthopaedics including Trauma (£0.818m), Accident & Emergency at all three sites (£0.843m), Renal, Medical and Respiratory at Monklands (£0.592m) and Ophthalmology at Hairmyres (£0.085m). The medical budgets were £3.829m overspent at the end of 15/16. The month 11 performance (graph below) represents an improvement on the previous year and is in line with the savings ambitions put forward so far. On 26th October the Board approved further measures to control locum spend through the award of a contract for sourcing of locums at better rates.



4.4. All the acute sites had efficiency plans to drive down supplies costs. By month 11 last year the acute division had spent £45.502m on supplies and services other than drugs. Even with a low inflation estimate of 1%, expenditure of £46m could have been expected for 16/17. Expenditure at month 11 this year is £45.414m. Although the full extent of the supplies efficiency plans has not been delivered there has been a strong performance in controlling costs which in previous years have climbed relentlessly.

4.5. The underlying growth in the drug spend in Lanarkshire hospitals was 5.3% but by making 3% savings from using the best value drugs, the expenditure rise was contained at 2.3%. It so happens that new high cost drugs have entered into clinical practice slightly slower than had been predicted when a 10.6% growth estimate was included in the plan. Information on new drugs coming through suggests the pace will step up in 17/18.

5. Health and Social Care Partnerships

5.1. The previous Board report format has been altered to reflect the Integrated Joint Boards wider remit with prescribing, resource transfer and out of area expenditure now shown under the relevant HSCP.

5.2. Across the Health and Social Care Partnerships, there is an under spend of £4.973m for the period to the end of February 2017, an increase of £3.004m from the previous month. Performance against the community and mental health pays and supplies budgets remains steady. The steep increase in forecast under spend arises from £2.0m slippage in the primary care transformation fund and recognising a £0.500m prescribing under spend.

5.3. Based on the known position for April through to December and the estimated item numbers and values for January we can now predict with a degree of confidence that prescribing will do better than the previous breakeven forecast. The introduction of Scriptswitch, additional pharmacists and the scale of effort put in through the prescribing quality and efficiency programme have had a remarkable impact on improving NHS Lanarkshire's spend which sat far higher than national formulae predicted it should. There has also been the additional benefit of a continued national discount – the opening budget only assumed it would last for the first quarter whereas it will now last the full year.

5.4. Tables 3 and 4 show the position in each partnership. Recognising that the Integrated Care fund is not at this stage fully committed is one of the main reasons for the increase in reported underspends from the previous months. These figures now include slippage on the Primary care transformation fund.

Table 3 - North Lanarkshire Health & Social Care Partnership 2016/17

	Budgeted Operating Costs 28/02/2017 £M	Actual Operating Costs 28/02/2017 £M	Actual saving / (excess) 28/02/2017 £M
Pay	96.622	95.828	0.794
Non Pay	41.384	40.906	0.478
Prescribing	67.104	67.023	0.081
Sub Total	205.110	203.757	1.353
Healthcare Purchase - Out of Area	3.458	3.317	0.141
Resource Transfer	16.196	16.186	0.010
Net operating cost	**224.764**	**223.260**	**1.504**

Table 4 - South Lanarkshire Health & Social Care Partnership 2016/17

	Budgeted Operating Costs 28/02/2017 £M	Actual Operating Costs 28/02/2017 £M	Actual saving / (excess) 28/02/2017 £M
Pay	47.655	46.858	0.797
Non Pay	24.905	24.617	0.288
Prescribing	62.013	61.594	0.419
Sub Total	134.573	133.069	1.504
Primary Care Transformational Fund	2.777	0.777	2.000
Healthcare Purchase - Out of Area	6.990	7.349	(0.359)
Resource Transfer	16.809	16.803	0.006
Net operating cost	**161.149**	**157.998**	**3.151**

5.5. Health & Social Care Partnership Other Services are reporting an under spend of £0.318m for the period to the end of February 2017, as detailed in Table 5, an increase of £0.180m from the previous month.

Table 5 - Health & Social Care Partnership Other Services 2016/17

	Budgeted Operating Costs 28/02/2017 £M	Actual Operating Costs 28/02/2017 £M	Actual saving / (excess) 28/02/2017 £M
Pay	7.682	7.414	0.268
Non Pay	3.002	2.952	0.050
Family Health Services	157.307	157.307	0.000
Gross operating costs	167.991	167.673	0.318
Less: Miscellaneous income	(10.274)	(10.274)	0.000
Less: Family Health Service income	(8.675)	(8.675)	0.000
Net operating cost	**149.042**	**148.724**	**0.318**

6. Headquarters/Area Wide Departments

6.1. The Headquarters and Area Wide Departments are reporting an under spend of £2.079m for the period to the end of February 2017, as detailed in Table 6, an increase of £0.159m from the previous month. £0.546m of this will be removed from budget as it represents agreed savings plans, still leaving a better than planned position at month 11.

Table 6 - Headquarters / Corporate Functions 2016/17

	Budgeted Operating Costs 28/02/2017 £M	Actual Operating Costs 28/02/2017 £M	Actual saving / (excess) 28/02/2017 £M
Pay	51.587	49.741	1.846
Non Pay	83.318	83.085	0.233
Gross operating costs	134.905	132.826	2.079
Less: miscellaneous income	(6.338)	(6.338)	0.000
Net operating cost	**128.567**	**126.488**	**2.079**

7. Service Level Agreements/Other Healthcare Providers

7.1. The previous Board report format has been altered to transfer expenditure for resource transfer, hospices and out of area mental health, learning disabilities or brain injury services from this section to the HSCP section, reflecting the Integrated Joint Boards wider remit.

7.2. Service Level Agreements and Other Healthcare Providers are reporting an under spend of £0.857m for the period to the end of February 2017, as detailed in table 7, a decrease of £0.135m from the previous month. The steady performance seen in the first 10 months has been overturned in month 11 due to charges notified to us from NHS Greater Glasgow and Clyde in respect of home ventilation services for children being in excess of the budget available.

Table 7 - Service Agreements / Other Healthcare Providers 2016/17

	Budgeted Operating Costs 28/02/2017 £M	Actual Operating Costs 28/02/2017 £M	Actual saving / (excess) 28/02/2017 £M
Service Level Agreements	147.605	146.547	1.058
Unpacs and Oats	17.030	17.391	(0.361)
Independent Sector	1.203	1.043	0.160
Net operating cost	**165.838**	**164.981**	**0.857**

8. CRES / Efficiency

8.1. The target for total efficiency savings in 16/17, based on what was needed to stay within RRL and deliver LDP performance trajectories was £45.551m. This exceeded the LDP minimum target of 3% which would equate to £33.209m.

8.2. The residual gap of £4m needed to balance the financial plan at the time of the LDP sign off has now been closed. Performance to date has been encouraging with a range of schemes being able to demonstrate achievement earlier than initially predicted. The original LDP envisaged £7.075m of non recurring savings; current forecasts rely on £9.504m meaning the Board still has a significant problem moving into 17/18.

8.3. The performance to date is £3.927m above the LDP trajectory at month 11 as shown in table 8.

Table 8

LDP description	LDP Plan	Revised Plan	Plan to date	Actual to Date
Drugs and Prescribing	6.494	6.329	5.802	5.527
Estates and Facililies	3.991	4.866	4.461	4.392
Procurement	2.623	3.688	3.381	3.374
Service Productivity	13.974	15.214	8.218	12.302
Shared Services	4.650	-	-	-
Support Services	3.432	5.009	4.592	4.985
Workforce	6.387	10.445	9.575	9.374
Unidentified	4.000	-	-	-
Total	**45.551**	**45.551**	**36.027**	**39.954**

9. Capital

9.1 The initial capital aspirations exceeded available funding and further work was needed to value reengineer some schemes, recognise the realistic phasing of others and be able to bring to the Board in August a viable in year capital plan.

9.2 There are 3 major e-health business cases under development and while it was recognised their complexity was such major expenditure was unlikely in 16/17 these cases, alongside the continuing Monklands Hospital theatre refurbishment and medical and imaging equipment needs meant 17/18 was going to present a major challenge.

9.3 The local Capital Investment Group (CIG) actively looked at ways to relieve some of this pressure in 17/18 by making greater inroads into our ongoing capital programme during 16/17. A request to transfer £1m from revenue to capital has been approved (later dropped to £0.8m as £0.2m capital was provided from elsewhere). The plan in Annex B sets out the proposed expenditure profile.

9.4 Development work has continued on the e-health business cases with HEPMA being the most advanced. The case has been approved nationally and endorsed by Chief Executives. Substantial SG funding is expected to be made available for its roll out though each local system has to meet the ongoing costs and a portion of the implementation costs. The case has very strong local clinical support however the £1.1m local contribution to implementation costs would have proved a block in 17/18 had agreement not been reached with SG to protect project funds from 16/17 and reissue them next year. The Laboratory Information system is also approaching the end of its contract term and the business case is well advanced. Again, SG agreed to protect funding from 16/17 to make this affordable in 17/18. Without this proactive planning between years the 17/18 cost bulge would have been unmanageable.

9.5 Expenditure to the value of £9.861m has been recorded in the 11 months as detailed in Annex B, though this does not include the full valuation of work in progress which will happen at the year end. The extent of the expenditure planned for the final quarter has entailed enhanced monitoring to ensure any issue arising is resolved speedily to avoid delay to the programme. This has been operating effectively.

9.6 Three additional capital allocations were received in the February letter. There late arrival did cause difficulties however working flexibly with SG a solution to ensure they are used as intended has been reached.

10. Development and Approvals

Confirmation from SG on managing the transition between 16/17 and 17/18 on infrastructure projects which has resulted in an agreement with SG to protect £2.6m of funding for this purpose. The business cases will be advanced under the 17/18 plan.

11. Risk Assessment

The number of areas of risk and uncertainty within the financial plan has reduced and with each month the potential impact of a risk crystallising decreases. The risk of not delivering our year end RRL target is now deemed to be very low.

12. Conclusion

The Board is asked to:

- Note the reported revenue under spend of £4.190m, as at 28 February 2017, recognising that at the year end this will be matched by reduced funding to transfer the benefit to the IJBs ;

- Note the £39.954m of efficiency savings recorded as achieved to date are £3.927m above the LDP trajectory of £36.027m;

- Note the £9.861m expenditure to 28 February 2017, against the Board's total Capital Plan of £18.387m;

LAURA ACE
DIRECTOR OF FINANCE
17 March 2017

ANNEX A

REVENUE RESOURCE LIMIT 2016/17

	Baseline Recurring £M	Earmarked Recurring £M	Non Recurring £M	Total £M
Revenue Resource Limit as at 31 January 2017	**1,106.726**	**91.564**	**8.313**	**1,206.603**
National Distribution Centre - top slice	0.000	(1.210)	0.000	(1.210)
GP Digital Services Fund	0.000	0.000	0.252	0.252
Recovery of NHS Board contribution to cost of PASS	0.000	(0.068)	0.000	(0.068)
HNC Continuing Students - 2nd Quarter Payment	0.000	0.000	0.008	0.008
HNC Year 1 Funding - 2nd Quarter Payment	0.000	0.000	0.006	0.006
Waiting Times Support - Ophthalmology	0.000	0.000	0.100	0.100
10% reimbursemnet of flu shingles and rota virus vaccine costs	0.000	0.000	0.153	0.153
Technology Enabled Care (TEC) Programme	0.000	0.000	0.070	0.070
Waiting Times External Support	0.000	0.000	1.000	1.000
Cancer Strategy for screeing services in Scotland	0.000	0.000	0.014	0.014
Capital to Revenue adjustment	0.000	0.000	0.200	0.200
Project Costs	0.000	0.000	(3.000)	(3.000)
Revenue Resource Limit as at 28 February 2017	**1,106.726**	**90.286**	**7.116**	**1,204.128**
Non Core Revenue Resource Limit as at 31 January 2017	**0.000**	**0.000**	**30.049**	**30.049**
				0.000
				0.000
				0.000
				0.000
Non Core Revenue Resource Limit as at 28 February 2017	**0.000**	**0.000**	**30.049**	**30.049**
Total Revenue Resource Limit as at 28 February 2017	**1,106.726**	**90.286**	**37.165**	**1,234.177**

ANNEX B

NHS LANARKSHIRE CAPITAL EXPENDITURE TO 28th February 2017			
	2016/17 £M	**Forecast £M**	**Actual £M**
Initial Capital Formula Allocation:	**12.392**	**12.392**	**9.861**
Capital Resource limit adjustments:			
Additional Central Resource Allocation	3.000	3.000	
Brokerage for Strathclyde Sale	-1.700	-1.700	
Energy Efficiency Projects		0.203	
eHealth		0.159	
Telemedicine via MDT		0.012	
Revenue to Capital Transfer		1.000	
HFS Equipping		0.021	
Capital to Revenue adjustment		-0.200	
Latest Capital Resource Limit	**£13.692**	**£14.887**	**£9.861**
Disposal Programme:			
Property Disposals	4.590	3.500	
Property Disposals returned to S.G.	-1.090	0.000	
	£3.500	**£3.500**	**£0.000**
Adjusted Capital Allocation	**£17.192**	**£18.387**	**£9.861**
CAPITAL EXPENDITURE:			
Business Cases			
Monklands general business continuity	1.250	1.742	1.131
Monklands Theatres/ICU	6.130	5.689	5.357
Decontamination estates work	2.550	0.795	0.129
Acute Property Works	0.762	2.935	0.231
New Monklands Fees	0.250	0.120	0.080
	10.942	**11.281**	**6.928**
Medical Equipment	3.770	5.280	1.988
	3.770	**5.280**	**1.988**
Other Expenditure			
Statutory Maintenance	0.000	0.000	0.000
PSSD Equipment	0.075	0.095	0.007
subtotal	**0.075**	**0.095**	**0.007**
I.M.&T Projects	3.115	1.731	0.938
	3.190	**1.826**	**0.945**
TOTAL CAPITAL EXPENDITURE	**£17.902**	**£18.387**	**£9.861**
(OVER) / UNDER COMMITTED	**-£0.710**	**£0.000**	**£0.000**