

2015/16 Financial Position to Month 1 - April

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Executive Summary

Paper R

Context

The Trust is planning for a deficit of £36.1m in 2015/16, including delivery of £43m of CIP.

This paper updates on the progress against this plan.

Questions

1. What is the financial position compared to plan in April?
2. What are the drivers of this position?
3. What are the actions needed to support delivery of the planned deficit?

Conclusion

1. In April, the net I&E position was a deficit of £5m, compared to a plan of £4.3m, an adverse position of £0.7m.
2. The driver of this was pay, which was £0.8m; including additional theatre sessions, premium costs for cover of nursing vacancies and medical overspends
3. A full forecast and recovery plan will be produced and reported at Month 2. Performance meetings will be enhanced to take a more prospective view of the financial position where possible.

Input Sought

We would welcome the Board's input regarding whether actions taken are sufficient to address the identified issues.

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: Not applicable

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

5. Scheduled date for the **next paper** on this topic: 02/07/2015

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

REPORT TO: TRUST BOARD

DATE: 4TH JUNE 2015

REPORT FROM: PAUL TRAYNOR - DIRECTOR OF FINANCE

SUBJECT: 2015/16 FINANCIAL POSITION (MONTH 1)

1. INTRODUCTION AND CONTEXT

1.1. This paper provides the Trust Board with an update on performance against the Trust's key financial duties, namely:

- Delivery against the planned deficit
- Achieving the External Financing Limit (EFL)
- Achieving the Capital Resource Limit (CRL)

2. KEY FINANCIAL DUTIES

2.1. The following table summarises the year to date position and full year forecast against the financial duties of the Trust:

Financial Duty	Year to date Plan £'Ms	Year to date Actual £'Ms	RAG	Full Year Plan £'Ms	Full Year Actual £'Ms	RAG
Delivering the Planned Deficit	(4.3)	(4.9)	A	(36.1)	(36.1)	G
Achieving the EFL	16.1	14.6	G	114.1	114.1	G
Achieving the Capital Resource Limit	2.0	1.1	G	121.8	121.8	G

2.2 As well as the key financial duties, a subsidiary duty is to ensure suppliers invoices are paid within 30 days – the Better Payment Practice Code (BPPC). The year to date performance is shown in the table below:

Better Payment Practice Code	April 2015	
	Number	Value £000s
Total bills paid in the year	9,958	47,332
Total bills paid within target	7,029	40,005
Percentage of bills paid within target	71%	85%

Key Issues

- In month adverse movement to plan of £0.7m. Pay overspends are the driver of this
- CIP delivery of £2.7m in month, in line with plan
- Key areas of pressures are in cover of nursing vacancies, additional theatre sessions and medical staff overspends in all CMGs
- Capital spend in month was £1.1m, with further commitments of £9.1m via orders

- In light of this position, the performance meetings will be enhanced to incorporate prospective financial recovery and ensuring all CMGs are delivering

3. FINANCIAL POSITION (MONTH 1)

3.1. The Month 1 results may be summarised as follows and as detailed in Appendix 1:

	April 2015		
	Plan £m	Actual £m	Var (Adv) / Fav £m
Income			
Patient income	59.2	59.3	0.1
Teaching, R&D	6.2	6.4	0.1
Other operating Income	3.1	2.9	(0.2)
Total Income	68.5	68.6	0.1
Operating expenditure			
Pay	(41.9)	(42.7)	(0.8)
Non-pay	(27.0)	(27.0)	(0.0)
Total Operating Expenditure	(68.9)	(69.8)	(0.8)
EBITDA	(0.4)	(1.2)	(0.8)
Net interest	(0.2)	(0.1)	0.1
Depreciation	(2.8)	(2.7)	0.1
Profit / (loss) of disposal of fixed asset	-	(0.0)	(0.0)
PDC dividend payable	(1.0)	(1.0)	0.0
Net deficit	(4.3)	(5.0)	(0.7)
EBITDA %		-1.7%	
Adjustments for donated assets	0.1	0.0	(0.0)
RETAINED SURPLUS / (DEFICIT)	(4.3)	(5.0)	(0.7)

3.2 In the month of January, the Trust delivered a deficit of £5.0m against a planned deficit of £4.3m, an adverse variance of £0.7m.

3.3 The significant reasons for the in month and year to date variances against income and operating expenditure are:

3.4 Income

Patient care income is £0.1m favourable to plan in month. Key movements can be summarised as follows:

- Elective activity £0.2m worse than plan, primarily in W&C
- Daycase activity £0.1m favourable to plan, primarily in MSK and CHUGGS
- Emergency activity 253 cases above plan, with additional income of £0.1m net of MRET
- Outpatients activity 884 attendances below plan and £0.1m, most significantly in ESM (£0.1m) and CHUGGS (£0.1m), offset in part by over-performance in other CMGs
- Other under-performance most significantly critical care in W&C (£0.1m), RRC (£0.1m) and ITAPs (£0.1m) offset with ECMO over-performance

Appendix 2 details the income position by point of delivery, including price and volume variances.

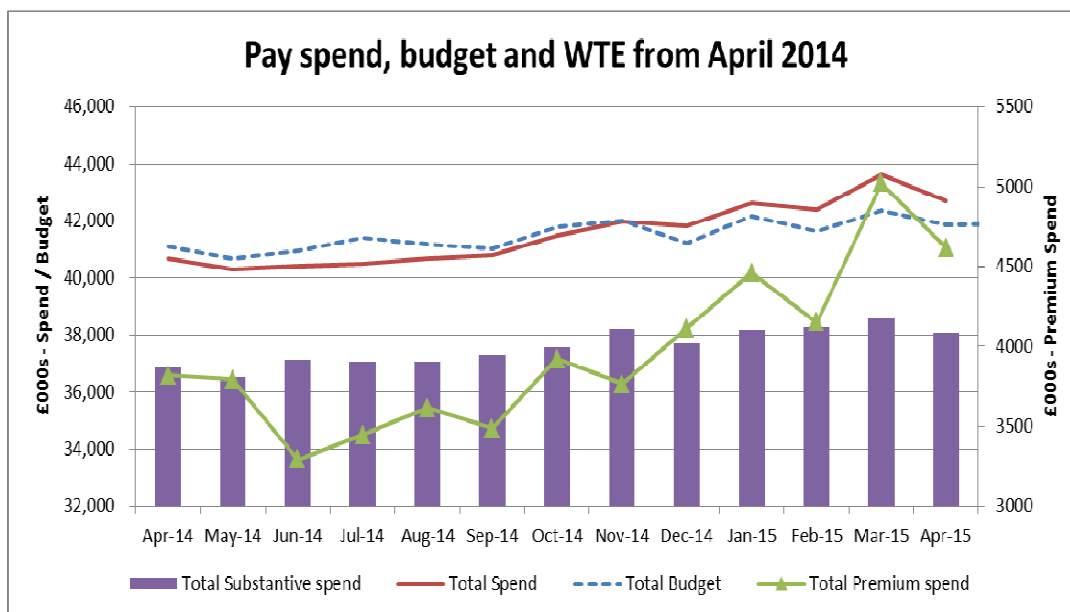
3.5 Pay

Pay costs are £0.8m adverse to plan in April and are the main driver of the Trust's overspend.

The total paybill compared to budget since April 2014 can be seen in the chart below which shows the following:

- Total pay spend (solid line) has been in excess of budget (dashed line) since December 2014
- Pay spend is £2m higher in April 2015 than April 2014
- Substantive pay is increasing (bars) but premium pay is not decreasing (triangled line)

In addition to the above, there are 505 more worked WTE in April 2015 compared to April 2014.



The variance to plan by staff group can be seen in the table below, including all premium costs. Despite an overspend of £0.8m, there are 353 less worked WTE than plan; premium cost being the driver of the overspend.

Pay Type	In Month £000s			WTE		
	Plan	Actual	Better / (worse)	Plan	Actual	Better / (worse)
Non Clinical	5,989	5,824	165	2,516	2,481	35
Other Clinical	5,343	5,126	217	1,774	1,640	134
Medical & Dental	14,092	14,915	(823)	1,770	1,746	24
Nursing & Midwifery	16,449	16,847	(398)	5,662	5,501	161
Total	41,873	42,712	(839)	11,722	11,369	353

There are three main reasons for the overspend on pay in Month 1:

- Additional Theatre Sessions

In month, there were 220 additional theatre sessions provided at a cost of £431k; pay costs of £246k and non pay costs of £185k. There were 80 in week sessions cancelled.

The revised theatre plan, based on bottom up modelling, has not been agreed in all specialties leading to unfunded costs being incurred.

Actions proposed are therefore:

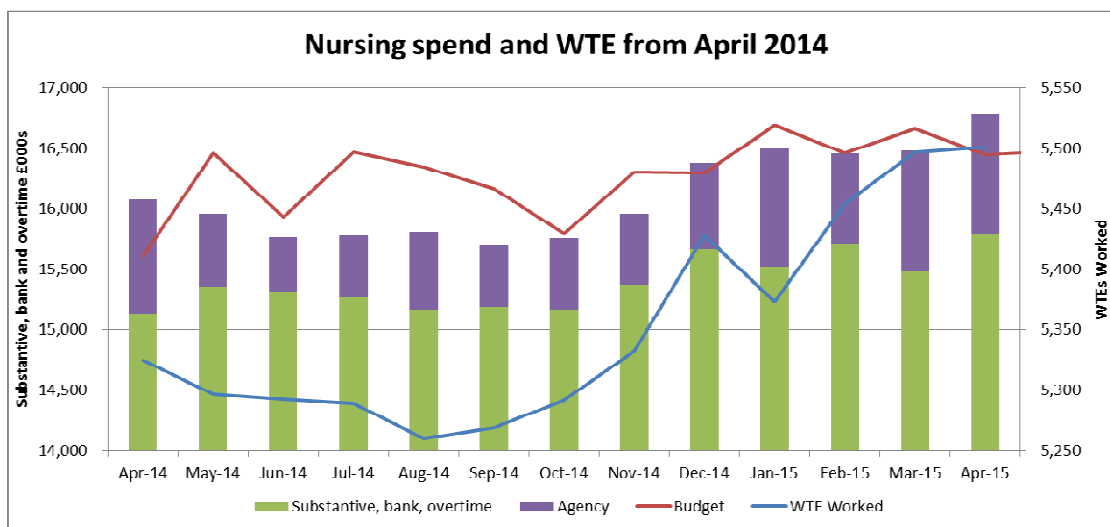
- Urgent final agreement of theatre plan and implementation
- Establishment of monitoring to support prospective review of sessions booked
- Cover of Nursing Vacancies

Nursing is overspent in Month 1 by £398k of which £331k is in CMGs, although 161 less WTEs than budget were worked. The overspend is broken down as follows:

- Cover for vacancies - £266k - detailed below
- Additional theatre sessions (see above) - £78k
- Research costs – offset with income - £31k

In April, beds have closed and international nurses have started. As a result, the requested hours of bank and agency cover has reduced by 2,700 hours a week on average in April compared to March. However, filled hours have only reduced by 615 hours on average per week. Cost has not therefore declined as rapidly as a result of recruitment and closed beds, because historically fill rates have been lower than requested levels of staffing (fill rates were 55% in March and are 60% in April). This has caused an adverse variance of £266k in month, most significantly within ESM.

The chart below shows the nursing spend since April 2014 increasing in line with recruitment and investment in acuity.



Given the number of vacancies that exist, there is a risk that this level of premium spend continues. Depending on the profile of recruitment across the year, this could be a cost pressure in the region of £5m.

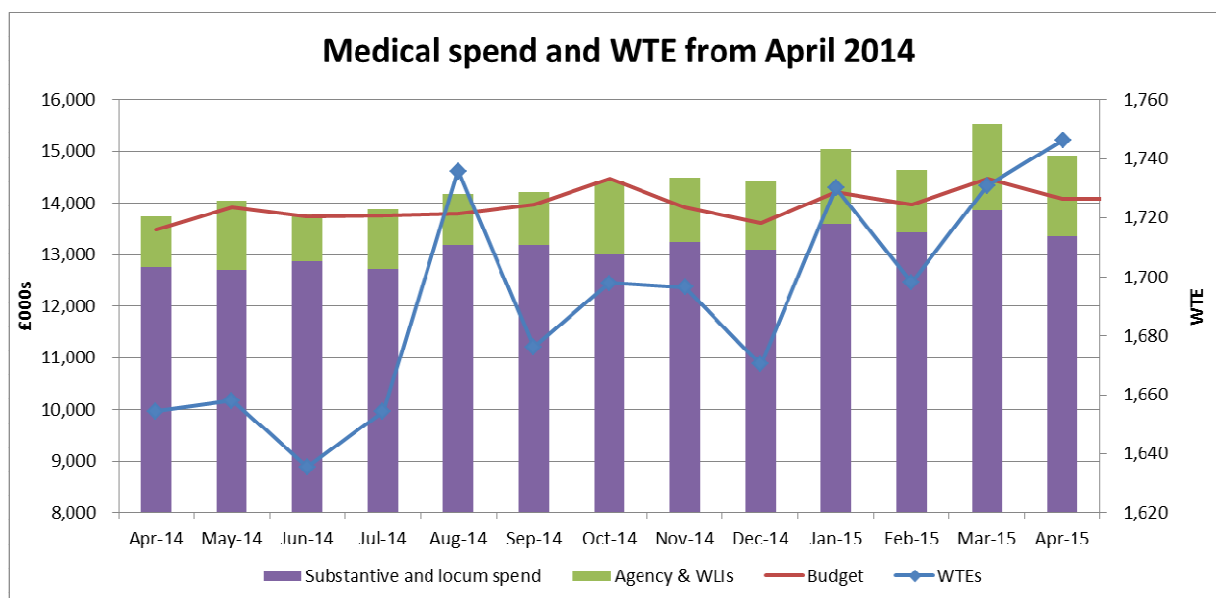
Actions proposed are therefore:

- Accelerate drive to close a ward within Medicine to reduce reliance on agency within ESM
- Recruitment timelines to be built into the forecast from Month 2 at CMG and service level
- A focus on managing within the nursing budgets in addition to ensuring safe staffing levels on wards
- Medical Pay Overspends

In month, medical pay is overspent by £823k. All CMGs are overspent on medical staffing. Of this, £168k relates to additional sessions in theatres (see above). All CMGs are overspent as per the table below:

CMG's	In month Budget	In month Actual	In month Variance
C.H.U.G.G.S	1,597	1,688	(92)
Clinical Support & Imaging	1,408	1,430	(22)
Emergency & Specialist Med	2,600	2,750	(150)
I.T.A.P.S	2,012	2,127	(115)
Musculo & Specialist Surgery	1,759	2,088	(329)
Renal, Respiratory & Cardiac	1,746	1,848	(102)
Womens & Childrens	2,219	2,229	(11)

The chart below shows medical spend since April 2014, showing that £1m a month more is spent on medical staff in April 2015 compared to April 2014. Spend increased in excess of budget from November 2014 as RTT activity intensified, but has not reduced since this time.



Actions proposed are therefore:

- A full reconciliation of all medical posts in each CMG compared to budget, detailing how posts are being covered and what additional work is being undertaken
- Review of bookings for medical staff prospectively, linked to additional theatre sessions review

The overspends in these three areas are offset by underspends on other clinical staffing and slippage on some planned investments.

3.6 Non Pay

Operating non pay spend is in line with plan in month.

There were overspends in month of £0.2m related to additional theatre sessions and £0.1m of consultancy. These were offset by phased release of contingency.

A more detailed financial analysis of CMG and Corporate performance (see Appendix 3) is provided through the Executive Performance Board financial report and reviewed by the Integrated Finance, Performance & Investment Committee.

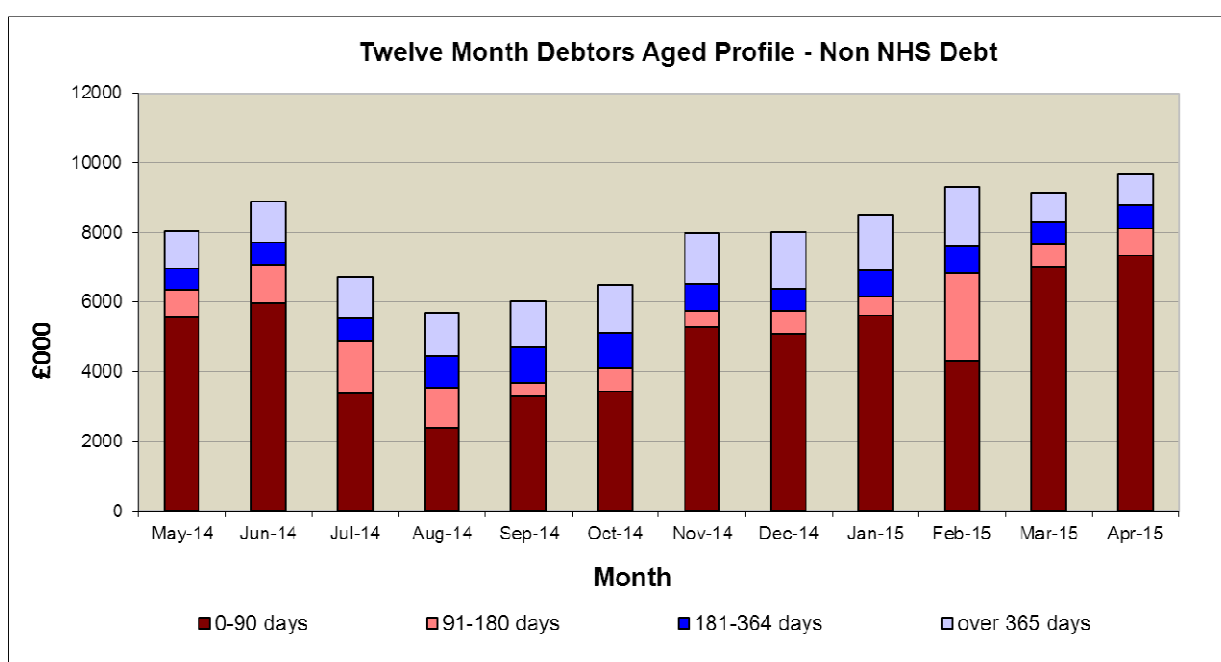
3.7 Cost Improvement Programme

Appendix 3 shows CIP performance in April by CMG and Corporate Directorate against the 2015/16 CIP plan. This currently shows delivery against plan in April.

3.8 In view of the deficit position in month, a full forecast and recovery plan will be produced and reported at Month 2 to both IFPIC and Trust Board.

4. BALANCE SHEET AND CASHFLOW

4.1 The effect of the Trust's financial position on its balance sheet is provided in Appendix 4. The retained earnings reserve has reduced by our deficit for the year to date. The level of non-NHS debt has fluctuated across the last year as shown in the following table.



4.2 The overall level of non-NHS debt at the end of April increased to £9.7m from £9.1m in March. Total debt over 90 days is £2.4m which is an increase of £0.3m from March.

4.3 The proportion of total debt over 90 days has increased slightly from 23% to 24%. £1.5m of this debt relates to overseas patients where we expect a low recovery rate of approximately 25%. All overseas patient debt over 90 days old is provided for in full within our bad debt provision.

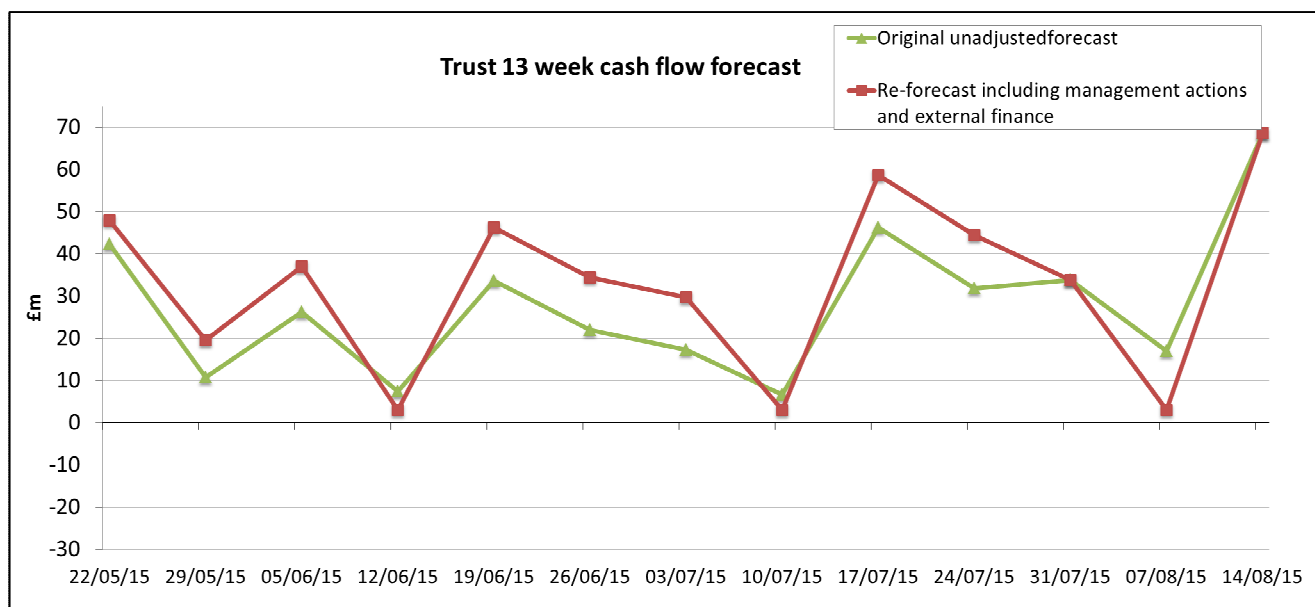
4.4 The Better Payments Practice Code (BPPC) performance for April, shown in the table below, shows an improvement from March in terms of invoices paid within 30 days by value.

	By Volume Number	By Value £000s
Current Month YTD		
Total bills paid in the year	9,958	47,332
Total bills paid within target	7,029	40,005
Percentage of bills paid within target	71%	85%
Prior month YTD		
Total bills paid in the year	148,560	664,882
Total bills paid within target	78,639	466,936
Percentage of bills paid within target	53%	70%

4.5 Our cashflow forecast is consistent with the income and expenditure position. The cash balance at the end of April was £19.8m which is £16.8m above plan of £3.0m.

4.6 We are required to maintain a minimum of £3m cash at all times (which is a condition of our loan agreement) and must not materially exceed this. The £3m balance must be evidenced in our plan and the £16.8m excess at the end of April is due to a timing issue insofar as we can only show month end cash balances in the plan even though our actual cash balance will not reduce to £3m until the early part of the following month. Our lowest cash balances occur prior to the 15th of the month when the bulk of our NHS income is received. This position is reflected in the more detailed cashflow forecasts that we provide to the NTDA on a monthly basis.

4.7 Our cash forecast for the next 13 weeks is shown in the graph below. This indicates that with external financing, we will maintain our £3m minimum permissible cash balance.



4.8 The above graph includes £21.9m of external financing in the form of our Revolving Working Capital facility, of which the final draw down of £4.9m will be made in July.

5. CAPITAL

- 5.1 The total capital expenditure at the end of April 2015 was £1.1m. This is an underspend of £0.9m against the year to date plan of £2.0m and we have therefore achieved 55% of planned spend. The capital plan and expenditure can be seen in Appendix 5.
- 5.2 There was a total of £9.1m of outstanding orders at the end of April. The combined position is that we have spent or committed £10.2m, or 8% of the annual plan.

6. RISKS

6.1 Within the financial position, there are the following potential risks:

- **Management of vacancies within nursing** – there is a risk that as nursing vacancies continue to be filled or bed capacity reduces, there is no corresponding reduction in agency spend until full recruitment is reached

Mitigation: Ongoing detailed review (weekly) of nursing agency requests in line with vacancies

- **Medical pay position** - there is a risk that medical pay spend does not reduce in line with budget and presents a cost pressure for the remainder of the year

Mitigation: Full reconciliation of medical staffing is underway as well as focussed review within the workforce workstream

- **Managing within capacity (theatres and beds)** – there is a risk that the bottom up theatre capacity plan is not delivered within, meaning costs for premium sessions continue. In addition, there is a risk that we cannot manage within our bed capacity, either as a result of increased activity or increased ALOS

Mitigation: Final agreement of the theatre capacity plan to be completed by end of May. In addition, bed modelling has been undertaken to ensure correct capacity, particularly within ESM

- **CIP delivery** – Under-delivery against the CIP target of £43m will risk delivery of the Trust's financial position

Mitigation: Ongoing monitoring of CIP through performance management structure, including full exception reporting and specific additional support in challenged areas

- **Delivery of activity levels and possible growth** – There is a risk that activity increases to such an extent that further additional cost is incurred in delivery. This is particularly a risk within emergency where there has been growth in Month 1

Mitigation: Work is ongoing as part of BCT to left shift activity where possible and to reduce emergency admissions. Activity is monitored routinely through the contract

- **Management of cash** – the deficit and the reconfiguration capital plan means that there is a need for significant borrowing. There is a risk that we do not access this borrowing in a timely way, leading to a shortage of cash

Mitigation: The Trust has agreed a Revolving Working Capital Facility with the DoH. Applications for loans will be made in a timely way on agreement of business cases. The Trust is working closely with the NTDA to ensure that requirements are known and correct process is followed

- **Unforeseen events** – the financial position could be at risk through additional costs incurred in response to unforeseen event

Mitigation: The Trust holds a small contingency

7. CONCLUSION

- 7.1 The Trust has reported to the NTDA a position that is £0.7m adverse to plan in Month 1. This is driven by cover of nursing vacancies, additional theatre sessions and medical overspends.

8. NEXT STEPS AND RECOMMENDATIONS

- 8.1. The Trust Board is **recommended** to:

- **Note** the financial performance at Month 1
- **Note** the risks to the financial position
- **Agree** the proposed actions

Paul Traynor
Director of Finance

4th June 2015

	April 2015		
	Plan	Actual	Variance (Adv) / Fav
	£ 000	£ 000	£ 000
Elective	5,733	5,554	(179)
Day Case	4,494	4,565	71
Emergency (incl MRET)	14,911	15,008	97
Outpatient	8,738	8,628	(111)
Penalties	0	0	0
Non NHS Patient Care	538	827	289
Other	24,737	24,683	(54)
Patient Care Income	59,151	59,264	113
Teaching, R&D income	6,225	6,365	140
Other operating Income	3,114	2,942	(172)
Total Income	68,490	68,571	81
Pay Expenditure	(41,873)	(42,712)	(839)
Non Pay Expenditure	(27,039)	(27,046)	(7)
Total Operating Expenditure	(68,912)	(69,758)	(846)
EBITDA	(422)	(1,187)	(765)
Interest Receivable	6	1	(5)
Interest Payable	(201)	(134)	67
Depreciation & Amortisation	(2,772)	(2,713)	59
Surplus / (Deficit) Before Dividend and Disposal of Fixed Assets	(3,389)	(4,033)	(644)
Profit / (Loss) on Disposal of Fixed Assets	0	(16)	(16)
Dividend Payable on PDC	(959)	(959)	0
Net Surplus / (Deficit)	(4,348)	(5,008)	(660)
Adjustments in respect of donated assets	56	37	(19)
RETAINED SURPLUS / (DEFICIT)	(4,292)	(4,971)	(679)

INCOME POSITION BY POINT OF DELIVERY AND PRICE AND VOLUME VARIANCES

Case mix	Annual Plan (Activity)	Plan to Date (Activity)	Total YTD (Activity)	Variance YTD (Activity)	Variance YTD (Activity %)	Annual Plan (£000)	Plan to Date (£000)	Total YTD (£000)	Variance YTD (£000)	Variance YTD (Activity %)
Day Case	98,479	7,816	8,108	292	3.74	56,620	4,494	4,565	71	1.58
Elective Inpatient	22,548	1,790	1,772	(18)	(0.98)	72,236	5,733	5,554	(179)	(3.13)
Emergency / Non-elective Inpatient	106,584	8,736	8,989	253	2.89	187,818	15,395	15,780	385	2.50
Marginal Rate Emergency Threshold (MRET)	0	0	0	0	0.00	(5,905)	(484)	(772)	(288)	59.40
Outpatient	928,350	73,733	72,849	(884)	(1.20)	109,960	8,738	8,628	(111)	(1.27)
Emergency Department	149,087	12,220	12,898	678	5.55	18,240	1,495	1,553	58	3.91
Penalties	0	0	0	0						
Other	8,653,466	718,552	717,315	(1,237)	(0.17)	284,853	23,780	23,957	(50)	(0.21)
Grand Total	9,958,514	822,847	821,931	(916)	(0.11)	723,821	59,151	59,264	(113)	(0.19)

Average tariff	Price Variance YTD %	Volume Variance YTD %	Price / Mix Variance (£000)	Volume Variance (£000)	Variance YTD (£000)
Day Case	(2.1)	3.7	(97)	168	71
Elective Inpatient	(2.2)	(1.0)	(123)	(56)	(179)
Emergency / Non-elective Inpatient	(0.4)	2.9	(61)	445	385
Marginal Rate Emergency Threshold (MRET)			(288)	0	(288)
Outpatient	(0.1)	(1.2)	(6)	(105)	(111)
Emergency Department	(1.6)	5.5	(24)	83	58
Penalties			0		0
Other			0	(50)	(50)
Grand Total	0.3	(0.1)	(599)	486	(113)

Financial Performance by CMG & Corporate Directorate

I&E and CIP – April 2015

CMG / Directorate	Year to Date					
	I&E			CIP		
	YTD Budget £000s	YTD Actual £000s	Variance £000s	YTD Plan £000s	YTD Actual £000s	Variance £000s
CMGs:						
C.H.U.G.S	3,613	3,282	-331	261	261	0
Clinical Support & Imaging	-2,684	-3,036	-352	428	428	0
Emergency & Specialist Med	2,198	1,547	-651	278	278	0
I.T.A.P.S	-3,317	-3,785	-468	298	316	18
Musculo & Specialist Surgery	2,949	2,455	-495	436	396	-39
Renal, Respiratory & Cardiac	2,648	2,528	-120	297	297	0
Womens & Childrens	3,356	2,967	-389	319	319	0
	8,764	5,958	-2,806	2,316	2,295	-21
Corporate:						
Communications & Ext Relations	-55	-56	-1	3	3	0
Corporate & Legal	-291	-283	7	6	6	0
Corporate Medical	-1,224	-1,217	8	23	23	0
Facilities	-3,066	-3,217	-151	38	38	0
Finance & Procurement	-577	-588	-11	24	24	0
Human Resources	-433	-464	-31	20	20	0
Im&T	-942	-984	-42	2	2	0
Nursing	-570	-519	51	41	41	0
Operations	-881	-910	-29	23	23	0
Strategic Devt	-91	-92	-1	5	5	0
	-8,130	-8,331	-201	185	185	0
Other:						
Alliance Elective Care	-83	-63	21			
R&D	21	17	-4	250	250	
Central	-4,864	-2,552	2,312			
	-4,926	-2,598	2,328			
Total	-4,292	-4,971	-679	2,751	2,730	-21

Balance Sheet

	Mar-15 £000's Actual	Apr-15 £000's Actual	Mar-16 £000's Forecast
Non Current Assets			
Property, plant and equipment	414,193	413,269	487,619
Intangible assets	10,134	9,854	7,350
Trade and other receivables	2,702	2,754	2,354
TOTAL NON CURRENT ASSETS	427,029	425,877	497,323
Current Assets			
Inventories	14,141	14,462	14,141
Trade and other receivables	35,292	25,650	26,292
Cash and cash equivalents	8,498	19,762	3,000
TOTAL CURRENT ASSETS	57,931	59,874	43,433
Current Liabilities			
Trade and other payables	(103,194)	(96,854)	(86,067)
Dividend payable	0	0	0
Borrowings / Finance Leases	(4,919)	(4,919)	(4,170)
Loan	(545)	(545)	(3,251)
Provisions for liabilities and charges	(820)	(1,779)	(567)
TOTAL CURRENT LIABILITIES	(108,933)	(104,097)	(94,055)
NET CURRENT ASSETS (LIABILITIES)	(51,002)	(44,223)	(50,622)
TOTAL ASSETS LESS CURRENT LIABILITIES	376,027	381,654	446,701
Non Current Liabilities			
Borrowings / Finance Leases	(6,869)	(6,945)	(8,427)
Other Liabilities / Loan	(11,455)	(22,540)	(76,125)
Provisions for liabilities and charges	(1,982)	(2,015)	(1,973)
TOTAL NON CURRENT LIABILITIES	(20,306)	(31,500)	(86,525)
TOTAL ASSETS EMPLOYED	355,721	350,154	360,176
Public dividend capital	329,837	329,787	370,937
Revaluation reserve	107,356	107,355	107,356
Retained earnings	(82,017)	(86,988)	(118,117)
TOTAL TAXPAYERS EQUITY	355,176	350,154	360,176

Capital Plan

University Hospitals of Leicester NHS Trust									
Capital Expenditure Report for the Period 1st April 2015 to 31st March 2016									
Scheme Name	CMG	UHL Approval	Funding Status	YTD Spend:			Annual Budget	Annual Forecast	Annual Variance
				YTD Budget	April	YTD Variance			
				£'000	£'000	£'000	£'000	£'000	£'000
INTERNALLY FUNDED CAPITAL									
Estates & Facilities									
Facilities Sub-Group	UHL	N/A	Internal	100	169	(69)	5,355	5,355	0
MES Installation Costs	UHL	N/A	Internal	0	(48)	48	1,500	1,898	(398)
Aseptic Suite	CSI	Approved	Internal	100	0	100	440	440	0
Lloyds Pharmacy Extension	CSI	Approved	Internal	0	1	(1)	126	126	0
Theatre Recovery LRI	ITAPS	Approved	Internal	250	2	248	2,750	2,750	0
Life Studies Centre	W&C	Approved	Internal	50	2	48	850	850	0
Sub-total: Estates & Facilities				500	125	375	11,021	11,419	(398)
IM&T Schemes									
IM&T Sub-Group	UHL	N/A	Internal	50	109	(59)	4,000	4,000	0
LRI Managed Print	UHL	Under review	Internal	206	0	206	1,323	1,875	(552)
EDRM	UHL	Under review	Internal	0	235	(235)	3,000	3,000	0
Safecore Software System	UHL	Approved	Internal	0	0	0	58	58	0
Electronic Blood Tracking System	CSI	Approved	Internal	0	4	(4)	996	996	0
Sub-total: IM&T Schemes				256	349	(93)	9,377	9,929	(552)
Medical Equipment Schemes									
Medical Equipment Executive Budget	UHL	N/A	Internal	150	29	121	5,500	5,500	0
Linear Accelerators		Not Approved	Internal	0	0	0	3,000	3,000	0
Sub-total: Medical Equipment				150	29	121	8,500	8,500	0
Reconfiguration Schemes									
Relocation of ICU level 3	UHL	Not Approved	Internal	0	122	(122)	3,000	3,000	0
Sub-total: Reconfiguration Schemes				0	122	(122)	3,000	3,000	0
Corporate / Other Schemes									
Stock Management Project	UHL	Under review	Internal	0	0	0	0	0	0
Donations	UHL	N/A	Internal	25	15	10	300	300	0
LiA Schemes	UHL	Not Approved	Internal	0	5	(5)	250	250	0
Contingency	UHL	Not Approved	Internal	0	59	(59)	1,671	1,671	0
Sub-total: Corporate / Other Schemes				25	79	(54)	2,221	2,221	0
Sub total: Internally funded capital expenditure				931	704	227	34,119	35,069	(950)
EXTERNALLY FUNDED CAPITAL									
Emergency Floor	ESM	Approved	Not Approved	0	254	(254)	17,698	17,698	0
EPR Programme	UHL	Approved	Not Approved	1,070	138	932	33,511	33,511	0
Imaging GH	CSI	Not Approved	Not Approved	0	0	0	3,000	3,000	0
Theatres LRI	ITAPS	Not Approved	Not Approved	0	0	0	1,650	1,650	0
ICU interim solution & Vascular Hybrid									
Theatre	UHL	Not Approved	Not Approved	0	23	(23)	9,778	9,778	0
Multi-storey Car Park Development	UHL	Not Approved	Not Approved	0	(32)	32	4,229	4,229	0
Treatment Centre	UHL	Not Approved	Not Approved	0	0	0	5,000	5,000	0
Wards / Beds LRI	UHL	Not Approved	Not Approved	0	20	(20)	2,000	2,000	0
Wards / Beds GH	UHL	Not Approved	Not Approved	0	0	0	6,000	6,000	0
Women's service	W&C	Not Approved	Not Approved	0	(2)	2	1,000	1,000	0
EMCH Interim Solution	W&C	Not Approved	Not Approved	0	0	0	3,500	3,500	0
Children's Hospital	W&C	Not Approved	Not Approved	0	0	0	400	400	0
Sub total: Externally funded capital expenditure				1,070	401	669	87,766	87,766	0
GRAND TOTAL CAPITAL EXPENDITURE				2,001	1,105	896	121,885	122,835	(950)