

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

EXECUTIVE SUMMARY

REPORT TO THE BOARD OF DIRECTORS

HELD ON 28th MARCH 2023

Subject	2023/24 Capital Programme and 5 Year Plan
Supporting TEG Member	Neil Priestley
Author	Neil Priestley
Status¹	A

PURPOSE OF THE REPORT

To seek approval for the 2023/24 Capital Programme and current 5 Year Plan.

KEY POINTS

1. The Trust has a 2023/24 Operational Capital Allocation of £38.2m which represents a £233k cash reduction from 2022/23, but a significant real terms reduction.
2. There are a number of significant schemes already approved/progressing in 2023/24, including the new Electronic Patient Record, leading to an over-committed position.
3. The proposed 2023/24 Capital Programme addresses the over-commitment but leaves minimal flexibility to start new schemes and requires reductions to ring-fenced budgets.
4. The position will remain constrained for 2024/25.
5. The Trust needs to develop a pipeline of prioritised schemes to optimise investment when greater levels of funding become available from 2025/26 onwards and to ensure that advantage can be taken of external funding opportunities.

IMPLICATIONS²

AIM OF THE STHFT CORPORATE STRATEGY		TICK AS APPROPRIATE
1	Deliver the Best Clinical Outcomes	✓
2	Provide Patient Centred Services	✓
3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	✓
5	Create a Sustainable Organisation	✓
6	Deliver Excellent Research, Education and Innovation	✓

RECOMMENDATIONS

As per Section 8 of the report.

APPROVAL PROCESS

Meeting	Date	Approved Y/N

¹ Status: A = Approval
A* = Approval & Requiring Board Approval
D = Debate
N = Note

² Against the six aims of the STHFT Corporate Strategy Making a Difference –The Next Chapter 2022-2027

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

BOARD OF DIRECTORS – 28th MARCH 2023

2023/24 CAPITAL PROGRAMME AND 5 YEAR PLAN

1. INTRODUCTION

- 1.1 As part of the 2023/24 Business Planning process, the proposed 2023/24 Capital Programme has been developed, albeit in the context of a recognised very limited level of uncommitted funding.
- 1.2 This report describes the outcome of this work; seeks approval for the resulting 2023/24 Capital Programme; sets this in the context of planning for the new Electronic Patient Record (EPR), other commitments and the System Operational Capital Allocation (OCA) arrangements; identifies the key risks and issues relating to the Programme; and described the outlook for future years within the 5 Year Capital Plan.

2. OVERVIEW

- 2.1 The revised capital management arrangements, where System OCA rules require capital expenditure to match the allocation in each financial year, are now reasonably well embedded. There also now tend to be a significant number of additional allocations which enhance spend but create in-year pressure and uncertainty.
- 2.2 Planning for 2022/23 and the next 2 years has been dominated by the need to fund the new EPR and a number of other significant schemes which have been developed over recent years but will largely now be delivered in 2023/24.
- 2.3 As had been forecast for some time, the starting point for 2023/24 was a potentially large over-commitment on available resources due to the commitments noted in 2.2 above. It has been necessary to develop a Capital Programme for 2023/24 which addresses this over-commitment and resets the 5 Year Plan in a sustainable way for future years.
- 2.4 There is therefore little or no flexibility for large schemes in the next 2 years unless specific additional funding is attracted. 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.
- 2.5 The Trust will need to continue efforts to manage its capital programme very precisely to ensure that it fully utilises its OCA each year as there are no carry-forward arrangements for underspends.

3. SYSTEM OPERATIONAL CAPITAL ALLOCATION

- 3.1 The South Yorkshire System OCA for 2023/24 is expected to be £99.3m which is a £10.8m reduction on the 2022/23 OCA (£110.1m). The bulk of this reduction relates to the specific £10.3m RAAC funding for Doncaster & Bassetlaw Hospitals in 2022/23 which has not been repeated. The further small reduction reflects the move in 2023/24 from allocating a portion of the OCA based on historic I&E surpluses to a “fair shares” basis.

- 3.2 Other than the change to the basis of funding for historic I&E surpluses, 2023/24 System allocations are the same as for 2022/23, calculated at organisational level allocating the same specific sums for depreciation costs, gross asset values and backlog maintenance.
- 3.3 However, it should be noted that the element of the System allocation linked to I&E surpluses of £7.5m (STH's share being £3.3m) is conditional on the SY System delivering revenue I&E break-even in 2022/23. This will not be known until April but seems likely such that this funding is being assumed in plans.
- 3.4 NHSE states that OCAs are to fund "day-to-day operational investments".
- 3.5 Nationally £4.0b of the £7.6b available for provider capital allocations in 2023/24 has been distributed through the System OCAs. There is then a further £1.2b to cover "national strategic projects already announced and in development or construction, such as new hospitals and hospital upgrades (STP schemes)"; and £2.4b for other national investments including national programmes such as elective recovery, diagnostics, technology and Mental Health dormitory eradication. Funding allocated from these programmes is added to the specific System and Trust OCAs but is ring-fenced such that underspends cannot be used to balance other capital pressures. It seems likely that most of this funding will have already been committed.
- 3.6 Whilst still to be confirmed, it is likely that additional funding cover will be provided where under IFRS 16 expenditure on leases which used to be charged to revenue now results in a charge to capital.
- 3.7 The OCAs (as increased by any further allocations) are effectively an approval to spend in the relevant financial year. Any underspends against System allocations are not carried-forward and so are lost. Any overspends are deducted from the following year's allocation.
- 3.8 Trust draft 2023/24 Capital Plans had to be submitted to NHSE on 23rd February 2023 with final plans being submitted on 30th March 2023.

4. 2023/24 CAPITAL PROGRAMME

- 4.1 The 2022/23 Capital Programme Q3 Update submitted to the Board in January 2023 showed an over-commitment of £3.9m against available resources, with further slippage assumed to bring the position into balance. Considerable work has been undertaken to try to deliver a satisfactory outcome but the final position will not be known until April.
- 4.2 The Trust's initial 2023/24 OCA is £38.2m which is a reduction of £233k on the 2022/23 OCA. STH had been a significant gainer on the allocation of funding for historic I&E surpluses and therefore stood to lose from the move to fair shares. However, the ICB has honoured the intention to give planning certainty on OCAs for 3 years from 2022/23 such that STH has only faced a small reduction, being its share of the total System allocation reduction related to the I&E surpluses. The Trust also again receives the benefit of the 10% cap on OCA losses first applied in 2022/23 of £1.5m (year 2 of 3).
- 4.3 As noted above, in cash terms the Trust's 2023/24 OCA is a reduction of £233k from 2022/23 but, given the high level of inflation over the last year, this represents a significant real terms reduction.

- 4.4 Appendix B shows the Capital Programme as per the Q3 Update report to the Board referred to above. Appendix A then takes that position and identifies the proposed actions to address the starting over-commitment. These are:
- It will not be possible to progress a number of the major medical equipment replacements originally proposed for 2023/24. This has resulted in £8.4m of expenditure plans being slipped to 2024/25.
 - The Huntsman 7 ward refurbishment scheme, valued at £2m, has also been slipped to 2024/25 as it was not felt possible, given operational pressures, to complete the scheme before next winter.
 - Ring-fenced budgets for further ward refurbishments and non-clinical environmental improvements have been removed for 2023/24 only, reducing the overcommitment by £2.7m.
 - Ring fenced budgets for medical equipment, IT, Estates infrastructure and minor service developments have been reduced by 33% for 2023/24 only, reducing the overcommitment by £3.9m.
 - A small provision of £2m has been made to enable some critical schemes to commence in year.
- 4.5 This leaves planned expenditure for 2023/24 of £51.7m, although within this there is a planned overcommitment of £6.1m which will need to be addressed from slippage on schemes, new funding or brokerage from other Trusts.
- 4.6 The cash funding of the 2023/24 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 that the OCA exceeds the depreciation charge each year so there is likely to be a gradual reduction in cash balances over future years.
- 4.7 The current 2023/24 Capital Programme assumes PDC funding as follows:
- National Technology Funding for the EPR of £5,743k.
 - Targeted Investment Fund Elective Recovery funding for RHH Elective Orthopaedic Hub of £518k.

There may be opportunities to bid for additional PDC and charitable funding in-year.

- 4.8 It is assumed that £373k additional “funding” cover will be provided for the replacement of the Femtosecond Laser under the IFRS 16 transition rules. The previous lease was regarded as an operating lease, charged to revenue, but under IFRS 16 the new lease will create a charge against capital. There will be a range of other “new” capital commitments due to IFRS 16 but it is expected that funding cover will also be provided for these.
- 4.9 A key building block in the capital planning process is the Ring-fenced capital budgets which allocate resources for prioritisation within specific areas. Plans have been provisionally developed for 2023/24 for a range of funding scenarios but will be finalised once the Capital Programme has received Board approval. The restrictions to funding in 2023/24 are likely to create some challenges for the budget holders but it is felt that by planning over the 2023/24 and 2024/25 financial years these can be minimised and some of the year-end spending processes should become less frenetic. There will be many individual schemes but some of the more significant proposals will include:-

Minor Medical Equipment	-	Stack Systems
	-	Neurosurgical drills
	-	Incubators
	-	Patient Monitors
Major Medical Equipment	-	3T MRI Scanner replacement
	-	Electron Microscope
Facilities/Security	-	CCTV System
Estates Infrastructure	-	Jessop Hospital Substation
	-	Huntsman Lift Programme
		Boiler House Switch Panel
Ward Refurbishments	-	None
IT	-	Network VM Hosting for ISE
	-	Resilient Internet bandwidth
Minor Service Developments	-	Crucible Pharmacy Ltd. facilities
	-	NGH Radiopharmacy Isolator

- 4.10 As noted above, there are a number of significant schemes which have already been approved/started and therefore create a major existing commitment against the Capital Programme. These are:-

	2023/24	2024/25	2025/26	2026/27
	£M	£M	£M	£M
EPR (including Maternity)	13.1	7.0		
WPCC Bunkers	7.4			
RHH Emergency Generators	7.3			
Chesterman Theatres	2.5			
Jessop Hospital for Women Theatres	2.3			
Jessop Hospital for Women LWAU	1.5			
RHH Elective Orthopaedic Hub	0.6			

- 4.11 As noted above, there is a provision of £2m in the Capital Programme to enable any critical schemes to commence in 2023/24. Given the need to replace major medical equipment and service need, the RHH Angiography Suite and the NGH Vascular Angiography Facilities are thought the most likely to be progressed. There is also a proposal to expand the NGH Discharge Lounge which is being developed. It is inevitable that there will be further requests for scheme approvals in-year which is a concern given the lack of available funding.
- 4.12 The new EPR is clearly a major investment for the Trust and its progress will have a significant impact on the Capital Programme. The recent replanning of the implementation does not initially appear to have materially altered the planned expenditure for 2023/24. However, there are some uncertainties about backfill costs and risk contingencies which could ultimately release some resources in-year. However, it does seem that the longer implementation period will result in additional capital costs in 2024/25.

- 4.13 The Trust has expanded its Major Medical Equipment (MME) fleet over the years as clinical services have expanded. This means that there is now insufficient funding in the normal MME ring fenced budget to replace all items. As noted above, there was a significant planned spend for 2023/24 but this has now slipped to 2024/25 and beyond. However, there are likely to be on-going additional costs and the budget will need to be reviewed in due course.
- 4.14 The 5 Acute Trusts in South Yorkshire have all agreed the 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. However, there is now a review of the project, particularly around timescales. When this work is completed the value and timing of costs will need to be reviewed again. However, it seems likely that there will be shortfall in the national funding for 2023/24 (currently estimated at £3-4m) which will need to be managed with NHSE and System colleagues.
- 4.15 The assumption remains that additional specific funding will be required to progress the full Weston Park Cancer Centre Upgrade.

5. 5 YEAR PLAN

- 5.1 The 2023/24 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 important that discipline is maintained to bring the overall 5 Year Plan back into a sustainable position.
- 5.2 If this is achieved then there is a modest amount of uncommitted funding for 2024/25, although it may be largely, or fully, used if the schemes identified in 4.11 above are progressed and there is an increased EPR cost. However, it may be possible to enable a small number of schemes prioritised for 2025/26 to be planned or make a start in 2024/25. The position could obviously be improved by securing further external funding.
- 5.3 Appendix A lists a number of potential future schemes which may be undertaken when sufficient funding is available. It is important that attempts are made to prioritise a pipeline of schemes to ensure effective investment from 2025/26, 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 some pressure to increase ring-fenced budgets to reflect inflation and other demands.
- 5.4 The challenging short-term position on capital will be reflected in the reporting of Strategic Risk 5, Infrastructure, in the Board Assurance Framework.

6. RISKS

The key risks for the 2023/24 Capital Programme and subsequent years are:-

- 6.1 Higher than expected slippage in 2022/23 and in 2023/24 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.

- 6.2 New schemes/increased costs – **High Risk**. Mitigating actions include good planning, scheme reprioritisation, management of scheme specifications and improved cost control/monitoring.
- 6.3 The over-commitment of the OCA for 2023/24 is not resolvable– **Medium Risk**. Mitigating actions are close monitoring and management of the programme, attracting additional funding and securing brokerage.
- 6.4 Unanticipated commitments against the OCA from leases due to the implementation of IFRS 16 – **Medium Risk**. Mitigating actions include ensuring a detailed knowledge of the relevant Trust leases and the funding arrangements.
- 6.5 The LIMS funding requirement for 2023/24 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.

7. **CONCLUSIONS**

- 7.1 The Trust has a large 2023/24 Capital Programme with some significant commitments already approved and underway.
- 7.2 The 2023/24 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 2024/25 also looks challenging unless additional resources are secured. However, from 2025/26 there should be normal levels of uncommitted resources to invest in key schemes.
- 7.4 The Trust needs to develop a pipeline of prioritised schemes for those years to optimise investment and to take advantage of external funding opportunities.

8. **RECOMMENDATIONS**

The Board of Directors is asked to:-

- 8.1 Approve the proposed 2023/24 Capital Programme and note the challenging position for 2023/24, and potentially for 2024/25, which will need careful management.
- 8.2 Note the impact of annual OCA arrangements and the consequences for the Trust's capital planning and management arrangements.
- 8.3 Note the risks outlined in Section 6 above.
- 8.4 Note the need to develop a pipeline of prioritised schemes for 2025/26 onwards to ensure an effective Capital Plan.

Neil Priestley
Chief Finance Officer
March 2023

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST - 2022/23 - 2026/27 CAPITAL PROGRAMME

SUMMARY OF APPROVED SCHEMES

Appendix B

CAPITAL PROGRAMME DETAILS	2022/23	2023/24	2024/25	2025/26	2026/27
Approved Scheme Details:					
Medical Equipment Modernisation	12,080,000	14,217,000	5,135,000	8,125,000	6,200,000
Information Technology	9,565,000	14,091,000	8,614,000	1,750,000	1,750,000
Service Development	19,072,000	12,819,000	3,550,000	3,550,000	3,550,000
Infrastructure	17,211,000	22,041,000	10,021,000	8,199,000	10,014,000
Leased Assets	0	373,000	0	0	0
Planned Rev-Cap Transfers	0	64,000	300,000	300,000	300,000
Funding for Unfunded Schemes	0	0	0	0	0
VAT Recovery	-1,729,000	-700,000	-700,000	-700,000	-700,000
Directly Donated Equipment	0	0	0	0	0
Approved Scheme Total	56,199,000	62,905,000	26,920,000	21,224,000	21,114,000

APPROVED SCHEME DETAILS BY SITE	NGH					RHH					CCDH				
	2022/23	2023/24	2024/25	2025/26	2026/27	2022/23	2023/24	2024/25	2025/26	2026/27	2022/23	2023/24	2024/25	2025/26	2026/27
Medical Equipment Modernisation	3,202,000	130,000	0	0	0	7,210,000	2,061,000	0	18,000	0	41,000	0	0	0	0
Information Technology	0	43,000	0	0	0	13,000	0	0	0	0	0	0	0	0	0
Service Development	2,393,000	0	0	0	0	9,946,000	714,000	0	0	0	0	0	0	0	0
Infrastructure	6,478,000	5,358,000	2,615,000	1,003,000	1,064,000	4,313,000	7,430,000	0	0	0	6,000	0	0	0	0
Leased Assets	0	0	0	0	0	0	373,000	0	0	0	0	0	0	0	0
APPROVED SCHEME TOTAL	12,073,000	5,531,000	2,615,000	1,003,000	1,064,000	21,482,000	10,578,000	0	18,000	0	47,000	0	0	0	0

APPROVED SCHEME DETAILS BY SITE	JHW					WPH					CHS				
	2022/23	2023/24	2024/25	2025/26	2026/27	2022/23	2023/24	2024/25	2025/26	2026/27	2022/23	2023/24	2024/25	2025/26	2026/27
Medical Equipment Modernisation	436,000	0	0	0	0	1,286,000	0	0	0	0	26,000	0	0	0	0
Information Technology	0	0	0	0	0	0	0	0	0	0	146,000	0	0	0	0
Service Development	1,150,000	1,516,000	0	0	0	5,305,000	7,353,000	0	0	0	0	0	0	0	0
Infrastructure	2,622,000	2,200,000	403,000	0	0	725,000	0	0	0	0	395,000	0	0	0	0
Leased Assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
APPROVED SCHEME TOTAL	4,208,000	3,716,000	403,000	0	0	7,316,000	7,353,000	0	0	0	567,000	0	0	0	0

APPROVED SCHEME DETAILS BY SITE	STH UNALLOCATED				
	2022/23	2023/24	2024/25	2025/26	2026/27
Medical Equipment Modernisation	-121,000	12,026,000	5,135,000	8,107,000	6,200,000
Information Technology	9,406,000	14,048,000	8,614,000	1,750,000	1,750,000
Service Development	278,000	3,236,000	3,550,000	3,550,000	3,550,000
Infrastructure	2,672,000	7,053,000	7,003,000	7,196,000	8,950,000
Leased Assets	0	0	0	0	0
Planned Rev-Cap Transfers	0	64,000	300,000	300,000	300,000
Funding for Unfunded Schemes	0	0	0	0	0
VAT Recovery	-1,729,000	-700,000	-700,000	-700,000	-700,000
Directly Donated Equipment	0	0	0	0	0
APPROVED SCHEME TOTAL	10,506,000	35,727,000	23,902,000	20,203,000	20,050,000

PROGRAMMED EXPENDITURE 2022/23 - 2026/27

Appendix B

MEDICAL EQUIPMENT MODERNISATION

APPROVED SCHEME DETAILS	SITE	SCHEME STATUS	INITIAL APPROVED SUM	LATEST APPROVED SUM	CUMULATIVE SPEND TO 31/3/22	REMAINING PROGRAMMED EXPENDITURE					PROJECT LEAD	BUDGET LEAD	
						2022/23	2023/24	2024/25	2025/26	2026/27			TOTAL
Annual Upgrade Programme	NGH	Approved				2,289,000	130,000				2,419,000	MDMG	CK
Annual Upgrade Programme	RHH	Approved				2,158,000	144,000				2,302,000	MDMG	CK
Annual Upgrade Programme	CCDH	Approved				41,000	0				41,000	MDMG	CK
Annual Upgrade Programme	JHW	Approved				436,000	0				436,000	MDMG	CK
Annual Upgrade Programme	WPH	Approved				323,000	0				323,000	MDMG	CK
Annual Upgrade Programme	CHS	Approved				26,000	0				26,000	MDMG	CK
Annual Upgrade Programme	STH	Approved				599,000	0				599,000	MDMG	CK
Annual Upgrade Programme - Unallocated	STH	Planning Sum				-764,000	2,926,000	3,200,000	3,200,000	3,200,000	11,762,000	MDMG	CK
Major Equipment Replacement Programme	STH	Planning Sum				44,000	9,100,000	1,935,000	4,907,000	3,000,000	18,986,000	MDMG	CK
Donated Medical Equipment	NGH	Approved				5,000	0				5,000	MDMG	CK
Donated Medical Equipment	RHH	Approved				0	0				0	MDMG	CK
Donated Medical Equipment	CCDH	Approved				0	0				0	MDMG	CK
Donated Medical Equipment	JHW	Approved				0	0				0	MDMG	CK
Donated Medical Equipment	WPH	Approved				0	0				0	MDMG	CK
Donated Medical Equipment	CHS	Approved				0	0				0	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
8th Linear Accelerator	WPH	Complete	2,094,000	2,089,000	2,004,670	84,000					84,000	S Tozer-Loft	DC
RHH SPEC-CT Gamma Camera	RHH	FBC Approved	1,440,000	1,565,000	669,721	895,000					895,000	P Bailey	PBa
WPH SPEC-CT Gamma Camera	WPH	FBC Approved	948,000	939,000	59,537	879,000					879,000	P Bailey	PBa
7th MRI Scanner, RHH	RHH	FBC Approved	1,789,000	2,635,000	2,379,879	255,000					255,000	P Bailey	PBa
RHH Gamma Knife	RHH	FBC Approved	3,386,000	3,386,000	0	3,386,000					3,386,000	L Walton	LW
BrainLab	RHH	Approved	737,000	737,000	0	466,000	253,000		18,000		737,000	L Walton	LW
Replacement 3T MRI Scanner, RHH	RHH	OBC Approved	1,500,000	1,664,000	0	0	1,664,000				1,664,000	P Bailey	PBa
Cardiac Catheter Lab B replacement	NGH	FBC Approved	735,000	908,000	0	908,000					908,000	L Johnson	LJ
Endovascular Mobile Imaging Solution	NGH	Complete	264,000	309,000	309,000	0					0	L Johnson	LJ
Lithotripter Replacement	RHH	Complete	500,000	657,000	607,000	50,000					50,000	S Gregory	SG
SVC Femtosecond Laser	RHH	Revised to RoU Lease	0	0	0	0	0				0	L Walton	LW
MEDICAL EQUIPMENT MODERNISATION TOTAL						12,080,000	14,217,000	5,135,000	8,125,000	6,200,000	45,757,000		

INFORMATION TECHNOLOGY

APPROVED SCHEME DETAILS	SITE	SCHEME STATUS	INITIAL APPROVED SUM	LATEST APPROVED SUM	CUMULATIVE SPEND TO 31/3/22	REMAINING PROGRAMMED EXPENDITURE					PROJECT LEAD	BUDGET LEAD	
						2022/23	2023/24	2024/25	2025/26	2026/27			TOTAL
General IT Systems/Telecoms Development	NGH	Approved				0	0				0	S Addy	MN
General IT Systems/Telecoms Development	RHH	Approved				0	0				0	S Addy	MN
General IT Systems/Telecoms Development	WPH	Approved				0	0				0	S Addy	MN
General IT Systems/Telecoms Development	JHW	Approved				0	0				0	S Addy	MN
General IT Systems/Telecoms Development	CHS	Approved				146,000	0				146,000	S Addy	MN
General IT Systems/Telecoms Development	STH	Approved				3,294,000	59,000	0			3,353,000	S Addy	MN
Informatics Strategic & Corporate - Unallocated	STH	Planning Sum				0	857,000	1,250,000	1,250,000	1,250,000	4,607,000	S Addy	MN
Informatics Infrastructure - Unallocated	STH	Planning Sum				0	0	327,000	500,000	500,000	1,327,000	S Addy	MN
Purchase to Pay Software	NGH	Approved	109,000	106,000	64,314	0	43,000				43,000	N Priestley	NP

PACS	STH	FBC Approved	242,000	4,430,000	3,734,180	696,000					696,000	S Addy	MN
Electronic Patient Record	STH	FBC Approved	20,999,000	22,952,000	0	4,852,000	11,521,000	6,579,000			22,952,000	D Black	CM
Ophthalmology MERGE System	RHH	Complete	535,000	276,000	262,946	13,000					13,000	L Walton	MN
Patient App Software	STH	Complete	1,128,000	1,254,000	1,200,361	54,000					54,000	N Thompson	MN
Cyber Security Immutability Backup	STH	Approved	398,000	398,000	322,000	76,000					76,000	S Addy	MN
Laboratory Information Management System	STH	Approved	510,000	92,000	91,740						0	P Bailey	MN
PACS Extension	STH	Withdrawn	877,000	0	0	0					0	S Addy	MN
Maternity EPR	STH	FBC Approved	2,503,000	2,503,000	0	434,000	1,611,000	458,000			2,503,000	D Black	CM
INFORMATION TECHNOLOGY TOTAL						9,565,000	14,091,000	8,614,000	1,750,000	1,750,000	35,770,000		

SERVICE DEVELOPMENT

APPROVED SCHEME DETAILS	SITE	SCHEME STATUS	INITIAL APPROVED SUM	LATEST APPROVED SUM	CUMULATIVE SPEND TO 31/3/22	REMAINING PROGRAMMED EXPENDITURE					TOTAL	PROJECT LEAD	BUDGET LEAD
						2022/23	2023/24	2024/25	2025/26	2026/27			
New Business Planning Rounds/Service Development	STH	Planning Sum				0	2,166,000	3,550,000	3,550,000	3,550,000	12,816,000	CIT	CIT
A&E Decontamination Unit, NGH	NGH	Complete/Withdrawn	188,000	330,000	330,606	0	0				0	C Powell-Wiffen	CN
Bowel Cancer Screening Accommodation	RHH	Complete/Withdrawn	150,000	167,000	166,795	0	0				0	C Powell-Wiffen	CN
WPH Bunkers Expansion	WPH	FBC Approved	30,000	10,693,000	795,326	2,545,000	7,353,000				9,898,000	D Campbell	CN
Firth 7/CCU	NGH	Withdrawn	5,000	40,000	40,702	0					0	L Johnson	CN
Replacement of UoS 1.5T MRI	RHH	Fees	5,000	12,000	830		11,000				11,000	S Hindmarch	CN
NGH Secret Garden	NGH	Complete	292,000	370,000	827		369,000				369,000	E Scott	CN
JHW Labour Ward Assessment Unit	JHW	Fees	1,679,000	2,676,000	10,006	1,150,000	1,516,000				2,666,000	P Bailey	CN
Pharmacy Outpatient Facilities	STH	OBC Approved	5,000	1,081,000	0	11,000	1,070,000				1,081,000	G Marsh	CN
Pharmacy Quality Control Equipment	STH	Approved	32,000	32,000	0	32,000					32,000	G Marsh	CN
RHH Washer Disinfectors	RHH	FBC Approved	1,100,000	761,000	0	665,000	96,000				761,000	V Leckie	CN
Fracture Clinic/SDEC	NGH	Approved	1,500,000	1,986,000	0	1,986,000					1,986,000	B Brewis	CN
RHH Endoscopy, P Floor	RHH	FBC Approved	5,000,000	4,396,000	0	4,396,000					4,396,000	N Thompson	CN
RHH Orthopaedic Elective Hub	RHH	FBC Approved	5,469,000	5,660,000	207,640	4,834,000	618,000				5,452,000	B Brewis	CN
RHH Histopathology Reconfiguration	RHH	Fees	5,000	5,000	0	5,000					5,000	J Bury	CN
WPH Nuclear Medicine Department	WPH	FBC Approved	2,498,000	2,750,000	0	2,750,000					2,750,000	P Bailey	CN
RHH Angiography Suite Upgrade	RHH	Fees	5,000	5,000	0	5,000					5,000	P Bailey	CN
NGH Hip Fracture Ward (Huntsman 5)	NGH	Complete	3,000	2,805,000	2,780,471	25,000					25,000	S Gregory	CN
Ophthalmology Outpatient Facilities	RHH	Fees	5,000	5,000	0	5,000					5,000	L Walton	CN
Ophthalmology Drug Fridge	RHH	Approved	6,000	6,000	9	6,000					6,000	L Walton	LW
Psychology and Neuro Psychotherapy Facilities	NGH	Fees	3,000	3,000	0	3,000					3,000	L Walton	CN
A&E Front Door	NGH	Fees	10,000	10,000	0	10,000					10,000	C Powell-Wiffen	CN
WPH Lower Ground Floor (Radiotherapy Accom)	WPH	Fees	10,000	10,000	0	10,000					10,000	D Campbell	CN
Blood Disorder Service Accommodation	RHH	Fees	5,000	5,000	0	5,000					5,000	D Campbell	CN
Digital Pathology	STH	Phase 1 Approved	235,000	235,000	0	235,000					235,000	J Bury	JB
Histopathology Slide Storage	RHH	Approved	14,000	14,000	0	14,000					14,000	P Bailey	GO
SERVICE DEVELOPMENT TOTAL						19,072,000	12,819,000	3,550,000	3,550,000	3,550,000	42,541,000		

INFRASTRUCTURE

APPROVED SCHEME DETAILS	SITE	SCHEME STATUS	INITIAL APPROVED SUM	LATEST APPROVED SUM	CUMULATIVE SPEND TO 31/3/22	REMAINING PROGRAMMED EXPENDITURE					TOTAL	PROJECT LEAD	BUDGET LEAD
						2022/23	2023/24	2024/25	2025/26	2026/27			
Facilities & Security Infrastructure	NGH	Approved				231,000	0				231,000	A Jones	AJ
Facilities & Security Infrastructure	RHH	Approved				21,000	0				21,000	A Jones	AJ

Facilities & Security Infrastructure	JHW	Approved				0	0					0	A Jones	AJ
Facilities & Security Infrastructure	CCDH	Approved				6,000	0					6,000	A Jones	AJ
Facilities & Security Infrastructure	WPH	Approved				0	0					0	A Jones	AJ
Facilities & Security Infrastructure	STH	Approved				5,000	0					5,000	A Jones	AJ
Facilities & Security Infrastructure - Unallocated	STH	Planning Sum				23,000	100,000	100,000	400,000	400,000	1,023,000	A Jones	AJ	
Estates Infrastructure	STH	Planning Sum				1,238,000	3,400,000	3,400,000	3,400,000	3,400,000	14,838,000	S Hindmarch	SH	
Ward Refurbishment Programme	STH	Planning Sum				0	2,343,000	2,750,000	2,750,000	2,750,000	10,593,000	K Jessop	SH	
Non-Clinical Public Environments Programme	STH	Planning Sum				98,000	400,000	400,000	400,000	400,000	1,698,000	K Jessop	SH	
Theatre Refurbishment/Expansion Programme	STH	Planning Sum				0	0	0	246,000	2,000,000	2,246,000	S Hindmarch	SH	
Hadfield Lifecycle Assets	NGH	Approved				722,000	722,000	768,000	1,003,000	1,064,000	4,279,000	C Norman	CN	
RHH Main Lifts	RHH	Complete	6,500,000	5,095,000	4,999,481	96,000						96,000	S Hindmarch	CN
CCTV Upgrade	STH	FBC Approved	10,000	2,492,000	28,685	1,300,000	810,000	353,000				2,463,000	A Jones	AJ
Chesterman Theatres Refurbishment	NGH	FBC Approved	7,127,000	7,145,000	255,962	2,548,000	2,494,000	1,847,000				6,889,000	P Buckley	CN
JHW Theatre Refurbishment	JHW	FBC Approved	10,000	5,241,000	138,109	2,500,000	2,200,000	403,000	0			5,103,000	P Buckley	CN
Jessops Wing Ward Refurbishment	JHW	Fees	5,000	177,000	55,601	122,000						122,000	S Hindmarch	CN
RHH Ward H1 & H2 Refurbishment	RHH	Complete	1,520,000	4,340,000	3,007,764	1,333,000						1,333,000	S Hindmarch	CN
RHH B Road Water Proofing	RHH	Complete	10,000	3,579,000	2,105,945	1,473,000						1,473,000	S Hindmarch	CN
Lab Benching - RHH/Medical School/JHW	RHH	Fees	10,000	10,000	83	10,000						10,000	S Hindmarch	CN
Ventilator Works	NGH	Withdrawn	350,000	0	0	0						0	S Hindmarch	CN
NGH Renal Pipework	NGH	Approved	385,000	831,000	574,795	256,000						256,000	S Hindmarch	CN
WPH Lifts	WPH	Approved	22,000	1,000,000	274,537	725,000						725,000	S Hindmarch	CN
MEC Lifts	NGH	Complete	200,000	150,000	96,980	53,000						53,000	S Hindmarch	CN
Huntsman Lifts	NGH	Approved	200,000	8,000	7,721	0						0	S Hindmarch	CN
Firth Chiller Replacement	NGH	Complete	613,000	693,000	69,139	624,000						624,000	S Hindmarch	CN
Chesterman Chiller Replacement	NGH	Complete	526,000	575,000	2,482	573,000						573,000	S Hindmarch	CN
Laundry Modernisation	NGH	Approved	584,000	751,000	498,477	253,000						253,000	A Jones	AJ
RHH Generators	RHH	FBC Approved	7,047,000	7,982,000	0	639,000	7,343,000					7,982,000	C Norman	CN
Huntsman 7 Ward Refurbishment	NGH	Fees/Planning Sum	2,000,000	2,000,000	0	15,000	1,985,000					2,000,000	S Hindmarch	CN
Reconfiguration of SCBU	JHW	Withdrawn	40,000	0	0	0						0	S Gregory	CN
Relocation of NGH Vascular Angiography Suite	NGH	Fees	5,000	5,000	0	5,000						5,000	L Johnson	CN
Brearlley NCPE works	NGH	Fees	3,000	3,000	0	3,000						3,000	S Hindmarch	CN
RHH B Floor NCPE works	RHH	Fees	2,000	2,000	0	2,000						2,000	S Hindmarch	CN
Theates 14/15 Upgrade	RHH	Approved	485,000	444,000	0	444,000						444,000	S Hindmarch	CN
RHH LTHW	RHH	Approved	15,000	3,753,000	3,719,999	32,000						32,000	S Hindmarch	CN
Theatre 8 Lead Lining	NGH	Approved	243,000	319,000	0	319,000						319,000	S Hindmarch	CN
Wycliffe House Boiler	NGH	Approved	70,000	70,000	0	70,000						70,000	C Norman	CN
Michael Carlisle Centre Upgrade	CHS	Approved	238,000	395,000	0	395,000						395,000	C Norman	CN
Estates Vehicles	NGH	Approved	90,000	90,000	0	90,000						90,000	C Norman	CN
Solar PV Panels	NGH	Approved	5,000	288,000	0	288,000						288,000	C Norman	CN
Moving & Handling Equipment - Hoverjack	STH	Approved	8,000	8,000	0	8,000						8,000	L Walton	LW
NGH Cycle Storage	NGH	Approved	241,000	241,000	0	241,000						241,000	S Hindmarch	AJ
RHH Cycle Storage	RHH	Approved	260,000	260,000	0	260,000						260,000	S Hindmarch	AJ
RHH Ward I1 Refurbishment	RHH	Fees	90,000	90,000	0	3,000	87,000					90,000	S Hindmarch	CN
Radiopharmacy Isolator	NGH	Approved	157,000	157,000	0	0	157,000					157,000	P Bailey	PB
Electric Charging Points	NGH	Approved	187,000	187,000	0	187,000						187,000	S Hindmarch	CN
INFRASTRUCTURE TOTAL						17,211,000	22,041,000	10,021,000	8,199,000	10,014,000	67,486,000			

LEASED ASSETS

APPROVED SCHEME DETAILS	SITE	SCHEME STATUS	INITIAL APPROVED SUM	LATEST APPROVED SUM	CUMULATIVE SPEND TO 31/3/22	REMAINING PROGRAMMED EXPENDITURE					TOTAL	PROJECT LEAD	BUDGET LEAD
						2022/23	2023/24	2024/25	2025/26	2026/27			
SVC Femtosecond Laser	RHH	Approved	448,000	448,000	0	0	373,000				373,000	L Walton	LW

LEASED ASSET TOTAL						0	373,000	0	0	0	373,000		
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OTHER

APPROVED SCHEME DETAILS	SITE	SCHEME STATUS	INITIAL APPROVED SUM	LATEST APPROVED SUM	CUMULATIVE SPEND TO 31/3/22	REMAINING PROGRAMMED EXPENDITURE					PROJECT LEAD	BUDGET LEAD	
						2022/23	2023/24	2024/25	2025/26	2026/27			TOTAL
Planned rev-cap Transfers/Redefinition of Capital	STH	Planning Sum				0	64,000	300,000	300,000	300,000	964,000	N Priestley	NP
Funding for Unfunded Schemes	STH	Planning Sum									0	N Priestley	NP
VAT Recovery	STH	Planning Sum				-1,729,000	-700,000	-700,000	-700,000	-700,000	-4,529,000	N Priestley	NP
Directly Donated Equipment	STH	Planning Sum									0	N Priestley	NP
TOTAL PROGRAMMED EXPENDITURE						56,199,000	62,905,000	26,920,000	21,224,000	21,114,000	188,362,000		