

**EXECUTIVE SUMMARY**  
**REPORT TO THE BOARD OF DIRECTORS MEETING**  
**HELD ON 26 MARCH 2024**

<b>Subject</b>	2024/25 Capital Programme and 5 Year Plan
<b>Supporting TEG Member</b>	Louisa Cowell, Chief Finance Officer
<b>Author</b>	Louisa Cowell, Chief Finance Officer
<b>Status<sup>1</sup></b>	A

**PURPOSE OF THE REPORT**

To seek approval for the 2024/25 Capital Programme and current 5 year plan

**KEY POINTS**

- The Trust has a 2024/25 Operational Capital Allocation (OCA) of £33.2m at the time of writing this paper. This is currently the worst case position as there is still lack of clarity around cap and collar funding and the performance element of the OCA. If either of these fall favourably to the Trust, a update will be bought back to the Board in April.
- This is a significant reduction in funding, both from the absolute value of the OCA in 2023/24 (£38.2m), and in real terms with significant inflation having occurred over the past few years, but with no uplift to capital funding envelopes in respect of this.
- There are a number of significant schemes already approved that are progressing in 2024/25, including the new Electronic Patient Record and Laboratory Information Management System.
- As a result of both of the above, the 2024/25 Capital Programme is currently overcommitted.
- However, due to likely slippage in the programme it is deemed reasonable to assume this over commitment will not manifest in a breach of the OCA at the end of 2024/25.
- The current position for 2024/25 and 2025/26 is very constrained and will require close management. However, it is also important to ensure there are a prioritised and developed set of investment cases to maximise the benefit of any further funding that becomes available both within the year and in future years.

**IMPLICATIONS<sup>2</sup>**

<b>Aim of the STHFT Corporate Strategy</b>		<b>Tick as appropriate</b>
1	Deliver the Best Clinical Outcomes	✓
2	Provide Patient Centred Services	✓
3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	✓
5	Deliver Excellent Research, Education & Innovation	✓
6	Create a Sustainable Organisation	✓

## RECOMMENDATIONS

The Board of Directors are asked to:

- Approve the proposed 2024/25 Capital Programme and note the challenging position for 2024/25 and likely 2025/26 which will need careful management.
- Note the impact of the annual OCA arrangements and the consequences for the Trust's capital planning and management arrangements.

## APPROVAL PROCESS

Meeting	Date	Approved Y/N
Trust Executive Group	20 March 2024	Y
Board of Directors	26 March 2024	

<sup>1</sup> Status: A = Approval  
D = Debate  
N = Note

Against the six aims of the STHFT Corporate Strategy 'Making a Difference – The next Chapter 2022-27'

## **2024/25 CAPITAL PROGRAMME AND 5 YEAR PLAN**

### **1. INTRODUCTION**

- 1.1 As part of the 2024/25 Business Planning process, the proposed 2024/25 Capital Programme has been developed.
- 1.2 This report describes the outcome of this work and seeks approval for the resulting 2024/25 Capital Programme, alongside the 5 year capital plan.

### **2. OVERVIEW**

- 2.1 System Operational Capital Allocation (OCA) rules remain in place for 2024/25. This requires capital expenditure at the organisation to match the allocation given to the Trust in each financial year. The OCA is intended to fund 'day-to-day operational investments'. There are then various additional allocations for targeted outcomes which enhance capital spend but create uncertainty and further work with the submission of cases for external review and verification, as it is not guaranteed which organisations will be successful in bidding for these pots of funding.
- 2.2 Due to the significant number of schemes already in implementation phase (most notably the Electronic Patient Record), the need to replace core equipment and to complete phases of refurbishment programmes, there is very little change to the 2024/25 capital plan presented as part of the Quarter 3 plan update in January.
- 2.3 There is little or no flexibility for large schemes in the next few years unless specific additional funding is secured. However, it is important that the Trust develops a pipeline of schemes for future years to optimise investment and take advantage of any relevant external funding opportunities.
- 2.4 The Trust will need to continue efforts to manage its capital programme very precisely to ensure it fully utilises its OCA, but also does not cause future year issues from overspending (as overspends are payable back in future years).

### **3. ASSUMED FUNDING**

- 3.1 The currently assumed funding in the 2024/25 Capital Programme consists of:
  - ◆ The OCA of £33.2m.
  - ◆ £20m of allocated Public Dividend Capital.
  - ◆ Assumed cover (outside of the OCA) for PFI Lifecycle costs of £1m.
  - ◆ £4.1m from donations and grants.
- 3.2 The PDC resources relate to the new EPR (£3.3m) and the LIMS/Digital Pathology schemes (£16.7m)
- 3.3 The grants largely relate to pieces of medical equipment due to be funded from the National Institute for Health and Research (NIHR).
- 3.4 Whilst the value is still to be confirmed, it is likely that additional funding cover will be provided where, due to IFRS 16, expenditure on leases which used to be charged to revenue now results in a charge to capital.
- 3.5 The Trust OCA was £38.2m in 2023/24 and therefore this is a significant reduction for 2024/25. This is driven by two issues, firstly the fact that £3.6m of the OCA is

linked to 2023/24 performance; 50% on system financial performance and 50% on the Trust A&E performance against the 4 hour standard, neither of which are forecast to be delivered and secondly, the receipt of cap and collar funding in 2023/24 (£1.5m) that has not yet been confirmed for 2024/25. There is no indication as to why this funding can not be assumed in organisation plans as 2024/25 should have been the third year of this allocation, however to be prudent this is not being factored into the plan until national confirmation it will be received. An update will be provided to April board if further clarity is known by then.

- 3.6 This reduction in OCA is on top of the impact of inflation over the past couple of years and therefore 2024/25 is a significant real terms reduction in funding. The lower level of OCA continues into the future years if performance does not improve, however it should be noted that the final year of the current spending review is 2024/25, and therefore this could be subject to change.

#### **4. 2024/25 CAPITAL PROGRAMME**

- 4.1 The 2023/24 Capital Programme Quarter 3 update submitted to the Board in January 2024 showed an over-commitment of £3.76m against available resources. Considerable work has been undertaken to try to deliver a satisfactory outturn and it is likely this over-commitment has been addressed, however part of this is due to slippage in schemes which then need to be funded in 2024/25. The final position for 2023/24 and its impact on 2024/25 will be known in April.
- 4.2 Appendix B shows the Capital Programme as per the Quarter 3 update report. Appendix A then takes this starting position and shows the known movement from that position in respect of an updated 5 year plan. This includes the reduction in OCA and cap and collar funding set out above.
- 4.3 A key building block in the capital planning process is the Ring-fenced capital budgets (RFB) which allocate resources for prioritisation within specific areas. Plans have been provisionally developed for 2024/25 for a range of funding scenarios but will be finalised once the Capital Programme has received Board approval. The restrictions to funding in 2024/25 are likely to create some challenges for the budget holders but it is felt that by planning over the 2024/25 and 2025/26 financial years these can be minimised. Appendix A shows how for the Major Medical Equipment RFB this has been done, reducing spend in 2024/25 to be used in 2025/26 where replacement requirements are higher.
- 4.4 Appendix A shows the forecast slippage on the 2023/24 plan (£2.83m) which will need to be accommodated in the 2024/25 plan, and shows arising pressures in respect of current schemes in the plan where costs have increased since the initial cases were approved, including increases to Linac costs and other equipment costs (underlining the need to increase the ringfenced equipment budgets). There is a new addition to the 2024/25 plan in respect of the need to replace three Operating Microscopes used within the Neuroscience directorate.
- 4.5 Appendix A proposes uplifts to Medical Equipment RFBs to help address the inflationary increases of the past couple of years. Without this uplift this will detrimentally impact the ability to replace equipment at the end of its life. A discussion was had internally about the uplifting of all of the other RFBs, however at this point this cannot be accommodated in the early years of the plan. This was not considered to be a significant risk for 2024/25 but will need to be kept under review. All budget holders for RFBs have prepared a risk assessment for their budget to articulate the schemes that cannot be funded in 2024/25 and the risk of not doing

them, for visibility of this at Capital Investment Team. This will help in making prioritisation decisions should further funding become available during the year.

- 4.6 The need to include these new costs has left little flexibility in 2024/25, and the plan for 2024/25 currently stands at a £1.51m overcommitment. However, noting the fact there is likely £2.8m slippage between 2023/24 and 2024/25 and this is the normal value of slippage year on year, a £1.51m overcommitment is not considered high risk. It should be noted that, subject to finalisation of the RFB's, all of the capital plan for 2024/25 is committed other than £3.49m of the Service Development RFB, which in practice funds some service developments and acts as contingency for any arising urgent capital replacement needs in the year.
- 4.7 The cash funding of the 2024/25 Capital Programme will be from a combination of cash generated via the annual depreciation charge, PDC allocations and use of cash balances. It should be noted the OCA exceeds the depreciation charge each year so there is likely to be a gradual reduction in cash balances over future years.

## **5. 5 YEAR PLAN**

- 5.1 The 2024/25 Capital Programme is going to be challenging to deliver given the planned over-commitment and the likely further requests for funding in year. However, it is also important that discipline is maintained to not create pressure on the future years of the overall 5 Year Plan.
- 5.2 As the plan currently stands there is a small amount of funding available in 2025/26 and 2026/27, with more becoming available in the latter two years of the plan (noting the point made in 3.6). However, it should be noted there are a number of schemes as listed in the 'potential' schemes in Appendix A that are likely to need to occur in the next 5 years, and therefore careful management of the Capital plan will be required to accommodate some, if not all, of these. They have not been deemed as critical to have taken priority over those schemes currently included in the proposed 2024/25 plan for approval but are likely to be the first call on slippage within the 2024/25 or 2025/26 plan.
- 5.3 As mentioned in last years 5-year plan, the 5 Acute Trusts in South Yorkshire have all agreed the full business case (FBC) for a new Laboratory Information System (LIMS). National capital funding has been agreed but it is insufficient and incorrectly profiled for the FBC funding requirement. Further work has been on-going to review the FBC costs with some progress made, and additional national funding was secured for the shortfall falling within 2023/24. However, there remains both a profiling issue with the timing of when costs are incurred for the LIMS, and when PDC funding will be issued for these costs, and an overall shortfall in the funding required (currently estimated at £2.5m-£3m in the last year of the project) which will need to be managed with NHSE and System colleagues.
- 5.4 It is important that attempts are made to prioritise a pipeline of schemes to ensure effective investment from 2027/28, when there is a more sustainable level of uncommitted resources, and to be able to respond if external funding becomes available. It is inevitable that there will be a level of pent-up demand and potential need to increase ring-fenced budgets to reflect inflation and other demands.
- 5.5 The challenging short-term position on capital will be reflected in the reporting of Strategic Risk 4, Finance, in the Board Assurance Framework.

## **6. RISKS**

The key risks for the 2024/25 Capital Programme and subsequent years are:-

- 6.1 New schemes/increased costs – High Risk. Mitigating actions include good planning, scheme reprioritisation, management of scheme specifications and improved cost control/monitoring.
- 6.2 The over-commitment of the OCA for 2024/25 is not resolvable– Medium Risk. Mitigating actions are close monitoring and management of the programme, attracting additional funding and securing brokerage.
- 6.3 The LIMS funding requirement for 2025/26 is not adjusted nationally and creates an unplanned commitment on the Capital Programme – Medium Risk. Mitigating actions include good planning of the project, further discussions with the national team and seeking brokerage solutions. It is hoped that the announcement of increased digital funding in the Spring Budget will help mitigate this risk.
- 6.4 Higher than expected slippage in 2023/24 and in 2024/25 which could result in lost resources and extra pressure on subsequent years. – Low/Medium Risk. Mitigating actions include improved planning, monitoring and forecasting; prompt actions to develop and finalise schemes; identification of reserve schemes; and working to manage resources across SY.

## **7. CONCLUSIONS**

- 7.1 The Trust has a large 2024/25 Capital Programme with some significant commitments already approved and underway.
- 7.2 The 2024/25 Capital Programme will require careful management to address the planning over-commitment, manage in year pressures and ensure that expenditure ultimately fully uses the allocated funding.
- 7.3 The position for 2025/26 and 2026/27 also looks challenging unless additional resources are secured.
- 7.4 The Trust needs to develop a pipeline of prioritised schemes to optimise investment and take advantage of external funding opportunities.

## **8. RECOMMENDATIONS**

The Board of Directors is asked to:-

- 8.1 Approve the proposed 2024/25 Capital programme and note the challenging position for 2024/25 and likely 2025/26 and 2026/27 which will need careful management.
- 8.2 Note the impact of the annual OCA arrangements and the consequences for the Trust's capital planning and management arrangements.

Louisa Cowell  
Chief Finance Officer  
March 2024

## Appendix A – 5 Year Capital Plan Update

	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	
	£k	£k	£k	£k	£k	£k	
Q3 Update Capital Programme Position	-2,359	2,383	12,551	16,472	16,724	16,724	Annual (over)/under-commitment. See Appendix B
Loss of "Performance" element at £3,581k pa		-3,581	-3,581	-3,581	-3,581	-3,581	2024/25 Planning notification
Loss of Cap & Collar Protection		-1,462					2024/25 Planning notification
Other adjustments Jan - March 24	-1,401	4,135					Add'l LIMS funding £1,036k, Removal Hunstman 7 ward refurb plan £1,949k, new approvals £(251)k
M11 Update Capital Programme Position	-3,760	1,475	8,970	12,891	13,143	13,143	
Other Pressures	-864						Pressures on WPH Bunkers and WPH Nuclear Medicine/Gamma Camera schemes
Slippage in 2023/24 schemes	2,828	-2,828					
Major Medical Equipment Profile		2,565	-2,238	-5,440	-2,954	2,000	As at March 24 (less RFB increase as below)
Potential pressures re RHH Angio		-550					As per SOC to CIT Nov 23
Potential pressures re Vascular Angio Equipment			-300				Excess equipment cost over MMEG plan
Potential pressures re Linacs		-200	-200	-100	-100		As per update to CIT Nov 23 (excluding options/potential desirables)
Potential pressures re Neuro Operating Microscopes		-1,155					As per case to CIT Feb 24
Bi-Plane Funding		800					National funding indicated as agreed
Maternity EPR	473	244					Forecast Maternity EPR U/S's and Risk/OB.
EPR	1,100						Forecast EPR U/S's and Risk/OB.
LIMS	223						Possible releases from OB/Risk
Ring-Fence Budget Increase - MDMG		-960	-960	-960	-960	-960	30% uplift to reflect inflation from 2015
Ring-Fence Budget Increase - MMEG			-1,000	-2,000	-2,000	-2,000	30% uplift to reflect inflation from 2015 plus volume growth (phased for affordability)
Other Ring-Fenced Budget Increases							Agreed at TEG not to uplift at this point
<b>Available for Schemes</b>	<b>0</b>	<b>-609</b>	<b>3,722</b>	<b>4,391</b>	<b>7,129</b>	<b>12,183</b>	

### POTENTIAL SCHEMES

#### "Approved/Required Schemes"

RHH Angiography		-900	-900				Values/phasing Tbc
PACS				-2,819			Technically due in 25/26, but likely to slip to 26/27

#### "Approved Schemes" Total

<b>0</b>	<b>-900</b>	<b>-900</b>	<b>-2,819</b>	<b>0</b>	<b>0</b>
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#### Annual Under/(over) commitment

<b>0</b>	<b>-1,509</b>	<b>2,822</b>	<b>1,572</b>	<b>7,129</b>	<b>12,183</b>	<b>CURRENT PLAN FOR APPROVAL</b>
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#### Impact of repayment of Overspends on future years

<b>0</b>	<b>-1,509</b>	<b>1,313</b>	<b>2,885</b>	<b>10,014</b>
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#### Revised Annual Under/(over) commitment

<b>-1,509</b>	<b>1,313</b>	<b>2,885</b>	<b>10,014</b>	<b>22,197</b>
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### ADDITIONAL POTENTIAL SCHEMES

	2024/25	2025/26	2026/27	2027/28	2028/29	Total
	£k	£k	£k	£k	£k	£k
Possibles						
SYB Pathology Network Estate		TBC	TBC	TBC		£20m+ to £30m+ scheme, STH share at 51.4%
CCDH Chair Replacements/Upgrades	-600	-1,500	-1,500			
Haematology Blood Disorders Unit	-100	-2,200				
Mortuary Upgrades	-1,000	-1,500				
NGH Vascular Angio	TBC	TBC	TBC			Several possible options currently being discussed
E Floor HCID RHH		-5,000				
<b>Total Possibles</b>	<b>-1,700</b>	<b>-10,200</b>	<b>-1,500</b>	<b>0</b>	<b>0</b>	<b>-13,400</b>

Appendix B – 5 Year Capital Plan as per Quarter 3 2023/24 update

		2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	
		£	£	£	£	£	£	
<b>Programmed Capital Expenditure as at 8/3/24</b>		55,058,000	56,711,000	29,064,000	21,652,000	20,944,000	20,858,000	
Notified Operational Capital Allocation		36,774,000	33,193,000	33,193,000	33,193,000	33,193,000	33,193,000	<b>25/26 Onwards - provisional. All assume no gain from performance element (max £3.6m)</b>
Cap & Collar Protection		1,462,000		0	0	0	0	Spending review indicates £1,462k for 24/25: Planning guidance indicates to exclude.
IFRS12/PFI Lifecycle		753,000	801,000	1,046,000	1,110,000	894,000	808,000	As per programme
PDC Funding	Confirmed	9,886,000	20,047,000	3,795,000	240,000	0	0	23/24: EPR £5,743k, RHH Orthopaedic Hub £518k; Mammography £3k, Y&H Care Record Contribution £(351)k, LIMS/DP £3,807k, LED Lighting £130k, Endoscopy AI £36k
PDC Funding	Anticipated	0	0	0	0	0	0	24/25: LIMS/DP £19,570k, EPR £3,269k LIMS tfr to Partners £(2,792)k
IFRS16 Lease Cover		1,506,000	0	0	0	0	0	25/26 & 26/27: LIMS tfr from Partners
Donations & Capital Grants		917,000	4,145,000	0	0	0	0	As per resources
<b>Gross Expenditure Target</b>		<b>51,298,000</b>	<b>58,186,000</b>	<b>38,034,000</b>	<b>34,543,000</b>	<b>34,087,000</b>	<b>34,001,000</b>	As per resources
<b>Assumed available increase/(required reduction) to programmed spend achieve the OCA</b>		<b>32,719,000</b>	<b>-3,760,000</b>	<b>1,475,000</b>	<b>8,970,000</b>	<b>12,891,000</b>	<b>13,143,000</b>	

						REMAINING PROGRAMMED EXPENDITURE								
APPROVED SCHEME DETAILS	SITE	SCHEME STATUS	INITIAL APPROVED SUM	LATEST APPROVED SUM	CUMULATIVE SPEND TO 31/3/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	TOTAL	PROJECT LEAD	BUDGET LEAD
Annual Upgrade Programme	NGH	Approved				763,000	130,000					893,000	MDMG	CK
Annual Upgrade Programme	RHH	Approved				821,000	0					821,000	MDMG	CK
Annual Upgrade Programme	CCDH	Approved				40,000	0					40,000	MDMG	CK
Annual Upgrade Programme	JHW	Approved				734,000	0					734,000	MDMG	CK
Annual Upgrade Programme	WPH	Approved				65,000	0					65,000	MDMG	CK
Annual Upgrade Programme	CHS	Approved				10,000	0					10,000	MDMG	CK
Annual Upgrade Programme	STH	Approved				196,000	137,000					333,000	MDMG	CK
Annual Upgrade Programme - Unallocated	STH	Planning Sum				26,000	2,933,000	3,200,000	3,200,000	3,200,000	3,200,000	15,759,000	MDMG	CK
Major Equipment Replacement Programme (RFB)	STH	Planning Sum				0	4,655,000	4,907,000	3,000,000	3,000,000	3,000,000	18,562,000	MDMG	CK
Donated Medical Equipment	NGH	Approved				269,000						269,000	MDMG	CK
Donated Medical Equipment	RHH	Approved				87,000						87,000	MDMG	CK
Donated Medical Equipment	CCDH	Approved				0						0	MDMG	CK
Donated Medical Equipment	JHW	Approved				0						0	MDMG	CK
Donated Medical Equipment	WPH	Approved				0						0	MDMG	CK
Donated Medical Equipment	CHS	Approved				12,000						12,000	MDMG	CK
Clinical Skills Equipment	NGH	Planning Sum										0	MDMG	CK
Clinical Skills Equipment	RHH	Planning Sum										0	MDMG	CK
Clinical Skills Equipment	JHW	Planning Sum										0	MDMG	CK
Clinical Skills Equipment	CCDH	Planning Sum										0	MDMG	CK
Clinical Skills Equipment	WPH	Planning Sum										0	MDMG	CK
Clinical Skills Equipment	CHS	Planning Sum										0	MDMG	CK
WPH SPEC-CT Gamma Camera	WPH	Complete	948,000	944,000	870,276	73,000						73,000	P Bailey	PBa
BrainLab	RHH	Complete	737,000	825,000	441,830	365,000		18,000				383,000	L Walton	LW
Replacement 3T MRI Scanner, RHH	RHH	Approved	1,500,000	2,674,000	2,538	2,672,000						2,672,000	P Bailey	PBa
Electron Microscope	RHH	Complete	364,000	498,000	1,859	496,000						496,000	P Bailey	PBa
Replacement RHH Angiography Facilities	RHH	Fees	30,000	30,000	0	30,000						30,000	P Bailey	PBa
NiHR Photon CT Scanner	NGH	Planning Sum	2,585,000	2,585,000	0	0	2,585,000					2,585,000	D Black	DB
NiHR Other Research Equipment	STH	Planning Sum	1,560,000	1,560,000	0	0	1,560,000					1,560,000	D Black	DB
Cardiac MRI analysis software	STH	Approved	104,000	104,000	0	104,000						104,000	P Bailey	PBa
Replacement Linacs x2 (LA7 & LA2)	WPH	Planning Sum (equip or	3,400,000	3,400,000	0		3,400,000					3,400,000	R Maxted	RM
Replacement Surgical Robot	RHH	Approved	2,261,000	2,261,000	0	2,261,000						2,261,000	C Turner	CT
WPH Plain Film Rooms	WPH	Fees	5,000	5,000	0	5,000						5,000	R Maxted	RM
<b>MEDICAL EQUIPMENT MODERNISATION TOTAL</b>						<b>9,029,000</b>	<b>15,400,000</b>	<b>8,125,000</b>	<b>6,200,000</b>	<b>6,200,000</b>	<b>6,200,000</b>	<b>51,154,000</b>		



INFORMATION TECHNOLOGY														
APPROVED SCHEME DETAILS	SITE	SCHEME STATUS	INITIAL APPROVED SUM	LATEST APPROVED SUM	CUMULATIVE SPEND TO 31/3/23	REMAINING PROGRAMMED EXPENDITURE						TOTAL	PROJECT LEAD	BUDGET LEAD
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29			
General IT Systems/Telecoms Development	NGH	Approved				35,000	0					35,000	S Addy	MN
General IT Systems/Telecoms Development	RHH	Approved				6,000	0					6,000	S Addy	MN
General IT Systems/Telecoms Development	WPH	Approved				31,000	0					31,000	S Addy	MN
General IT Systems/Telecoms Development	JHW	Approved				103,000	0					103,000	S Addy	MN
General IT Systems/Telecoms Development	CHS	Approved				44,000	0					44,000	S Addy	MN
General IT Systems/Telecoms Development	STH	Approved				659,000	0	0				659,000	S Addy	MN
Informatics Strategic & Corporate - (RFB)	STH	Planning Sum				0	1,141,000	1,250,000	1,250,000	1,250,000	1,250,000	6,141,000	S Addy	MN
Informatics Infrastructure - Unallocated	STH	Planning Sum				0	13,000	500,000	500,000	500,000	500,000	2,013,000	S Addy	MN
Purchase to Pay Software	NGH	Approved	109,000	106,000	64,314	6,000	37,000					43,000	J Wright	JW
Electronic Patient Record	STH	FBC Approved	20,999,000	25,366,000	5,382,659	9,546,000	10,437,000					19,983,000	D Black	CM
Maternity EPR	STH	FBC Approved	2,503,000	2,672,000	139,301	1,369,000	1,164,000					2,533,000	D Black	CM
Laboratory Information Management System	STH	FBC Approved	510,000	22,641,000	96,203	4,687,000	9,569,000	7,797,000	492,000			22,545,000	P Bailey	CM
<b>INFORMATION TECHNOLOGY TOTAL</b>						<b>16,486,000</b>	<b>22,361,000</b>	<b>9,547,000</b>	<b>2,242,000</b>	<b>1,750,000</b>	<b>1,750,000</b>	<b>54,136,000</b>		
SERVICE DEVELOPMENT														
APPROVED SCHEME DETAILS	SITE	SCHEME STATUS	INITIAL APPROVED SUM	LATEST APPROVED SUM	CUMULATIVE SPEND TO 31/3/23	REMAINING PROGRAMMED EXPENDITURE						TOTAL	PROJECT LEAD	BUDGET LEAD
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29			
Service Development (RFB)	STH	Planning Sum				0	3,494,000	3,550,000	3,550,000	3,550,000	3,550,000	17,694,000	CIT	CIT
WPH Bunkers Expansion	WPH	FBC Approved	30,000	10,707,000	4,007,643	6,650,000	50,000					6,700,000	R Maxted	CN
JHW Labour Ward Assessment Unit	JHW	OBC Approved	1,679,000	2,881,000	1,416,369	1,464,000						1,464,000	P Bailey	CN
Pharmacy Outpatient Facilities	STH	OBC Approved	5,000	1,499,000	20,269	1,106,000	373,000					1,479,000	G Marsh	CN
RHH Washer Disinfectors	RHH	Complete	1,100,000	818,000	707,192	93,000	18,000					111,000	V Leckie	CN
Fracture Clinic/SDEC	NGH	Complete	1,500,000	2,101,000	1,997,000	104,000						104,000	B Brewis	CN
RHH Endoscopy, P Floor	RHH	Complete	5,000,000	4,199,000	4,076,532	122,000						122,000	N Thompson	CN
RHH Orthopaedic Elective Hub	RHH	Complete	5,469,000	5,660,000	4,494,644	1,165,000						1,165,000	B Brewis	CN
WPH Nuclear Medicine Department	WPH	Complete	2,498,000	2,753,000	1,945,352	808,000						808,000	P Bailey	CN
A&E Front Door	NGH	Fees	10,000	10,000	148	1,000	9,000					10,000	C Powell-Wiffen	CN
WPH Lower Ground Floor (Radiotherapy Accom)	WPH	Fees	10,000	10,000	0	0	10,000					10,000	R Maxted	CN
Digital Pathology	STH	Planning Sum	235,000	4,500,000	136,487	0	4,363,000					4,363,000	J Bury	JB
Restorative Dentistry Refurbishment, CCDH	CCDH	Fees	5,000	5,000	0	5,000						5,000	L Walton	CN
SYB Pathology Estates Enabling	STH	Fees	10,000	28,000	8,000	20,000						20,000	J Bury	CN
Patient Discharge Lounge, Breatley OPD	NGH	Complete	535,000	643,000	0	643,000						643,000	S Jenkins	CN
A&E Expansion to old Fracture Clinic	NGH	Approved	522,000	630,000	0	630,000						630,000	C Powell-Wiffen	CN
High Consequences Infectious Diseases Unit	RHH	Fees	5,000	5,000	0	5,000						5,000	D Campbell	CN
Chaplaincy Refurbishment, RHH	RHH	Fees	5,000	5,000	0	5,000						5,000	H Kay	CN
Spinal Injuries Modernisation	NGH	Fees	10,000	10,000	0	10,000						10,000	D Campbell	CN
Palliative Care Unit - Garden Room	NGH	Fees	2,000	2,000	0	2,000						2,000	H Kay	CN
Disabled Toilet, Longley Lane	NGH	Approved	12,000	12,000	0	12,000						12,000	L Walton	CN
Entonox Safety Mobile Units x10	JHW	Approved	356,000	353,000	0	353,000						353,000	S Gregory	SG
Antigermix Machine (TOE disinfection)	NGH	Planning Sum	50,000	50,000	0		50,000					50,000	V Leckie	VL
<b>SERVICE DEVELOPMENT TOTAL</b>						<b>13,198,000</b>	<b>8,367,000</b>	<b>3,550,000</b>	<b>3,550,000</b>	<b>3,550,000</b>	<b>3,550,000</b>	<b>35,765,000</b>		

INFRASTRUCTURE						REMAINING PROGRAMMED EXPENDITURE								
APPROVED SCHEME DETAILS	SITE	SCHEME STATUS	INITIAL APPROVED SUM	LATEST APPROVED SUM	CUMULATIVE SPEND TO 31/3/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	TOTAL	PROJECT LEAD	BUDGET LEAD
Facilities & Security Infrastructure	NGH	Approved				139,000	0					139,000	A Jones	AJ
Facilities & Security Infrastructure	RHH	Approved				0	0					0	A Jones	AJ
Facilities & Security Infrastructure	JHW	Approved				0	0					0	A Jones	AJ
Facilities & Security Infrastructure	CCDH	Approved				0	0					0	A Jones	AJ
Facilities & Security Infrastructure	WPH	Approved				0	0					0	A Jones	AJ
Facilities & Security Infrastructure	STH	Approved				0	0					0	A Jones	AJ
Facilities & Security Infrastructure - Unallocated	STH	Planning Sum				0	61,000	400,000	400,000	400,000	400,000	1,661,000	A Jones	AJ
Estates Infrastructure (RFB)	STH	Planning Sum				384,000	2,500,000	3,400,000	3,400,000	3,400,000	3,400,000	16,484,000	C Norman	CN
Ward Refurbishment Programme (RFB)	STH	Planning Sum				0	2,527,000	2,750,000	2,750,000	2,750,000	2,750,000	13,527,000	E Coghill	SH
Non-Clinical Public Environments Programme (RFB)	STH	Planning Sum				0	400,000	400,000	400,000	400,000	400,000	2,000,000	E Coghill	SH
Theatre Refurbishment/Expansion Programme (RFB)	STH	Planning Sum				0	0	246,000	2,000,000	2,000,000	2,000,000	6,246,000	P Buckley	CN
Hadfield Lifecycle Assets	NGH	Approved				753,000	801,000	1,046,000	1,110,000	894,000	808,000	5,412,000	C Norman	CN
CCTV Upgrade	STH	FBC Approved	10,000	2,492,000	1,191,580	947,000	353,000					1,300,000	A Jones	AJ
Chesterman Theatres Refurbishment	NGH	FBC Approved	7,127,000	7,095,000	2,258,437	2,789,000	2,047,000					4,836,000	P Buckley	CN
JHW Theatre Refurbishment	JHW	FBC Approved	10,000	5,218,000	2,763,474	1,852,000	603,000	0				2,455,000	P Buckley	CN
Lab Benching - RHH/Medical School/JHW	RHH	Fees	10,000	10,000	2,054	8,000						8,000	S Hindmarch	CN
WPH Lifts	WPH	Complete	22,000	859,000	822,457	36,000						36,000	S Hindmarch	CN
Service Block Redevelopment (RHH Generators)	RHH	FBC Approved	7,047,000	9,230,000	1,407,202	7,189,000	634,000					7,823,000	C Norman	CN
Huntsman 7 Ward Refurbishment	NGH	Withdrawn	2,000,000	51,000	50,934	0	0					0	S Hindmarch	CN
Solar PV (Photovoltaic) Panels - Northern Campus	NGH	Approved	5,000	481,000	251,927	229,000						229,000	C Norman	CN
RHH Ward I1 Refurbishment	RHH	Fees	90,000	90,000	27,239	63,000						63,000	S Hindmarch	CN
Radiopharmacy Isolator	NGH	Approved	157,000	157,000	198	0	157,000					157,000	P Bailey	PB
Relocation of NGH Vascular Angiography Suite	NGH	Fees	5,000	26,000	6,000	20,000						20,000	L Johnson	CN
Huntsman Lift Refurbishment	NGH	Planning Sum	1,200,000	1,200,000	0	300,000	900,000					1,200,000	C Norman	CN
Boiler House Switch Panel	NGH	Complete	330,000	226,000	0	226,000						226,000	C Norman	CN
JHW Substation Upgrade	JHW	Fees/Planning Sum	750,000	100,000	0	100,000						100,000	C Norman	CN
Solar PV (Photovoltaic) Panels - Central Campus	RHH	Approved	289,000	242,000	0	242,000						242,000	C Norman	CN
Tower Group Lift Refurbishment	RHH	Fees	60,000	60,000	0	60,000						60,000	C Norman	CN
RHH Day Case Unit Chiller	RHH	Approved	554,000	554,000	0	554,000						554,000	C Norman	CN
NGH Mortuary/Fridges Expansion	NGH	Fees	5,000	5,000	0	5,000						5,000	P Bailey	CN
Chesterman 2 Air Conditioning	NGH	Approved	6,000	6,000	0	6,000						6,000	C Norman	CN
RAAC Eradication	NGH	Fees	20,000	20,000	0	20,000						20,000	C Norman	CN
<b>INFRASTRUCTURE TOTAL</b>						<b>15,922,000</b>	<b>10,983,000</b>	<b>8,242,000</b>	<b>10,060,000</b>	<b>9,844,000</b>	<b>9,758,000</b>	<b>64,809,000</b>		
<b>LEASED ASSETS</b>						<b>REMAINING PROGRAMMED EXPENDITURE</b>								
APPROVED SCHEME DETAILS	SITE	SCHEME STATUS	INITIAL APPROVED SUM	LATEST APPROVED SUM	CUMULATIVE SPEND TO 31/3/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	TOTAL	PROJECT LEAD	BUDGET LEAD
Right of Use Assets	RHH	Approved	448,000	373,000	0	448,000						448,000	L Walton	LW
Unallocated Right of Use Assets	STH	Planning Sum	1,058,000	1,058,000	0	1,058,000						1,058,000	L Cowell	LC
<b>LEASED ASSET TOTAL</b>						<b>1,506,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,506,000</b>		
<b>OTHER</b>						<b>REMAINING PROGRAMMED EXPENDITURE</b>								
APPROVED SCHEME DETAILS	SITE	SCHEME STATUS	INITIAL APPROVED SUM	LATEST APPROVED SUM	CUMULATIVE SPEND TO 31/3/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	TOTAL	PROJECT LEAD	BUDGET LEAD
Redefinition of Capital	STH	Planning Sum				64,000	300,000	300,000	300,000	300,000	300,000	1,564,000	L Cowell	LC
Funding for Unfunded Schemes	STH	Planning Sum										0	L Cowell	LC
Prospective schemes	STH	Fees										0	L Cowell	LC
VAT Recovery	STH	Planning Sum				-1,147,000	-700,000	-700,000	-700,000	-700,000	-700,000	-4,647,000	L Cowell	LC
Directly Donated Equipment	STH	Planning Sum										0	L Cowell	LC
<b>TOTAL PROGRAMMED EXPENDITURE</b>						<b>55,058,000</b>	<b>56,711,000</b>	<b>29,064,000</b>	<b>21,652,000</b>	<b>20,944,000</b>	<b>20,858,000</b>	<b>204,287,000</b>		