

NHS LANARKSHIRE FINANCE REPORT FOR THE PERIOD ENDED 31 JULY 2023

1. Introduction

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

2. Overview

- 2.1. The Board's opening financial plan projected a £68.485m gap between its recurring budget and ongoing expenditure, offset by £11.980m of non-recurring money leaving a £56.505m in year gap to be resolved by efficiencies or other means.
- 2.2. The Board was given permission by SGHSCD to add £5.9m to its original deficit projection to permanently invest in Operation Flow. This would take the recurring gap to £74.385m and the in year gap before savings to £62.405m.
- 2.3. The June allocation letter contains £14.933m in additional sustainability funding and £12.312m non recurring funding for new medicines. Applying both to the NHS Board position would reduce the forecast in year gap before savings to £35.160m.
- 2.4. In the Annual Operating Plan (AOP) the Board indicated it could find c £22m of in year savings, which based on the original submission, took the forecast in year gap to £34.132m. Factoring in the movements in 2.2 and 2.3, delivering these savings would now take the forecast in year gap to £13.160m. However, so far, only £17.042m of potential savings have been identified (with a saving from agency still to be quantified) so the forecast deficit sits higher than SG would expect. Quantifying and delivering agency savings is a key task.
- 2.5. In addition, the Acute Division at month 4 is overspent by more than was anticipated in the opening financial plan. Even taking account of the underspends in some areas this still leaves a net problem at month 4 of £1.117m which, even if it were not to continue for the rest of the year, would still leave us with a forecast gap of £19.241m. These movements from the original plan are set out in Annex B. Work on understanding and reversing the increase in deficit has been escalated.
- 2.6. 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 recurring impact of the identified savings schemes in 2024/25 is currently estimated at £3.441m for the NHS Board and £1.930m for the IJBs. Work continues to identify options to narrow the gap.

- 2.7. The narratives and figures above apply to the budgets directly managed by the NHS Board. The IJBs face a different cost and income profile. The absence of a carried forward recurring gap, the presence of reserves and a degree of insulation from some of the higher cost items such as hospital drugs and energy mean there is more confidence the health budgets within the IJBs could breakeven in year. However, a continued increase in the volume of items dispensed and the average cost per item is outstripping the 2% allocation increase to the GP prescribing budget. Information is 3 months in arrears but based on the April 2023 expenditure, the overspend at 31 July 2023 is estimated at £6.186m. North HSCP has more resilience in its budgets and reserves to absorb the pressure in 2023/24 than South. Without further action the prescribing cost increase would take the health budgets of South IJB into deficit.
- 2.8. The table below gives the summary by Division at the end of July 2023. 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	164.620	173.980	(9.360)
North Lanarkshire Health & Social Care Partnership	116.072	115.973	0.099
South Lanarkshire Health & Social Care Partnership	163.059	163.514	(0.455)
Estates, E-health and Other Corporate Functions	79.611	79.084	0.527
Service Level Agreements / Other Healthcare Providers	76.858	76.277	0.581
NHSL - wide	(22.106)	(21.935)	(0.171)
Net operating cost	578.114	586.893	(8.779)
Remove IJB Position	(279.131)	(279.487)	0.356
Revised Net operating cost	298.983	307.406	(8.423)

- 2.9. The requests for capital funding in 2023/24 currently exceed the budget available by £9.632m, more than at the time of submitting the AOP. This is after taking account of £0.487m additional National Infrastructure Board funding notified in July. The commitments to 31 July exceed available budget by £1.558m (£1.770m at time of writing). As at 23 August SG do not anticipate there being additional capital funding released so recognising slippage, prioritisation and slower starts for the projects not yet commenced are all likely management options for remaining within the Capital Resource Limit.

3. Revenue Resources

- 3.1. At the end of July 2023, the Core Revenue Resource Limit (RRL) for NHS Lanarkshire was £1,568.415m, details of which are noted in Annex A.
- 3.2. The July 2023 Core Revenue Resource Limit includes the following confirmed resources for Health and Social Care Partnerships; £16.689m being the first tranche from the Primary Care Improvement Fund, £4.975m for Alcohol and Drug Partnerships and £0.937m for District Nursing posts.

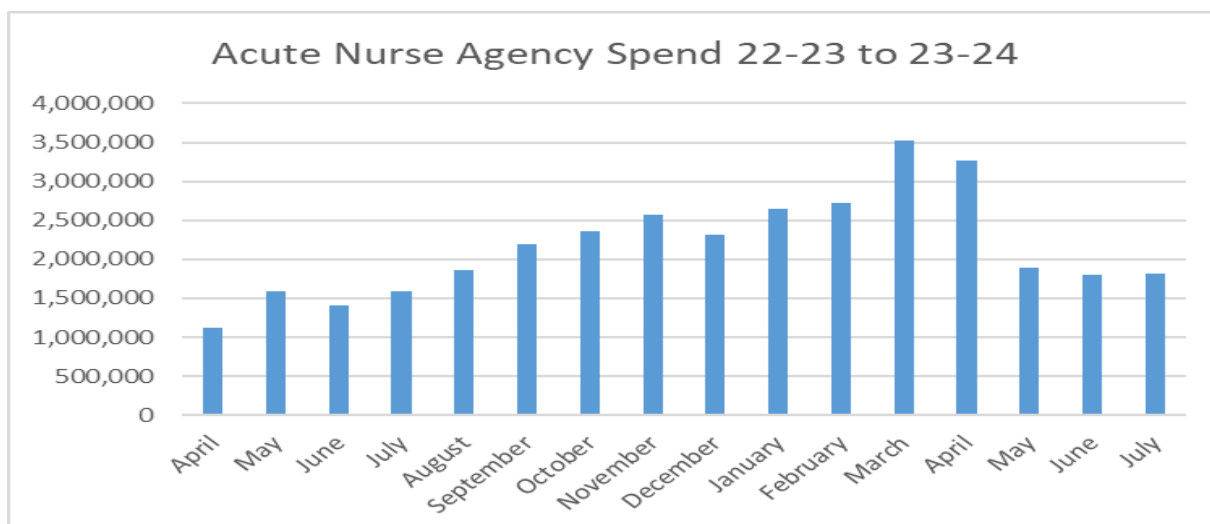
- 3.3. The July 2023 allocation letter also includes confirmation of £3.2m for mobile scanning and endoscopy, £14.224m for planned care activity, £1.328m for cancer waiting times pathway improvement and £1.958m our share of regional funding for the Scottish Trauma Network team. The Board also received £18.469m for new medicines which is £0.181m higher than expected.
- 3.4. We are anticipating at least an additional £129m of specific allocations, the largest component of which would be the standard primary care allocations.

4. Acute Division

- 4.1. The Acute Division is reporting an over spend of £9.360m for the period to the end of July 2023, as detailed in Table 2. The raw overspend to compare with previous figures would have been £11.027m. However, following the agreement at the May 2023 Board to allow substantive recruitment to £5m of posts in the Emergency Department currently covered by temporary measures and contributing to the overspend, the Acute Division budget was increased by £5m, £1.667m of which is reflected in the month 4 position. As the NHS Board itself did not have the £5m, this improvement in the reported Acute position is mirrored exactly by a £5m deterioration in the core Board deficit.

Table 2 - Acute Division 2023/24			
	Budgeted Operating Costs 31/07/2023 £M	Actual Operating Costs 31/07/2023 £M	Actual saving / (excess) 31/07/2023 £M
Pay	134.775	142.384	(7.609)
Non Pay	44.214	45.963	(1.749)
Healthcare Purchases	1.139	1.141	(0.002)
Gross operating costs	180.128	189.488	(9.360)
Less: miscellaneous income	(15.508)	(15.508)	0.000
Net operating cost	164.620	173.980	(9.360)

- 4.2. The estimated overspend is driven by pay costs in excess of budget (nursing £5.153m, medical £2.285m and healthcare scientists £0.452m). Non pay costs are also overspent (drugs £0.878m, hotel services £0.318m, equipment £0.271m, other therapeutic supplies £0.138m and other admin supplies £0.124m).
- 4.3. The total nursing spend in excess of budget for the 4 months to July is £5.153m of which £0.080m relates to Covid-19. The factors influencing this are covering for high sickness absence levels and the continued use of agency workers to complement other supplementary staffing solutions. Nurse agency spend continues to be much higher than pre-pandemic levels and totals £8.775m for the first 4 months of the year. This compares with an agency spend for the comparable period last year of £5.698m and a total spend in 2019/20 of £2.810m. There is a concentrated focus on reducing agency spend and the first 4 months of the year show a reduction from the peak spend in March 2023.



- 4.4. Supernumerary posts and rota compliance are 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.
- 4.5. The expenditure on laboratory and theatres supplies in the first 4 months of 2023/24, at £13.147m is £0.705m (6%) more than in the first 4 months of the previous year. This is a combination of price and activity increases as we stand up more services.
- 4.6. At £25.471m, the first 4 months' Lanarkshire hospitals drug spend is 11% more than at the same point last year (50% more than in the 4 months to July 2019). The financial plan predicted an 8% rise and added £5.488m on to the opening budget to take it to £74.227m. The expectation would be for the increase to be greater in the latter part of the year as new, higher cost drugs are introduced. Even on a straight line basis this rate of spend would result in a £2m overspend. The S & V Group looking at prescribing has identified drug switches potentially releasing £1.002m in year with an estimated £0.068m to date. This saving had been assumed to reduce the opening deficit.
- 4.7. At this stage nothing is known about the out of area high cost drugs which now make up approximately one third of our hospital drug spend. Based on previous trends, a higher uplift had been factored in to the financial plan for this element so it is hoped that when invoices do arrive from NHS Greater Glasgow and Clyde, they do not introduce the same cost pressure as seen in the local acute.

5. Health and Social Care Partnerships

- 5.1. Across the Health and Social Care Partnerships, there is an over spend of £0.356m for the period to the end of July 2023 (North IJB - £0.099m under; South IJB - £0.455m over).
- 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 2022/23 but the numbers of items dispensed had increased by 3.44% and the price per item had increased by 3% from an average of £9.64 per item to £9.93. The budget received a further 2% uplift on April 2023 and based on the first month's figures, the estimated month 4 overspend is £3.220m for North and £2.962m for South. Both IJBs have set a target reduction through efficiency of £2.7m. As of 1 August 2023, initiatives that would

generate £2.266m over the full year had been identified, split £0.948m South and £1.318m North.

5.3. The prescribing overspend is the single biggest threat to the HSCPs financial plans. In North the underspend on pay costs is still almost sufficient to cover this. In South the general underspend against other budgets falls £1.379m short of covering the prescribing excess. At this stage it is assumed a combination of savings and reserves will allow the HSCPS to balance in year but that assumption will need more detailed evaluation in conjunction with the IJB Chief Finance Officers.

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

	Budgeted Operating Costs 31/07/2023 £M	Actual Operating Costs 31/07/2023 £M	Actual saving / (excess) 31/07/2023 £M
Pay	60.298	57.040	3.258
Non Pay	29.705	29.803	(0.098)
Prescribing	23.658	26.878	(3.220)
Sub Total	113.661	113.721	(0.060)
Primary Care Transformational Fund	0.000	0.000	0.000
Share of Primary Care Other Services	2.411	2.252	0.159
Family Health Services	0.000	0.000	0.000
Net operating cost	116.072	115.973	0.099

	Budgeted Operating Costs 31/07/2023 £M	Actual Operating Costs 31/07/2023 £M	Actual saving / (excess) 31/07/2023 £M
Pay	32.289	30.657	1.632
Non Pay	24.127	24.176	(0.049)
Prescribing	22.958	25.920	(2.962)
Sub Total	79.374	80.753	(1.379)
Primary Care Transformational Fund	8.309	7.533	0.776
Share of Primary Care Other Services	2.226	2.078	0.148
Family Health Services	73.150	73.150	0.000
Net operating cost	163.059	163.514	(0.455)

6. Estates, e-Health and Other Corporate Functions

6.1. Estates, e-Health and Other Corporate functions are reporting an under spend of £0.527m for the period to the end of July 2023, as detailed in Table 5.

	Budgeted Operating Costs 31/07/2023 £M	Actual Operating Costs 31/07/2023 £M	Actual saving / (excess) 31/07/2023 £M
Pay	34.614	34.348	0.266
Non Pay	48.510	48.249	0.261
Gross operating costs	83.124	82.597	0.527
Less: miscellaneous income	(3.513)	(3.513)	0.000
Net operating cost	79.611	79.084	0.527

6.2. The under spend is spread across Corporate Departments (£0.236m) and Property and Support Services (£0.030m). The remaining under spend (£0.261m) 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 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 £0.581m for the period to the end of July 2023, as detailed in table 6.

	Budgeted Operating Costs 31/07/2023 £M	Actual Operating Costs 31/07/2023 £M	Actual saving / (excess) 31/07/2023 £M
Service Level Agreements	67.288	66.754	0.534
Unpacs and Oats	9.445	9.413	0.032
Independent Sector	0.125	0.110	0.015
Net operating cost	76.858	76.277	0.581

7.2. The under spend of £0.534m being reported against service level agreements is based on the continuation of the 2022/23 position. National discussions on how inter Board SLA's should be calculated have yet to take place. Apart from Glasgow, who operate two years in arrears, most Boards would have been expected to revise their charges based on a three year rolling average of activity to 2022/23. There is widespread agreement however that 2020/21 and 2021/22 were so atypical due to Covid-19 that they cannot be used. It is likely payments based on previous levels will be maintained but is becoming of increasing importance that a new basis for quantifying cross boundary flow is agreed. NHS Lothian has recently communicated its intention to use a new methodology. There is general agreement in the West of Scotland that the SLA model with NHS Greater Glasgow and Clyde needs rebuilt but regional work has not commenced and the change is not expected to impact until 2024/25. The 2022/23 SLA value with NHS GG&C was over £174m.

7.3. It is expected, as well as passing on the allocation uplift, any specific uplift provided for the pay deal beyond (2%) will be factored in to the SLAs. If SLAs are uplifted for other pressures this will become a cost pressure on the Board.

8. CRES/Efficiency

- 8.1. 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. Subsequent to the original submission SG gave NHS Lanarkshire to permission to spend up to £5.9m on Operation Flow which would widen the gap.
- 8.2. The notification in June 2023 of a further £27m income, £14.933m recurring and £12.312m non-recurring, narrows the gap. The worse than forecast Acute position increases the gap. Annex B sets out the movement. Even after delivering the identified savings in the table below it is estimated the Board would still be £19.241m short of breakeven in 2023/24 meaning further work is necessary.
- 8.3. 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 £2.146m of deliverable savings in year plus an additional £2.266m of prescribing savings secured by the Health and Social Care Partnerships. There is reasonable confidence of a further £14.94m which could be secured, meaning to date the Board has, at least provisionally, identified £17.042m towards the in year gap.
- 8.4. Table 7 below gives a provisional assessment of month 4 performance against the opening financial plan submission.

Table 7				
Financial Plan description	Annual Operating Plan £m	Extant Plans £m	Forecast Savings Achieved £m	Plan to date £m
Service Redesign	-	-	-	
Drugs & Prescribing	1.000	1.002	0.068	0.140
Workforce	5.250	-	-	1.313
Procurement	6.000	6.229	1.358	1.666
Estates & Infrastructure	2.385	1.745	1.569	0.910
Non-Pay (Other)	1.738	0.400	0.261	0.145
Financial Management / Corporate Initiatives	6.000	7.667	2.776	2.000
Identified Savings	22.373	17.042	6.032	6.174
Further savings to be identified to breakeven in year	34.132	19.241		
Total Core NHS Board Savings Required	56.505	36.283	6.032	6.174
Savings delegated to Integration Authorities	10.455	2.266	0.598	2.614
Total Savings Required	66.960	38.549	6.630	8.788

- 8.5. Savings to date include rebates on drug list prices, drugs & prescribing, procurement savings and estates & infrastructure projects. Of the £17.042m of NHS Board savings identified only £1.266m are recurring. It is assumed the £2.266m of IJB prescribing savings are recurring. The total of these falls far short of the SG 3% target (c £42.7m).
- 8.6. The £5.250m workforce savings in the original plan were an estimate of what might be a realistic net saving through reducing reliance on nursing agencies. As the graph in 4.3 shows there has been success in reducing expenditure from its March 2023 peak. However, as the total expenditure is in excess of the same period last year, we are not yet able to enter a net saving. There is a dedicated S & V Group looking at this and controls have been tightened even further in July 2023.

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. By the end of July the costs of projects started in previous years but completing in this financial year plus the costs of projects or equipment replacements deemed as immediate and essential are estimated to exceed the full year allocation by £1.558m. There are a further £3.966m of project or equipment requests classed as "must do" and then a further list of "should do" projects taking the potential over commitment to £9.632m.
- 9.2 £3.650m of the committed expenditure relates to providing capital cover for our leased share of the newly built Chryston Community Centre.
- 9.3 Previously the HSCP had identified funding ring-fenced for improvements in buildings estate which could contribute to projects such as Kylepark or Mental Health estate improvements. There will be continued dialogue to make the best match between funding and priority projects.
- 9.4 The National Infrastructure Board indicated in August that £0.487m of funding would be available for laundry and other equipment in Lanarkshire. This has been built in to the forecast but makes little net inroad in to the gap. Reviewing for slippage, prioritising and phasing are the next management options.
- 9.5 To date £9.291m of expenditure has been recorded with £4.533m relating to MRP and £2.916m 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.

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. Table 8 below summarises

what has been approved to date. The estimated 2023/24 expenditure assumes a recruitment time lag and will be reviewed as staff are recruited.

Table 8				
	Fixed Term WTE	Perm. WTE	Cost Per Annum £000s	Part Year Cost 23/24 £000s
Core Group (1)				
3 Pas for Consultant Clinical leads	0.3		46	23
Service Improvement managers		2.0	138	69
Project manager		0.4	30	20
Business support analyst	1.0	1.0	91	45
HR support	3.0		128	86
Pre Hospital/ Avoiding Admission (2)				
Expansion of Flow Navigation Centre		8.4	960	332
Hospital@Home Expansion for Winter	15.2		424	424
Front door redesign pan Lanarkshire (3)				
Expansion to wishaw ED minors area		14.5	715	477
Revenue Equipment			60	60
Ward and System Flow (4)				
Clinical champion for each site	3.0		201	118
Heads of Patient Flow	2.0		269	134
ANP non-medical leadership/decision making for boarders	4.5		310	181
Medical Consultants - UHM		2.0	313	183
Site Flow Capacity Managers (8A)		9.0	827	483
Frailty (5)				
Frailty clinical lead and specialist support	0.3	2.0	199	104
	29.3	39.2	4,711	2,737

10.2 The CMT was presented with a fire risk assessment on bin storage in UHM and agreed an immediate mitigation of more frequent collections. The potential annual cost would be £0.208m in increased portering hours and a £0.121m part year impact of this has been added to the forecast. Meanwhile longer term solutions are being explored including creating more fire retardant storage spaces. If these involve a recurring cost which will increase the deficit, further approval will be sought from the Board. Meanwhile the Board is asked to ratify the use of emergency authority by the CMT.

10.3 The national payroll system software/hardware will go out of support soon and outdated coding presents a barrier to continuing therefore an immediate proposal to modernise coding was recently agreed by national Directors of Finance. The cost is £1.860m over two years and our contribution is £0.066m per annum. This has been factored into our year-end forecast and was not known at the time of the financial plan submission. Chief Executives will be asked to endorse further costs for business critical systems development as many reach end of life in 2026.

11. Risk Assessment

11.1 Based on the information at month 3 Risk ID 2197 remains very high. (There is a significant risk that NHS Scotland will be unable to identify and release the savings needed, on current income and expenditure projections, to meet the Scottish Government's requirement to deliver a balanced budget for the period of 2023/24 – 2025/26).

11.2 Although the additional income was a welcome development the level of recurring savings identified by the Sustainability and Value Programme are far below the level needed to secure recurring balance as described in 8.5. To breakeven in year a further £19.241m savings would have to be identified plus the Acute Division overspend would have to be pulled back from its current run rate of just under £3m per month to the initial projection of just under £2m per month. The above assumes the additional sustainability money would be retained by the NHS Board.

12. Conclusion

The Board is asked to note:

- the actual revenue over spend of £8.423m as at 31 July 2023;
- the revised forecast with a predicted year end gap now sitting at £19.241m;
- the initial assessment that month 4 is behind trajectory and the risk assessment in section 11 that the risk of not breaking even over 3 years remains very high. The intensity of S & V work has been increased as a result;
- That work continues to bring the capital programme within available resources for the year but it is likely that this will involve prioritising and phasing.

The Board is asked to ratify (as required by the Scheme of Delegation):

- The addition of £0.121m to the deficit forecast following CMT approval of immediate risk mitigation measures on fire bin storage.

LAURA ACE
DIRECTOR OF FINANCE
21 August 2023

REVENUE RESOURCE LIMIT 2023/24				
	Baseline Recurring £M	Earmarked Recurring £M	Non Recurring £M	Total £M
Core Revenue Resource Limit as at 30 June 2023	1,474.760	0.224	21.603	1,496.587
July Adjustments to Allocations Confirmed:				
One-off payment for community pharmacy naloxone kits	0.000	0.000	0.034	0.034
Mobile scanner and endoscopy	0.000	0.000	3.200	3.200
Excellence in Care and Audiology training	0.000	0.000	0.140	0.140
Planned Care (Waiting Times baseline)	14.224	0.000	0.000	14.224
Cancer Waiting Times - pathway improvement	0.000	0.000	1.328	1.328
New Medicines	0.000	0.000	18.469	18.469
District Nursing commitment	0.000	0.937	0.000	0.937
Delivery of Flu and Covid-19 vaccination programmes	0.000	9.850	0.000	9.850
ADP Programme for Government uplift	2.093	0.000	0.000	2.093
ADP / NM Tranche 1 & AfC	0.000	0.000	2.882	2.882
REACH Transplant Initiative	0.023	0.000	0.000	0.023
Primary Care Improvement Fund - Tranche 1	0.000	16.689	0.000	16.689
Scottish Trauma Network	1.958	0.000	0.000	1.958
Core Revenue Resource Limit as at 31 July 2023	1,493.059	27.700	47.656	1,568.415
Non Core Revenue Resource Limit as at 30 June 2023	0.000	0.000	0.000	0.000
	0.000	0.000	0.000	0.000
Non Core Revenue Resource Limit as at 31 July 2023	0.000	0.000	0.000	0.000
Total Revenue Resource Limit as at 31 July 2023	1,493.059	27.700	47.656	1,568.415

ANNEX B

<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 31 July 2023	1.266	15.776	17.042
Net Postion 31 July 2023	-67.219	27.756	-39.463
<u>Improvements</u>			
Additional Sustainability & NRAC Parity Adjustment	14.933	0.000	14.933
New Medicines Fund (share of increase in national PPRS receipts from £150m to £250m)	0.000	12.312	12.312
New Medicines Fund (share of £150m national PPRS receipts) better than expected	0.000	0.181	0.181
	-52.286	40.248	-12.037
<u>Increased Costs</u>			
Operation Flow Investment	-5.900	0.000	-5.900
Actual Acute deficit	-1.117	0.000	-1.117
National Payroll Modernisation	0.000	-0.066	-0.066
Increased Waste Bin Collection	0.000	-0.121	-0.121
Forecast surplus/ (deficit) 2023/24	-59.302	40.062	-19.241

NHS LANARKSHIRE			
CAPITAL EXPENDITURE TO 31st July 2023			
	2023/ 24	2023/ 24	
	A.O.P	Forecast	Actual
	£M	£M	£M
Initial Capital Formula Allocation:	13.012	13.012	4.758
Capital Resource limit adjustments:			
A ADJUSTED NET ALLOCATION	£13.012	£13.012	£4.758
Anticipated Capital Resource Limit Adjustments :			
Monklands Replacement Project	22.853	22.853	4.533
GP Sustainability Loan	1.311	0.593	
WoS Brain Injury Service	0.000	0.641	
Revenue to Capital Transfer - IJB Support	3.638	0.000	
Decarbonisation Funding	0.400	1.012	
Diagnostic and Elective Centre, Cumbernauld	0.300	0.000	
Leases (IFRS 16)	0.000	0.000	
	£28.502	£25.099	£4.533
Other Income Adjustments:			
Other Income	0.017	0.069	
	£0.017	£0.069	£0.000
Disposal Programme:			
Property Disposals	0.068	0.054	
	£0.068	£0.054	£0.000
	£41.599	£38.234	£9.291
CAPITAL EXPENDITURE:			
Business Cases			
Monklands Replacement Project	22.853	22.853	4.533
Monklands general business continuity	5.918	3.959	0.601
Acute Property Works	3.771	2.090	0.044
	32.542	28.902	5.178
Medical Equipment	2.700	1.872	0.527
	2.700	1.872	0.527
Other Service Developments			
Chryston Community Facility	2.450	3.650	2.916
Clydesdale Primary Care Practice	0.480	0.000	0.000
Diagnostic and Elective Centre, Cumbernauld	0.300	0.000	0.024
Mental Health and CAMHS	1.302	0.000	0.000
Kylepark	1.254	1.444	0.646
	5.786	5.094	3.586
Other Expenditure			
Other			
General Estates Works	0.000	0.055	0.000
West of Scotland Laundry - Replacement	0.000	0.000	0.000
Fleet Decarbonisation	0.400	1.012	0.000
GP Sustainability Loan	1.311	0.593	0.000
Leases (IFRS 16)	0.671	0.000	0.000
<i>subtotal</i>	2.382	1.660	0.000
I.M.&T Projects	3.525	2.264	0.000
	5.907	3.924	0.000
TOTAL CAPITAL EXPENDITURE	£46.935	£39.792	£9.291
(OVER) / UNDER COMMITTED	-£5.336	-£1.558	£0.000