

Northern Health and Social Care Trust Board Meeting in Public - Cover Sheet

Subject:	Trust Board Capital Programme (September 2025)		Date of Meeting: 23 October 2025	
Prepared By:	Donna Cooper, Business Manager Capital Development			
Approved By:	Diane Power, Head of Capital Development			
Presented By:	Paddy Graffin, Divisional Director Infrastructure			
Purpose				
			Approval	
			Assurance	
			Update	
			Noting	✓
Strategic Objectives				
<i>Build Northern Partnerships and Integrate Care</i>	<i>Continue to improve Outcomes & Experience</i>	<i>Deliver value by optimising Resources</i>	<i>Nurture our People, Enable our Talent & Build Our Teams</i>	<i>Improve population Health & address health & social care inequalities</i>
		✓		
Risk – please note if links to any principal, corporate or divisional risk				
Committees/groups where this item has been presented before				
Acronyms				
Capital Resource Limit (CRL)				
Executive Summary				
The CRL at 12th Sept 2025 is £17.964m detailed below:				
	£'000			
Research & Development	383			
GP Improvements Trust Owned Premises	51			
ICT	648			
Alongside Midwifery Led Unit	3,720			
General Capital	5,383			
Backlog Maintenance	4,250			
Elective Care	704			
Task & Finish	1,045			
Imaging Diagnostics	815			
Car Parking – Hospital Parking Charges Act	399			
IFRS16 Leases	566			
Total	17,964			
The attached report provides the details of: -				
- Capital Programme 2025/26. - PPEs received and outstanding. - Key assumptions and issues.				
The report is being presented at this Trust Board meeting for noting as per Trust Policy NHSCT/23/1770, General Capital Management Process.				

We provide compassionate care with our community, in our community

Trust Board
Capital Programme
September 2025

Prepared & Issued by Capital Development,
Infrastructure Division

23rd October 2025

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Section 1: Capital Programme 2025/26

1.1 CRL Allocation 2025/26

Following receipt of the most recent CRL on 12th September 2025 the Trusts Capital Resourcing Limit is £17.964m an increase of £460k from the August Trust Board Report. This is due to funding received for Research & Development (£383k), Elective Care (£704k), Imaging Diagnostics (£315k), and IFRS16 Leases (£356k), offset by a reduction in the Alongside Midwifery Led Unit (-£1,298k). Table 1 below shows the following specific and general allocations:

Table 1: Breakdown of CRL as at 30th September 2025

Funding type		Total £'000
Specific	Research & Development	383
	GP Improvement Scheme (Trust Owned)	51
	ICT	648
	Alongside Midwifery Led Unit	3,720
General	General Capital ¹	5,383
	Backlog Maintenance	4,250
	Elective Care	704
	Task & Finish	1,045
	Imaging Diagnostics	815
	Car Parking – Hospital Parking Charges Act	399
	IFRS16 Leases	566
	Total CRL available	17,964

¹Breakdown of General Capital (including over commitment) by division is provided in the next table

1.2 General Capital Split by Division

As with previous years the Trust is presenting an over commitment against the General CRL of £1.290m which along with just over £2m on the pressures list, will assist in managing potential additional funding and slippage throughout the year as allocations are received. Table 2 below provides the breakdown of capital across the Divisions:

Table 2: General Capital Allocation by Division

Division	£'000	%
Children and Young People	50	0.8%
Corporate (across divisions)	479	7.3%
Community Care	383	5.6%
Finance	302	4.6%
Infrastructure (Excluding Backlog Maintenance & Invest to Save)	1,171	17.8%
Medical Devices	592	8.0%
Medicine & Emergency Medicine	680	10.3%
Medical & Governance (Incorporating Pharmacy)	79	1.2%
Mental Health, Learning Disability & Psychological Services	452	22.5%
Paediatrics, Women's Services and Corporate Support	597	6.9%
Surgical and Clinical Services	385	9.1%
Strategic Planning, Performance & ICT	1,503	5.9%
Total Allocated	6,673	
General Capital CRL	5,383	
Over (Under) Allocated	1,290	

1.3 Capital Business Cases

A total of 13 schemes are already committed or deferred from 2024/25 and 9 allocation memos have been issued for these schemes with the remainder waiting on leases to be signed or confirmation of the level of investment required. For capital funding in 2025/26, 70 business cases are required. At 30th September 2025, 43 (61%) have been received, (25% decrease from the same period last year). Of these 43, 29 have been allocated and 14 are at various stages in the QA process, the remaining 27 are outstanding. Table 3 below provides the breakdown across the Divisions:

Table 3: Business Case Position by Division

Division	Required	Received	Outstanding
Children and Young People	2	0	2
Corporate (across divisions)	1	1	0
Community Care	3	3	0
Finance	1	1	0
Infrastructure (Including Backlog Maintenance & Invest to Save)	23	7	16
Medicine & Emergency Medicine	6	5	1
Medical & Governance (Incorporating Pharmacy)	1	1	0
Mental Health, Learning Disability & Psychological Services (Including Task & Finish)	5	3	2
Paediatrics, Women's Services and Corporate Support	8	7	1
Surgical and Clinical Services	10	5	5
Strategic Planning, Performance & ICT	2	2	0
IFRS16 Leases (Across Divisions)	8	8	0
Totals	70	43	27

Section 2: Post Project Evaluations (PPEs)

2.1 Capital Post Project Evaluations 2023/24

There are 97 PPEs due for projects which completed during 2023/24, including 20 relating to IFRS16 leases. At the time of report completion 52 have been received, 52% compared to 79% from the same period of last year. Capital Development have been in regular contact with the Divisions regarding their completion. Table 4 shows the position by Division.

Table 4: PPEs Overdue 2023/24

Division	Total PPEs Required	Total PPEs Completed	Total PPEs Overdue
Children and Young People	5	2	3
Community Care	2	2	-
Infrastructure	17	3	14
Medicine and Emergency Medicine	3	3	-
Medical and Governance (Incorporating Pharmacy)	2	-	2
Mental Health Learning Disability and Community Well Being	5	2	3
Paediatrics, Women's Services and Corporate Support	18	13	5
Surgical and Clinical Services	25	22	3
IFRS16 Leases (Across Divisions)	20	5	15
Total	97	52	45

2.2 Capital Post Project Evaluations 2024/25

There are 89 PPEs due to be completed for projects which completed during 2024/25 with their date of completion based on the project end date. There are also 22 PPEs due to be completed for IFRS 16 projects which are all due 6 months following the issue of a Capital allocation. Capital Development has commenced the process of requesting the PPEs and assisting Divisions with their completion and at the time of report completion 8 (14%) have been received, a slight reduction compared with the same period last year (15%). Table 5 below shows the dates when the final PPEs are due:

Table 5: PPE Position 2024/25

Division	Total PPEs Required	Total PPEs Completed	PPEs Due 30 th Sept 2025	PPEs Due 31 st Dec 2025	PPEs Due 31 st Mar 2026
Children and Young People	6	-	6	-	-
Community Care	5	-	4	-	1
Infrastructure	34	-	31	-	3
Medical and Governance (Incorporating Pharmacy)	5	1	-	-	4
Mental Health Learning Disability and Community Well Being	3	-	2	-	1
Paediatrics, Women's Services and Corporate Support	16	2	13	1	-
Surgical and Clinical Services	20	3	14	2	1
IFRS 16 Leases (Across Divisions)	22	2	20	-	-
Total	111	8	90	3	10

Section 3: Key Assumptions and Issues

There are a number of assumptions and issues relating to the Capital Plan for 2025/26. These include:

- The close monitoring of capital throughout the year. Monthly monitoring meetings takes place throughout the year with Capital Development working alongside the Divisions to ensure any overspend or slippage on schemes is identified and addressed early allowing full spend to be achieved by 31st March 2026.
- Ensuring the over commitments of capital are managed in such a way to ensure breakeven is achieved.
- Ensuring any schemes carried over from 24/25 are managed alongside any new schemes funded in 25/26.
- Ensuring the new Business Case templates are implemented during the 25/26 year and guidance provided to Business Managers.
- Monitoring the development of Business Cases liaising with stakeholders to ensure business cases are drafted and approved in a timely manner so that capital funding received through CRLs are allocated in time to ensure all funding is spent by 31st March 2026.
- Continual monitoring of schemes to ensure all variations from business case costs are brought to the immediate attention of Capital Development so additional funding can be identified if available or any slippage can be reallocated.
- Capital Development and Finance will ensure any Business Cases required urgently due to timelines for Estates are prioritised through the QA process.

Our Vision

To deliver excellent integrated services in partnership with our community

If you would like to give feedback on any of our services please contact:

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 Northern Health and Social Care Trust

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