

EXECUTIVE SUMMARY

REPORT TO THE BOARD OF DIRECTORS MEETING

HELD ON 28th JANUARY 2025

| | |
|------------------------------|---|
| Subject | 2024/25 Capital Programme and 5 Year Plan - Quarter 3 Update |
| Supporting TEG Member | Louisa Cowell, Chief Finance Officer |
| Author | Louisa Cowell, Chief Finance Officer and Julie Wright Deputy Chief Finance Officer (Financial Accounting) |
| Status¹ | A/N |

PURPOSE OF THE REPORT

To provide an update on the 2024/25 Capital Programme and 5 Year Capital Plan.

KEY POINTS

- The current funding available for the 2024/25 capital programme is £68.4m as at January 2025.
- The current forecast spend against this funding is £69.3m, therefore the programme is currently £0.9m overcommitted against available resources.
- This compares to a £0.8m forecast under-commitment at Q2, the change predominantly due to decisions made to bring forward 2025/26 spend and advance several other schemes in light of the level of slippage signalled in the plan at Q2.
- Within this £0.9m overcommitted, there is still risk of a level of slippage over and above the over committed value and therefore work is ongoing to ensure this is spent by the end of the year.
- The Electronic Patient Record (EPR) and SYB Pathology Network Laboratory Information Management System (LIMS) schemes are major programmes to be managed with £20.0m of spend planned for 2024/25. These two schemes represent one third of the programme for the year. The Quarter 3 plan does not include any impact of the change in profile of these programmes whilst the full impact is subject to Board approval for EPR and subject to full re-plan for LIMS.
- To manage the position it is highly likely a re-profiling to national funding for the LIMS system will be required, transferring funding from this year to next year. These conversations have commenced with the national team, however as the full value is still being quantified the conversations cannot conclude at this point.
- The current position for 2025/26 to 2026/27 suggests little flexibility for new starts unless future funding opportunities are identified. However, work to review the longer-term Capital Plan and determine priorities for subsequent years when the funding position appears more promising is planned in the coming months.

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 | Deliver Excellent Research, Education & Innovation | ✓ |

| | | |
|---|-----------------------------------|---|
| 6 | Create a Sustainable Organisation | ✓ |
|---|-----------------------------------|---|

RECOMMENDATIONS

The Board of Directors are asked to:

- Approve the latest 2024/25 Capital Programme and note the required actions ongoing to ensure available 2024/25 funding is fully utilised.
- Note the likely LIMS re-profiling required of national funding.
- Note the challenges for development of the 2025/26 Capital Programme and 5-year plan, which is being progressed through the Business Planning round.

APPROVAL PROCESS

| Meeting | Date | Approved Y/N |
|---------|------|--------------|
| | | |

¹ Status: A = Approval
D = Debate
N = Note

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

BOARD OF DIRECTORS 28th JANUARY 2025

2024/25 CAPITAL PROGRAMME AND 5 YEAR PLAN – QUARTER 3 UPDATE

1. INTRODUCTION

- 1.1 This report provides an update against the Trust's 2024/25 Capital Programme and 5 Year Plan. It considers the position moving into the last quarter of the year and outlines the major changes since the 2024/25 Capital Plan was considered by the Trust Board in the Quarter 2 update in November 2024.
- 1.2 The “new” capital regime remains in place with Operational Capital Allocations (OCA) and the requirement for capital planning and monitoring arrangements to operate within rigid annual capital allocations. As with prior years there will inevitably be many challenges to land final expenditure very close to the OCA and fully utilise the available funding.
- 1.3 As presented to the Board in March 2024 the cumulative position to 2026/27 currently shows little flexibility for new starts but from 2027/28, subject to no significant changes to assumed funding, there is a reasonable level of uncommitted funding each year for new schemes.

2. OVERVIEW OF THE CAPITAL PROGRAMME AND PLAN

- 2.1 The capital plan for 2024/25 – 2028/29 shows the following position for both available funding and planned expenditure as at Quarter 3;

| | 2024/25 | 2025/26 | 2026/27 | 2027/28 | 2028/29 |
|--|--------------------|--------------------|--------------------|--------------------|--------------------|
| | £ | £ | £ | £ | £ |
| Programmed Capital Expenditure as at 28/11/24 | 69,255,000 | 34,563,000 | 30,176,000 | 26,978,000 | 21,837,000 |
| Notified Operational Capital Allocation | -33,193,000 | -33,193,000 | -33,193,000 | -33,193,000 | -33,193,000 |
| Cap & Collar Protection | 0 | 0 | 0 | 0 | 0 |
| 24/25 OCA uplifts | 0 | 0 | 0 | 0 | 0 |
| IFRS12/PFI Lifecycle | -819,000 | -1,069,000 | -1,134,000 | -914,000 | -827,000 |
| PDC Funding | -24,478,000 | 0 | 0 | 0 | 0 |
| CDEL only cover | -1,485,000 | -3,795,000 | -240,000 | 0 | 0 |
| IFRS16 Lease Cover | -2,838,000 | 0 | 0 | 0 | 0 |
| Donations & Capital Grants | -5,559,000 | 55,000 | 0 | 0 | 0 |
| Gross Expenditure Target | -68,372,000 | -38,002,000 | -34,567,000 | -34,107,000 | -34,020,000 |
| Assumed (available increase)/required reduction to programmed spend achieve the OCA | 883,000 | -3,439,000 | -4,391,000 | -7,129,000 | -12,183,000 |

- 2.2 This shows that currently there is a slight over commitment in 2024/25, however this has been done consciously due to known slippage risks in the programme which are likely to manifest in Quarter 4.
- 2.3 Major PDC funding for 2024/25 is clear, with funds secured for EPR, LIMS and RAAC. Further opportunities are arising, and cases are being prepared in response to support proposed initiatives.
- 2.4 The Quarter 3 update does not reflect any impact of the decision to defer the go-live of the Trust's new Electronic Patient Record because at the time of writing this is still subject to Board approval, but at this point does not indicate significant impact in 2024/25.

- 2.5 As in 2023/24, the SYBPN LIMS and Digital Pathology schemes are reflected in the Capital Programme, given the Trust will host the SYBPN and so will account for the schemes and assets created. The FBC costs from 2024/25 onwards are more than the agreed national funding (£2.6m) and the profile between years is also different between the receipt of funding and incurring of costs. There is an excess of funding for 2024/25 and then a significant shortfall in funding for 2025/26. The 5 SY Acute Trusts have agreed to share the variances pro-rata to the Risk/Gainshare agreement for SYBPN financial matters. The national funding, costs and other Trust contributions are reflected in the Capital Programme leaving a net STH pressure of circa £1.3m over the 2024/25 to 2026/27 period. No increase to future years national funding for the LIMS project shortfall is anticipated at this point. However, within the FBC there is an allowance for risk and optimism bias and there is the potential this will not be required, thus reducing this pressure.
- 2.6 The 5 Year Plan position for 2025/26 to 2026/27 suggests little flexibility for new starts, unless future funding opportunities are identified, ring-fence budgets reduced or probable investments deferred to the 2027/28 financial year. Work to review the longer-term Capital Plan and determine priorities for forthcoming years has commenced as part of the business planning processes at the Trust.

3. ASSUMED FUNDING

- 3.1 The currently assumed funding in the 2024/25 Capital Programme consists of:
- ◆ The OCA of £33.2m (same as Q2 update).
 - ◆ £21.0m of allocated Public Dividend Capital (£23.2m in Q2 update).
 - ◆ Assumed cover (outside of the OCA) for PFI Lifecycle costs of £0.8m (same as Q2 update).
 - ◆ £2.8m IFRS16 lease cover (same as Q2 update)
 - ◆ £5.6m from donations (£4.3m in Q2 update)
 - ◆ £5m capital secured through the commitment to deliver a £5m non recurrent surplus revenue plan.
- 3.2 The PDC resources relate to the new EPR (£3.3m), the LIMS/Digital Pathology schemes (£16.8m after contribution timing adjustments with other SY Trusts), RAAC (£1.9m) and several small funding allocations for purchases of specific equipment.
- 3.3 All opportunities to attract new funding into the Trust will be considered for future years, alongside an appropriate case for investment, including an assessment of revenue consequences.
- 3.4 There will continue to be a significant cash gap given that the proposed annual level of investment exceeds recurrent internally generated resources (largely the annual depreciation charge). This can be sustained from existing cash balances in the short-medium term if a breakeven position is achieved on the revenue position.

4. CHANGES TO APPROVED PROGRAMMED EXPENDITURE

- 4.1 There have been a number of changes to the approved expenditure since the Quarter 2 update, due to new scheme approvals, some allocation of specific schemes from the ring-fenced budgets and cost updates on planned schemes.
- 4.2 In headline terms the planned expenditure is now £69.3m compared to a plan of £68.5m in the Quarter 2 update. Whilst this suggests only a small movement there

are a number of movements that make this up, showing the increased activity in the programme in Quarter 3. A reconciliation of the overall movements is included in Appendix A. The list in Appendix A does not include any expenditure that has been incurred as planned within ringfenced budgets or the capital plan, rather those that have cost more than originally planned without a source of funding, or approved reprofiling of schemes between year. Planned expenditure of schemes is reviewed by Capital Investment Team on a Monthly basis.

- 4.3 A number of high priority schemes have received approval to commence procurement since the Quarter 2 update, including:
- ◆ 3rd Surgical Robot (£2.5m)
 - ◆ Replacement RHH Angiography works (£0.1m in 24/25 and £1.7m in 25.26)
 - ◆ Diabetic Eye Screening OCT Machines (£0.2m)
 - ◆ Other minor medical equipment (£1.0m)
 - ◆ LED Lighting (£0.7m)
- 4.4 Plans for usage of the Ring-Fenced Budgets are generally firm but will need careful management to ensure full delivery as planned, and not create further pressure on next year's plan. Allocation of remaining Informatics and Service Development ring-fence sums will follow the approval of anticipated business cases.
- 4.5 As a result of significant slippage on the service development ring-fenced fund this year, TEG agreed in January to use some of the fund to advance elements of the 2025/26 plan into 2024/25 to help with potential pressures in the 2025/26 plan.
- 4.6 The full planned programme spend is included in Appendix B.

5. FURTHER RISKS AND CONTINGENCIES

- 5.1 There are a number of ringfenced budgets that still have some risk of not spending to the value of their budget in year. Whilst this has reduced significantly from Quarter 2 there is still an uncommitted value of £0.8m in the service development pot and £1.3m in the additional £5m investment pot. This has been one of the drivers for the overcommitment of £0.8m elsewhere in the programme but this still leaves a level of slippage to mitigate. Several invest to save schemes are currently being considered for investment in to ensure incurring the spend represents good value for money and are likely to be progressed in the next couple of weeks.
- 5.2 Key risks to delivering the 2024/25 Capital Programme and 5 Year Plan are:
- ◆ Major slippage on schemes, due to operational and logistical barriers inherent in managing such a major programme with challenged internal and external environments – **High Risk**. Mitigating actions include early and robust planning of schemes in close conjunction with Directorates/ICB partners, tight planning and forecasting, prompt actions in developing and finalising schemes, effective procurement and identification/approval of options to advance schemes where slippage occurs.
 - ◆ Increased costs for existing schemes (and generally pressure on ring-fence budget levels), particularly given current economic and supply chain issues – **Medium/High Risk**. Mitigating actions include robust case scrutiny, tight management of scheme specifications and firm cost control as schemes progress.

- ◆ Unavoidable schemes, for which funding is not available – **High Risk for future years**. Mitigating actions include:
 - Attracting PDC funding
 - Maximising OCA allocations and opportunities
 - Additional charitable donations/contributions
 - Loans/leases where appropriate (and funding cover available)
 - Restrictions to scheme approvals/profile to when funding is available.
- ◆ Diversion of Trust resources (particularly Information Services, IT, and Nursing) onto management of EPR priorities thereby compounding the slippage risk – **Medium Risk**. Mitigating actions will include ensuring return to BAU as soon as possible and highlighting the importance of delivering the capital plans across the organisation.
- ◆ EPR and SYB Pathology Network schemes - Risks including funding, scheme progression/delivery, alignment of financial and operational planning, operational change and transition – **High Risk**. Mitigating actions will include strong governance arrangements, developing knowledge and skills within the organisation, excellent planning and good communication.

5.3 Robust business planning/capital prioritisation; strong links to external funding sources; logistical and practical scheme co-ordination; good forecasting; and “value engineering” will be critical in order to secure maximum value for money from constrained capital funding. Revenue affordability will also be a key issue.

6. **BUSINESS CASES/PLANNING**

6.1 The Capital Programme at Appendix B formally identifies the status of all current “approved” capital schemes.

6.2 Approval to commence procurement of equipment/fees have been allocated for work in developing business cases for the following schemes:

- ◆ WPH MRI Simulator
- ◆ A&E Front Door/ED & Relocation of SDEC
- ◆ WPH Lower Ground Floor (Radiotherapy Facilities)
- ◆ SYB Pathology Estates Enabling
- ◆ High Consequences Infectious Diseases Unit
- ◆ Palliative Care Garden Room
- ◆ Osborn 4 Patient Garden
- ◆ RHH Ward I1 Refurbishment
- ◆ Relocation of NGH Vascular Angiography Suite
- ◆ NGH Mortuary/Fridges Expansion

This does not necessarily mean that all of these schemes will be progressed where fees are approved, but allows the Trust to understand potential developments it may wish to invest in. It also ensures there are costed proposals available for when national money ringfenced for specific priorities is made available.

6.3 A small number of the significant schemes within the 2024/25 programme have now completed, including the:

- ◆ Antigermix Machine (TOE disinfection)
- ◆ T Floor Chillers

- 6.4 Progress is being made on the Vascular Angiography replacements at the Royal Hallamshire, however further work is required on a solution at the Northern General Hospital and early indications are that this will be at significant capital cost which is likely to cause a pressure on future years of the programme. The Full Business Case is currently under development which will quantify the issue.
- 6.4 Given the difficult plan position for 2025/26 and 2026/27 too, further long-term planning work is underway.
- 6.5 The Trust will also need to be agile to respond to any opportunities to bid for additional external funding in the coming years.

7. RECOMMENDATIONS

The Board of Directors is asked to: -

- 7.1 Approve the latest 2024/25 Capital Programme.
- 7.2 Note the risks and mitigations outlined in Section 5 above, and the need to identify opportunities to secure additional capital funding for future years of the plan.
- 7.3 Note the careful managing that will be required in respect of the EPR and the SYB Pathology Network schemes for this year and in future years.
- 7.4 Note the on-going importance of capital planning/prioritisation and “value engineering” in securing maximum benefits from limited capital and revenue funding.

Louisa Cowell
Chief Finance Officer
January 2025

Appendix A – Movements in the Capital Plan since Quarter 2 update

| APPROVED SCHEMES | Category | 2024/25 Programme £ | 2025/26 Programme £ | 2026/27 Programme £ | 2027/28 Programme £ | 2028/29 Programme £ |
|--|------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| As Per Capital Programme as at 15/11/2024 | | 68,524,000 | 34,569,000 | 30,176,000 | 26,978,000 | 21,837,000 |
| CIT Approvals: | | | | | | |
| WPH MRI SIM fees | Medical Equipment | 10,000 | | | | |
| Spinal Injuries Patient Minibus | Service Development | | 55,000 | | | |
| Other Approvals: | | | | | | |
| Mortuary Access Control | Infrastructure | 5,000 | | | | |
| Digital Pathology | Service Development | -1,800,000 | | | | |
| Annual Upgrade: Diabetic Eye Screening OCT Machines x4 | Medical Equipment | 192,000 | | | | |
| RHH Lifts VATrecovery | Other | -10,000 | | | | |
| Annual Upgrade: Cardiac Monitors Uplift | Medical Equipment | 221,000 | | | | |
| RHH Angiography Equipment | Medical Equipment | 100,000 | 1,727,000 | | | |
| 3rd Surgical Robot | Service Development | 2,455,000 | 451,000 | | | |
| £5m Investment Fund | Service Development | -1,230,000 | | | | |
| Service Development Unallocated | Service Development | | -451,000 | | | |
| Approved Reprofiling: | | | | | | |
| Thrombectomy PDC funding re-profile | Medical Equipment | 97,000 | -97,000 | | | |
| Purchase to Pay Software | Information Technology | -37,000 | 37,000 | | | |
| Ophthalmology Operating Microscope | Medical Equipment | -155,000 | 155,000 | | | |
| NCPE Unallocated | Infrastructure | 140,000 | -140,000 | | | |
| NCPE Unallocated | Infrastructure | 40,000 | -40,000 | | | |
| ED- Relocation of SDEC/Huntsman LV Risers | Service Development | -17,000 | 17,000 | | | |
| Estates infrastructure - unallocated | Infrastructure | 720,000 | -720,000 | | | |
| Annual Upgrade | Medical Equipment | 1,000,000 | -1,000,000 | | | |
| Allocation of Service development fund for MDMG forward purchase | Service Development | -1,000,000 | | | | |
| As Per Current Programme | | 69,255,000 | 34,563,000 | 30,176,000 | 26,978,000 | 21,837,000 |

| APPROVED SCHEME DETAILS | SITE | SCHEME STATUS | APPROVED SUM | APPROVED SUM | SPEND TO 31/3/24 | 2024/25 | 2025/26 | 2026/27 | 2027/28 | 2028/29 | TOTAL |
|---|------|---------------|--------------|--------------|------------------|-------------------|------------------|------------------|------------------|------------------|-------------------|
| General IT Systems/Telecoms Development | NGH | Approved | | | | 96,000 | 50,000 | | | | 146,000 |
| General IT Systems/Telecoms Development | RHH | Approved | | | | 0 | 0 | | | | 0 |
| General IT Systems/Telecoms Development | WPH | Approved | | | | 12,000 | 0 | | | | 12,000 |
| General IT Systems/Telecoms Development | JHW | Approved | | | | 69,000 | 0 | | | | 69,000 |
| General IT Systems/Telecoms Development | CHS | Approved | | | | 0 | 0 | | | | 0 |
| General IT Systems/Telecoms Development | STH | Approved | | | | 899,000 | 227,000 | 0 | | | 1,126,000 |
| Informatics Strategic & Corporate - Unallocated | STH | Planning Sum | | | | 189,000 | 1,246,000 | 1,250,000 | 1,250,000 | 1,250,000 | 5,185,000 |
| Informatics Infrastructure - Unallocated | STH | Planning Sum | | | | 0 | 164,000 | 500,000 | 500,000 | 500,000 | 1,664,000 |
| Purchase to Pay Software | NGH | Approved | 109,000 | 106,000 | 69,677 | 0 | 37,000 | | | | 37,000 |
| Electronic Patient Record | STH | FBC Approved | 20,999,000 | 23,286,000 | 13,456,388 | 9,829,000 | | | | | 9,829,000 |
| Maternity EPR | STH | FBC Approved | 2,503,000 | 1,829,000 | 665,139 | 1,164,000 | | | | | 1,164,000 |
| Laboratory Information Management System | STH | FBC Approved | 510,000 | 22,841,000 | 4,345,349 | 10,207,000 | 7,797,000 | 492,000 | | | 18,496,000 |
| Catering Information System | STH | FBC Approved | 60,000 | 60,000 | 0 | 14,000 | 46,000 | | | | 60,000 |
| | | | | | | | | | | | |
| INFORMATION TECHNOLOGY TOTAL | | | | | | 22,479,000 | 9,567,000 | 2,242,000 | 1,750,000 | 1,750,000 | 37,788,000 |

SERVICE DEVELOPMENT

| APPROVED SCHEME DETAILS | SITE | SCHEME STATUS | INITIAL APPROVED SUM | LATEST APPROVED SUM | CUMULATIVE SPEND TO 31/3/24 | REMAINING PROGRAMMED EXPENDITURE | | | | | TOTAL |
|--|------|----------------|----------------------|---------------------|-----------------------------|----------------------------------|------------------|------------------|------------------|------------------|-------------------|
| | | | | | | 2024/25 | 2025/26 | 2026/27 | 2027/28 | 2028/29 | |
| New Business Planning Rounds/Service Development | STH | Planning Sum | | | | 875,000 | 3,099,000 | 3,550,000 | 3,550,000 | 3,550,000 | 14,624,000 |
| WPH Bunkers Expansion | WPH | FBC Approved | 30,000 | 11,420,000 | 11,310,386 | 110,000 | | | | | 110,000 |
| RHH Washer Disinfectors | RHH | Complete | 1,100,000 | 801,000 | 783,080 | 18,000 | | | | | 18,000 |
| A&E Front Door | NGH | Fees | 10,000 | 10,000 | 613 | 10,000 | | | | | 10,000 |
| WPH Lower Ground Floor (Radiotherapy Accom) | WPH | Fees | 10,000 | 10,000 | 0 | 10,000 | | | | | 10,000 |
| Digital Pathology | STH | FBC Approved | 0 | 1,999,000 | 152,310 | 1,847,000 | | | | | 1,847,000 |
| Digital Pathology - unallocated | STH | Planning Sum | 235,000 | 701,000 | 0 | 700,000 | | | | | 700,000 |
| SYB Pathology Estates Enabling | STH | Fees | 10,000 | 35,000 | 34,552 | | | | | | 0 |
| High Consequences Infectious Diseases Unit | RHH | Fees | 5,000 | 17,000 | 16,828 | | | | | | 0 |
| Chaplaincy Refurbishment, RHH | RHH | Fees/Withdrawn | 5,000 | 6,000 | 6,132 | 0 | | | | | 0 |
| Palliative Care Unit - Garden Room | NGH | Fees/On hold | 2,000 | 2,000 | 232 | 2,000 | | | | | 2,000 |
| Entonox Safety Mobile Units x10 | JHW | Complete | 356,000 | 353,000 | 105,973 | 247,000 | | | | | 247,000 |
| Antigermix Machine (TOE disinfection) | NGH | Complete | 50,000 | 47,000 | 0 | 47,000 | | | | | 47,000 |
| Osborn 4 Patient Garden | NGH | Fees/On hold | 5,000 | 5,000 | 0 | 5,000 | | | | | 5,000 |
| Respiratory Support Unit, Brearley | NGH | Fees/Withdrawn | 5,000 | 5,000 | 0 | 5,000 | | | | | 5,000 |
| ED - Relocation of SDEC | NGH | Fees | 202,000 | 202,000 | 0 | 15,000 | 187,000 | | | | 202,000 |
| 3rd Surgical Robot | NGH | Approved | 2,911,000 | 2,911,000 | 0 | 2,460,000 | 451,000 | | | | 2,911,000 |
| £5m Investment Fund | STH | Planning Sum | | | | 1,306,000 | | | | | 1,306,000 |
| Redevelopment of Training Space, MEC | NGH | Approved | 150,000 | 149,000 | 0 | 149,000 | | | | | 149,000 |
| Haematology Ambulatory Facility, Beech Hill | RHH | Approved | 100,000 | 256,000 | 0 | 256,000 | | | | | 256,000 |
| Redevelopment of Urology to OPD Clinic Room | RHH | Withdrawn | 134,000 | 0 | 0 | 0 | | | | | 0 |
| Mortuary Security RHH | RHH | Approved | 43,000 | 43,000 | 0 | 43,000 | | | | | 43,000 |
| Mortuary Security NGH | NGH | Approved | 27,000 | 27,000 | 0 | 27,000 | | | | | 27,000 |
| £5m Investment Fund - Equipment schemes | STH | Approved | 951,000 | 1,289,000 | 0 | 1,289,000 | | | | | 1,289,000 |
| Spinal Injuries Patient Minibus | NGH | Planning Sum | 55,000 | 55,000 | 0 | | 55,000 | | | | 55,000 |
| MDT Room at 4 Claremont Place | RHH | Approved | 196,000 | 196,000 | 0 | 196,000 | | | | | 196,000 |
| | | | | | | | | | | | |
| SERVICE DEVELOPMENT TOTAL | | | | | | 9,617,000 | 3,792,000 | 3,550,000 | 3,550,000 | 3,550,000 | 24,059,000 |

INFRASTRUCTURE

| APPROVED SCHEME DETAILS | SITE | SCHEME STATUS | INITIAL APPROVED SUM | LATEST APPROVED SUM | CUMULATIVE SPEND TO 31/3/24 | REMAINING PROGRAMMED EXPENDITURE | | | | | |
|--|------|-------------------|----------------------|---------------------|-----------------------------|----------------------------------|------------------|-------------------|------------------|------------------|-------------------|
| | | | | | | 2024/25 | 2025/26 | 2026/27 | 2027/28 | 2028/29 | TOTAL |
| Facilities & Security Infrastructure | NGH | Approved | | | | 58,000 | 0 | | | | 58,000 |
| Facilities & Security Infrastructure | RHH | Approved | | | | 0 | 0 | | | | 0 |
| Facilities & Security Infrastructure | JHW | Approved | | | | 0 | 0 | | | | 0 |
| Facilities & Security Infrastructure | CCDH | Approved | | | | 0 | 0 | | | | 0 |
| Facilities & Security Infrastructure | WPH | Approved | | | | 0 | 0 | | | | 0 |
| Facilities & Security Infrastructure | STH | Approved | | | | 0 | 0 | | | | 0 |
| Facilities & Security Infrastructure - Unallocated | STH | Planning Sum | | | | 0 | 400,000 | 400,000 | 400,000 | 400,000 | 1,600,000 |
| Estates Infrastructure | STH | Planning Sum | | | | 43,000 | 2,210,000 | 3,400,000 | 3,400,000 | 3,400,000 | 12,453,000 |
| Ward Refurbishment Programme | STH | Planning Sum | | | | 0 | 2,657,000 | 2,750,000 | 2,750,000 | 2,750,000 | 10,907,000 |
| Non-Clinical Public Environments Programme | STH | Planning Sum | | | | 0 | 220,000 | 400,000 | 400,000 | 400,000 | 1,420,000 |
| Theatre Refurbishment/Expansion Programme | STH | Planning Sum | | | | 0 | 246,000 | 2,000,000 | 2,000,000 | 2,000,000 | 6,246,000 |
| Hadfield Lifecycle Assets | NGH | Approved | | | | 819,000 | 1,069,000 | 1,134,000 | 914,000 | 827,000 | 4,763,000 |
| CCTV Upgrade | STH | FBC Approved | 10,000 | 2,492,000 | 2,207,505 | 284,000 | | | | | 284,000 |
| Chesterman Theatres Refurbishment | NGH | FBC Approved | 7,127,000 | 7,112,000 | 4,564,794 | 2,497,000 | 50,000 | | | | 2,547,000 |
| JHW Theatre Refurbishment | JHW | Complete | 10,000 | 5,063,000 | 4,189,687 | 874,000 | 0 | | | | 874,000 |
| Lab Benching - RHH/Medical School/JHW | RHH | Fees | 10,000 | 10,000 | 2,054 | 8,000 | | | | | 8,000 |
| Service Block Redevelopment (RHH Generators) | RHH | Complete | 7,047,000 | 9,497,000 | 8,540,461 | 957,000 | | | | | 957,000 |
| Solar PV (Photovoltaic) Panels - Northern Campus | NGH | Approved | 5,000 | 831,000 | 560,882 | 270,000 | | | | | 270,000 |
| RHH Ward I1 Refurbishment | RHH | Fees | 90,000 | 90,000 | 34,851 | 55,000 | | | | | 55,000 |
| Radiopharmacy Isolator | NGH | FBC Approved | 157,000 | 151,000 | 1,932 | 149,000 | | | | | 149,000 |
| Relocation of NGH Vascular Angiography Suite | NGH | Fees | 5,000 | 38,000 | 37,720 | | | | | | 0 |
| Huntsman Lift Refurbishment | NGH | Approved | 1,200,000 | 1,200,000 | 302,406 | 598,000 | 300,000 | | | | 898,000 |
| JHW Substation Upgrade | JHW | Fees/Planning Sum | 750,000 | 755,000 | 169,615 | 585,000 | | | | | 585,000 |
| Solar PV (Photovoltaic) Panels - Central Campus | RHH | Approved | 269,000 | 262,000 | 262,232 | | | | | | 0 |
| Tower Group Lift Refurbishment | RHH | Fees | 60,000 | 94,000 | 63,838 | 30,000 | | | | | 30,000 |
| NGH Mortuary/Fridges Expansion | NGH | Fees | 5,000 | 5,000 | 1,679 | 3,000 | | | | | 3,000 |
| RAAC Eradication | NGH | Fees/Planning Sum | 20,000 | 1,920,000 | 14,000 | 1,906,000 | | | | | 1,906,000 |
| Estates Vehicle | NGH | Approved | 27,000 | 27,000 | 0 | 27,000 | | | | | 27,000 |
| WPH LV Electrical Upgrade | WPH | Fees | 30,000 | 20,000 | 0 | 20,000 | | | | | 20,000 |
| RHH T Floor Chillers Expansion | RHH | Complete | 580,000 | 1,025,000 | 0 | 1,025,000 | | | | | 1,025,000 |
| NGH Water Main | NGH | Fees | 20,000 | 20,000 | 0 | 20,000 | | | | | 20,000 |
| JHW Ward Refurbishment - Rivelin Ward | JHW | Approved | 1,843,000 | 1,843,000 | 0 | 900,000 | 943,000 | | | | 1,843,000 |
| Estates Digital Mobile Radio | STH | Approved | 120,000 | 120,000 | 0 | 120,000 | | | | | 120,000 |
| Brearley 1 Ward Refurbishment | NGH | Complete | 934,000 | 1,279,000 | 0 | 1,279,000 | | | | | 1,279,000 |
| RHH LTHW Optimisation | RHH | Approved | 217,000 | 697,000 | 0 | 697,000 | | | | | 697,000 |
| Laboratory Medicine Autoclaves | NGH | OBC Approved | 477,000 | 477,000 | 0 | 477,000 | | | | | 477,000 |
| NGH Mortuary Access Control | NGH | Approved | 5,000 | 5,000 | 0 | 5,000 | | | | | 5,000 |
| CCDH Cooling | CCDH | Approved | 220,000 | 199,000 | 0 | 199,000 | | | | | 199,000 |
| LED Lighting | STH | Approved | 720,000 | 720,000 | 0 | 720,000 | | | | | 720,000 |
| INFRASTRUCTURE TOTAL | | | | | | 14,625,000 | 8,095,000 | 10,084,000 | 9,864,000 | 9,777,000 | 52,445,000 |

LEASED ASSETS

| APPROVED SCHEME DETAILS | SITE | SCHEME STATUS | INITIAL APPROVED SUM | LATEST APPROVED SUM | CUMULATIVE SPEND TO 31/3/24 | REMAINING PROGRAMMED EXPENDITURE | | | | | |
|-------------------------|------|---------------|----------------------|---------------------|-----------------------------|----------------------------------|---------|---------|---------|---------|---------|
| | | | | | | 2024/25 | 2025/26 | 2026/27 | 2027/28 | 2028/29 | TOTAL |
| Right of Use Assets | STH | Approved | | | 0 | 200,000 | | | | | 200,000 |

| | | | | | | | | | | | |
|---------------------------------|-----|--------------|--|--|---|------------------|----------|----------|----------|----------|------------------|
| Unallocated Right of Use Assets | STH | Planning Sum | | | 0 | 2,638,000 | | | | | 2,638,000 |
| LEASED ASSET TOTAL | | | | | | 2,838,000 | 0 | 0 | 0 | 0 | 2,838,000 |

OTHER

| APPROVED SCHEME DETAILS | SITE | SCHEME STATUS | INITIAL APPROVED SUM | LATEST APPROVED SUM | CUMULATIVE SPEND TO 31/3/24 | REMAINING PROGRAMMED EXPENDITURE | | | | | TOTAL |
|--|------|---------------|----------------------|---------------------|-----------------------------|----------------------------------|-------------------|-------------------|-------------------|-------------------|--------------------|
| | | | | | | 2024/25 | 2025/26 | 2026/27 | 2027/28 | 2028/29 | |
| Redefinition of Capital | STH | Planning Sum | | | | 285,000 | 300,000 | 300,000 | 300,000 | 300,000 | 1,485,000 |
| Funding for Unfunded Schemes | STH | Planning Sum | | | | | | | | | 0 |
| VAT Recovery | STH | Planning Sum | | | | -851,000 | -700,000 | -700,000 | -700,000 | -700,000 | -3,651,000 |
| Directly Donated Equipment | STH | Planning Sum | | | | | | | | | 0 |
| Establishment of Crucible Pharmacy Limited | CPL | Complete | 5,000 | 763,000 | 247,725 | 516,000 | | | | | 516,000 |
| TOTAL PROGRAMMED EXPENDITURE | | | | | | 69,255,000 | 34,563,000 | 30,176,000 | 26,978,000 | 21,837,000 | 182,809,000 |