| | | |
|---|---|---|
| **Meeting of Lanarkshire NHS Board**<br>**28th March 2018** | **NHS Lanarkshire**<br>**Kirklands**<br>**Fallside Road**<br>**Bothwell**<br>**G71 8BB**<br>**Telephone: 01698 855500**<br>**www.nhslanarkshire.org.uk** | |

**SUBJECT: FINANCE REPORT FOR THE PERIOD ENDED 28 FEBRUARY 2018**

## 1. PURPOSE

This paper is coming to the Board:

| | | | | | |
|---|---|---|---|---|---|
| For approval | ☒ | For endorsement | ☐ | To note | ☒ |

The Board is asked to approve a one off increase of £1.6m to the IJB prescribing budget to cover the overspend arising from short supply issues in year.

## 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 2018 the Board is reporting a £0.004m under spend, £0.553m better than the LDP trajectory which had always recognised a gap between expenditure being incurred and savings schemes taking full effect. The forecast to be delivered from the efficiency schemes is £0.1m ahead of target. Breakeven is forecast.

The capital programme is on track.

## 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 on.

## 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*

**Meeting of Lanarkshire NHS Board**
**28th March 2018**

**Lanarkshire NHS Board**
**Kirklands**
**Fallside Road**
**Bothwell G71 8BB**
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NHS Lanarkshire

## SUBJECT: FINANCE REPORT FOR THE PERIOD ENDED 28 FEBRUARY 2018

## 1. PURPOSE

The attached report provides the Board with a review of financial performance for the 11 months to February 2018.

## 2. CONTENT/SUMMARY OF KEY ISSUES

The Board is expected to live within its Revenue Resource limit (RRL). The final LDP submitted to the Scottish Government Health and Social Care Department (SGHSCD) forecast £36.112m of savings would be needed to achieve this. At the time of submitting the LDP the Board had identified proposals for all but £6.586m of this total.

During the year good cost control, additional income and shallower drug cost growth than originally forecast, alongside identifying additional efficiencies set the Board on a path for yearend breakeven.

At the end of February 2018 the Board is reporting expenditure £0.004m under budget. The Acute Division is £3.891m over budget at month 11, in line with the year end forecast of £4.250m.

The capital programme approved by the March 2017 Board has been progressed and adapted to any changed circumstances. In early December the final to capital transfer figure was agreed with SG in order to support the revised plan.

## 3. CONCLUSION

The NHS 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:

Laura Ace - Director of Finance
01698 858190
**Laura.ace@lanarkshire.scot.nhs.uk**

# NHS LANARKSHIRE
# FINANCE REPORT FOR THE PERIOD ENDED 28 FEBRUARY 2018

## 1. Introduction

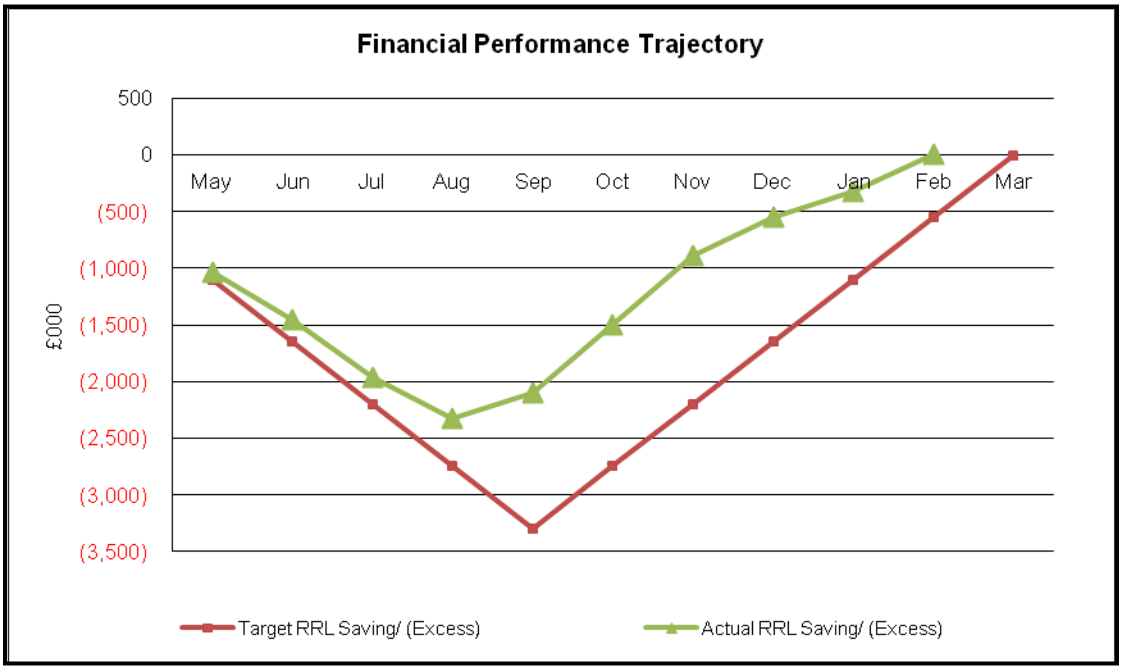
1.1. The purpose of this report is to provide the Board with a summary of revenue and capital financial performance for the first eleven months of 2017/18.

## 2. Overview

2.1. The 3 year Financial Plan 2017/18 – 2019/20 was submitted by the NHS Board on the 31st March 2017 and signed off by Scottish Government in May 2017. In order to meet anticipated unavoidable cost rises, plans for £36.112m of efficiency savings were sought.

2.2. At the time of submitting the plan £6.586m of those savings still had to be identified. The latest forecast predicts the original requirement will be marginally exceeded at the year end. This forecast now includes the corporate under spends and circa £2m of productivity savings. This position combined with good cost control, particularly over winter, additional income and shallower drug cost growth provides the Board with a route to breakeven at the year end.

2.3. The graph below shows how our financial position to date compares to the trajectory estimated at the time of setting the initial plan.




2.4. The previous Board report format has been altered to reflect the Integrated Joint Boards wider remit with family health services and agreed shares of primary care other services now shown under the relevant HSCP.

2.5. The Divisional split of the £0.004m under spend to the end of February 2018 is set out in table 1. This is £0.553m better than the estimates made at the time of the LDP submission.

| Table 1 - Summary Financial Position 2017/18 | YTD Budget £M | YTD Actual £M | YTD Variance £M |
|---|---|---|---|
| Acute Operating Division | 316.337 | 320.228 | (3.891) |
| North Lanarkshire Health & Social Care Partnership | 244.903 | 243.135 | 1.768 |
| South Lanarkshire Health & Social Care Partnership | 338.123 | 338.294 | (0.171) |
| Headquarters / Corporate Functions | 141.256 | 139.378 | 1.878 |
| Service Level Agreements / Other Healthcare Providers | 171.461 | 171.587 | (0.126) |
| NHSL - wide | (10.173) | (12.316) | 2.143 |
| **Net operating costs** | **1,201.907** | **1,200.306** | **1.601** |
| Remove IJB Position | (583.026) | (581.429) | (1.597) |
| **Revised Net operating costs** | **618.881** | **618.877** | **0.004** |

## 3. Revenue Resources

3.1. At the end of February 2018, the Core Revenue Resource Limit (RRL) for NHS Lanarkshire was £1,239.693m and the Non Core Revenue Resource Limit was £28.023m, details of which are noted in Annex A.

3.2. The February 2018 Core Revenue Resource Limit includes confirmed resources of £0.060m for the National IV Fluid Improvement Programme and £0.105m access support funding for Trauma and Orthopaedics.

## 4. Acute Division

4.1. The Acute Division is reporting an over spend of £3.891m for the period to the end of February 2018, as detailed in Table 2. A provisional yearend forecast of £4.250m has been entered into our planning assumptions.

| Table 2 - Acute Division 2017/18 | Budgeted Operating Costs 28/02/2018 £M | Actual Operating Costs 28/02/2018 £M | Actual saving / (excess) 28/02/2018 £M |
|---|---|---|---|
| Pay | 255.632 | 257.750 | (2.118) |
| Non Pay | 91.625 | 93.369 | (1.744) |
| Healthcare Purchases | 0.985 | 1.014 | (0.029) |
| Gross operating costs | 348.242 | 352.133 | (3.891) |
| Less: miscellaneous income | (31.905) | (31.905) | 0.000 |
| **Net operating cost** | **316.337** | **320.228** | **(3.891)** |

4.2. Nursing expenditure in February rose to a cumulative £1.235m above budget (compared to £1.144m in January and £0.781m over budget at 28 Feb 2017). The nursing expenditure for the first 11 months of 17/18, at £123.542m, is £2.106m (1.7%) more than in the first 11 months of the previous year, with the pay rise accounting for 1.1% of the rise. 77% of the overspend sits in Hairmyres, with the remainder spread between Trauma and Orthopaedics and Wishaw. Given the extent of site pressures, it is unlikely any further cost reduction will be seen in the final month. Regaining control of this once the worst of the winter has passed will be important for 2018/19.

4.3. The over spend against the medical staffing budget in the first 11 month was £0.671m, £1.838m less than at the corresponding point of the previous year indicating successful cost control.

4.4. All non pay categories are overspent against budget apart from drugs and admin supplies. The expenditure on laboratory and theatres supplies in the first 11 months of 17/18, at £30.146m, is £1.002m (3.4%) more than in the first 11 months of the previous year and sits £0.980m over budget. As budgetary provision had only been made for an average of 2.5% inflation this growth is higher than expected. One significant factor in this is an increase in laboratory activity which is estimated at circa 5%. There are a number of efficiency schemes to reduce supplies costs which have yet to fully deliver.

4.5. The Lanarkshire hospitals drug spend at month 11 is £0.412m (0.9%) greater than at the same point last year. This is better than forecast, reflecting success in switching to more cost effective products, the benefits of discounts or price drops and also shallower cost growth in some drugs than in previous years.

## 5. Health and Social Care Partnerships

5.1. Across the Health and Social Care Partnerships, there is an under spend of £1.597m for the period to the end of February 2018, a decrease of £0.003m from the previous month.

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

**Table 3 - North Lanarkshire Health & Social Care Partnership 2017/18**

| | Budgeted Operating Costs 28/02/2018 £M | Actual Operating Costs 28/02/2018 £M | Actual saving / (excess) 28/02/2018 £M |
|---|---|---|---|
| Pay | 102.156 | 100.315 | 1.841 |
| Non Pay | 70.778 | 70.548 | 0.230 |
| Prescribing | 66.033 | 66.451 | (0.418) |
| Sub Total | 238.967 | 237.314 | 1.653 |
| Primary Care Transformational Fund | 0.000 | 0.000 | 0.000 |
| Share of Primary Care Other Services | 5.936 | 5.821 | 0.115 |
| Family Health Services | 0.000 | 0.000 | 0.000 |
| **Net operating cost** | **244.903** | **243.135** | **1.768** |

| Table 4 - South Lanarkshire Health & Social Care Partnership 2017/18 | | | |
|---|---|---|---|
| | **Budgeted Operating Costs 28/02/2018 £M** | **Actual Operating Costs 28/02/2018 £M** | **Actual saving / (excess) 28/02/2018 £M** |
| Pay | 49.572 | 48.746 | 0.826 |
| Non Pay | 58.506 | 59.406 | (0.900) |
| Prescribing | 61.023 | 61.912 | (0.889) |
| Sub Total | 169.101 | 170.064 | (0.963) |
| Primary Care Transformational Fund | 3.271 | 2.591 | 0.680 |
| Share of Primary Care Other Services | 5.704 | 5.592 | 0.112 |
| Family Health Services | 160.047 | 160.047 | 0.000 |
| **Net operating cost** | **338.123** | **338.294** | **(0.171)** |

5.3. Before the start of the financial year, the anticipated refund of excess historic profits, a recurring reduction in the drug tariff, a heavily used drug going off patent and our own savings schemes made it appear that an overspend against the prescribing budget would be highly unlikely. Not all of the above materialised in full and the beneficial impact was wiped up by the price of a range of drugs increasing considerably as, across the UK however, shortages in supply emerged. The average price per item, which had started the year at £9.93, peaked at £10.36 in July and only slowly edged downwards to £10.23 in December. Volumes in the first 9 months rose by under 0.5%, leaving a forecast yearend overspend of £1.6m due to price increases.

5.4. GP Prescribing's vulnerability to market supply factors means this type of unpredictability and volatility between years is a background risk. The time lag in data adds another difficulty to financial management in this area. For this reason both IJBS had retained circa a £1.2m prescribing under spend in their first live year as a buffer against future adverse swings. The intensity of the pan Lanarkshire prescribing quality and efficiency programme was maintained during the year and while both IJBs benefited it could not in itself compensate for the short supply factors. The scale of the projected over spend this year would wipe out these reserves and for South IJB, where there is not an under spend in other health services to part cover, would leave a net in year deficit. The short supply issues have not yet washed out the market, leading to predictions that 2018/19 will be a difficult year. For this reason it has been proposed that the NHS Board, on a one off basis, would supplement both IJB's prescribing budgets to avoid them having to deplete the prescribing reserve which will be an important buffer in 18/19. This budget increase has been factored into the Board yearend estimates.

5.5. The under spend in the North is spread mainly through the various hosted services and localities, with Mental health marginally overspent. The vacancy rate at 3.5% compared with 3.4% in the previous year and reflects the turnover and replacement cycle. The CAMHS under spend of £0.421m is linked to recruitment and retention difficulties, particularly where posts were only funded from non recurring funding. These issues are being actively addressed in order to increase performance against the access target.

5.6. The over spend of £0.900m in South IJB non pays includes a high cost care package in Glasgow and higher referrals to the Ayr Clinic. The patient in Glasgow is clinically fit for discharge but providing for appropriate care in the community involves complex planning and preparation. In December 2017 the South IJB approved a plan to convert an existing building into a suitable facility.

5.7. The £0.680m slippage in the primary care transformation fund is ring fenced.

## 6. Headquarters/Area Wide Departments

6.1. The Headquarters and Area Wide Departments are reporting an under spend of £1.878m for the period to the end of February 2018, as detailed in Table 5, a decrease of £0.131m from the previous month. This is mainly within Property and Support Services due to the initial impact of the planned yearend spend on backlog maintenance.

6.2. The under spend is spread across Corporate Departments (£0.566m), Central Services (£0.608m) and Property and Support Services (£0.704m). £0.608m of this will be removed from budget as it represents agreed savings plans, still leaving a better than planned position at month 11. The under spend will be used non recurringly to close the gap in the original savings plan list.

**Table 5 - Headquarters / Corporate Functions 2017/18**

| | Budgeted Operating Costs 28/02/2018 £M | Actual Operating Costs 28/02/2018 £M | Actual saving / (excess) 28/02/2018 £M |
|---|---|---|---|
| Pay | 51.568 | 49.474 | 2.094 |
| Non Pay | 95.337 | 95.553 | (0.216) |
| Gross operating costs | 146.905 | 145.027 | 1.878 |
| Less: miscellaneous income | (5.649) | (5.649) | 0.000 |
| **Net operating cost** | **141.256** | **139.378** | **1.878** |

## 7. Service Level Agreements/Other Healthcare Providers

7.1. Service Level Agreements and Other Healthcare Providers are provisionally reporting an over spend of £0.126m for the period to the end of February 2018, as detailed in table 6 an increase of £0.015m from the previous month.

**Table 6 - Service Agreements / Other Healthcare Providers 2017/18**

| | Budgeted Operating Costs 28/02/2018 £M | Actual Operating Costs 28/02/2018 £M | Actual saving / (excess) 28/02/2018 £M |
|---|---|---|---|
| Service Level Agreements | 153.082 | 152.828 | 0.254 |
| Unpacs and Oats | 17.674 | 18.117 | (0.443) |
| Independent Sector | 0.705 | 0.642 | 0.063 |
| **Net operating cost** | **171.461** | **171.587** | **(0.126)** |

7.2. The above figures anticipate an increase in the cost of Lanarkshire's agreement with Glasgow beyond the inflationary uplift of 0.4% due to a combination of revised pricing following the move to the Queen Elizabeth Hospital and activity increases in some specialties. Resolution in principle has been reached on the disputed Glasgow delayed discharge invoices. Although these have not yet been withdrawn, no further invoices have been raised since October. The Director of Finance of NHS Greater Glasgow & Clyde has been contacted again to ask for written confirmation that the invoices will be withdrawn. A reply is awaited. NHS Lanarkshire, as have all other Boards, made clear from the outset they do not regard the invoices as a valid charge and will not pay them, nor recognise them in their accounts.

## 8. CRES / Efficiency

8.1. Through the LDP process, Board's have traditionally been given a minimum target of achieving cash releasing efficiency savings equal to 3% of their recurring baseline allocation which equates to £33.897m for NHS Lanarkshire.

8.2. To balance the financial plan in 2017/18 the Board estimated it needed to release £36.112m of cash from budgets (or reduce existing cost pressures) through efficiency savings (CRES). At the time of submitting the final LDP the Board had identified proposals for all but £6.586m of this total. A further assessment of savings and cost estimates carried out as at 28th February 2018 shows us £0.061m ahead of target. This has been achieved by recognising additional savings from the corporate underspends and the productivity gains from the hospital at home initiative and the highly successful continence project in selected care homes.

8.3. Whilst in year balance can be achieved by a mixture of recurring and non recurring means, ongoing financial stability depends on savings being delivered recurringly. In the month 11 submission to Scottish Government £9.556m of savings to date have been labelled as non recurring, with £9.891m being the forecast year end reliance. Within the spectrum of savings classed as non recurring however, there are ones which, although not guaranteed on a permanent basis, do have the prospect of continuing into future years.

8.4. The performance to date is £0.338m below the straight line trajectory used for simplicity at the time of the LDP however £0.677m ahead our more sophisticated internal revised plan as shown in table 7.

**Table 7**

| LDP description | LDP Plan £m | Revised Plan £m | Plan to date £m | Actual to Date £m |
|---|---|---|---|---|
| Service productivity | 5.341 | 10.092 | 7.297 | 9.360 |
| Drugs & Prescribing | 6.876 | 7.913 | 7.458 | 7.604 |
| Procurement | 3.230 | 3.764 | 3.581 | 2.041 |
| Workforce | 1.427 | 2.901 | 2.685 | 2.675 |
| Support Services (Non-Clinical) | 2.245 | 1.888 | 1.591 | 1.610 |
| Estates & facilities | 0.330 | 0.517 | 0.437 | 0.436 |
| Shared Services | 0.115 | 0.115 | 0.115 | 0.115 |
| Other | 9.962 | 8.983 | 8.375 | 8.375 |
| Unidentified Savings | 6.586 | - | - | - |
| **Total** | **36.112** | **36.173** | **31.539** | **32.216** |

## 9. Capital

9.1 The initial NHS Lanarkshire Capital Formula Allocation for 2017/18 of £12.392m was supplemented a £2m central contribution to the theatre refurbishment, permission to £0.04m property receipts to support capital plans and a further £0.340m central contribution to be repaid from receipts in 18/19.

9.2 Funding to support HEPMA and LIMS has been played in through a revenue to capital transfer. As our high capital requirements (Theatres, Monklands business continuity, Regional Cardiac Catheterisation Laboratory replacement on top of other equipping and service needs) outstrip the capital funding available, a further transfer from revenue was necessary to support the programme of essential works.

9.3 The HEPMA implementation programmes spans 2 financial years and the LIMS implementation 3. Scottish Government has approved our request to phase the accumulated funding over the revised implementation timetables for these projects.

9.4 Expenditure to the value of £12.742m has been incurred in the first eleven months as detailed in Annex B.

## 10. Development and Approvals

At the Corporate Management Team on the 19th of February an SBAR was received recognising that paying bank staff for the time they spent on mandatory training would cost £0.286m. Although further work has to be done on the practicalities of implementing this, the CMT agreed that the current position of unpaid training could act as a deterrent to joining the bank and increase agency costs and the proposal to pay was approved. This will impact on 18/19 costs, though the initial outlay could be offset by reduced agency costs.

As described in 5.4, it is proposed that the Board, on a one off basis, increases the prescribing budget offered to the IJB to cover the £1.6m forecast yearend over spend caused by market short supply factors.

## 11. Risk Assessment

It is believed, particularly with the proposal to offer additional funding for GP prescribing, the risks identified in the financial plan have now all been successfully mitigated.

It is believed an agreement in principle has been reached to recognise some of the legitimate additional cost pressures being experienced by NHS Greater Glasgow & Clyde in delivering care to Lanarkshire residents on the proviso Glasgow withdraws invoices not regarded to be valid by every other Board. NHS Greater Glasgow & Clyde has been contacted again to request, at a minimum, that we receive written confirmation that the credit notes will be issued and a reply is awaited. Given NHS Lanarkshire’s position has been clear from the outset the residual risk from the continued existence of these invoices is regarded as negligible.

The risk of not achieving the yearend financial targets is now judged to be low.

## 12. Conclusion

The Board is asked to approve:

- The issue of £1.6m additional prescribing budget on a one off basis to the IJBs to cover the in year prescribing over spend.

The Board is asked to note:

- the actual revenue under spend of £0.004m as at 28 February 2018, £0.553m better than the LDP trajectory of £0.549m;

- The decision by CMT that the mandatory training undertaken by bank staff will need to be paid in future, leading to a maximum potential cost increase of £0.286m;

- the £32.217m of efficiency savings recorded as achieved to date and the forecast that we will demonstrate achievement of our initial target;

- the £12.742m expenditure to 28 February 2018 against the revised capital plan of £20.861m;

- the low residual risk rating highlighted in section 11.

**LAURA ACE**
**DIRECTOR OF FINANCE**
**20 March 2018**

**ANNEX A**

# REVENUE RESOURCE LIMIT 2017/18

| | Baseline Recurring £M | Earmarked Recurring £M | Non Recurring £M | Total £M |
|---|---|---|---|---|
| **Core Revenue Resource Limit as at 31 January 2018** | **1,136.128** | **12.895** | **90.564** | **1,239.588** |
| National IV Fluid Improvement Programme | 0.000 | 0.000 | 0.060 | 0.060 |
| SDAI reverse allocation GS MC | 0.000 | 0.000 | (0.073) | (0.073) |
| HNC Continuing Students - 2nd Quarter Payment | 0.000 | 0.000 | 0.004 | 0.004 |
| HNC Year 1 Funding - 2nd Quarter Payment | 0.000 | 0.000 | 0.010 | 0.010 |
| Trauma & Orthopaedics | 0.000 | 0.000 | 0.105 | 0.105 |
| **Core Revenue Resource Limit as at 28 February 2018** | **1,136.128** | **12.895** | **90.670** | **1,239.693** |
| **Non Core Revenue Resource Limit as at 31 January 2018** | **0.000** | **0.000** | **28.023** | **28.023** |
| | 0.000 | 0.000 | 0.000 | 0.000 |
| | 0.000 | 0.000 | 0.000 | 0.000 |
| | 0.000 | 0.000 | 0.000 | 0.000 |
| | 0.000 | 0.000 | 0.000 | 0.000 |
| **Non Core Revenue Resource Limit as at 28 February 2018** | **0.000** | **0.000** | **28.023** | **28.023** |
| **Total Revenue Resource Limit as at 28 February 2018** | **1,136.128** | **12.895** | **118.693** | **1,267.716** |

**ANNEX B**

| NHS LANARKSHIRE<br>CAPITAL EXPENDITURE TO 28th February 2018 | | | |
|---|---|---|---|
| | **2017/18<br>LDP<br>£M** | **2017/18<br>Forecast<br>£M** | **Actual<br>£M** |
| **Initial Capital Formula Allocation:** | **12.392** | **12.392** | **12.742** |
| **Capital Resource limit adjustments:** | | | |
| Additional Central Resource Allocation | 2.000 | 2.000 | |
| Capital Resource Limit Adjustments | 2.182 | 6.341 | |
| **ADJUSTED NET ALLOCATION** | **£16.574** | **£20.733** | **£12.742** |
| **Disposal Programme:** | | | |
| Property Disposals | 3.050 | 0.128 | |
| Property Disposals returned to S.G. | | | |
| | **£3.050** | **£0.128** | **£0.000** |
| | | | |
| | **£19.624** | **£20.861** | **£12.742** |
| **CAPITAL EXPENDITURE:** | | | |
| **Business Cases** | | | |
| Monklands general business continuity | 2.352 | 3.053 | 1.977 |
| Monklands Theatres/ICU | 4.282 | 3.976 | 3.394 |
| Decontamination estates work | 1.200 | 1.735 | 1.799 |
| Acute Property Works | 1.313 | 1.655 | 1.205 |
| HUB Investment | 0.000 | 0.289 | 0.289 |
| New Monklands Fees | 0.500 | 0.300 | 0.148 |
| | **£9.647** | **£11.008** | **£8.812** |
| **Medical Equipment** | 5.069 | 6.148 | 3.327 |
| | **£5.069** | **£6.148** | **£3.327** |
| **Capital Grants** | | | |
| | **£0.000** | **£0.000** | **£0.000** |
| **Other Expenditure** | | | |
| Statutory Maintenance | 0.000 | 0.000 | 0.000 |
| PSSD Equipment | 0.075 | 0.075 | 0.000 |
| *subtotal* | **£0.075** | **£0.075** | **£0.000** |
| I.M.&T Projects | 4.833 | 3.630 | 0.603 |
| | **£4.908** | **£3.705** | **£0.603** |
| | | | |
| **TOTAL CAPITAL EXPENDITURE** | **£19.624** | **£20.861** | **£12.742** |
| | | | |
| **(OVER) / UNDER COMMITTED** | **£0.000** | **£0.000** | **£0.000** |