

NHS Board
28th November 2018

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



SUBJECT: FINANCE REPORT FOR THE PERIOD ENDED 31 OCTOBER 2018

1. PURPOSE

This paper is coming to the Board:

For approval	<input checked="" 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 Operating Management Committees receive financial reports for their own area.

3. SUMMARY OF KEY ISSUES

At the end of October 2018 the Board is reporting a £1.043m over spend, £0.475m better than the Annual Operating Plan (AOP) trajectory which had always recognised a gap between expenditure being incurred and savings schemes taking full effect. A deliverable plan for closing the £5.473m gap remaining at the time of submitting the AOP is now in place. The forecast is for year-end breakeven, including being able to use underspends and slippage to ensure additional winter capacity is in place and to advance some high priority infrastructure spending.

The portfolio of capital projects identified at the start of the year are being actively monitored with the trajectory amended as appropriate to ensure available resources are used to best effect.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	LDP	<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 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	<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	<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.

12. ACTIONS FOR THE BOARD

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

Approval	<input type="checkbox"/>	Endorsement	<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	

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 November 2018

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SUBJECT: FINANCE REPORT FOR THE PERIOD ENDED 31 OCTOBER 2018

1. PURPOSE

The attached report provides Board Members with an update on financial performance for the 7 months to October 2018.

2. CONTENT/SUMMARY OF KEY ISSUES

The Board is expected to live within its Revenue Resource limit (RRL). The 2018/19 financial plan submitted to the Scottish Government Health and Social Care Department (SGHSCD) in March 2018 identified a potential gap between expenditure and income growth and assessed that £25.821m of savings would be required to achieve breakeven. At the 7 month point delivery against the identified schemes, new opportunities and corporate underspends are judged sufficient to close the gap by the 31st of March 2019.

At the end of October 2018 the Board is reporting expenditure £1.043m over budget, £0.475m better than the financial plan trajectory. The Acute Division is £2.188m over budget at month 7, which is an improvement on the £2.386m overspend at a similar point last year. Corporate areas and both Partnerships are under budget.

NHS Lanarkshire has already made budget provision for additional winter capacity in excess of national funding. A new national waiting times plan has been published and a national delivery Board is prioritising additional resources on a Scotland wide basis. It has been assumed that if NHS Lanarkshire required a level of extra service provision to meet national expectations that exceeded the internal ability to fund this, it would be in line for announced additional funding. The risk of not ending 2018/19 within RRL has therefore been assessed as low.

The capital programme approved in outline in March 2018 is being actively managed to ensure available funding is best matched to deliverable priorities. Positive progress has been confirmed in month in advancing some key e health priorities

3. CONCLUSION

Board Members are asked to note that the plan is still on trajectory and the level of uncertainty over income and expenditure in the final 5 months has reduced.

NHS LANARKSHIRE

FINANCE REPORT FOR THE PERIOD ENDED 31 OCTOBER 2018

1. Introduction

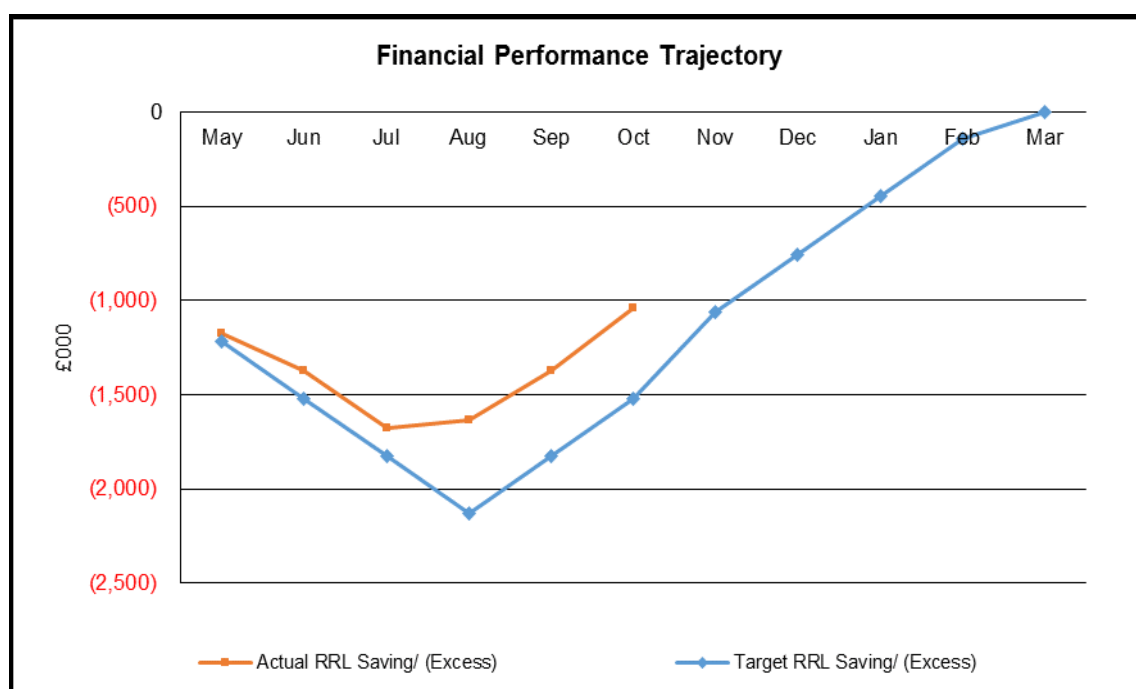
1.1. The purpose of this report is to provide Board members with a summary of revenue and capital financial performance for the seven months of 2018/19.

2. Overview

2.1. The 2018/19 financial plan was submitted to the Scottish Government Health and Social Care Department (SGHSCD) in March 2018. In order to meet anticipated unavoidable cost rises £25.821m of efficiency savings were needed. Based on the first 7 months performance there is now a high degree of confidence that the Board will not exceed its revenue resource limit.

2.2. The trajectory submitted to SGHSCD assumed that in the early months the gap in identified savings would mean expenditure would exceed income until August 2018 at which point the Board would have implemented plans for financial balance which would then see an improvement in the second half of the year.

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 which is better than estimates made at the time of the Financial Plan submission and has allowed the Board to put in place additional winter capacity and fund community IT implementation costs.



2.4. The Divisional split of the £1.043m over spend to the end of October 2018 is set out in table 1. This is £0.475m better than the estimates made at the time of the AOP submission.

Table 1 - Summary Financial Position 2018/19

	YTD Budget £M	YTD Actual £M	YTD Variance £M
Acute Operating Division	203.037	205.225	(2.188)
North Lanarkshire Health & Social Care Partnership	160.061	157.845	2.216
South Lanarkshire Health & Social Care Partnership	219.954	219.385	0.569
Headquarters / Corporate Functions	89.133	88.614	0.519
Service Level Agreements / Other Healthcare Providers	113.531	113.162	0.369
NHSL - wide	(8.485)	(8.742)	0.257
Net operating costs	777.231	775.489	1.742
Remove IJB Position	(380.015)	(377.230)	(2.785)
Revised Net operating costs	397.216	398.259	(1.043)

3. Revenue Resources

- 3.1. At the end of October 2018, the Core Revenue Resource Limit (RRL) for NHS Lanarkshire was £1,280.704m and the Non-Core Revenue Resource Limit was £26.345m, details of which are noted in Annex A.
- 3.2. The October 2018 Core Revenue Resource Limit includes confirmed resources of £0.367m to support best start recommendations, £0.216m national cancer strategy funding, £0.055m seed funding for type 2 diabetes prevention and £0.183m for the agenda for change pay award funding linked to the delivery of national specialist services.

4. Acute Division

- 4.1. The Acute Division is reporting an over spend of £2.188m for the period to the end of October 2018, as detailed in Table 2. At the same point in 2017/18 the Acute Division was £2.386m overspent, so this represents continued inroads into the deficit. On top of this, £1.862m of efficiency savings achieved to date have been removed from budgets and returned centrally.

Table 2 - Acute Division 2018/19

	Budgeted Operating Costs 31/10/2018 £M	Actual Operating Costs 31/10/2018 £M	Actual saving / (excess) 31/10/2018 £M
Pay	166.782	167.731	(0.949)
Non Pay	55.743	56.982	(1.239)
Healthcare Purchases	0.585	0.585	0.000
Gross operating costs	223.110	225.298	(2.188)
Less: miscellaneous income	(20.073)	(20.073)	0.000
Net operating cost	203.037	205.225	(2.188)

- 4.2. The nursing budget is overspent by £0.363m as at 31st October. The Acute Division has put in place a range of measures to control agency spend and make best use of substantive staffing. The over spend is £0.290m less than at the same point in the previous year.

- 4.3. The Lanarkshire hospitals drug spend in month 7 is 4.7% greater than at the same point last year. Although it is sitting £0.355m over budget this may be partly due to the timing of budget release and expenditure and, while this is being closely monitored, is not at this stage a matter of concern.
- 4.4. In aggregate, the other supplies budgets are £0.885m over the budget. The over spend is £0.393m less than at the same point in the previous year. A number of savings schemes to reduce consumables costs are underway but to date savings are behind trajectory.
- 4.5. Continued pressure on the 3 District General Hospitals has meant that Wishaw has not yet stood down all of its additional winter capacity, with beds still open in the short stay ward. The financial impact of this has been assessed at approximately £0.030m per month. The beds are expected to remain open till the end of 2018/19 and the cost of this over the winter has been included in the winter plan. The Board will need to take a longer term decision in its financial plan for 2019/20.

5. Health and Social Care Partnerships

- 5.1. Across the Health and Social Care Partnerships, there is an under spend of £2.785m for the period to the end of October 2018 (North IJB - £2.216m; South IJB - £0.569m). This represents an increase of £1.153m from the previous month (North IJB - £0.615m; South IJB - £0.538m). This step change reflects greater certainty on available funding (such as the pay funding) call down from reserves and the availability of more information with which to assess pressures which has allowed confirmed funding to be released into budget lines as well as continued monthly underspends from difficulties in filling vacancies.
- 5.2. Provisional prescribing volumes to the end of September show volumes of items prescribed to date as being very marginally under those in the first six months of last year. Differences are emerging in the performance against budget in both IJB's. The South prescribing budget has been uplifted by the 1.5% general allocation uplift and is only just holding to breakeven with a risk of moving towards overspend. The North prescribing position however is currently breaking even against the budget prior to uplift. Only 5 months prescribing data is available for GP prescribed drugs and further work is needed to confirm forecasts. Should prescribing overspend, both IJB's have reserves. Should it underspend, the IJB would include this in their total pool of resource for health and social care.
- 5.3. Tables 3 and 4 show the position in each partnership.

	Budgeted Operating Costs 31/10/2018 £M	Actual Operating Costs 31/10/2018 £M	Actual saving / (excess) 31/10/2018 £M
Pay	68.597	67.352	1.245
Non Pay	47.214	46.372	0.842
Prescribing	41.161	41.161	0.000
Sub Total	156.972	154.885	2.087
Primary Care Improvement Fund	0.000	0.000	0.000
Share of Primary Care Other Services	3.089	2.960	0.129
Family Health Services	0.000	0.000	0.000
Net operating cost	160.061	157.845	2.216

	Budgeted Operating Costs 31/10/2018 £M	Actual Operating Costs 31/10/2018 £M	Actual saving / (excess) 31/10/2018 £M
Pay	32.989	32.439	0.550
Non Pay	37.365	37.471	(0.106)
Prescribing	38.621	38.621	0.000
Sub Total	108.975	108.531	0.444
Primary Care Improvement Fund	0.759	0.759	0.000
Share of Primary Care Other Services	2.968	2.843	0.125
Family Health Services	107.252	107.252	0.000
Net operating cost	219.954	219.385	0.569

- 5.4. A single delayed discharge out of region has meant that since October 2015 South IJB has been paying £0.6m per annum for the costs of caring for the patient in an NHS environment until appropriate social care provision can be put in place. Accommodation and a care provider has now been sourced but transition plans look likely to extend beyond the July date envisaged, potentially as far as March 2019. The HSCP and the Chief Finance Officer of the IJB are exploring options for how this financial pressure can be managed.
- 5.5. The £3.291m Primary Care improvement fund received in the September allocation letter represented 70% of the initial potential allocation. At a national level, given the pace of spend in Board areas, there is unlikely to be a need for the final 30% to be issued until next year. The degree of confidence over spending the full 70% will be tested through dialogue with South HSCP. £1.162m of the £3.291m was in respect of pharmacy initiatives and is included in the pharmacy budget. The remaining £2.129m is held separately, with £0.759m spent to date as shown above.
- 5.6. North IJB is underspent across a wide range of pay headings due to vacancies. Continued efforts are being made to fill these vacancies and there is enhanced monitoring in areas such as CAHMS, psychological services and Paediatric services where these plans are linked with access improvement targets. Supernumerary recruitment to CAMHS to ensure inroads are made into waiting lists means expenditure in this area has risen and is close to budget.

5.7. The North IJB financial plan for 2018/2019 set out that a funding solution totalling £3.237m was required across the partnership to meet a range of costs for social care services, including supporting the acceleration of delayed discharges from hospital and demographic growth. In order to secure financial balance for 2018/2019, the following financial assumptions were agreed by the North IJB:

- £1.4m was ear-marked as an IJB reserve to continue to assist with addressing delayed discharges and unscheduled care.
- A planned underspend of £0.459m was originally anticipated across health care services.
- Management actions totalling £1.378m were required to address the balance of anticipated costs. It was envisaged circa £0.800m may emerge within health services with options to achieve the balance of £0.578m being explored.

5.8. The original financial plan therefore assumed a total non-recurring contribution of £1.259m from health to the local authority. The balance of anticipated cost pressures of £0.578m continues to be monitored. The total underspend as at October 2018 for the North IJB (£2.216m) indicates the original financial plan can be achieved however the financial position for both partners will continue to be monitored over the winter period before final recommendations are made to both the Board and the IJB.

6. Headquarters/Area Wide Departments

6.1. The Headquarters and Area Wide Departments are reporting an under spend of £0.519m for the period to the end of October 2018, as detailed in Table 5, an decrease of £0.005m from the previous month.

	Budgeted Operating Costs 31/10/2018 £M	Actual Operating Costs 31/10/2018 £M	Actual saving / (excess) 31/10/2018 £M
Pay	33.722	32.515	1.207
Non Pay	59.354	60.042	(0.688)
Gross operating costs	93.076	92.557	0.519
Less: miscellaneous income	(3.943)	(3.943)	0.000
Net operating cost	89.133	88.614	0.519

6.2. The under spend is spread across Corporate Departments (£0.200m), Central Services (£0.064m) and Property and Support Services (£0.255m). £0.064m of this will be removed from budget as it represents agreed savings plans. The majority of target corporate savings have been deducted from budgets so this performance continues to be reassuring. The under spend will be used non-recurrently to close the gap in the original savings plan list.

7. Service Level Agreements/Other Healthcare Providers

7.1. Service Level Agreements and Other Healthcare Providers are reporting an under spend of £0.369m for the period to the end of October 2018, as detailed in table 6,

a decrease of £0.100m from the previous month.

	Budgeted Operating Costs 31/10/2018 £M	Actual Operating Costs 31/10/2018 £M	Actual saving / (excess) 31/10/2018 £M
Service Level Agreements	101.705	101.164	0.541
Unpacs and Oats	11.687	11.763	(0.076)
Independent Sector	0.139	0.235	(0.096)
Net operating cost	113.531	113.162	0.369

- 7.2. The figures in the table represent the 17/18 figures as individual Boards have still to confirm the final SLA values. The financial plan however makes provision for the modelled uplifts.
- 7.3. Given the activity shift away from Glasgow when the Victoria Hospital closed, NHS Lanarkshire was expecting a reduction in the SLA value in 2018/19. Glasgow however have re-costed their service level agreement adding over £2m in higher charges particularly for outpatients based on a higher ratio of return to new appointments for Lanarkshire residents. Instead of receiving a refund the 2018/19 SLA presents a £0.613m cost pressure over and above inflationary uplifts.

8. CRES/Efficiency

- 8.1. To balance the financial plan in 2018/19 the Board needed to release £25.821m of cash from budgets through efficiency savings (CRES). At the time of submitting the financial plan the Board had identified proposals for all but £5.473m of this total. Proposals have now been identified for closing the gap.
- 8.2. The trajectory submitted to SGHSCD with the financial plan predicted £13.544m of savings by this point in the year, factoring in the risk of lower delivery particularly on the high and medium risk schemes. The actual delivery to date at £15.332m (as shown in Table 8) exceeds this however is slightly lower than local aspirations.

Financial Plan description	Financial Plan £m	Revised Plan £m	Plan to date £m	Actual to Date £m
Service redesign	1.332	1.592	1.046	1.065
Drugs & prescribing	6.388	2.176	0.853	0.794
Workforce	1.730	2.524	0.950	0.950
Procurement	0.000	1.591	1.248	1.119
Infrastructure	3.643	2.144	1.502	1.485
Other	0.000	12.118	6.449	6.599
Financial Management / Corporate Initiatives	3.400	0.000	0.000	0.000
Unidentified Savings	5.473	0.000	0.000	0.000
Total Core NHS Board Savings	21.966	22.145	12.048	12.012
Savings delegated to Integration Authorities	3.855	3.676	3.356	3.320
Total Savings Required	25.821	25.821	15.404	15.332

- 8.3. At the October Scrutiny Panel the Acute division confirmed circa £2m of acute service redesign schemes which had expected to start to deliver savings from June 2018 would not deliver savings during 2018/19. Better than target performance on drug pricing plus strong general cost control partly compensates for this.

9. Capital

- 9.1 The initial 2018/19 Formula Allocation for 2018/19 of £12.392m, will be supplemented by £2.8m of central funding for Theatres and the Monklands business case, £0.100m of funding to be received from other Boards who use the Laundry, some minor receipts and a transfer from NHS Lanarkshire's revenue allocation. During November, NHS Lanarkshire applied for an increased transfer based on latest knowledge of the expenditure split and timing of key infrastructure projects. The most significant change was advancing the replacement of the Monklands switchboard as a result of the good progress made with procurement process.
- 9.2 Expenditure to the value of £3.838m has been incurred in the first seven months as detailed in Annex B.

10. Development and Approvals

The Board's winter plan, at £4.020m, considerably exceeded the £1.160m central allocation. A funding package has been agreed which allows this plan to proceed. This supplements the central funding with the Board's historic £0.5m winter reserve, a partnership contribution of £0.931m, £1.251m of savings and underspends repointed from acute and corporate budgets. A £0.2m bid has also been submitted for regional funding for the triage pilot.

The Community IT system, long a source of frustration in terms of system speed, has a time limited future as its developer, NHS Tayside, and all other Boards have moved away from it. A business case for an interim solution that would both address the immediate risk and provide community staff with enhanced performance is being presented to the Board. The IT system bid sits alongside a plan for accelerating the roll out of Wi-Fi to community facilities. Funding solutions for the 18/19 costs have been identified. During the next two years there are potential implementation and running costs of the combined programme of £1.668m and £1.357m, however, there is some potential for slowing down the Wi-Fi roll out further. Available e health funding could cover £0.720m in each of these years leaving the balance to be funded from other health budgets. The magnitude of the gap is such that it would be difficult to cover this without a contribution from the health budgets now delegated to the IJB's. It is hoped that, through discussion, the IJB contribution can be reserved from the predicted underspends to give funding certainty to this key development.

The replacement of the Monkland's switchboard is essential and has now been fully incorporated in the capital plan for 2018/19. Initial, more pessimistic estimates, had been that the time it would take to specify and procure the system, alongside capital funding constraints, might mean it would be safer to assume it could only be part advanced in year. However we are able to benefit both from the Board's better than trajectory financial performance and good progress by the e health department on procurement and bring this fully into the 18/19 plan.

11. Risk Assessment

The risk of not ending 2018/19 within RRL has now been reduced to low. Areas where costs or income have the potential to vary from forecast are:

- The capacity plan will achieve enhanced national focus in the second half of the year and the net impact on Lanarkshire has still to be assessed;
- High cost drugs. So far the 9.2% included in the financial plan appears sufficient but especially as various policy decisions are being taken to lower the evidence threshold at which very expensive medication will be introduced, new drugs are entering the system as the year progresses;

Given that uncertainties round pay cost and funding have now been resolved and given 7 months known financial performance on these areas, the risk rating of low is still justified despite the above.

12. Conclusion

The NHS Board is asked to note:

- the actual revenue over spend of £1.043m as at 31 October 2018;
- the current capital plan forecast;
- the developments in section 10, already considered separately by the Board; and
- the risk assessment in section 11.

LAURA ACE
DIRECTOR OF FINANCE
21 November 2018

REVENUE RESOURCE LIMIT 2018/19

	Baseline Recurring £M	Earmarked Recurring £M	Non Recurring £M	Total £M
Core Revenue Resource Limit as at 30 September 2018	1,169.481	14.267	96.015	1,279.763
National Cancer Strategy	0.000	0.000	0.216	0.216
eESS Implementation Support	0.000	0.000	0.037	0.037
NSS - AfC Top-slice	0.000	0.000	0.183	0.183
Administration of the 2018 Inpatient Experience Survey	0.000	0.000	(0.005)	(0.005)
Seed funding for type 2 diabetes prevention framework	0.000	0.000	0.055	0.055
Projects to share value-based learning in Boards	0.000	0.000	0.006	0.006
Open University Nursing Students - quarters 1 and 2 payments	0.000	0.000	0.025	0.025
HNC Nursing Students - quarters 1 and 2 payments	0.000	0.000	0.056	0.056
Support implementation of best start recommendations	0.000	0.000	0.367	0.367
Core Revenue Resource Limit as at 31 October 2018	1,169.481	14.267	96.955	1,280.704
Non Core Revenue Resource Limit as at 30 September 2018	0.000	0.000	26.345	26.345
Non core expenditure - Depreciation	0.000	0.000	0.000	0.000
Annually Managed Expenditure - Impairments	0.000	0.000	0.000	0.000
Annually Managed Expenditure - Provisions	0.000	0.000	0.000	0.000
Donated Asset Depreciation	0.000	0.000	0.000	0.000
IFRS Revenue PFI - Non Cash	0.000	0.000	0.000	0.000
Non Core Revenue Resource Limit as at 31 October 2018	0.000	0.000	26.345	26.345
Total Revenue Resource Limit as at 31 October 2018	1,169.481	14.267	123.300	1,307.049

NHS LANARKSHIRE			
CAPITAL EXPENDITURE TO 31st October 2018			
	2018/19 Plan £M	2018/19 Forecast £M	Actual £M
Initial Capital Formula Allocation:	12.392	12.392	3.838
Capital Resource limit adjustments:			
Additional Central Resource Allocation	3.180	2.500	
LATEST CAPITAL RESOURCE LIMIT	£15.572	£14.892	£3.838
Disposal Programme:			
Property Disposals	0.780	0.340	
	£0.780	£0.340	£0.000
Anticipated Capital Resource Limit Adjustments :			
Revenue to Capital transfer	1.138	3.500	
West of Scotland Laundry - transfer from other NHS Boards	0.000	0.109	
	£1.138	£3.609	£0.000
Other Capital Adjustments :			
Other Income		0.016	
	£0.000	£0.016	£0.000
	£17.490	£18.857	£3.838
<u>CAPITAL EXPENDITURE:</u>			
<u>Business Cases</u>			
Monklands general business continuity	1.870	3.140	0.648
Monklands Theatres/ICU	1.200	1.418	0.727
Acute Property Works	3.238	1.582	0.195
New Monklands Fees	1.600	1.400	0.694
	7.908	7.540	2.265
<u>Medical Equipment</u>	6.124	7.346	0.989
	6.124	7.346	0.989
<u>Other Service Developments</u>			
Northern Corridor	0.070	0.040	0.000
	0.070	0.040	0.000
<u>Other Expenditure</u>			
Statutory Maintenance	0.300	0.665	0.512
PSSD Equipment	0.845	0.914	0.000
<i>subtotal</i>	1.145	1.579	0.512
I.M.&T Projects	2.243	2.352	0.072
	3.388	3.931	0.584
TOTAL CAPITAL EXPENDITURE	£17.490	£18.857	£3.838
(OVER) / UNDER COMMITTED	£0.000	£0.000	£0.000