



## TRUST BOARD

<b>MEETING</b>	<b>Trust Board</b>	<b>Ref No. 7.1</b>
<b>DIRECTOR</b>	<b>Director of Finance, Estates and Capital Development</b>	<b>Date: 6 October 2022</b>
<b>2022/23 Month 5 Finance Report</b>		
<b>Purpose</b>	<ul style="list-style-type: none"><li>• Finance performance report for (April-August 2022)</li><li>• Update on 2022/23 financial planning</li></ul>	
<b>Corporate Objective</b>	<ul style="list-style-type: none"><li>• Delivery of all corporate objectives, including statutory duty to breakeven</li></ul>	
<b>Key areas for consideration</b>	This paper provides: <ul style="list-style-type: none"><li>• a report on the Trust's actual performance at the end of August 2022</li><li>• An update on the financial position for 2022/23</li></ul>	
<b>Recommendations / Actions</b>	<b>This report is for discussion and noting.</b>	

# **Trust Board Financial Performance Report**

## **for the three months to 30 June 2022**

### **1. Executive Summary**

- 1.1 The Belfast Trust began the financial year with an opening gross deficit of £125m prior to any 2022/23 budgetary allocation. This deficit comprised unmet savings of £48.3m and unfunded inescapable pressures of £76.7m relating to both 2022/23 and previous financial periods.
  
- 1.2 In the absence of a functioning Executive to sign off the 2022/23 Budget and given the scale and complexity of HSC's financial environment, the Minister approved a limited number of allocations to support this year's financial planning. This facilitated the issuing of an allocation letter in June 2022, which included a new annual pharmacy savings target along with a range of assumptions around funding for energy and other inescapable pressures as well as providing a contribution to Trust underlying deficits. The allocation also provided additional funding for new costs or service enhancements such as Cancer Strategy, No More Silos and National Living Wage which did not form part of the Trust's opening deficit.
  
- 1.3 Whilst no additional general savings target was imposed, the Strategic Performance and Planning Group (SPPG) have assumed that the Trust can at least repeat the level of savings achieved in 2021/22 in 2022/23. This represents non-recurrent savings of £27m, although this may be revised upwards following the final budget settlement. The working assumption that these savings can be delivered in full presents considerable risk given the one-off nature of savings made last year and the lack of new investment in 2022/23, which reduces the potential for non-recurrent slippage. However, the Trust is committed to working with SPPG and DoH to present a realistic and consistent forecast and at this stage has agreed to seek to secure savings of this level in 2022/23.

- 1.4 There has been a further MORE pharmacy savings target of £3.8m in 2022/23. It should be noted that after years of sustained significant savings in high cost drugs, the Trust was unable to achieve its MORE pharmacy savings target in 2021/22. Planned pharmacy savings of £3.2m in 2022/23 will be used initially to meet last year's savings shortfall with only a limited impact on this year's target.
- 1.5 Based on the above assumptions and draft allocations made to date, the Trust submitted a financial plan to SPPG at the beginning of the financial year in which an anticipated in-year deficit of £50m was identified. SPPG has now confirmed that not all COVID-19 costs will be funded and this has increased the deficit by £2m. This high level financial plan is shown in Appendix A. The Trust has recently met with SPPG colleagues who have indicated that further allocations will be made over the next month to reduce this deficit significantly bringing a break even position much closer.
- 1.6 A key objective of the new Permanent Secretary is to improve efficiency in the HSC, and a specific focus in 2022/23 will be on the reduction of agency costs. A regional target of £15m has been set, and BHSCT's share of this is £4,872k. Work is underway, through a series of nursing workforce workshops, to review in detail nursing baseline and backfill costs and to ensure that rosters are effectively managed and robust backfill management arrangements are in place in order to achieve this target.
- 1.7 The month 5 position is a £21.7m deficit which is in line with the forecast for the year. There are some indications of cost increases in agency costs, particularly nurse agency. Inflationary increases in estates, foods fuels and other goods and services costs are arising. It is important that budget holders continue to monitor spend against budgets and take early action where variances are emerging and expenditure run rates are rising.

## 2. 2022/23 Recurrent Opening Deficit

2.1 The Trust began the year with an underlying recurrent opening deficit, before any pay and price inflation and other significant cost pressures in 2022/23, of circa £125m, which has built up over the last few years from undelivered savings and unfunded inescapable pressures, including for example pressure caused by superannuation auto enrolment, energy pressures, high cost placement of children and intellectual disability transitioning. The deficit is summarised as follows:

**Table 2.1: Opening Recurrent Deficit 2022/23**

	2022/23	
	CYE	
	£'m	£'m
<b>Residual opening deficit 2018/19</b>		<b>1.4</b>
2018/19 General Savings Target shortfall	8.5	
2019/20 General Savings Target shortfall	18.6	
2020/21 General Savings Target shortfall	18.4	
2021/22 MORE Savings Target shortfall	1.4	
2018/19 unfunded pressures	11.3	
2019/20 unfunded pressures	8.2	
2020/21 unfunded pressures	1.2	
2021/22 unfunded pressures	5.7	
2022/23 opening pressures	50.2	
<b>Gross Opening Deficit for 2022/23</b>		<b>125.0</b>

2.2 For the last number of years the Trust has only been able to achieve financial balance because of substantial non-recurrent monies, obtained through a combination of additional Monitoring Round monies, in-year slippage on investments (where planned investments have not started on time due to longer lead in times and workforce shortages etc) and other, often fortuitous, non-recurrent measures. The scale of reliance on non-recurrent measures over the last two years is summarised below:

**Table 2.2: Reliance on non-recurrent measures to breakeven 2019/20 to 2021/22**

	2019/20 £m	2020/21 £m	2021/22 £m
N/R savings/slippage on investments	25	29	27
N/R funding	20	3	61
N/R transformation	19	14	
Savings from COVID-19-related downturn in activity		29	11
<b>TOTAL</b>	<b>64</b>	<b>75</b>	<b>99</b>

- 2.3 The Trust cannot continue to manage its finances with such heavy reliance on non-recurrent funding and without the assurance of a fully funded recurrent baseline.
- 2.4 It should be noted that the Trust has made cash releasing and productivity savings in excess of £310m over the past 12 years. However, given the scale of savings achieved in that time against a background of an increasingly elderly population and associated health and social care needs, rising bed occupancy levels and recruitment difficulties which necessitates the use of high cost backfill, the opportunities for cash savings have reduced significantly. The Trust continues to seek and exploit any opportunities available, for example in high cost drugs, but has been unable to meet the circa £20m of additional savings per year required by DOH in the last three years.

### **3. Detailed breakdown of 2022/23 Financial Position**

- 3.1 The SPPG 2022/23 allocation, issued in June 2022, allowed some working assumptions to be made on the opening 2022/23 opening position, for example the Trust has been advised to assume that energy pressures will be funded in full. Funding was provided for some specific cost pressures and SPPG also contributed £15.6m non recurrent funding towards the Trust's underlying deficit.
- 3.2 No general efficiency savings target has been imposed this year although there is an additional MORE pharmacy savings target of £3.8m. It should be noted

that after years of sustained significant savings in high cost drugs, the Trust was unable to achieve its MORE pharmacy savings target in 2021/22. Planned pharmacy savings of £3.2m in 2022/23 will be used initially to meet last year's savings shortfall with a small contribution to this year's target.

- 3.3 Whilst no other recurrent savings target has been set, SPPG have assumed in their financial planning that the Trust will deliver, as a minimum, the same level of savings/cost reductions achieved in 2021/22, excluding any business as usual savings. The resultant in-year savings target to date is currently £27m. The working assumption that this level of savings is achievable presents a significant risk given the one-off nature of savings made last year, the lack of new investment which reduces the potential for non-recurrent slippage and the absence of any funding for non-pay inflation. However, the Trust is committed to working with SPPG and DoH to produce realistic and consistent forecasts and at this stage is content to set a target of circa £27m for non-recurrent savings which will be achieved through a combination of in-year slippage on investments, rebates and accounting adjustments.
- 3.4 SPPG have recently advised the Trust of its share of the region agency reduction target, £4,872k. Although nurse agency costs have increased in the Trust the bespoke international recruitment programme is progressing well albeit it is likely to take up to another year before vacancy and absence levels fall to a level at which safe staffing can be achieved without off-contract agency staffing across all areas. Work is currently underway, through nursing workforce workshops, to review in detail directorate nursing baseline and backfill spend and to ensure effective roster and backfill management across the Trust. Medical admin teams are also developing databases with which they can scrutinise agency spend.
- 3.5 The Trust has now been advised of COVID- 19 funding. After reviewing and costs and reducing services provided to funding provided there is likely to be a deficit of circa £2m in respect of COVID-19. SPPG advised the Trust to increase their deficit by this amount.

3.6 The residual deficit, after accounting for assumed income, savings and COVID shortfall in funding but excluding any agency savings target, is £52m. Further details on the financial position can be found in Appendix A.

3.7 The Trust has been working in collaboration with SPPG finance colleagues over the last few months to refine the Trust and regional financial position and understands that there is likely to be further additional funding for elements of growth pressures within the deficit position. The level of funding has not been confirmed or allocated and has therefore not been reflected in the position at this time. An updated financial plan to reflect new monies, the agency savings target and any further anticipated non-recurrent savings will be provided at the next Trust Board.

3.8 The Trust has not yet received any indicative funding for non-pay inflationary pressures other than those associated with price increases for residential, nursing homes and domiciliary care. The Trust has been made aware of a significant number of suppliers who are notifying PALS of their intention to increase prices which will generate a significant pressure for the Trust. The Trust has raised this with SPPG and has been advised that there is likely to be some alloactions made for inflationary pressures but is unsure of the level of these.

3.9 The Permanent Secretary, via SPPG, will be focussing on developing new performance management arrangements linking activity to finance as the year progresses.

#### **4. Financial Performance at 31 August 2022**

4.1 At the end of August 2022, the Trust is showing a £21.7m deficit and a forecast deficit of £52m.

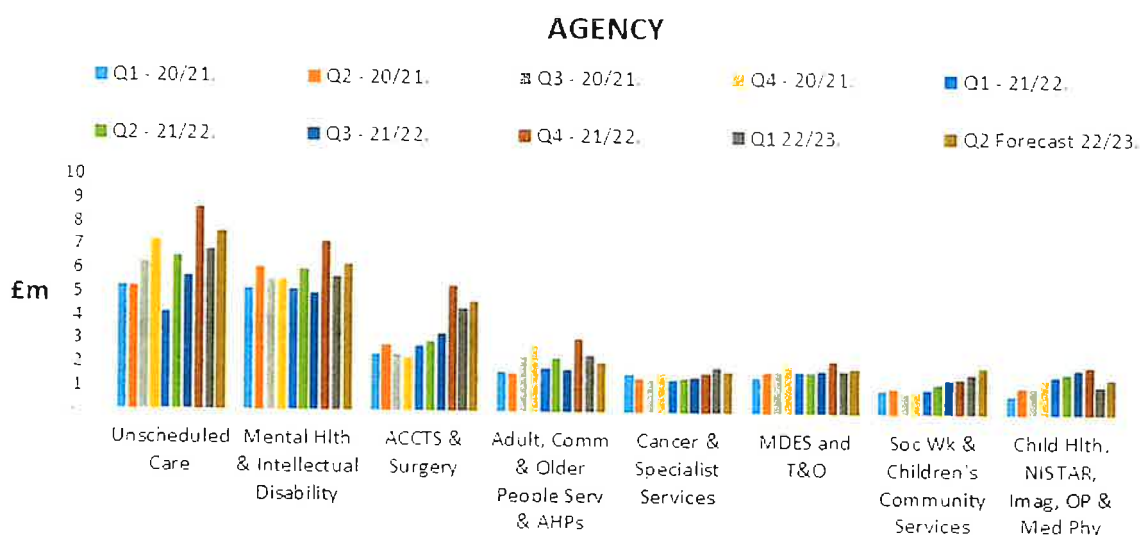
4.2 Underspends in G&S in the large acute directorates relating to underperformance against funded activity have decreased in comparison to last year as expected due to increasing activity levels. The total underspend for the

first five months in relation to this is circa £1.6m. Further activity underspends may well be masking overspends due to price increases; there have been a significant number of notifications of inflationary increases which the Trust is working with BSO to capture and quantify. Older People Care Management is under significant pressure which is associated with domiciliary care pressures, this is being partially offset by a reduction in nursing and residential home placements but still is showing a significant pressure (£2.5m overspend after month 5), some of which the Trust is planning to fund through new demography monies this year (£3m). There is a significant overspend of circa £1.1m in Child Health and Imaging, attributable in the main to drugs and M&S.

4.3 Pay pressures continue in the Unscheduled and Acute Care Directorate which is £5.7m overspent after five months. This relates to nursing and medical overspends where backfill is exceeding the level of vacancies.

4.4 In general, the ongoing pressure in relation to workforce continues in 2022/23. Agency spend at month 5 is £47.8m (Nursing £16.9m, medical £9.5m). This is £10m higher than this time last year and is £4.7m (11%) higher than pro rate of year end agency costs, with the main growth area being nursing.

The graph below shows agency costs for quarter 1, 2, 3, and Q4 2020/21 & 2021/22 against the Q1 2022/23.





4.5 The financial position at 31 August 2022, by directorate, is shown below:

#### Summary Position by Directorate at end August 2022

Directorate	Budget £'000	Expenditure £'000	Variance £'000
Maternity, Dental, ENT & Sexual Hlth & T&O	58,341	59,165	824
Child Health & NISTAR & Imaging	59,016	60,300	1,284
Adult, Comm & Older People Serv & AHPs	122,606	123,447	841
Mental Health & Intellectual Disability	85,424	84,544	(880)
Cancer & Specialist Services	89,031	88,051	(980)
Unscheduled Care	86,437	92,342	5,905
ACCTSS & Surgery	90,290	92,111	1,821
Social Work & Children's Community Services	39,553	39,815	262
Finance, Estates & Capital Development	17,260	15,994	(1,266)
Nursing & User Experience	41,324	41,811	487
Other including Corporate Directorates	46,373	59,723	13,350
<b>Total</b>	<b>735,655</b>	<b>757,303</b>	<b>21,648</b>

Note: There is also a small income deficit of £21k which, added to the deficit above, gives a deficit of £21.669m.

## 5. Financial Stability, Efficiency & Productivity Plan

5.1 In view of the significant anticipated deficit and the Permanent Secretary's focus on productivity and efficiency, the Trust has developed a financial stability, efficiency and productivity plan, aimed at rebuilding financial control, containing costs and improving efficiency and productivity across the Trust. This plan will build on the workforce plans and controls initiated in 2021/22, focusing on reducing vacancies and managing rosters and backfill more effectively. A particular focus will be placed on reducing and ultimately eliminating off-contract agency spend.

5.2 Outpatient reform work will be developed further and work has begun at directorate level to improve the Trust's performance across a range of productivity measures such as length of stay and discharge in response to the 2021/22 CHKS review.

- 5.3 At the same time, the Trust will continue to work with SPPG to secure funding for historic and new inescapable pressures including high cost cases which appear to be a growing issue. To avoid further deterioration in the financial position and to comply with DoH guidance, the Trust will not initiate new services without the requisite recurrent funding.
- 5.4 Budgetary control management and implementation of the Trust's financial stability, efficiency and productivity plan, are regularly monitored through the QMS and MORE frameworks.
- 5.5 The Trust has written to SPPG acknowledging the need to contain costs and is doing so in two key areas of focus in 2022/23- premium backfill costs and discretionary spend control. The Trust continues to closely monitor spend which has historically been classified as discretionary and to challenge any growth in spend with relevant budget holders

## **6. Summary Capital Position**

- 6.1 The Trust's latest Capital Resource Limit (CRL) issued by the Department of Health for 2022/23 is dated 31 August 2022.
- 6.2 The total capital allocation is £64m. This consists of ring-fenced and specifically funded schemes totalling £42.9m and a general capital allocation of £21.1mk. Increases have been received for Imaging Diagnostics (£490k) and ICT (£16k).
- 6.3 Year to Date and End of Year IFRS16 depreciation projections have been included for the first time. Projections have been updated to reflect service changes, changes in investment decisions based on General Capital availability and changes to agreement start dates.
- 6.4 The Trust's projected capital outturn position for 2022/23 is breakeven. The progress of schemes throughout the year will be monitored each month and should there be any changes identified to the annual spend profiles, these will be highlighted.

Summary High Level Opening Gap 2022/23 after savings

APPENDIX A

	22/23	
	CYE	
	£'k	£'k
Residual opening deficit	1,433	
2018/19 General Savings Target shortfall	8,500	
2019/20 General Savings Target shortfall	17,650	
2019/20 Car parking savings target shortfall	947	
2020/21 General Savings Target shortfall	18,446	
21/22 MORE pharmacy savings shortfall	1,433	
		48,409
<b>Gross Opening Deficit 2022/23 before pressures</b>		<b>48,409</b>
Inescapable & unfunded 18/19 pressures	11,336	
Inescapable & unfunded 19/20 pressures	8,230	
Inescapable & unfunded 20/21 pressures	1,159	
Inescapable & unfunded 21/22 pressures	6,068	
Inescapable & unfunded 22/23 pressures	49,419	
		76,212
<b>Gross Opening Deficit 22/23</b>		<b>124,621</b>
Recurrent pharmacy savings 22/23	3,758	
		3,758
<b>Gross Opening Deficit after saving target in 2022/23</b>		<b>128,379</b>
Adjustments by SPPG:		
Additional funding as per draft letter 10/5/22		
Demography 22-23	(3,055)	
Contribution to Deficit funding	(15,600)	
Energy	(25,700)	
nimda	(256)	
Childrens High cost cases	(300)	
LD resettlements	(1,000)	
NI Protocol	(703)	
MAH Inquiry	(135)	
BSO legal MAH inquiry	(438)	
		(47,187)
<b>Adjusted deficit to allow for adjustments by SPPG/Income</b>		<b>81,192</b>
Non recurrent slippage opportunities	(27,000)	
Recurrent MORE Pharmacy savings	(3,600)	
COVID-19 deficit	1,750	
		(28,850)
<b>Revised Deficit 22/23</b>		<b>52,342</b>

<b>TABLE 1</b> <b>NET EXPENDITURE ACCOUNT</b> <b>Aug-22</b>	<b>Year to Date</b>		
	<b>Budget</b>	<b>Actual</b>	<b>Variance</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
<b>Expenditure:</b>			
Staff costs	470,423	474,005	3,582
Depreciation:	30,246	30,246	(0)
Other expenditure	265,232	283,298	18,066
<b>Total expenditure</b>	<b>765,901</b>	<b>787,549</b>	<b>21,648</b>
<b>Income:</b>			
Income from activities	21,634	21,662	28
Other income	35,376	35,327	(49)
<b>Total income</b>	<b>57,010</b>	<b>56,989</b>	<b>(21)</b>
<b>Net expenditure</b>	<b>708,891</b>	<b>730,560</b>	<b>21,669</b>
<b>Less adjustments:</b>			
Profit / (loss) on disposal of fixed assets	0	0	0
Depreciation	(27,179)	(27,179)	0
Amortisation	(3,067)	(3,067)	0
Impairments	0	0	0
<b>Total adjustments</b>	<b>(30,246)</b>	<b>(30,246)</b>	<b>0</b>
<b>Net resource outturn</b>	<b>678,645</b>	<b>700,314</b>	<b>21,669</b>
<b>Calculation of Revenue Resource Limit (RRL)</b>			
Allocation from HSCB	660,246	660,246	0
Allocation from PHA	8,784	8,784	0
DHSSPS non-cash RRL issued	0	0	0
SUMDE & NIMDTA (now only NIMDTA-SUMDE under HSCB RRL)	9,615	9,615	0
<b>Revenue Resource Limit</b>	<b>678,645</b>	<b>678,645</b>	<b>0</b>
<b>Surplus / deficit against RRL</b>	<b>0</b>	<b>(21,669)</b>	<b>(21,669)</b>

<b>TABLE 2 - BALANCE SHEET</b>		<b>Actual 01/04/22</b>	<b>Actual YTD</b>	<b>Forecast 31/03/23</b>	<b>Original plan 31/03/23</b>
		<b>£k</b>	<b>£k</b>	<b>£k</b>	<b>£k</b>
<b>FIXED ASSETS</b>					
Tangible assets					
1.1	- Land	111,919	111,918	111,919	111,919
1.2	- Buildings, installations and fittings	1,053,292	1,036,792	1,074,625	1,074,625
1.3	- Computer equipment	26,040	22,541	26,790	26,790
1.4	- Other equipment	93,583	86,402	104,749	104,749
1.5	- Assets under construction	134,806	141,015	142,125	142,125
<b>1.6</b>	<b>Total tangible assets</b>	<b>1,419,640</b>	<b>1,398,669</b>	<b>1,460,208</b>	<b>1,460,208</b>
1.7	Intangible assets	25,486	22,420	25,493	25,493
1.8	Financial assets	-	-	-	-
<b>1.9</b>	<b>Total non-current assets</b>	<b>1,445,126</b>	<b>1,421,090</b>	<b>1,485,701</b>	<b>1,485,701</b>
<b>CURRENT ASSETS</b>					
2.1	Stocks and work in progress	21,632	23,800	21,110	21,110
2.2	Debtors: amounts falling due within one year	56,997	67,969	56,900	56,900
2.3	Debtors: amounts falling due after more than one year	-	-	-	-
2.4	Short term investments	-	-	-	-
2.5	Cash at bank and in hand	17,931	42,057	15,600	15,600
<b>2.6</b>	<b>Total current assets</b>	<b>96,560</b>	<b>133,826</b>	<b>93,610</b>	<b>93,610</b>
3.0	CREDITORS: amounts falling due within one year (-)	- 341,881 -	- 277,224 -	- 336,050 -	- 336,050
<b>4.0</b>	<b>NET CURRENT ASSETS / (LIABILITIES)</b>	<b>(245,321)</b>	<b>(143,398)</b>	<b>(242,440)</b>	<b>(242,440)</b>
<b>5.0</b>	<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>1,199,805</b>	<b>1,277,691</b>	<b>1,243,261</b>	<b>1,243,261</b>
6.0	CREDITORS: amounts falling due after more than one year (-)	- 10,899 -	- 9,884 -	- 9,884 -	- 9,884
7.0	PROVISIONS FOR LIABILITIES AND CHARGES (-)	- 173,220 -	- 178,765 -	- 174,159 -	- 172,371
<b>8.0</b>	<b>TOTAL ASSETS EMPLOYED</b>	<b>1,015,686</b>	<b>1,089,042</b>	<b>1,059,219</b>	<b>1,061,006</b>
<b>FINANCED BY:</b>					
9.0	Revaluation reserve	413,813	413,813	413,813	413,813
10.0	Donation reserve	-	-	-	-
11.0	Other reserves	-	-	-	-
12.0	General fund	601,873	675,229	645,405	647,193
		<b>1,015,686</b>	<b>1,089,042</b>	<b>1,059,218</b>	<b>1,061,006</b>

**TABLE 2(a) - CALCULATION OF AVERAGE RELEVANT NET ASSETS AND COST OF CAPITAL CHARGE**

	<b>#REF!</b>	<b>#REF!</b>	<b>#REF!</b>
	<b>£k</b>	<b>£k</b>	<b>£k</b>
13.0 Total capital and reserves	1,015,686	1,059,218	1,037,452
less:			
14.0 Donation reserve (-)	0	0	0
plus:			
15.0 Interest Bearing Debt (NIAS only)	0	0	0
16.0 Relevant Net Assets	1,015,686	1,059,218	1,037,452
<b>17.0 FORECAST COST OF CAPITAL AT 3.5%</b>			<b>36,311</b>

Table 3

## Belfast Trust

### Salaries & Wages Supplementary Schedule

Pay Cumulative to the end of	Aug 22		
	Cumulative Budget £'000	Cumulative Expenditure £'000	Cumulative Variance £'000
<b>Directorate</b>			
Maternity, Dental, ENT & Sexual Hlth and T&O	43,316	44,124	808
Child Hlth & NISTAR PC	41,289	41,419	130
Adult, Comm & Older People Serv & AHPs	62,451	59,986	(2,465)
Mental Hlth & Intellectual Disability	54,128	53,302	(826)
Cancer & Specialist Services	55,551	54,570	(981)
Unscheduled Care	56,889	62,619	5,730
ACCTSS & Surgery	66,224	68,044	1,820
Soc Wk & Children's Community Services	24,889	24,999	110
Finance, Estates & Capital Development	11,790	10,649	(1,141)
Nursing & User Experience	32,028	32,371	343
Other Pay including Corporate Directorates	21,868	21,922	54
<b>Total Salaries &amp; Wages</b>	<b>470,423</b>	<b>474,005</b>	<b>3,582</b>

Table 4

# Belfast Trust

## Goods & Services Supplementary Schedule

Goods Cumulative to the end of	Aug 22		
	Cumulative Budget £'000	Cumulative Expenditure £'000	Cumulative Variance £'000
<b>Directorate</b>			
Maternity, Dental, ENT & Sexual Hlth and T&O	15,025	15,041	16
Child Hlth & NISTAR PC	17,727	18,881	1,154
Adult, Comm & Older People Serv & AHPs	60,155	63,461	3,306
Mental Hlth & Intellectual Disability	31,296	31,242	(54)
Cancer & Specialist Services	33,480	33,481	1
Unscheduled Care	29,548	29,723	175
ACCTSS & Surgery	24,066	24,067	1
Soc Wk & Children's Community Services	14,664	14,816	152
Finance, Estates & Capital Development	5,470	5,345	(125)
Nursing & User Experience	9,296	9,440	144
Other G&S including Corporate Directorates	24,505	37,801	13,296
Clinical Negligence	0	0	0
<b>Total Goods &amp; Services</b>	<b>265,232</b>	<b>283,298</b>	<b>18,066</b>



**TABLE 5**  
**CAPITAL EXPENDITURE (excluding donated assets)**

	Project Business Case Status	Scheme Description	Actual Capital Expenditure to date 2021/22	Forecast Total Expenditure 2021/22	Notified CRL 2021/22
			£k	£k	£k
Major capital and other specifically funded schemes	Approved schemes	RVH Maternity New Build	2,728,515	9,000,000	9,000,000
		RVH - Regional Children's Hospital Enabling and Ener	441,292	8,014,736	8,014,736
		RVH - Children's Hospital Site Infrastructure	116,918	435,870	435,870
		RGH Energy Centre	437,131	987,985	987,985
		Belfast Trust R&D Commerical Income	(3,352,519)	(6,000,000)	(6,000,000)
		Belfast Trust R&D Commerical Income Spend	3,352,519	6,000,000	6,000,000
		Glenmona Resource Centre	2,620	907,194	907,194
		100,000 Genomes R&D	0	0	0
		100,000 Genomes Capital Items	0	0	0
		GP Improvement Scheme Trust Owned	0	0	0
		Regional Radio-pharmacy Facility	0	0	0
		ICT	443,176	5,284,455	5,284,455
		Troubles Permanet Disablement scheme	0	0	0
		Elective Care Equipment and Minor Works	0	509,872	509,872
		0	0	-	-
<b>Sub total</b>			<b>4,169,652</b>	<b>25,140,112</b>	<b>25,140,112</b>
Delegated schemes funded from general capital and other local resources		General Capital	1,227,535	21,084,612	21,084,612
		Imaging Diagnostics	-	4,675,000	4,675,000
		Covid-19 General Capital	-	-	-
		Delivery of Dentistry	-	-	-
		Medical Gases	-	-	-
		Backlog Maintenance	755,776	7,500,000	7,500,000
		BCH Tower refurb	56,496	1,400,000	1,400,000
		Invest to Save	-	3,800,000	3,800,000
		Decontamination	-	408,900	408,900
		<b>Sub total</b>			<b>2,039,807</b>
<b>Total</b>			<b>6,209,459</b>	<b>64,008,624</b>	<b>64,008,624</b>
<b>(Over)/Underspend against the CRL</b>					

Project Business Case Status : Approved Schemes are classified as schemes for which business case approval has been confirmed by the Planning and Performance Management Directorate. Unapproved schemes are classified as schemes for which business case approval has not been confirmed by the Planning and Performance Management Directorate.

\*\*Please provide an explanation of any variance included in column G on a scheme by scheme basis

**Table 5(a)**  
**Details of Trust Asset Disposal and Re-Investment**

	Year to Date £k	Forecast 2019/20 £k
	0	0
	0	0
	0	0
	0	0
	0	0

