

Meeting:	NHS Grampian Board
Meeting date:	11 April 2024
Item Number:	6
Title:	Infrastructure Investment Plan 2024-2029
Responsible Executive:	Alex Stephen, Director of Finance & Alan Wilson, Director of Infrastructure, Sustainability and Support Services
Report Author:	Julie Anderson, Assistant Director of Finance

1 Purpose and recommendations

This is presented to the Board for:

- Assurance
- Decision
- Endorsement

Assurance: The Board is asked to review and scrutinise the information provided in this paper and confirm that it provides assurance in relation to the preparation of the Infrastructure Investment Plan within funding constraint confirmed.

Decision: The Board is asked to agree the Infrastructure Investment Plan as reflected in the Medium Financial Framework. Noting delegation to the Asset Management Group for delivery of the programme subject to individual identified items being within budgetary limits identified within the Plan.

Decision: Delegate to the Chief Executive and Director of Finance authority to conclude arrangements associated with the transfer and operation of the New Multi-agency Mortuary.

Endorsement: That the process to agree priorities for longer term investment plans on a whole system basis in line with the new NHS Grampian Clinical Strategy ‘A plan for the Future’ is underway and will inform future year development of the Plan.

This report relates to:

- NHS Grampian Strategy: Plan for the Future –Places ,
- Board Annual Delivery Plan – Create Condition for Sustainable Change

- Government directive
- Other – Financial Governance

This aligns to the following NHS Scotland quality ambitions:

- Safe
- Effective

2 Report summary

2.1 Situation

NHS Grampian is required to approve its capital infrastructure plan as part of its Medium Term Financial Framework each year.

Performance, Assurance Finance & Infrastructure Committee (PAFIC) obtain assurance on the effective management of the Board's infrastructure programme and the Asset Management Group oversee the delivery of the programme.

Capital funding position continues to be severely constrained for future years. For 2024/25 a flat allocation (£13.4m) from Scottish Government is confirmed, it will be augmented with project specific funding for the Baird and ANCHOR Project, Radiotherapy equipment replacement programme and Labs Information Management (LIM) System replacement only. Additional funds for development costs of new projects over the next two years has been withdrawn.

Construction on the North-East Scotland & Northern Isles Integrated Mortuary located on the Foresterhill Health Campus is, as planned, due to complete in 2024/25 and bringing it into operation will include the transfer of the facility to NHS Grampian to manage.

2.2 Background

The 'Plan for the Future' sets out the strategy to deliver equitable access, inclusive growth and improved population health and wellbeing through the transformation of how and where we provide our health and social care services. To achieve this, we will require a very different type of infrastructure to reflect the changing patterns of service delivery, including an increasing reliance on new technology.

The availability of capital funding to support investment in infrastructure is a key constraint in both the short and longer term. Our plans must therefore be prioritised based on risk and fit with the Board's objectives, be deliverable, demonstrate best value and be suitably integrated with our partners' plans to meet needs across health

and social care. Our investment plans have therefore been developed across two fronts:

- Short term maintenance only phase - continue to focus available investment at current operational risks with available resource prioritised against the highest risk deliverable projects. We have an existing process in place where all requirements are risk assessed, and for equipment, also peer reviewed in line with simple risk criteria, such as, reduced risk of harm and improved statutory compliance, e.g. fire/Healthcare Associated Infections (safe), improved access, quality and efficiency of key diagnostic processes (effective) and the impact on patient experience and environment (person centred).
- Longer term –service informed infrastructure investment strategy to be informed by engagement extensively across all service portfolios and with our partners to develop a prioritised whole system infrastructure investment plan which will set out our long term infrastructure requirements focused on population health and across the three key themes of people, place and pathways.

This is reflective of guidance DL (2024) 02 letter received from the Scottish Health and Social Care Directorate on 12 February 2024 in relation to whole system infrastructure planning.

2.3 Assessment

The Infrastructure Investment Plan (Plan) sets out the priorities for maintaining the current infrastructure that supports the delivery of patient care and associated services across NHS Grampian and our partner organisations, it is a key enabler to the delivery of the Grampian Clinical Strategy.

This financial Plan (Table 1) focusses on 2024/25 which was confirmed via a risk based prioritisation process and is “balanced” across five year investment programme. It outlines how we intend to use the various sources of funding available to the Board to support of our priorities being: projects in the delivery stage (Baird and ANCHOR Project, Radiotherapy equipment replacement programme and LIM System) and essential backlog maintenance and equipment replacement.

The capital funding position continues to be severely constrained, and the short term priority is a targeted approach to backlog maintenance and equipment programme.

Table 1 – Summary – Infrastructure Investment Plan 2024-29

	2024-25	2025-26	2026-27	2027-28	2028-29	Total
	£ms	£ms	£ms	£ms	£ms	£ms
Funding	57.18	15.54	16.57	15.63	15.29	120.21
Essential Equipment Replacement and Backlog Maintenance (BLM) Programme	17.04	12.59	15.29	15.29	15.29	75.48
BLM of Link Building - Roof	1.50	0.00	0.00	0.00	0.00	1.50
Additional Equipment Replacement - Magnetic Resonance Imaging (MRI) West	0.00	2.00	0.00	0.00	0.00	2.00
BLM of Link Building -Towers	0.74	0.70	0.00	0.00	0.00	1.44
Baird and Anchor	30.60	0.00	0.00	0.00	0.00	30.60
Radiotherapy Equipment	6.87	0.00	1.29	0.35	0.00	8.51
Labs Information System (LIMS)	0.42	0.25	0.00	0.00	0.00	0.67
Donated Asset - Mortuary	0.00	0.00	0.00	0.00	0.00	0.00
Planned Expenditure	57.18	15.54	16.57	15.63	15.29	120.21
Transfer of Multi Agency Mortuary	31.00	0.00	0.00	0.00	0.00	31.00

Table 1 also identifies those projects within the Plan which have a project forecast costs greater than £1 million, subject to these project forecast costs not exceeding those set out in the Plan the Asset Management Group will oversee their procurement and delivery without referral back to the Board for approval. Further details of those individual projects can be found in appendix 1,

Ability to address the Board’s future priorities will be dependent on the availability of additional funding and withdrawal of funding by the Scottish Government in 2024/25 to support development activity has meant a pause to a number of projects including the NHS Grampian National Treatment Centre (which includes the Dr Gray’s element of this project and associated improvement work to ward 4).

The Infrastructure Investment Plan includes programme development funding recognising the requirement to invest in planning and development activities in preparation for delivery of facilities when funding becomes available. Active planning arrangements are in place for a number of key priority areas and will continue to be supported by this funding.

The Integrated Mortuary is being constructed and equipped by Aberdeen City Council who have a licence to occupy the site during this period, following commissioning of the facility it will revert to being occupied by NHS Grampian who will be responsible for its operation. Final arrangements to support this will be concluded in 2024/25 and will include (i) transfer of equipment title; (ii) novation of construction warranties and (iii) entering into operation agreements with the Councils and Crown Office in relation to service and recharge obligations.

In the longer term a new approach to strategic infrastructure is to be adopted. The Scottish Government requires each NHS Board to prepare and submit to the Scottish Government, a Programme Initial Agreement (PIA) which sets out a deliverable, whole-system service and infrastructure change plan for the next 20-30 years. Individual capital projects will not be considered for investment by the Scottish Government until a PIA has been approved by the respective NHS Board and the Scottish Government.

The first stage due to complete in January 2025 is to prepare a maintenance focussed business continuity plan and a detailed framework for action to support this stage is being prepared. The plan will focus on deliverability and a risk based assessment, considering:

- Physical condition - risk of failure
- Service continuity - risk of closure/harm/operating effectiveness
- Service continuity – risk of reduced capacity

The second phase due to complete in January 2026 will be to develop a longer-term infrastructure investment strategy (20 to 30 year timeframe), informed by existing Clinical Strategies and Medium Term Plans and regional and national service plans.

2.3.1 Quality/ Patient Care

The impact of financial decisions on the quality of care and delivery of services are assessed at an individual scheme level and an assurance framework has been established to escalate any concerns.

2.3.2 Workforce

Infrastructure investment is a key enabler for service delivery and will support staff effectively performing their duties.

The pause to the National Treatment Centre Programme has resulted in the standing down of that Project Team which has been managed via the Board's established policies.

2.3.3 Financial

Table 1 in section 2.3 sets out the forecast expenditure to deliver the Plan – total £120.21m (2024/25 £57.18m) The Asset Management Group will be responsible for overseeing and agreeing refinements to the Plan over its life. The Board’s financial performance including infrastructure expenditure is reported in detail regularly to the Performance Assurance, Finance & Infrastructure Committee and also monthly to the Scottish Government. Additional arrangements for the Baird and ANCHOR Project include reporting to the Board each meeting.

2.3.4 Risk Assessment/Management

Risk assessment and subsequent management of the risks relating to infrastructure and financial performance are recorded on NHS Grampian’s risk management system.

Infrastructure features as a Strategic Risk 3127 – Infrastructure

Additional project risk management arrangements are in place for identified projects.

2.3.5 Equality and Diversity, including health inequalities

Not applicable.

2.3.6 Other impacts

Not applicable

2.3.7 Communication, involvement, engagement and consultation

Drafting of revisions to these documents has been informed by relevant specialists and considered by the Asset Management Group.

2.3.8 Route to the Meeting

This has been previously considered by the following group as part of its development. The group has supported the development of content, and their feedback has informed the finalisation of the documents presented in this report.

- Asset Management Group, 27 March 2024

2.4 Recommendations

The Board is asked to:

- **Assurance:** review and scrutinise the information provided in this paper and confirm that it provides assurance in relation to the preparation of the Infrastructure Investment Plan within funding constraint confirmed.
- **Decision:** agree the Infrastructure Investment Plan as reflected in the Medium Financial Framework. Noting delegation to the Asset Management Group for delivery of the programme subject to individual identified items being within budgetary limits identified within the Plan.
- **Decision:** Delegate to the Chief Executive and Director of Finance authority to conclude arrangements associated with the transfer and operation of the New Multi-agency Mortuary.
- **Endorsement:** endorse that the process to agree priorities for longer term investment plans on a whole system basis in line with the new NHS Grampian Clinical Strategy ‘A plan for the Future’ is underway and will inform future year development of the Plan.

3 Appendix

The following appendix/is included with this report:

- Appendix 1 – 5 Year Infrastructure Plan

Appendix 1 – NHS Grampian Five Year Infrastructure Plan – 2024-2029

1. Introduction

The 'Plan for the Future' sets out the strategy to deliver equitable access, inclusive growth and improved population health and wellbeing through the transformation of how and where we provide our health and social care services. To achieve this, we will require a very different type of infrastructure to reflect the changing patterns of service delivery, including an increasing reliance on new technology.

The availability of capital funding to support investment in infrastructure is a key constraint in both the short and longer term. Our plans must therefore be prioritised based on risk and fit with the Board's objectives, be deliverable, demonstrate best value and be suitably integrated with our partners' plans to meet needs across health and social care. Our investment plans is therefore develop across two fronts:

- Short term - continue to focus available investment at current operational risks with available resource prioritised against the highest risk deliverable projects. We have an existing process in place where all requirements are risk assessed, and for equipment, also peer reviewed in line with simple risk criteria, such as, reduced risk of harm and improved statutory compliance, e.g. fire/Health Acquired Infection (HAI) (safe), improved access, quality and efficiency of key diagnostic processes (effective) and the impact on patient experience and environment (person centred).
- Longer term – to engage extensively across all service portfolios and with our partners including our three Health and Social Care Partnerships (HSCPs), Local Authorities, Education and the third sector to develop a prioritised whole system infrastructure investment plan which will set out our long term infrastructure requirements focused on population health and across the three key themes of people, place and pathways. An engagement plan to augment existing arrangement is being developed.

The plan includes a “balanced” five year investment programme which outlines how we intend to use the various sources of funding available to the Board in support of our priorities. It also includes a “long list” of other priorities for investment in infrastructure, delivery of which will be dependent on the availability of additional funding.

The process to agree priorities for longer term investment plans on a whole system basis in line with the new NHS Grampian Clinical Strategy “A plan for the Future’ is underway and will inform future year development of the Plan.

2. Planning Developments – 2023/24

The context in which the Infrastructure Plan is developed has matured during 2023/24.

Shaping of Whole System Planning and future infrastructure needs of the organisation has been progressed during 2023/24 this has included:

- Focussed project planning in relation to National Treatment, Royal Cornhill Blair Unit (Forensic), Phase 1 Aberdeen Royal Infirmary (ARI), Phase 2 ARI, Laboratory Medicine – Building Replacement and Dr Gray’s Development Framework
- Gathering/assessment of more detailed survey information on the physical condition of our assets to ensure more accurate and detailed risk assessment.
- Adoption by the Board of new Sustainability and Digital strategies.
- Board engagement in Long Term Planning Workshop

Guidance DL (2024) 02 was received from the Scottish Government on 12 February 2024 in relation to whole system infrastructure planning and will inform further planning developments. Most notably:

- NHS Boards will no longer be required to prepare and annually update a Property and Asset Management Strategy, as currently required by CEL35 (2010).
- A Programme Initial Agreement (PIA) which sets out a deliverable, whole-system service and infrastructure change plan for the next 20-30 years is required from each Board.
- Individual capital projects will not be considered for investment by the Scottish Government until a PIA has been approved by the respective NHS Board and the Scottish Government. Following approval project will proceed direct to outline business case.

The development of the PIA will be a risk-based assessment of the Board’s existing infrastructure and requires to be submitted to Scottish Government by 31 January 2025, the second stage will include the development of a longer term investment strategy and has a deadline for submission on 31 January 2026.

3. Prioritisation

Investment prioritisation principles as set out in figure 1 have been adopted to support delivery of a prioritised infrastructure programme.

Figure 1. Investment Prioritisation Principles

Investment Prioritisation Principles

Must do	<ul style="list-style-type: none"> Condition or compliance of infrastructure/equipment is almost certain to cause unacceptable patient experiences/outcomes or high risk staff/patient/public injury or sustained loss of services with serious impact on the delivery of care (resulting in major contingency plans being invoked) or prosecution/ enforcement action 	<ul style="list-style-type: none"> Covering funding of equipment, backlog maintenance, strategic projects and contingency bids Considering clinical outcomes, potential injuries, service continuity, organisational objectives and enforcement/prosecution Aligned to principles of the 5x5 risk assessment matrix Risk scoring will enable prioritisation within the categories Service leaders will need to consider and agree the service risk 'appetite' and level tolerance Key Definitions <ul style="list-style-type: none"> Unacceptable = beyond agreed risk appetite and tolerance Unsatisfactory = beyond agreed risk appetite but within tolerance
Plan to do (prioritise when funding is available)	<ul style="list-style-type: none"> Condition or compliance of infrastructure/equipment is likely to cause long-term unsatisfactory patient experiences/outcomes, prevention of strategic service improvements or some disruption of services leading to unacceptable impact on patient care or an unacceptable risk of injury experienced by staff/public. 	
Should do	<ul style="list-style-type: none"> Current infrastructure or equipment is nearing the end of its useful life has the potential to cause short term unsatisfactory patient experience/clinical outcome or to inhibit the opportunity for long-term service improvement aligned to organisational strategy. 	

Strategic projects are reflective of local and national policy priorities and required to be supported by detailed business cases.

Historically the allocation of resource to backlog maintenance has prioritised reactive maintenance (repairs) and statutory and mandatory maintenance (as prescribed by regulations and NHS standards) with very limited mitigation of infrastructure risks through targeted planned & preventative maintenance. Pro-active programmes aimed at reducing the maintenance burden on our estate based have been developed and now feature. The risk assessment and prioritisation process, uses information included within the Estate and Asset Management System (EAMS) and is informed by the estates team's collective knowledge of the deteriorating estate and issues reported through the estates help desk by the operational services.

All equipment replacement requirements are quantified; risk assessed and peer reviewed by the Equipment and Medical Devices Group in line with simple risk criteria:

- Reduced risk of harm and improved statutory compliance e.g. fire/Health Acquired Infection (HAI) (**safe**)
- Improved access, quality and efficiency of key diagnostic processes (**effective**)
- Impact on patient experience and environment (**person centred**)

From this assessment the Group use collective judgement to identify those items as 'must do' and deliverable for the life of its programme.

An enhancement to this process was trialled in the prioritisation of the 2024/25 Plan with scoring against the following criteria.

Criteria	Weighting
Must Do	Y/N
Plan to Do	Y/N
Should Do	Y/N
Are there Alternative/Mitigation Plan Identified	Y/N
Strategic fit (Patient Centred)	20.00%
Service and business need (Effective Quality of Care/Integrated)	10.00%
Non-financial benefits (Health of the Population/Equitable)	10.00%
Risk reduction (Safe)	35.00%
Value for money (Value & Sustainability)	15.00%
Acceptability (Deliverability, Accessible and Timely)	10.00%
	100.00%

4. 5 Year Infrastructure Plan

The Plan summarised in table 1, inclusive of key developments reflects a risk assessed investment requirement of £662.26 million (£542.06 million additional funding requests) over the next five years with funding arrangements for 2024/25 only confirmed by the Scottish Government. An expanded table features in appendix 1 – table A.

Table 1 –Infrastructure Plan

	2024-25	2025-26	2026-27	2027-28	2028-29	Total
	£ms	£ms	£ms	£ms	£ms	£ms
Funding						
SGHSCD Capital Formula Allocation	13.39	13.39	13.39	13.39	13.39	66.95
Link Building Slippage/BLM/Equipment from Prior Year	4.00	0.00	0.00	0.00	0.00	4.00
Project Specific Funding	37.90	0.25	1.29	0.35	0.00	39.78
Revenue Budget Sources	1.40	1.40	1.40	1.40	1.40	6.98
Donated Assets Allocation	0.50	0.50	0.50	0.50	0.50	2.50
Total Core Capital Resource Identified	57.18	15.54	16.57	15.63	15.29	120.21
Additional Funding Requests	7.95	32.84	74.29	184.24	242.74	542.06
Total Core Capital Resource Required	65.13	48.37	90.86	199.87	258.02	662.26
Expenditure						
Resources	1.05	1.10	1.15	1.20	1.25	5.75
BLM and Equipment	18.23	14.19	14.14	14.09	14.04	74.68
Project Specific Funding	37.90	0.25	1.29	0.35	0.00	39.78
Planned Expenditure	57.18	15.54	16.57	15.63	15.29	120.21
Transfer of Multi Agency Mortuary	31.00	0.00	0.00	0.00	0.00	31.00

5. Infrastructure Funding

A one year funding settlement has been confirmed by the Scottish Government with formula allocation in 2024/25 £13.4m, which is less than anticipated and represents a real terms reduction. Expected agreement to carry forward formula allocation from 2023/24 for projects committed and benefit not yet received of £4m is included in the plan, however this carries a risk of not being made good by Scottish Government. Additional project specific support (£37.90m) is also confirmed for the Baird and ANCHOR Project, Labs Information System and Radiotherapy Programme (replacement of third linac).

The Scottish Government have confirmed that capital funding position continues to be severely constrained for future years, that funding in 2024/25 should be targeted to backlog maintenance and equipment programme and that NHS Boards should immediately stop any project development spend, unless funded from local formula allocation.

In addition the infrastructure investment programme is supplemented by specific grants, charitable donations, developer's contributions and assumed revenue funding to support backlog maintenance that can't be treated as capital. In 2024/25 this is anticipated to be: £1.896m.

- **Charitable Donations** - £0.5m per annum of anticipated investment from charitable donations, mainly for new equipment to support research and advances in clinical care, but also other infrastructure related initiatives such as the reconfiguration of patient accommodation to improve patient experience from the NHS Grampian Charity Funds.
- **Revenue** - £1.396m per annum of funding from various revenue sources is assumed, from our core RRL to support backlog maintenance (estates maintenance budget).

Specific Grants - The Board are also continuing with the implementation of a range of initiatives under the wider sustainability agenda and has activity seeking specific grants in this area, with funds secured in the relation roll out of installation of electrical vehicle charging points. Work is ongoing to secure funding in this area but not yet reflected in the plan.

GP Loans - £1.261m funding from Scottish Government is to be confirmed based on applications received, but notification has recently been received indicating a pause on the scheme and this is being worked through..

In recent years qualifying projects have benefited from the use of developers contributions, opportunities to optimise this funding streams is being actively managed.

Asset Disposals - No benefit is assumed from any other properties which are currently available for sale for example, Raeden site and the old Denburn Health Centre in Aberdeen due to the suspensive risks associated with planning consents and the length of time it can take to reach final agreement on sale.

6. Infrastructure Expenditure

Requirements for Investment are set out in appendix 1.

Major Capital Project (Funded)

Major capital projects of £39.78m (2024/25 £37.90m) which are supported by project specific funding feature in the plan. The Board is engaged in a significant programme of work to progress investments in our hospital based services. This has included significant clinical, service user and public engagement.

- Construction of the Baird Family Hospital and the ANCHOR Cancer Centre is underway with ANCHOR. The Baird Family Hospital will replace the existing maternity hospital, breast screening, gynaecology and neo-natal facilities. The Anchor Cancer centre will be located adjacent to the existing radiotherapy building on the Aberdeen Royal Infirmary site. It is recognised dialogue is ongoing with Scottish Government to confirm funding arrangements for the Baird and ANCHOR Project. The project forecast does not currently reflect an uplift in overall project costs following changes to scope and challenging commercial arrangements

Construction of a new build multi partner integrated mortuary facility for the population of the North East of Scotland and the Northern Isles on the Foresterhill Site is underway and expected to open 2024/25. Forecast investment is £31 million (£29.6m facility and £1.4m equipping) and will be accounted as a donated non-current asset by NHS Grampian when recognised. The Integrated Mortuary is being constructed and equipped by Aberdeen City Council who have a licence to occupy the site during this period, following commissioning of the facility it will be revert to being occupied by NHS Grampian who will be responsible for its operation. Final arrangements to support this will be concluded in 2024/25 and will include (i) transfer of equipment title; (ii) novation of construction warranties and (iii) entering into to operation agreements with the Councils and Crown Office in relation to service and recharge obligations.

- Radiotherapy equipment replacement - a substantial programme of upgrade to the Board's radiotherapy equipment base is underway with replacement of the three Linear Accelerators expected to be complete during 2024. Forecast of £8.5m (2024/25 £6.9m).
- Laboratory Information Management System (LIM system and implementation forecast costs of £0.7m (2024/25 £0.4m).

Further funding for planning activity in relation to the National Treatment Centre Programme which featured ARI and Dr G MRI has not been made available and these projects have been paused.

Programme Development

Programme development funding (2024/25 £0.4m) has been allocated recognising the requirement to invest in planning and development activities in preparation for delivery of facilities when funding becomes available. A process to support the allocation of this finite funding is under development.

Small Projects

ARI Labs Link Building Works in relation to roof repairs works commenced in 2023/24 and will complete in 2024/25. Roof works have been approved with a project forecast cap of £2m (2024/25 £1.5m).

ARI Labs Link Building Works to the external cladding and roof towers / stairwell are planned to address their deterioration and safety. (£1.44m 2024/25 £0.74m).

Items of equipment replacement procured in 2023/24 benefit delayed and funded by slippage (£1.5m).

Planning is underway in relation to the replacement of the MRI facility in ARI West, procurement activity is expected to commence in 2024/25 with replacement and expenditure occurring in 2025/26. Project Forecast for the replacement in situ is forecast at £2m.

Forensic accommodation at the Royal Cornhill Hospital (£1m) a programme of remedial work in response to recent reviews of forensic accommodation includes significant recommendations for the upgrade of the current Forensic accommodation at the Royal Cornhill Hospital.

A programme of essential fire compliance remedial work has been developed and will delivered over 5 years (£5m, 2024/25 £1m).

An annual contribution to the Primary Care Premises Improvement Fund (£0.2m) feature.

An annual contribution to the Disability Discrimination Act compliance (£0.02m) features.

Annual Investment Programmes – Backlog Maintenance and Equipment

Prioritised five year plans for equipment replacement and & back log maintenance have developed during the year and are maintained by the Backlog Maintenance Programme Board and The Equipment and Medical Devices Group.

A £15m two year phased programme to address immediate equipment and BLM requirement was approved by AMG on 29 March 2023 and has progressed. The commitment was split equally between backlog maintenance and equipment replacement in each of the years 2023/24 and 2024/25.

The prioritisation process for 2024/25 has confirmed that the £15m programme has been insufficient to meet emerging very high risks and a commitment to increase by £4m (equipment £2m and BLM £2m) in 2024/25 is reflected in the Plan.

The annual contingency allowance to address unanticipated requirements is maintained (£1m).

Resources

Funding for project staff who contribute to the delivery of the programme an annual allocation features in 2024/25 this is £1.1m.

Resources for planning stage activities broadly do not feature in the programme and are funded from within revenue budgets.

Appendix 1 – Expenditure Plan
Table A – 5 Year Infrastructure Plan

	2024-25	2025-26	2026-27	2027-28	2028-29	Total
Funding	£ms	£ms	£ms	£ms	£ms	£ms
Capital Formula Allocation	13.39	13.39	13.39	13.39	13.39	66.95
Link Building Slippage/BLM/Equipment from Previous Year	4.00	0.00	0.00	0.00	0.00	4.00
Project Specific Funding	37.90	0.25	1.29	0.35	0.00	39.78
Revenue Budget Sources	1.40	1.40	1.40	1.40	1.40	6.98
Donated Assets Allocation	0.50	0.50	0.50	0.50	0.50	2.50
Total Core Capital Resource Identified	57.18	15.54	16.57	15.63	15.29	120.21
Expenditure						
Resources						
Project Staffing and Support Costs	1.05	1.10	1.15	1.20	1.25	5.75
Total Resource Funding	1.05	1.10	1.15	1.20	1.25	5.75
Backlog Maintenance (BLM) and Equipment						
Primary Care Premises Improvement	0.20	0.20	0.20	0.20	0.20	1.00
Disability Discrimination Act	0.02	0.02	0.02	0.02	0.02	0.10
Capital through Revenue Equipment	0.38	0.38	0.38	0.38	0.38	1.88
Donated Equipment	0.50	0.50	0.50	0.50	0.50	2.50
Donated Asset - Mortuary	0.00	0.00	0.00	0.00	0.00	0.00
Contingency	1.00	1.00	1.00	1.00	1.00	5.00
BLM of Link Building - Roof	1.50	0.00	0.00	0.00	0.00	1.50
Other 2023/24 Slippage - Committed	1.20	0.00	0.00	0.00	0.00	1.20
Equipment Replacement - 'Must Do'	3.75	3.60	5.52	5.50	5.47	23.84
Backlog Requirement (inc Dr Gray's Kitchen)	3.75	4.29	5.52	5.49	5.47	24.52
Project per Below						
Additional Equipment Replacement - 'Must Do'	2.00	0.00	0.00	0.00	0.00	2.00
Additional Equipment Replacement - MRI West	0.00	2.00	0.00	0.00	0.00	2.00
Additional BLM allowance - including High Risk Heating Systems, Roof repairs	2.00	0.00	0.00	0.00	0.00	2.00
BLM of Link Building -Towers	0.74	0.70	0.00	0.00	0.00	1.44
Fire compliance remedial (beyond BLM allowance)	1.00	1.00	1.00	1.00	1.00	5.00
Replacement central specialist sterilisation department and Laundry - Remedial Works	0.50	0.00				0.50
RCH Forensic Accommodation - Remedial Works	0.50	0.50				1.00
Development Funding	0.40					0.40
Total BLM & Equipment	19.43	14.19	14.14	14.09	14.04	75.87
Project Specific Funding						
Baird and Anchor	30.60	0.00	0.00	0.00	0.00	30.60
Radiotherapy Equipment	6.87	0.00	1.29	0.35	0.00	8.51
Labs Information System (LIMS)	0.42	0.25	0.00	0.00	0.00	0.67
Total Project Specific Funding	37.90	0.25	1.29	0.35	0.00	39.78
Planned Expenditure - Committed	58.38	15.54	16.57	15.63	15.29	121.40
Assumed Programme Slippage	-1.20					-1.20
Funding to be allocated	0.00	0.00	0.00	0.00	0.00	0.00

