

NHS Board Meeting
25th March 2020

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



SUBJECT: FINANCE REPORT FOR THE PERIOD ENDED 29 FEBRUARY 2020

1. PURPOSE

This paper is coming to the Board:

For approval	<input type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input checked="" type="checkbox"/>
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2. ROUTE TO THE BOARD

As agreed, this report comes straight to the Board from the Director of Finance. The Acute Governance Committee and Health and Social Care Partnership Management Teams receive financial reports for their own area.

The paper has been:

Prepared	<input checked="" type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input type="checkbox"/>
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by the Director of Finance.

3. SUMMARY OF KEY ISSUES

At the end of February 2020 the Board is reporting a £0.016m under spend which is £0.016m better than the financial plan year to date trajectory. This includes a reported over spend within the Acute Division of £3.740m plus the return of 3 tranches of funding to the Scottish Government to reflect their intended use in 2020/21. The forecast is that we will end the year within our agreed Revenue Resource Limit.

The Board's financial plan relied on £17.754m of savings to bridge the gap between predicted cost growth and the allocation uplift and opened with a gap of £2.103m. The gap has been closed and the target exceeded, largely through identifying national opportunities for cost reduction. A significant element of the savings were delivered on a one off basis and so 2020/21 opens with a recurring gap of £8.853m.

Demands against capital in 2019/20 had exceeded the Capital Resource Limit from the outset. Property receipts, initially forecast at £4.075m, delivered £2.113m in year as some sales took longer to conclude. A pre-existing agreement with Scottish Government for temporary bridging finance was enacted and £1.4m called down to be repaid when properties are sold. Rather than defer essential expenditure into the following year, which was equally overcommitted, £1.685m was then transferred from revenue to capital to fund the projected expenditure as at February. Any further movements between then and the yearend are expected to be small and are being managed between the different lines in the plan.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	AOP	<input checked="" type="checkbox"/>	Government policy	<input type="checkbox"/>
Government directive	<input checked="" type="checkbox"/>	Statutory requirement	<input checked="" type="checkbox"/>	AHF/local policy	<input type="checkbox"/>
Urgent operational issue	<input type="checkbox"/>	Other	<input type="checkbox"/>		

5. CONTRIBUTION TO QUALITY

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

Three Quality Ambitions:

Safe	<input type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input type="checkbox"/>
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Six Quality Outcomes:

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

6. MEASURES FOR IMPROVEMENT

Achievement of AOP agreed position for revenue resource limit, capital resource limit and efficiency target.

7. FINANCIAL IMPLICATIONS

As set out in the paper.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

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 Management	<input checked="" type="checkbox"/>				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

An E&D Impact Assessment has not been completed

Yes
No

This is a factual position report prepared from information in the financial ledger. It contains no proposals with an equality and diversity impact.

11. CONSULTATION AND ENGAGEMENT

This is a 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:

Approve	<input type="checkbox"/>	Endorse	<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	<input type="checkbox"/>

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact *Laura Ace, Director of Finance* Telephone: 01698 858190.

17 March 2020

Meeting of Lanarkshire
NHS Board
25th March 2020

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SUBJECT: FINANCE REPORT FOR THE PERIOD ENDED 29 FEBRUARY 2020

1. PURPOSE

The attached report provides the Board with an update on financial performance up to 29th February 2020.

2. CONTENT/SUMMARY OF KEY ISSUES

The Board is expected to live within its Revenue Resource limit (RRL). The 2019/20 annual operating plan submitted to the Scottish Government Health and Social Care Department (SGHSCD) forecast £17.754m of savings would be required to achieve this, of which £2.103m had still to be identified. By 31st October 2019 the gap had been closed and the target has now been exceeded. There remains a recurring gap of c £8.8m which will roll forward into 2020/21.

At the end of February 2020 the Board is reporting expenditure £0.016m under budget. This is £0.016m better than the financial plan year to date trajectory. As part of the medium term financial planning 3 tranches of funding, totalling £9.481m have been returned to SGHSCD for reallocation in 2020/21 to better match with the expenditure profile.

The Acute Division overspend has increased to £3.740m with increased unscheduled care bed numbers and staffing mainly behind the rise. The over spend against the pay budget at £2.697m is £1.179m more than at this point in the previous year with the nursing and healthcare scientist costs showing the largest increase. Corporate areas and both Health and Social Care Partnerships are under budget.

Additional expenditure on preparing for Covid 19 is being logged. National financial support is likely to be available and Boards have been asked to submit plans.

The capital plan for 2019/20 is on track, despite the slow start to the year. It has now been confirmed neither of the 2 outstanding property sales will complete in year and as previously agreed with SGHSCD £1.4m of capital funding provided will be repaid when the sales materialise. £1.685m was transferred in from revenue to support the residual over commitment. There has been minor slippage in the final two months but this has been managed through flexibility between different capital schemes.

3. CONCLUSION

The Board is asked to note that financial plans remain on trajectory, with high confidence on year end delivery.

4. FURTHER INFORMATION

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

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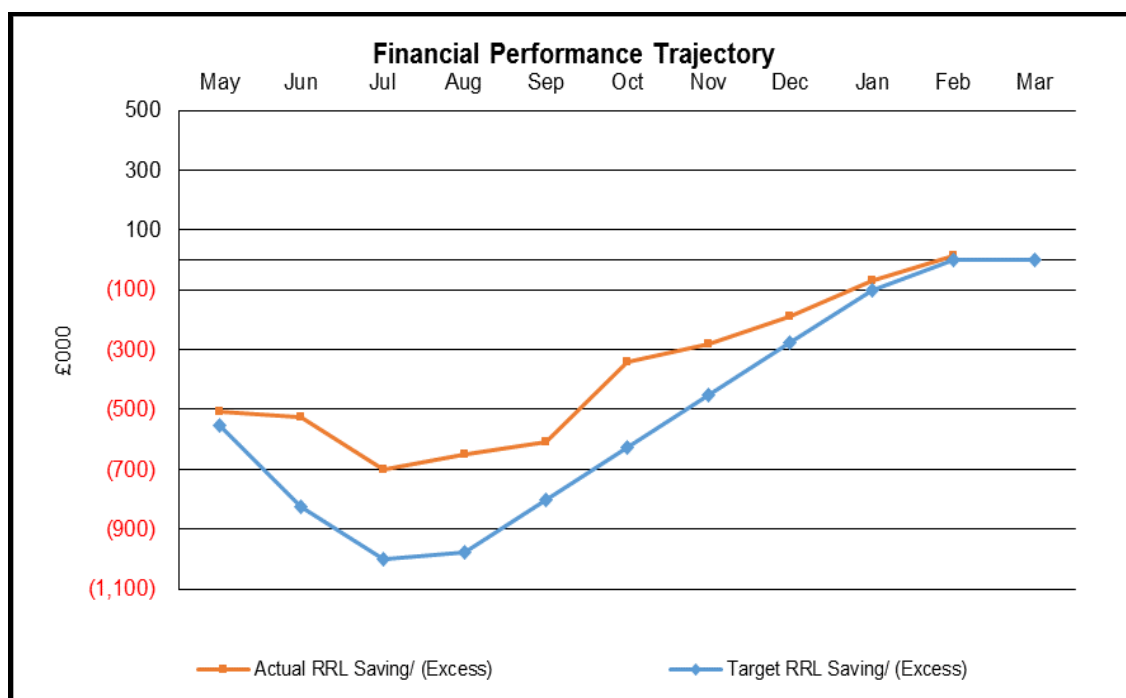
NHS LANARKSHIRE FINANCE REPORT FOR THE PERIOD ENDED 29 FEBRUARY 2020

1. Introduction

- 1.1. The purpose of this report is to provide the Board with a summary of revenue and capital financial performance for the eleven months of 2019/20.

2. Overview

- 2.1 The 2019/20 financial plan was submitted to the Scottish Government Health and Social Care Department (SGHSCD) in March 2019. In order to meet anticipated unavoidable cost rises £17.754m of efficiency savings were needed. At the time of submitting the plan, £2.103m of those still had to be identified so the initial trajectory in the graph below assumed expenditure would exceed income until August 2019 at which point the Board would have implemented plans for financial balance and would see an improvement in the second half of the year.
- 2.2 Performance to date is £0.016m better than trajectory, even taking account of additional unscheduled care costs.



- 2.3 The Divisional split of the £0.016m under spend to the end of February 2020 is set out in table 1.

	YTD Budget £M	YTD Actual £M	YTD Variance £M
Acute Operating Division	356.084	359.824	(3.740)
North Lanarkshire Health & Social Care Partnership	268.545	264.036	4.509
South Lanarkshire Health & Social Care Partnership	370.673	370.155	0.518
Headquarters / Corporate Functions	148.407	146.183	2.224
Service Level Agreements / Other Healthcare Providers	186.798	186.832	(0.034)
NHSL - wide	(22.646)	(24.212)	1.566
Net operating costs	1,307.861	1,302.818	5.043
Remove IJB Position	(639.218)	(634.191)	(5.027)
Revised Net operating costs	668.643	668.627	0.016

3 Revenue Resources

- 3.1 At the end of February 2020, the Core Revenue Resource Limit (RRL) for NHS Lanarkshire was £1,343.557m and the Non-Core Revenue Resource Limit was £30.421m, details of which are noted in Annex A.
- 3.2 Following discussions with SGHSCD about changing the phasing of elements of funding to reallocate it to future years to match the timing of expenditure, this has now been agreed and an adjustment to return £3m in respect of waiting times and £6m for infrastructure projects has been processed through February allocation letter.
- 3.3 Where funding is being issued for a specific purpose the assumption is that it will be wholly spent achieving those aims and so will have no impact on the bottom line. This year Scottish Government are asking that, for a number of ring fenced allocations including primary care, mental health and addictions, the IJB's first use up any associated reserves before calling down this year's allocation. Returns forecasting 2019/20 expenditure were submitted in November 2019 to support this process and the February allocation letter now includes confirmed resources of £1.972m from the Primary Care Improvement Fund to meet our projected expenditure.

- 3.4 Funding in respect of GP Premises (£0.370m) which we have confirmed will not be wholly spent in 19/20 has been returned. Scottish Government has confirmed they will release all of the funding back to us in 20/21.

4 Acute Division

- 4.1 In 2018/19 the Acute Division overspent its budget by £3.684m. The efficiency plans for 2019/20 tackled several areas of pay and supplies overspend which, if delivered would reduce the over spend to a maximum of £2.683m. As detailed in Table 2, the Acute Division is reporting an over spend of £3.740m for the period to the end of February 2020 and is forecast to end the year with a deficit of circa £4m.
- 4.2 The Acute Division's efficiency plan sees it being able to return a minimum of £2.734m of efficiency savings from budgets to recirculate to fund pay and drug cost increases. £2.734m of efficiency savings achieved to date have been removed from budgets and returned centrally.

	Budgeted Operating Costs 29/02/2020 £M	Actual Operating Costs 29/02/2020 £M	Actual saving / (excess) 29/02/2020 £M
Pay	290.234	292.931	(2.697)
Non Pay	94.653	95.696	(1.043)
Healthcare Purchases	6.418	6.418	0.000
Gross operating costs	391.305	395.045	(3.740)
Less: miscellaneous income	(35.221)	(35.221)	0.000
Net operating cost	356.084	359.824	(3.740)

- 4.3 The medical staffing budget is overspent by £0.266m as at 29th February 2020, down on last month's £0.363m. This compares with an over spend of £0.667m for the same period of 2018/19. Efficiency schemes linked to reducing agency costs should have led to a reduction of approximately 40%. Across the Monklands site there has been success in reducing locum costs within Respiratory, Dermatology and Gastroenterology and there are plans for Urology.
- 4.4 Healthcare scientists are 5.0% (£0.905m) over budget, £0.425m more than the 11 months of the previous year. Multiple factors contribute to this including more staff on higher increments, sickness absence, maternity leave and agency costs. An in depth review is underway.

- 4.5 The nursing budget is overspent by £1.920m as at 29th February 2020, £1.400m more than the 11 months of the previous year. The efficiency proposals to control agency spend and make best use of substantive staffing should have led to a 62% reduction in the previous level of overspend. The rate of overspend increased in January although this has slowed down in February as additional unscheduled care capacity is now being covered by the winter plan.
- 4.6 The expenditure on hotel services in the 11 months of 2019/20, is £0.152m (8.8%) more than in the 11 months of the previous year and £0.480m over budget. A new contract was awarded to provide transport for patients, securing a lower price for the service. However patient numbers have since increased across the Wishaw and Monklands sites, in particular the specialist transport for renal patients.
- 4.7 At £49.527m the 11 month's Lanarkshire hospitals drug spend is 4.6% more than at the same point last year. As expected the monthly drugs cost is increasing as the expansion in use of new drugs happens. This has led to the budget being £0.421m overspent and is another factor behind the step up in divisional overspend between months 10 and 11.

5 Health and Social Care Partnerships

- 5.1 Across the Health and Social Care Partnerships, there is an under spend of £5.027m for the period to the end of February 2020 (North IJB - £4.509m; South IJB - £0.518m). Based on 9 months data a prescribing underspend of £1.7m has been recognised in North, likely to grow by the year end. South however sits £0.250m overspent in prescribing.
- 5.2 Work is underway to determine how much of the overall underspend relates to specific funding or projects that would be regarded as ring-fenced or already forward committed.

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

	Budgeted Operating Costs 29/02/2020 £M	Actual Operating Costs 29/02/2020 £M	Actual saving / (excess) 29/02/2020 £M
Pay	120.780	118.411	2.369
Non Pay	75.651	75.390	0.261
Prescribing	65.173	63.473	1.700
Sub Total	261.604	257.274	4.330
Primary Care Improvement Fund	0.000	0.000	0.000
Share of Primary Care Other Services	6.941	6.762	0.179
Family Health Services	0.000	0.000	0.000
Net operating cost	268.545	264.036	4.509

	Budgeted Operating Costs 29/02/2020 £M	Actual Operating Costs 29/02/2020 £M	Actual saving / (excess) 29/02/2020 £M
Pay	58.081	56.614	1.467
Non Pay	59.603	60.591	(0.988)
Prescribing	60.754	61.004	(0.250)
Sub Total	178.438	178.209	0.229
Primary Care Improvement Fund	3.706	3.589	0.117
Share of Primary Care Other Services	6.668	6.496	0.172
Family Health Services	181.861	181.861	0.000
Net operating cost	370.673	370.155	0.518

6 Headquarters / Corporate Functions

6.1 The Headquarters and Corporate Functions are reporting an under spend of £2.224m for the period to the end of February 2020, as detailed in Table 5, an increase of £0.305m from the previous month.

	Budgeted Operating Costs 29/02/2020 £M	Actual Operating Costs 29/02/2020 £M	Actual saving / (excess) 29/02/2020 £M
Pay	60.760	57.922	2.838
Non Pay	94.277	94.891	(0.614)
Gross operating costs	155.037	152.813	2.224
Less: miscellaneous income	(6.630)	(6.630)	0.000
Net operating cost	148.407	146.183	2.224

- 6.2 The under spend is spread across Corporate Departments (£1.207m), Central Services (£0.345m) and Property and Support Services (£0.672m).
- 6.3 The majority of target savings have been deducted from budgets so this performance continues to be reassuring.

7 Service Level Agreements/Other Healthcare Providers

- 7.1 Service Level Agreements and Other Healthcare Providers are provisionally reporting an over spend of £0.034m for the period to the end of February 2020, as detailed in table 6, a movement of £0.090m from the previous month's under spend as more information about this year's likely Service Level Agreement levels are factored in.

	Budgeted Operating Costs 29/02/2020 £M	Actual Operating Costs 29/02/2020 £M	Actual saving / (excess) 29/02/2020 £M
Service Level Agreements	165.867	165.377	0.490
Unpacs and Oats	20.393	20.995	(0.602)
Independent Sector	0.538	0.460	0.078
Net operating cost	186.798	186.832	(0.034)

- 7.2 The uplift to be applied to agreements for 2019/20 has recently been agreed at 5.38%. This is made up of a standard uplift of 2.54% and a further 2.84% to recognise the impact of funding the 6% additional superannuation cost arising from the change to the discount rate in the scheme valuation. Service Level Agreements with some other Boards have been received and are currently under discussion.

8 CRES/Efficiency

- 8.1 To balance the financial plan in 2019/20 the Board needed to release £17.754m of cash from budgets through efficiency savings (CRES). At the time of submitting the financial plan the Board had identified proposals for all but £2.103m of this total.
- 8.2 Table 7 gives a provisional assessment of month 11 performance against the Annual Operational Plan (A.O.P) submission.

Financial Plan description	Annual Operating Plan £m	Revised Annual Plan £m	Plan to date £m	Actual to Date £m
Service redesign	0.632	0.690	0.649	0.674
Drugs & prescribing	2.787	2.847	2.809	2.882
Workforce	0.620	0.631	0.584	0.606
Procurement	0.216	5.447	5.406	5.406
Infrastructure	1.339	1.548	1.548	1.548
Other	5.742	5.194	4.974	4.974
Financial Management / Corporate Initiatives	-	-	-	-
Unidentified Savings	2.103	-	-	-
Total Core NHS Board Savings	13.439	16.357	15.970	16.090
Savings delegated to Integration Authorities	4.315	4.344	4.174	4.323
Total Savings Required	17.754	20.701	20.144	20.413

- 8.3 The split of the £17.754m AOP savings was £8.260m recurring, £9.494m non-recurring. Delivery to date is broadly in line with that.
- 8.4 £2.731m of savings have been removed from the Acute Division budgets and then recirculated within the financial plan to fund pay, drugs and other cost pressures within the Division. This is in line with targets. A further £1.317m of efficiency was planned to be delivered by reducing overspends against existing budgets. This would equate to the Acute Division reducing its year end overspend to no more than £2.683m. This is not expected to be achieved with targeted temporary workforce savings now highly unlikely and consumable savings taking longer to materialise.

- 8.5 IJB's received the agreed 2.5% allocation uplift and therefore had to identify efficiency savings to meet any cost growth predicted in excess of this. Almost all the savings have been deducted from budget, holding the funding to recirculate alongside the 2.5% uplift. Based on information from the pharmacy team about initiatives successfully in place the combined £1.640m of prescribing efficiencies is on track and may achieve slightly more.
- 8.6 The £2.103m gap in opening savings plans has been closed through additional rebates and discounts from national negotiations, a one off benefit in our CNORIS premium and some additional corporate savings. The rebates continue to grow which is why the forecast achievement now sits at £20.701m against the opening target of £17.754m.
- 8.7 In preparation for a higher level of savings in 2020/21, the focus on efficiency and sustainable financial solutions to service issues is being enhanced. The CMT will dedicate one session a month for programme oversight of an expanded efficiency review. This has been in place since June 2019.

9. Capital

- 9.1 The initial capital formula allocation was £12.392m, no change from the previous year. NHS Lanarkshire is also be allowed to retain property receipts to support capital plans and has received £2.200m towards the Monklands replacement or refurbishment business case. The initial plan relied on £4.075m receipts, £2.113m of which have been secured to date. 2 sales scheduled to complete in 2019/20 will now not be concluded until 2020/21 and, in line with an underwritten agreement negotiated earlier in the year, £1.400m of additional capital funding will be supplied by SGHSCD to cover existing capital commitments. It will be repaid from the sale proceeds when they materialise.
- 9.2 Expenditure to the value of £9.334m has been incurred in the eleven months up to the 29th February 2020 as detailed in Annex B.
- 9.3 The £5.8m risk based programme of business continuity work, endorsed at the PPRC of 11th April 2019 and approved in the May 2019 Board meeting, has been commissioned and taken through the design stages with on-site work commencing in June 2019. There has been a small degree of slippage with forecast in year expenditure now sitting at £5.544m. Reactive maintenance, supported through revenue funding, continues as required. As notified to the PPRC in December 2019, approval to advance commission the fire safety work for 2020/21 has already been given as a first call on that years' capital.

- 9.4 A prioritised medical equipment programme has been agreed through the core equipment group and capital investment group. Approval has been given to allow more equipment replacement through the 2019/20 plan in order to relieve the pressure in the 2020/21 plan caused by high value projects such as the 24 beds at Wishaw and the vascular theatre at Hairmyres on top of the Monklands business continuity work. This has been facilitated by an increase in the revenue to capital transfer which in turn has been made possible by the better than trajectory revenue performance.
- 9.5 In the current month it was recognised that the work to create the 24 bedded ward in Wishaw was proceeding at a slower pace than budgeted so there was a temporary reallocation of funding to medical equipment which will be reversed next year.

10. Development and Approvals

- 10.1 Since the March 2019 Financial Plan there have been no additional recurring commitments made by NHS Lanarkshire. The Board has been advised of the early opening of surge beds to cope with current demand and the higher than budget winter costs. The transfer from revenue to capital has been increased in year to cover the residual over commitment flagged as a risk from the outset and to allow some equipment purchases which will ease the pressure in 2020/21. National costs relating to new approved national specialist services, the clinical waste contingency and the Microsoft Office 365 deal have been built in to the financial estimates.
- 10.2 In December an additional £0.150m was provided to each IJB to keep the level of beds taken up with delayed discharges across Lanarkshire to under 200 on any given day. An agreement was also reached with both Councils and IJBs over action to be taken when occupancy on acute sites reached critical levels to rapidly reduce the number of patients who were clinically safe to leave but were awaiting a social care input. This may have additional funding requirements over and above the £0.300m and monitoring arrangements are being put in place. Sources of funding may include any specific funding given by SGHSCD and IJB underspends though all sources will be looked at flexibly.

11. Risk Assessment

At his point in the year the likelihood of events that could derail progress towards achieving the financial targets has diminished and the overall risk assessment has been reduced to low. The risks previously highlighted from rising drug expenditure, additional capacity in the system, any Brexit impact and

the superannuation increase on expanding areas are still pertinent to 2020/21 but have been managed in 2019/20.

The rapid escalation in measures to prepare for Covid 19 is generating additional expenditure. Mechanisms are in place to track this. The largest impact will be felt in 2020/21, with the 2019/20 element manageable.

12. Conclusion

The Board is asked to note:

- the actual revenue under spend of £0.016m as at 29 February 2020;
- the assessment that month 11 is on trajectory;
- the risks highlighted in section 11 which at this stage have more relevance to 2020/21;
- the re-phasing of funding between 2019/20 and 2020/21;
- That the capital plan, with minor late adjustments, will be delivered within the previously agreed envelope.

LAURA ACE
DIRECTOR OF FINANCE
17 March 2020

ANNEX A**REVENUE RESOURCE LIMIT 2019/20**

	Baseline Recurring £M	Earmarked Recurring £M	Non Recurring £M	Total £M
Core Revenue Resource Limit as at 31 January 2020	1,230.153	118.694	2.139	1,350.986
Thrombectomy	0.000	0.000	0.011	0.011
Agreed carry forward to 2020-21	0.000	0.000	(6.000)	(6.000)
Return of additional activity funding	0.000	0.000	(3.011)	(3.011)
Therapeutic Drug Monitoring - Top slice	0.000	0.000	(0.031)	(0.031)
Supporting improvements to GP premises	0.000	0.000	(0.370)	(0.370)
Primary Care Improvement Fund 2019-20 Tranche 3	0.000	1.972	0.000	1.972
Core Revenue Resource Limit as at 29 February 2020	1,230.153	120.665	(7.262)	1,343.557
Non Core Revenue Resource Limit as at 31 January 2020	0.000	0.000	30.421	30.421
	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 29 February 2020	0.000	0.000	30.421	30.421
Total Revenue Resource Limit as at 29 February 2020	1,230.153	120.665	23.159	1,373.978

ANNEX B

NHS LANARKSHIRE			
CAPITAL EXPENDITURE TO 29th February 2020			
	2019/20 Plan £M	2019/20 Forecast £M	Actual £M
Initial Capital Formula Allocation:	12.392	12.392	5.567
Capital Resource limit adjustments:			
Additional Central Resource Allocation	2.562	5.761	1.654
LATEST CAPITAL RESOURCE LIMIT	£14.954	£18.153	£7.221
Anticipated Capital Resource Limit Adjustments :			
Forensic Medical Services	0.000	0.089	
	£0.000	£0.089	£0.000
Other Income Adjustments:			
Other Income	0.017	0.017	
	£0.017	£0.017	£0.000
Disposal Programme:			
Property Disposals	4.075	2.113	2.113
Property Disposals returned to S.G.	0.000	0.000	0.000
	£4.075	£2.113	£2.113
	£19.046	£20.372	£9.334
<u>CAPITAL EXPENDITURE:</u>			
<u>Business Cases</u>			
Monklands general business continuity	5.800	5.580	3.020
Acute Property Works	3.230	2.116	0.582
New Monklands Fees	2.400	2.200	1.654
	11.430	9.896	5.256
<u>Medical Equipment</u>	4.600	8.193	3.647
	4.600	8.193	3.647
<u>Other Service Developments</u>			
Northern Corridor	0.020	0.020	0.016
	0.020	0.020	0.016
<u>Other Expenditure</u>			
Statutory Maintenance	0.173	0.041	0.030
PSSD Equipment	0.280	0.322	0.000
<i>subtotal</i>	0.453	0.363	0.030
I.M.&T Projects	2.543	1.900	0.385
	2.996	2.263	0.415
TOTAL CAPITAL EXPENDITURE	£19.046	£20.372	£9.334
(OVER) / UNDER COMMITTED	£0.000	£0.000	£0.000