

**Cover report to the Trust Board meeting to be held on 6 May 2021**

Trust Board paper I4

<b>Report Title:</b>	<b>Finance and Investment Committee – Committee Chair’s Report</b>
<b>Author:</b>	Helen Stokes, Corporate and Committee Services Manager

<b>Reporting Committee:</b>	<b>Finance and Investment Committee (FIC)</b>
<b>Chaired by:</b>	Andrew Johnson, Non-Executive Director
<b>Lead Executive Director(s):</b>	Simon Lazarus, Chief Financial Officer and Debra Mitchell, Acting Chief Operating Officer
<b>Date of FIC:</b>	29 April 2021

**Summary of key public matters considered by the Committee:**

This report provides a summary of the key public issues considered by the Finance and Investment Committee on 29 April 2021 (*involving Mr A Johnson FIC Non-Executive Director Chair; Col (Ret’d) I Crowe Non-Executive Director; Ms K Gillatt Associate Non-Executive Director; Mr I Orrell Associate Non-Executive Director; Mr B Patel Non-Executive Director; Mr M Williams Non-Executive Director; Mr S Lazarus Chief Financial Officer; Ms D Mitchell Acting Chief Operating Officer; Mr R Cooper Financial Improvement Director; Miss M Durbridge Director of Quality Transformation and Efficiency Improvement; Mr J Shuter Director of Operational Finance; Mr D Kerr Director of Estates and Facilities [part], and Mr S Linthwaite Deputy Director of Finance (Financial Services) [part]*). Full Minutes will be issued prior to the May 2021 FIC and June 2021 Trust Board.

Although recognising current pressures, the FIC Non-Executive Director Chair emphasised the need for key papers to be available sufficiently in advance of the meeting to enable Non-Executive Director review. A way forward was agreed accordingly for implementation from the next meeting.

- 2021/22 H1 financial planning process** – the Chief Financial Officer presented the draft financial expenditure plan for the first half (“H1”) of 2021/22. The national planning guidance which was only recently issued on 25 March 2021 had confirmed that 2021/22 H1 should be based on activity assumptions experienced in quarter 3 of 2020/21 (H1 equating therefore to Q3 x 2 plus inflation). The draft financial plan prepared on this basis anticipated a break-even position for UHL including the receipt of £21.1m system headroom funding (non-recurrent). That £21.1m agreed with system partners related to increased activity, pre-commitments (the Chief Financial Officer provided assurance to FIC that a significant level of detailed information was in place underpinning those pre-commitments), risks, and inflation pressures. The Chief Financial Officer provided further explanatory information to FIC on the risks listed in the plan, and described the budget-setting process undertaken by UHL including discussions with system partners. Although the FIC Non-Executive Director Chair confirmed that he took assurance from the process described, he noted that the actual ‘Q3x2 plus inflation’ figure was not yet definitively known, and he emphasised the need for UHL to control those elements within its gift (which he considered to be workforce and activity). In response to that comment, the Acting Chief Operating Officer recorded her support for CMGs to deliver as much activity in H1 as possible, to alleviate current backlog issues, and she outlined the ERF funding mechanism in place. She also emphasised the need to target clinical risk areas and to continue to forecast activity accurately. The FIC Non-Executive Director Chair echoed this view and clarified that he was not implying the Trust should reduce activity but was emphasising control of costs based on the activity assumptions assumed as appropriate. The Director of Operational Finance advised FIC that a formal 2021/22 H1 activity plan was being worked up for Trust Board approval (currently proposed for the May 2021 Trust Board) and the development of budgets. Mr B Patel Non-Executive Director commented on the interesting discussion held on this item, and suggested that a wider session (ie also involving other Trust Board members) would be beneficial to explore the various external influences and internal opportunities for providing assurance. The FIC Non-Executive Director Chair voiced surprise that the H1 plan was intended for approval at the May 2021 Trust Board; he considered that although FIC understood the methodology behind the plan it was not currently able to provide assurance to the Trust Board on the content, as the required level of detail was not available. the Chief Financial Officer agreed that the detailed schedule of figures for the 2021/22 H1 financial plan would be further developed and the plan presented therefore to the May 2021 FIC and the June 2021 Trust Board for approval.

***It be recommended to the Trust Board that further detail is needed on the 2021/22 H1 financial plan before it is presented for approval, noting the intention therefore to review the detailed draft plan at the May 2021 FIC ahead of the June 2021 Trust Board.***
- 2021/22 Capital Plan** – due to time constraints on the meeting, the FIC Non-Executive Director Chair advised that it was not possible to discuss the 2021/22 £80.3m draft capital plan in detail, and the item would therefore be taken at the next (May 2021) FIC. The Chief Financial Officer acknowledged the very significant work on the plan

by the Director of Operational Finance and the Capital Monitoring and Investment Committee (CMIC), which had also been recognised by the 28 April 2021 Financial Recovery Board. In response to a query from the Director of Operational Finance, the FIC Non-Executive Director Chair agreed that work on the commitments in the 2021/22 draft capital plan could be progressed, as he was assured that appropriately-detailed work had been done on the plan's development and priorities, despite formal approval now being scheduled for the May 2021 FIC. Given the experience of recent years it was important to allow progress to be made on the capital plan in order that implementation was not unreasonably delayed.

***It be recommended to the Trust Board that the schemes in the 2021/22 draft capital plan (attached) be progressed, ahead of the formal approval and recommendation of the plan now scheduled for the May 2021 FIC and June 2021 Trust Board.***

- **2020/21 month 12 financial performance and forecast outturn** – the Chief Financial Officer briefed FIC on the Trust's year to date financial performance as at month 12, with non-Covid-19 activity continuing to be adversely affected by the third wave of the Covid-19 pandemic. The actual position (including Top Up funding) was a £16.4m year-to-date surplus, which was £10.6m adverse to forecast. The primary driver for that adverse position related to the £10.9m provision made for the repayment of 2019/20 Q1 and 2 Provider Sustainability Fund monies. 2020/21 outturn was still subject to any further changes arising from the 2019/20 accounts restatement. In presenting the report, the Chief Financial Officer drew FIC's attention to the Trust's strong cash position (£88m underlying position) and to the very significant improvements in UHL's payment times for small and medium enterprises/BPPC compliance performance. The Chief Financial Officer considered, however, that the monthly finance report would benefit from a clearer narrative of the reasons for the surplus position; although this was partially explained in appendix 6 (activity), further detail would be included in future reports and ahead of forthcoming meetings with NHSE/I. The Director of Operational Finance described the wider national context for NHS budget-setting and achievement of a balanced position for the NHS overall. It was agreed to develop a single schedule for the next FIC, setting out the Trust's actual operating financial position and showing separately any technical accounting matters and adjustments for issues such as (eg) pensions contributions and annual leave (guidance on which was received late in the financial year). Mr I Orrell Associate Non-Executive Director welcomed this, but emphasised the need for that information also to be shared with the wider Trust Board beyond FIC. Although recognising the requirement in the previous recovery and restoration plans for ambitious planning assumptions, FIC reiterated its view on the crucial importance of realistic workforce and recruitment assumptions were key. The Acting Chief Operating Officer also commented on the need for CMGs to recognise that reduced, more realistic recruitment forecasts would not necessarily result in a linear reduction of budgets.

Mr I Orrell Associate Non-Executive Director requested a view from Executive Director FIC members on whether 2020/21 year-end activity levels had provided assurance that appropriate budgetary control was in place; in response, the Chief Financial Officer advised that this was the case in Q4, reflecting forecasting improvements. The Chief Financial Officer reiterated, however, the challenges of having received the 2021/22 national planning guidance as late as 25 March 2021 – the Director of Operational Finance advised FIC that he and the Acting Chief Operating Officer were meeting later today to further discuss the 2021/22 budgets, noting the need also for appropriate system partnership working on linking activity to finances in a non-PbR environment. Mr M Williams Non-Executive Director, queried how the 2020/21 Q3 basis compared to UHL's own assessment of its 2021/22 H1 requirements; in response, the Chief Financial Officer reminded FIC of the 2021/22 Q1 budget-setting report discussed at the April 2021 Trust Board and noted that H1 requirements were broadly met with the addition of the £21.1m system headroom funding, as discussed in the 2021/22 H1 financial plan item above. In further discussion on the 2020/21 month 12 finance report Ms K Gillatt Associate Non-Executive Director asked if it would be possible to include additional (headline) information explaining CMGs' financial performance, so that FIC could understand the drivers for the CMGs' positions and be able to apply learning going forward. The FIC Non-Executive Director Chair noted the view of Executive Directors that FIC did not review activity, although he did not necessarily agree and considered that this was not a restriction in the FIC terms of reference and was a hindrance to the effective operation of FIC in providing assurance. The Chief Financial Officer advised that he finance team were not in a position to include activity information in the finance report; he noted that the report had been significantly extended from its original format and suggested that the current iteration should now embed before further changes. The Chief Financial Officer further commented on the difficulty of providing 'bitesize' information at overarching CMG level given the significant number of different specialties and services involved – however, the CMG Performance Review Meeting packs contained specialty-level detail which he suggested could potentially be shared with Non-Executive Directors for information. The FIC Non-Executive Director Chair emphasised the need for FIC to have the ability to provide appropriate levels of assurance whilst not overstepping into the remit of the People Process and Performance Committee; the Director of Operational Finance and the Acting Chief Operating Officer agreed to consider outside the meeting how to provide FIC with this information to enable the level of assurance requested.

***The 2020/21 month 12 financial position is highlighted to the Trust Board for information.***

- **Becoming the best transformation update and 2021/22 CIP planning update** – the Director of Quality Transformation and Efficiency Improvement confirmed that the 2020/21 CIP had closed at £8.808m; although

exceeding the £8m delivery target this closing position was slightly lower than anticipated due to a specific Estates and Facilities scheme shortfall. Paper F also updated FIC on 2021/22 H1 CIP planning (also based on the 2020/21 Q3 position as for the financial plan), proposing therefore a 2021/22 H1 CIP of £4.8m. Although still subject to final validation once CMG/Directorate budgets were set, the Director of Quality Transformation and Efficiency Improvement considered that at 0.9% of annual turnover the H1 CIP programme was both above the NHSE/I requirement and realistically deliverable. RAG-rated progress would be included in the transformation reports to FIC from May 2021 onward. The Director of Quality Transformation and Efficiency Improvement advised FIC that approximately half of the H1 CIP plan related to workforce/premium pay efficiencies, and she outlined the significant enabling work currently underway to reduce costs and drive out inefficiencies [eg reduced use of FP10 prescriptions]. The Director of Quality Transformation and Efficiency Improvement acknowledged the relatively-modest H1 CIP target but provided reassurance to FIC that key CIP enabling work continued at pace. CMGs were being appropriately challenged by the Transformation Team, and the 2021/22 H2 CIP plan would be brought to FIC once available, noting that the H2 budget was not yet known.

Although acknowledging the points made by the Director of Quality Transformation and Efficiency Improvement, Mr M Williams Non-Executive Director voiced significant concern over how the £30m-35m totality of the 2021/22 CIP plan was going to be delivered, and he sought urgent assurance that appropriate focus was being maintained on achieving the overall programme. He requested that future reports to FIC also refer to that overall programme, as a key part of the Trust's underlying deficit plan. He did not consider that a £30m-35m CIP programme was unrealistic for 2021/22. His views were echoed by the FIC Non-Executive Director Chair, and by the Financial Improvement Director who noted the CIP programme work undertaken with Kingsgate and considered that UHL should be in a position of already having a robust 2021/22 CIP programme and being able to identify what elements of that overall programme were in the £4.8m H1 plan and what elements would deliver in H2. The FIC Non-Executive Director Chair requested that this information be provided to the next FIC, including clarity on how the 2020/21 CIP schemes were positively impacting in 2021/22. The Financial Improvement Director also commented on the need to understand the continuity from 2020/21 into 2021/22. The Financial Improvement Director did not see the lack of a known H2 budget as a blocker to being able to understand the baseline H2 CIP position, as national drivers/changes could then be taken into account afterwards. The Chief Financial Officer suggested that a CIP plan dashboard/KPIs might be helpful in providing assurance to FIC. The FIC Non-Executive Director Chair considered that the H1 CIP target was at a relatively low level and did not appear to be realising the cost reductions envisaged within the work done in 2020/21. Mr M Williams Non-Executive Director emphasised the crucial need to move forward on making savings. The FIC Non-Executive Director Chair advised that due to time constraints and potential time conflicts with other Board Committees, there was insufficient time available for a more wide-ranging discussion.

***This discussion is highlighted to the Trust Board for information.***

- **Financial Recovery Board (FRB)** – FIC received and noted for information the action notes from the FRB meetings held on 31 March 2021 and 14 April 2021, and the agenda from the FRB meeting on 28 April 2021.
- **Items for noting** – the following reports were received for information:-
  - Executive Finance and Performance Board action notes from 23 March 2021, and
  - Executive Finance and Performance Board agenda from 27 April 2021.

**Public matters requiring Trust Board consideration and/or approval:**

***Recommendations for approval***

- Need for further detail before the 2021/22 draft H1 financial plan could be recommended for Trust Board approval (now scheduled for May 2021 FIC and June 2021 Trust Board);
- Deferral of detailed consideration of the 2021/22 capital plan until the May 2021 FIC due to pressure of time, and FIC's recommendation that the planned works begin as scheduled prior to that formal endorsement.

***Items highlighted to the Trust Board for information***

- 2020/21 month 12 financial position;
- Discussions re: 2021/22 H1 CIP.

**Matters referred to other Committees:**

None

**Date of next FIC meeting:** | 27 May 2021

## 2020/21 CAPITAL OUTTURN AND 2021/22 CAPITAL PLAN

Author: Nick Sone Sponsor: Simon Lazarus – Chief Financial Officer

updated FIC paper H

### Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	X
Noting	For noting without the need for discussion	

### Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)	Not applicable	-
Financial Recovery Board	17.3.21	Assurance
Trust Board Committee	Not applicable	-
Trust Board	Not applicable	-

## Executive Summary

### Context

This paper reports the outturn position of the Trust's 2020/21 capital programme and details the 2021/22 capital plan, following confirmation of the LLR System and Trust CDEL (capital expenditure limit) and discussion at CMIC on 27th April and FRB on 28<sup>th</sup> April.

## Questions

1. What is the planned capital expenditure for 2020/21 and outturn position?
2. What is the current position on the 2021/22 Capital Plan?
3. What actions are needed to finalise the outturn position for 2020/21 and plan for 2021/22?

## Conclusion

1. The 2020/21 capital expenditure plan is £71.5m and is comprised of:

- £21.9m schemes funded by approved PDC, including:
  - £4.3m Critical Infrastructure Risk funding
  - £3.9m Covid-19 funding
  - £3.6m reconfiguration scheme
  - £3.4m Endoscopy Vanguard and Ventilation
  - £2m Urgent and Emergency Care (UEC) programme
  - £1.3m Critical Infrastructure Wards
- £43.9m schemes within the STP allocation
- £5.7m spend funded through donations

The capital expenditure position as at the end of March was £68.8m, which is £2.7m below the full year plan of £71.5m.

3. The Trust has produced its 2021/22 Capital Plan, and has received confirmation of the LLR System and Trust CDEL (capital expenditure limit). The current prioritisation of 2021/22 capital expenditure is £80.3m. This incorporates slippage forecast by scheme leads from 2020/21 and new priorities.
4. The plan is presented for approval to FIC and will be presented to the Trust Board for final approval on 6th May 2021.

## Input Sought

The Finance and Investment Committee is asked to:

- **note** the outturn capital expenditure for 2020/21
- **approve** the 2021/22 Draft Capital Plan and planned profile of expenditure

## For Reference

Edit as appropriate:

1. The following objectives were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes /No /Not applicable]
Effective, integrated emergency care	[Yes /No /Not applicable]
Consistently meeting national access standards	[Yes /No /Not applicable]
Integrated care in partnership with others	[Yes /No /Not applicable]
Enhanced delivery in research, innovation & ed'	[Yes /No /Not applicable]
A caring, professional, engaged workforce	[Yes /No /Not applicable]
Clinically sustainable services with excellent facilities	[Yes /No /Not applicable]

Financially sustainable NHS organisation [Yes /~~No~~ /~~Not applicable~~]  
Enabled by excellent IM&T [Yes /~~No~~ /**Not applicable**]

2. This matter relates to the following governance initiatives:

Organisational Risk Register [Yes /~~No~~ /**Not applicable**]  
Board Assurance Framework [Yes /~~No~~ /~~Not applicable~~]

3. Related Patient and Public Involvement actions taken, or to be taken: **Considered but not applicable**

4. Results of any Equality Impact Assessment, relating to this matter: **Considered but not applicable**

5. Scheduled date for the next paper on this topic: May 2021

6. Executive Summaries should not exceed 1 page. [My paper does/~~does not~~ comply]

7. Papers should not exceed 7 pages. [My paper does/~~does not~~ comply]

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**TO: FINANCE AND INVESTMENT COMMITTEE**  
**FROM: SIMON LAZARUS – CHIEF FINANCIAL OFFICER**  
**DATE: 29 APRIL 2021**  
**SUBJECT: 2020/21 CAPITAL OUTTURN AND 2021/22 CAPITAL PLAN**

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**1. Purpose**

1.1 This paper reports the outturn position of the Trust’s 2020/21 capital programme and details the 2021/22 capital plan, following confirmation of the LLR System and Trust CDEL (capital expenditure limit) and reporting to CMIC on 27<sup>th</sup> April and FRB on 28<sup>th</sup> April.

**2. 2020/21 Capital Outturn**

2.1 Total budgeted capital expenditure for 2020/21 was £71.5m, comprised of:

2.1.1 £21.9m schemes funded by approved PDC, including:

- £4.3m Critical Infrastructure Risk funding
- £3.9m Covid-19 funding
- £3.6m Reconfiguration scheme
- £3.4m Endoscopy Vanguard and Ventilation
- £2m Urgent and Emergency Care (UEC) programme
- £1.3m Critical Infrastructure Wards

2.1.2 £43.9m schemes within the STP allocation

2.1.3 £5.7m spend funded through charitable donations.

2.2 The capital expenditure position as at the end of March was £68.8m, which is £2.7m below the full year plan of £71.5m. A breakdown of this is shown in **Appendix 1** and a summary is shown below.

Area	Budget	Final Outturn	Variance
	£'000	£'000	£'000
Total Reconfiguration	23,983	24,241	258
Total Medical Equipment Executive & MES	8,947	8,518	(429)
Total IM&T	6,531	6,799	268
Total Estates and Facilities	13,711	14,591	880
Total Covid-19 spend	11,896	11,831	(65)
Total Corporate and other	3,398	2,832	(566)
<b>TOTAL CAPITAL EXPENDITURE EXCLUDING BROKERAGE</b>	<b>68,466</b>	<b>68,812</b>	<b>346</b>
Brokerage expected	3,000	0	0
<b>TOTAL CAPITAL EXPENDITURE</b>	<b>71,466</b>	<b>68,812</b>	<b>(2,654)</b>

2.3 We deduct the charity funding of £5.8m to give a total spend of £63.0m against our CRL, as shown overleaf.

Area	Final Outturn	Charity funding	Spend against CRL
	£'000	£'000	£'000
Total Reconfiguration	24,241	(4,208)	20,033
Total Medical Equipment Executive & MES	8,518	0	8,518
Total IM&T	6,799	0	6,799
Total Estates and Facilities	14,591	(1,016)	13,575
Total Covid-19 spend	11,831	0	11,831
Total Corporate and other	2,832	(620)	2,212
<b>TOTAL CAPITAL EXPENDITURE EXCLUDING BROKERAGE</b>	<b>68,812</b>	<b>(5,844)</b>	<b>62,968</b>

2.4 The table below identifies the 2020/21 capital outturn by source of funding, and shows a £2.7m underspend against our STP allocation and £0.9m underspend against our PDC funded schemes. The CRL relating to PDC is adjusted in our accounts to match the actual spend against PDC related schemes.

CRL IMPACT	Actual Outturn
	£'000
STP allocation CRL	43,864
Spend against STP allocation CRL	41,182
<b>Underspend against STP allocation</b>	<b>(2,682)</b>
PDC received	22,617
Spend against PDC funded schemes	21,786
Underspend on PDC received	<b>(831)</b>
PDC related CRL (adjusted for actual spend)	21,786
<b>Underspend on PDC related CRL</b>	<b>0</b>
Total CRL	65,650
Spend against CRL	62,968
<b>Total underspend</b>	<b>(2,682)</b>

2.5 £822k of the under spend on the PDC funded schemes relates to the Emergency and Urgent Care (EUC) scheme. This has been incorporated into the 2021/22 plan as carry forward cash, which we are permitted to carry forward into next year.

2.6 For several months the Trust had been forecasting a £3m underspend against the STP allocation. This followed discussions with NHSE&I, and this underspend would potentially be released back to the LLR System as brokerage in 2021/22. The Trust would receive back equivalent funding in 2021/22. NHSE&I have confirmed that this brokerage is not possible, and therefore the actual underspend of £2.7m against the STP allocation will be counted against the Trust's 2020/21 capital expenditure limit (CDEL). There would be a requirement to fund this slippage from the Trust's 2021/22 STP capital funding.

2.7 The outturn is expected to reconcile against the Capital Resource Limit (CRL) in our accounts as shown in the table below.

	Forecast 31/03/2021 £'000
Gross capital expenditure including IFRS impact	68,812
Less: Capital donations received	(5,844)
<b>Charge against the Capital Resource Limit (CRL) incl IFRS impact</b>	<b>62,968</b>
Capital Resource Limit (CRL) incl IFRS impact	65,650
<b>Under/(over) spend against CRL</b>	<b>2,682</b>



### 3. 2021/22 Capital Plan

3.1 The Trust has produced its 2021/22 Capital Plan, and has received confirmation of the LLR System and Trust CDEL (capital expenditure limit). The current prioritisation of 2021/22 capital expenditure at £80.3m is summarised in the table below. This incorporates slippage forecast by scheme leads from 2020/21 and new priorities.

3.2 The final proposed plan will be presented for approval to the Finance and Investment Committee on 29<sup>th</sup> April 2021 and the Trust Board on 6<sup>th</sup> May 2021. The detailed breakdown of the draft plan is summarised in **Appendices 2a and 2b** (identifying the plan by scheme, and planned profile of expenditure identified by scheme leads).

<b>Source and Application of Capital funds</b>					
<b>Source</b>	<b>PDC</b>	<b>STP Allocation</b>	<b>Proceeds from asset disposal</b>	<b>Charitable funds</b>	<b>TOTAL</b>
	<b>£000</b>	<b>£000</b>		<b>£000</b>	<b>£000</b>
Depreciation (after funding lease payments)		29,680			
PDC	22,713				
Cash surplus - Subject to review of cash position		13,962			
Charitable funds				2,998	
EUC scheme slippage		822			
Sale of Hospital close			10,100		
	<b>22,713</b>	<b>44,464</b>	<b>10,100</b>	<b>2,998</b>	<b>80,275</b>
<b>Application</b>					
IM&T	600	6,975			
EUC		822			
Estates		18,735			
MEP		5,394			
MES replacement and enabling costs		6,400			
Reconfiguration	22,113	4,553	10,100	2,498	
Other		1,585		500	
	<b>22,713</b>	<b>44,464</b>	<b>10,100</b>	<b>2,998</b>	<b>80,275</b>

### 4. Recommendations

4.1 The Finance and Investment Committee is asked to:

- **note** the outturn capital expenditure for 2020/21
- **approve** the 2021/22 Draft Capital Plan and planned profile of expenditure

## Appendix 1 – Outturn capital spend

Scheme	M11 forecast	Outturn Actual £'000	Actual to M11 forecast
<b>RECONFIGURATION</b>			
Reconfiguration Scheme	3,535	3,858	323
PMO office	198	327	129
ICU	7,893	7,984	91
EMCHC	9,752	8,994	(758)
EMCHC Infrastructure	1,475	1,430	(45)
EMCHC equipment and enhancements (charity funded)	496	1,037	541
Reconfiguration team	81	20	(61)
Gynae scheme - ward 29	542	564	22
Renal ward move	11	27	16
<b>Total Reconfiguration</b>	<b>23,983</b>	<b>24,241</b>	<b>258</b>
<b>MES / MEDICAL EQUIPMENT EXECUTIVE</b>			
MEE 3T MRI Scanner (MES)	3,177	3,177	0
Medical Equipment	3,507	3,522	15
MES Replacement	316	278	(38)
MES Enabling Costs of MES	437	315	(122)
Additional medical equipment brought forward	1,322	1,226	(96)
x3 Complete CentriMag Trolley System	180	0	(180)
Spectrophotometer	8	0	(8)
<b>Total Medical Equipment Executive &amp; MES</b>	<b>8,947</b>	<b>8,518</b>	<b>(429)</b>
<b>IM&amp;T</b>			
IM&T Infrastructure programme	1,991	2,092	101
IM&T eHospital	1,056	1,230	174
IM&T General (MBP Contract novation)	596	620	24
Digital Aspirant programme	501	501	0
HSLI	1,673	1,742	69
Cyber resilience	95	95	0
LIMS	537	437	(100)
Ipadis videoconferencing	19	19	0
Covid IT	63	63	0
<b>Total IM&amp;T</b>	<b>6,531</b>	<b>6,799</b>	<b>268</b>
<b>ESTATES AND FACILITIES</b>			
Critical Infrastructure Risk	4,263	4,263	0
Slippage / Backlog / Other	3,662	4,484	822
Linear Accelerator Bunker	164	313	149
Linear Accelerator + CT	0	0	0
Maternity Theatre Refurbishment	0	0	0
E&F Breakdown fund - defined schemes	1,052	1,052	0
Backlog maintenance	600	600	0
Hope Expansion Project	720	917	197
Slippage - Diagnostics Endoscopy	0	0	0
E&F CAT3 Lab Sandringham	44	75	31
ED Scheme	1,615	1,178	(437)
SDEC	419	423	4
Car parking scheme ANPR	772	797	25
Glenfield rec hall refurbishment	400	489	89
<b>Total Estates and Facilities</b>	<b>13,711</b>	<b>14,591</b>	<b>880</b>
<b>COVID-19</b>			
ADDITIONAL COVID SPEND	586	0	(586)
Covid-19 spend	5,225	5,251	26
Critical care wards	1,270	1,513	243
Class 1 Flow Hood / 'cabinet'	8	8	0
Endoscopy Scheme	3,233	3,629	396
Vaccination hub	0	140	140
Portacount machine	10	10	0
ED Doors	115	115	0
Mortuary Racking (moved)	26	28	2
Covid DNA Nudge	18	0	(18)
Echo simulator	61	61	0
Infloflex	14	14	0
Fibroscan	58	61	3
3 Portacount machines	23	28	5
Decontamination robot	178	208	30
DAWN remote blood monitoring system	23	19	(4)
Paediatric sleep diagnostics	20	17	(3)
E consent digital platform	10	0	(10)
5 Renal dialysis machines	0	0	0
10 home dialysis machines	396	216	(180)
Lincoln main dialysis unit	49	0	(49)
Olympus NCARE medical recorder	15	15	0
Theatre swipe access	19	0	(19)
Freezer	8	14	6
ECMO Machines	180	180	0
Bronchoscopy simulator	39	39	0
Isolation tents	0	50	50
Other covid	0	0	0
Inventory Management system	0	0	0
Endoscopy training equipment	100	0	(100)
Gynae scan simulator	20	0	(20)
Endoscopy training equipment	80	102	22
Stryker drill saw	11	12	1
Digital Pathology	101	101	0
<b>Total Covid-19 spend</b>	<b>11,896</b>	<b>11,831</b>	<b>(65)</b>
<b>CORPORATE AND OTHER</b>			
eEquip	2,000	1,937	(63)
Other - donated	770	620	(150)
Other	368	225	(143)
Mobile unit - Breast Screening	71	50	(21)
Imaging Academy	189	0	(189)
Brokerage	3,000	0	(3,000)
<b>Total Medical Equipment Executive</b>	<b>6,398</b>	<b>2,832</b>	<b>(3,566)</b>
<b>TOTAL CAPITAL EXPENDITURE</b>	<b>71,466</b>	<b>68,812</b>	<b>(2,654)</b>

## Appendix 2a – Detailed 2021/22 Capital Plan

Area	Capital Scheme	2021/22 Budget	
		£'000	
Medical Equipment Panel	RO's (Reverse Osmosis)	64	
	Breast Ultrasound	64	
	Freezer Pathology	15	
	ECMO Trolley (pre commitment)	15	
	Orthopaedic Fracture Simulator (HEE bid)	34	
	Theatre Lights	14	
	Argon Diathermy (x3)	40	
	Operating Lights	20	
	Diagnostic Ultrasound (x2)	160	
	Contingency for urgent replacements	1,200	
	<b>SUBTOTAL</b>	<b>1,626</b>	
Medical assets outside of MEP capital allocation	Laerdal sim man ALS	78	
	Radiotherapy Linear Accelerator accessories	116	
	<b>SUBTOTAL</b>	<b>194</b>	
Pre committed equipment expenditure	MRI Injector	35	
	MRI	1,287	
	Fluroscopy	715	
	Fluroscopy	715	
	UPS	70	
	IR Room 17	945	
	<b>SUBTOTAL</b>	<b>3,768</b>	
Reconfiguration Performance Committee	Interim ICU Project	2,258	
	EMCHC	2,498	
	Relocation of Renal Ward	1,491	
	GH Decontamination Unit	8,163	
	LGH Relocation of Stroke Services	96	
	Enabling - Back Office Reconfiguration	3,827	
	Enabling - PMO Offices	1,006	
	Enabling - Education	2,100	
	Enabling - Early Infrastructure	148	
	Enabling - LRI Pharmacy	774	
	LRI Maternity & ICU	3,820	
	LRI Children's Hospital	959	
	LRI Infrastructure	479	
	LRI Support Functions (Mortuary)	42	
	LRI In-Patients, Day Case and Gynaecology	344	
	GH New Build (Treatment Centre & Wards)	4,113	
	GH ICU Expansion	685	
	GH Infrastructure	548	
	GH Surgical Admissions Unit	105	
	GH Support Function (Pharmacy)	75	
	GH Wards Refurbishment	64	
	LGH Services and IT Isolations	94	
	Carparks	675	
	Digital	68	
	Programme Level Fees	4,832	
		<b>SUBTOTAL</b>	<b>39,264</b>
	IM&T	End User Compute (eQuip)	1,136
Digital Workplace		722	
Cyber Security		1,797	
EPR Developments		1,200	
Network Infrastructure Modernisation		590	
Datacentre Modernisation		945	
Backup System Refresh		300	
Unified Communications		166	
Corporate Schemes - Inventory Management		157	
RRCV CMG Schemes - Proton System Replacement		389	
RRCV CMG Schemes - iPads		10	
CSI CMG Schemes - Imaging Home Reporting		104	
CSI CMG Schemes - Point of Care Testing Poccelerator Implementation		59	
		<b>SUBTOTAL</b>	<b>7,575</b>
Estates and Facilities		GH endoscopy ventilation slippage MOU	152
	GH car parking MOU	290	
	Lincoln COVID works	57	
	Slippage on backlog schemes	2,500	
	Asbestos management	300	
	Water compliance	300	
	Fire	1,200	
	Critical Ventilation (COSHH)	2,000	
	Food safety/compliance main kitchens	1,000	
	Food safety ward Kitchens	60	
	Road and footpath repairs	300	
	Clinical wash hand basins/taps	15	
	Authorised Person Audit Remedials	50	
	Drainage replacement/works	100	
	Breakdown fund	1,000	
	Replacement of leaking roofs	400	
	Nurse call replacement	70	
	Window replacement (condition)	200	
	Medical gas essential works	100	
	Infrastructure supporting BAU	800	
	Replacement electric tugs and equipment	20	
	Renal water treatment plant	80	
	Toilet refurbishment programme	100	
	CCTV replacement/access control	50	
	Cat 3 lab	3,000	
	BT and linac refurbishment	4,476	
CDU feasibility	15		
ED scheme slippage MOU	822		
Office relocation costs	100		
	<b>SUBTOTAL</b>	<b>19,557</b>	
Corporate and MES	MES Replacement	5,400	
	MES Enabling Costs of MES	1,000	
	Nephrology	591	
	Optimed	800	
	Charitable funded additions	500	
	<b>SUBTOTAL</b>	<b>8,291</b>	
	<b>GRAND TOTAL</b>	<b>80,275</b>	

## Appendix 2b – Source and application of funds, and phasing of expenditure

Application of funds			Source of funds					Phasing of expenditure													
Area	Scheme	Total	Internally funded	PDC	Charitable Funds	Proceeds from asset disposal	Carry forward PDC - EUC	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12		
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
Reconfiguration	Reconfiguration main programme	33,017	804	22,113			10,100	1,754	1,569	1,977	2,211	2,423	2,601	2,588	3,456	3,753	3,598	3,258	3,829		
	Reconfiguration precommitment - nephrology relocation	1,491	1,491					25	25	300	350	347	247	197	0	0	0	0	0		
	Reconfiguration precommitment - ICU	2,258	2,258					184	364	277	339	1,008	87	0	0	0	0	0	0		
	Reconfiguration precommitment - EMCHC	2,498	0		2,498			1,055	1,439	4	0	0	0	0	0	0	0	0	0		
<b>Total Reconfiguration</b>		<b>39,264</b>	<b>4,553</b>	<b>22,113</b>	<b>2,498</b>	<b>10,100</b>	<b>0</b>	<b>3,018</b>	<b>3,397</b>	<b>2,558</b>	<b>2,901</b>	<b>3,777</b>	<b>2,935</b>	<b>2,785</b>	<b>3,456</b>	<b>3,753</b>	<b>3,598</b>	<b>3,258</b>	<b>3,829</b>		
MEE	MEE - precommitment	3,768	3,768					0	70	1,219	204	1,635	640	0	0	0	0	0	0		
	MEE Medical Equipment Executive	1,626	1,626					306	100	260	100	100	100	100	100	100	160	100	100		
<b>Total MEE</b>		<b>5,394</b>	<b>5,394</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>306</b>	<b>170</b>	<b>1,479</b>	<b>304</b>	<b>1,735</b>	<b>740</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>160</b>	<b>100</b>	<b>100</b>		
MES	MES Replacement	5,400	5,400					0	0	0	0	0	320	240	200	733	1,418	1,600	889		
	MES Enabling Costs of MES	1,000	1,000					0	0	0	170	0	240	0	50	70	150	140	180		
<b>Total MES</b>		<b>6,400</b>	<b>6,400</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>170</b>	<b>0</b>	<b>560</b>	<b>240</b>	<b>250</b>	<b>803</b>	<b>1,568</b>	<b>1,740</b>	<b>1,069</b>		
IM&T	IM&T eHospital	1,200	1,200					100	100	100	100	100	100	100	100	100	100	100	100		
	eQuip	1,136	1,136					95	95	95	95	95	95	95	95	95	95	95	95		
	IM&T schemes	5,239	4,639	600				320	901	431	804	436	325	255	460	543	414	265	85		
<b>Total IM&amp;T</b>		<b>7,575</b>	<b>6,975</b>	<b>600</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>515</b>	<b>1,096</b>	<b>626</b>	<b>999</b>	<b>631</b>	<b>520</b>	<b>450</b>	<b>655</b>	<b>738</b>	<b>609</b>	<b>460</b>	<b>280</b>		
Estates and Facilities	Backlog maintenance	11,144	11,144					512	311	390	510	580	785	850	890	630	1,045	1,915	2,726		
	Estates schemes	8,413	7,591				822	181	191	186	308	255	310	310	410	710	1,531	2,010	2,010		
<b>Total Estates and Facilities</b>		<b>19,557</b>	<b>18,735</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>822</b>	<b>693</b>	<b>502</b>	<b>576</b>	<b>818</b>	<b>835</b>	<b>1,095</b>	<b>1,160</b>	<b>1,300</b>	<b>1,340</b>	<b>2,576</b>	<b>3,925</b>	<b>4,736</b>		
Corporate / other	Optimed	800	800					0	0	0	0	0	200	200	200	200	0	0	0		
	Other medical equipment	194	194					78	0	30	0	0	0	30	0	0	30	0	26		
	Other corporate schemes	591	591					49	49	49	49	49	49	49	49	49	49	49	49		
	Other Charity funded schemes	500			500			40	40	40	40	40	40	40	40	40	40	50	50		
<b>Total Corporate / Other</b>		<b>2,085</b>	<b>1,585</b>	<b>0</b>	<b>500</b>	<b>0</b>	<b>0</b>	<b>167</b>	<b>89</b>	<b>119</b>	<b>89</b>	<b>89</b>	<b>289</b>	<b>319</b>	<b>289</b>	<b>289</b>	<b>119</b>	<b>99</b>	<b>125</b>		
<b>Total Capital Programme</b>		<b>80,275</b>	<b>43,642</b>	<b>22,713</b>	<b>2,998</b>	<b>10,100</b>	<b>822</b>	<b>4,699</b>	<b>5,254</b>	<b>5,358</b>	<b>5,281</b>	<b>7,068</b>	<b>6,139</b>	<b>5,054</b>	<b>6,050</b>	<b>7,023</b>	<b>8,630</b>	<b>9,582</b>	<b>10,138</b>		
<b>Total application of funds</b>		<b>80,275</b>	<b>Total source of funds</b>					<b>80,275</b>	<b>Total phased expenditure</b>												<b>80,275</b>