Capital Investment Policy

Date	Review Date	Version
October 2021	October 2026	4

Purpose

The purpose of the policy is to provide an overview of the Trust's arrangements for approving and managing capital investments and to provide guidance for those involved in capital planning or capital investment.

Who should read this document?

All Trust staff involved with Capital Investment and Planning.

Key messages

Capital is a limited financial resource. Investment decisions need to be made within the Trust's Scheme of Delegation and supporting documentation needs to be of sufficient quality to ensure best value for money is achieved from this limited resource.

The Capital Investment Policy sets out the annual planning process for capital investment, the process for implementing agreed investments and the process for proposing additional projects not included in the annual plan. This includes the responsibilities of Capital Project Managers, Capital Programme Managers, Service Line Management Teams, the Capital Steering Group, Investment Panel and Trust Board.

Accountabilities

Owner	Associate Director of Finance
Review and approval	Investment Panel
Ratification	Director of Finance
Dissemination (Raising Awareness)	Investment Panel
Compliance	Investment Panel

Links to other policies and procedures

Asset Management Procedures
Standing Financial Instructions
Detailed Scheme of Delegation
Annual Business Planning Guidance.

Version History

1	March 2010	Approved by Director of Financial Services on behalf of the Capital Steering Group.
2	October 2014	Approved by Capital Steering Group and Director of Finance
3	December 2019	Approved by Investment Panel and Director of Finance
4	October 2021	Updated and approved

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on the Trust Documents Network Share Folder (G:\TrustDocuments). Larger text, Braille and Audio versions can be made available upon request.

1. Introduction

1.1. This document sets out the policy and procedures to be followed in planning and implementing the Trust's capital investment programme, including "rolling" programmes for equipment replacement. The Trust's procedures for managing its assets post acquisition are set out in the "Asset Management" procedure document.

1.2. It is intended for use by staff of all disciplines and levels, so technical language and NHS jargon has been avoided wherever possible. Similarly, each procedure has been kept as practical as possible. A glossary of terms is included at the end of the document.

1.3. Staff should note that all advice concerning Value Added Tax (VAT) must be obtained via the Chief Financial Accountant. (Sally Wilson - sally.wilson8@nhs.net)

1.4. This document replaces the Capital Investment and Asset Management procedure published in December 2019.

1.5. Sample forms and detailed papers have been included in the Appendices.

2. Purpose, including legal or regulatory background

2.1. The purpose of the policy is to provide an overview of the Trust's arrangements for approving and managing capital investments and to provide guidance for those involved in capital planning or capital investment. The policy makes reference to a number of other related policies, some of which are included as appendices and some of which are available on Trust Documents, G:\DocumentLibrary.

2.2. The definitive guidance on capital accounting and control is provided by the DHSC Group Accounting Manual, which is issued annually and is available from the government website at:

https://www.gov.uk/government/publications/

2.3. The Group Accounting Manual provides guidance on topics such as:

- Capitalisation;
- Valuation;
- Depreciation and asset lives;
- Leasing;
- Capital Charges;
- Donated assets;
- PFI.

2.4. Further advice on Capital Planning and Investment may be obtained from the NHS Capital Investment Manual (1996), which may be found at:

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4119896.

2.5. Guidance on NHS England/Improvement's (NHSE/I) role and requirements with regard to Capital Investment is contained in the "Capital regime, investment and property business case approval guidance for NHS trusts and foundation trusts" at:

NHS England » Capital regime, investment and property business case approval guidance for NHS providers

2.6. Guidance on the 5 case model for Business cases for major investments is available in HM Treasury Green Book at:

https://www.gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-governent

2.7. Guidance on the use of Public Resources may be found in "Managing Public Money" HMT May 2012, which may be found at:

http://webarchive.nationalarchives.gov.uk/20130129110402/http://www.hm-treasury.gov.uk/d/mpm_whole.pdf

2.8. General Instructions related to Capital Investment are set out in the Trust's Standing Financial Instructions, which may be found at:

G:\DocumentLibrary\UHPT Trust Documents\Corporate Governance

2.9. Delegated limits for the authorisation of capital investment are set out at the Trust's Detailed Scheme of Delegation, which may be found at:

G:\DocumentLibrary\UHPT Trust Documents\Corporate Governance

3. Definitions

3.1. A simplified definition of capital in respect of the NHS is "expenditure of at least £5,000 on the acquisition of land, buildings and equipment with a life expectancy in excess of one year". This £5,000 value includes VAT where it is irrecoverable.[1]

3.2. In addition, assets of a lower value should be capitalised if they form part of a *group*, with a *group* value in excess of £5,000.

3.3. These *grouped* assets are a collection of assets which individually may be valued at less than £5,000 but which together form a single collective asset because the items satisfy all of the following criteria:-

- Functionally interdependent;
- Acquired and planned for disposal at about the same date;
- Under single managerial control, and
- Each individual asset within the group has a value of over £250.

3.4. In addition to the above, assets which are capital in nature, but which are individually valued at less than £5,000 but more than £250, may be capitalised as collective, or "grouped", assets where they are acquired as part of the initial setting-up of a new, enhanced or refurbished building or facility.

3.5. It must be stressed that although the above definition will satisfy the majority of situations, it is nevertheless rather simplified. Therefore, please contact

[1] DHSC, 2019, *Department of Health and Social Care Group Accounting Manual 2019-20*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/798830/dhsc-group-accounting-manual-2019-to-2020.pdf

the Trust's Chief Financial Accountant for further clarification in case of doubt.

3.6. Further definitions and explanations of technical terms are set out in the glossary at the end of this document.

3.7. All capital assets acquired under Lease arrangements are subject to the principles of this policy.

4. Duties

The Duties and Responsibilities of staff involved in the planning and implementing the Trust's Capital programme are set out at Section 5 below.

1. Background

1.1. Capital Funding

1. The following are the sources of capital available to the Trust, broadly in order of preference:
    - Use of internally generated cash – unspent capital cash carried forward, depreciation, proceeds from sale of assets, I&E surplus, working capital movements (subject to Better Payments Practice Code (BPPC) compliance)
    - Grants/donations – including from charitable sources.
    - Central Public Dividend Capital (PDC) – Allocated for specific centrally funded projects. These may or may not require the use of all internally generated cash before drawing down. Normally only available to draw in the financial year agreed.
    - Interest Bearing Loans – at National Loans Fund (NLF) Equal Instalment of Principal (EIP) interest rates, fixed at time loan agreement issued. Twice yearly repayments. Term of loan based on asset life. Approval is subject to a Prudential Borrowing Assessment by NHS England/Improvement (NHSE/I) and Department of Health and Social Care (DHSC).
    - Exceptional PDC – May be allocated through the Independent Trust Financing Facility (ITFF) where loans are deemed unaffordable.
    - Finance Lease funding obtained from a commercial leasing company.
2. The following are considered exceptional circumstances that may merit the allocation of exceptional PDC:
    - for patient health and safety reasons where remedial action is required following, for example, recommendations from the Care Quality Commission;
    - there is already a clear contractual commitment that must be fulfilled (i.e. existing work requires completion);
    - there is an agreed service reconfiguration / rationalisation;
    - the expenditure forms part of a national programme;
    - the expenditure is required to support the delivery of Quality, Innovation, Productivity and Prevention (QIPP) targets and demonstrates real and deliverable savings in the future;
    - Allocation is required for a technical reason – e.g. to effect the transfer of assets.

1.2. Leasing

1. Leasing is often considered as an alternative to purchasing assets, especially in the case of expensive medical equipment and buildings. There are complex technical calculations associated with leasing in the NHS and relevant International Financial Reporting Standards (IFRS) must be complied with.

2. Leases have an impact on the Trust's finance, as they are classified as sources of external finance and so count towards the External Financing Limit and Capital Resource Limit. Leases are included on the Trust's Balance Sheet and therefore attract capital charges in addition to lease costs.
3. The delegated limits for the granting and termination of leases are set out in the Trust's Detailed Scheme of Delegation.

1.3. Capital Ledger Codes

1. Within the Trust, capital transactions are identifiable by the allocation of a specific analysis 2 code starting with "54" within the balance sheet range. For example a FHP construction payment would be coded as RK9N 000000 0081 00110 54AU8 000000. Capital Ledger codes are assigned to projects by the Capital Accountant.
2. Income from the sale of fixed assets is always coded to the Profit/Loss on Disposal of Fixed Assets account, code RK9N 120047 7900 00000 00000 000000.

1.4. Capital Charges

1. Whilst the capital charge revenue implications of capital Investments are not currently devolved to Service Line budgets, they do represent a real cost to the Trust and should be taken into consideration in investment appraisal.
2. There are two parts to capital charges, namely Depreciation and Cost of Capital. Depreciation is payable on assets from the start of the quarter following the quarter in which the asset first becomes available for use. The DHSC provides guidance on asset lives. Depreciation affects Expenditure only, not cash flows.
3. Cost of Capital is calculated as a rate of return of 3.5% on relevant net assets, including "Assets Under Construction." The Trust pays the Cost of Capital charge to the DHSC as Public Dividend Capital (PDC) Dividends. This affects expenditure and cash flow.

1.5. Valuation of Capital Assets

1. The initial valuation of purchased tangible fixed assets is at cost i.e. what was actually paid. However, post acceptance, assets are valued on the Modern Equivalent Asset (MEA) basis.
2. Land and Buildings are re-valued every year by the District Valuer using MEA principles. Increases in value are added to the revaluation reserve for that asset. Reductions ("Impairments") in value are charged to the respective revaluation reserve. Where this is insufficient to cover the impairment, the shortfall is taken to the Income & Expenditure account as a cost.
3. The MEA approach is likely to result in circumstances where the value of a building which has undergone improvement work has not increased proportionately to the cost of the improvement work done. The value of the improvement work will therefore be impaired at the next valuation. The value of this impairment may be significant and an estimate of likely impairment should be made when carrying out financial evaluation prior to the investment.

4. Furniture and Fittings and Equipment are valued at their historic cost less depreciation. The only exception to this will be long life Medical Equipment which may be subject to a revaluation during its life.
5. Please refer to the Capital Accountant or the Chief Financial Accountant for further advice.

1.6. Accounting for Leases

1. Under International Financial Reporting standard (IFRS 16), applicable to the NHS from 01 April 2022, all leases for Right of Use "Capital" assets are treated as Finance leases and will be charged to the Trust's Capital Resource Limit (CRL) and Capital Departmental Expenditure Limit (CDEL) in the year of acquisition. The assets will be brought onto the Balance Sheet of the Trust and depreciated over their expected useful life. Asset values will be subject to impairment and subsequent revaluation if appropriate. Additionally, the net present value of future lease payments will be credited to the Balance Sheet as a Lease Creditor. Lease payments made by the Trust to the leasing company will be split between repayments of the Lease principal and interest payments. Principal Repayments will be debited against the Lease Creditor, reducing the value of this Creditor over the primary term of the Lease.

1.7. Asset Register

1. In common with all NHS bodies, the Trust is required to maintain an Asset Register. This supports the annual accounts and is subject to audit by the Trust's internal and external auditors. Further details are set out in the Trust's Asset Management procedures. However, it is essential that information necessary for complete and accurate completion of the Asset Register is collected during the asset acquisition process.

2. Capital Planning Policy

2.1. Policy Framework

1. Capital investment decisions will be made within the Strategic Framework of the Trust's and Integrated Care System's (ICS's) Clinical Strategies, Integrated Business Plan and Long Term Financial Model, the contents of which are reflected in the Trust's 5-year capital plan and the Site Development Plan.

2.2. Determination of Available Funding

1. Determination of the resources available for capital investment will be made by the Trust Board, taking into account the Trust's Revenue position, the Trust's Cash position and the likely availability of external funding sources.
2. The Board has set out its principles for capital investment:
    - Core Maintenance and replacement of existing equipment and infrastructure should be funded from EBITDA (principally the resources available from depreciation, assuming a balanced budget).
    - Investment in Commercial Opportunities and Financial sustainability may be funded from loans.

- Strategic Capability should be funded from Public Dividend Capital, Asset Disposal or Charitable contributions.
- Quality improvements should be funded from revenue surpluses or Charitable contributions.
- The above areas may be supplemented by receipts from asset disposals where available.

3. Proposed investments in each of these areas should be funded from the resources available in that area. However, in establishing the above principles, the Board acknowledges that resources in each individual area may be insufficient to deliver the Trust's highest overall strategic priorities and brokerage of resources may be necessary.
4. Where capital resources are insufficient to meet urgent Trust priorities or Lease financing offers improved Value for Money, then Lease finance may be sought, subject to NHSE/I approval of CRL and CDEL cover.
5. The overall financial plan for the year is determined by the Trust Board and agreed with the Devon Integrated Care System and NHS England/Improvement as part of the Annual Business Planning process. This plan incorporates a number of limits affecting capital investment including the External Financing Limit (EFL), External Financing Requirement (EFR) and Net Borrowing Requirement (NBR). These govern the cash resources available for both capital and revenue investment and the Trust has an obligation to operate within those limits. The Trust has a statutory duty to operate within the Capital Resource Limit (CRL) and Capital Departmental Expenditure Limit (CDEL), which determine the maximum level of capital expenditure and lease commitments within the year.

3. Governance Arrangements for Capital Investment

1. The structure of the governance arrangements for capital investment is set out at figure 1 below.

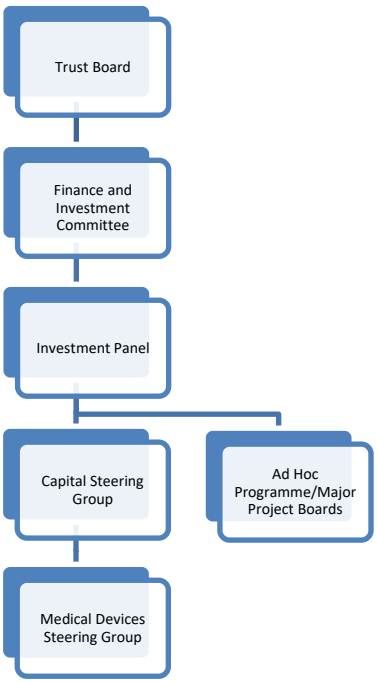

Figure 1 - Structure of Governance Arrangements for Capital Investment

3.1. Responsibilities

1. The Trust Board has overall responsibility for determining the Trust's strategy for capital investment, the prioritisation of elements within the five year capital programme, the resources allocated for capital investment in individual years and the overall composition of annual capital programmes. The Trust Board also has responsibility for the approval of individual investments of over £1 million.
2. The Trust Board will receive executive summaries of the overall performance of the Capital Investment Plan within the monthly performance reports and for approval will receive:
    - Rolling five-year capital investment plan.
    - Annual Capital Investment Plan.
    - Business Cases for new capital investment with a gross value of over £1 million.
    - Amendments to Standing Financial Instructions (SFIs)/Scheme of Delegation (SoD) in respect of the management of capital investment and commercial contracts.
3. The Finance and Investment Committee (FIC) is established as a non-executive led sub-committee of the Trust Board to scrutinise and gain assurance over the above aspects of the capital programme before proposals are submitted to the Trust Board. It will also hold to account the Executive leads responsible for delivering the key activities required to meet the objectives of the agreed capital programme.
4. The Investment Panel (IP), chaired by the Future Hospital Director, is responsible at an Executive level and accountable to the Finance and Investment Committee for the development of the 5-year and annual capital programmes and overseeing their delivery. Membership includes Finance and Planning leads, Care Group Directors, Capital Programme leads and other clinical representatives. The Investment Panel carries out scrutiny of all Business Cases and has delegated authority for investment decisions of up to £1 million within the overall capital programme. Terms of Reference for the Investment Panel are available from the Secretary to the Investment Panel on request.
5. The Capital Steering Group (CSG) is chaired by the Associate Director of Finance with responsibility for the financial aspects of the capital programme. The Capital Steering Group is responsible for drafting the annual capital plan, for ensuring that the implementation of capital schemes from procurement to commissioning is undertaken in a professional and efficient manner and for maximising the level of capital investment within the approved resources. CSG has delegated authority for the approval of investment proposals up to £100k within overall available resources and for the urgent replacement of capital items up to £150k. Membership includes leads from the capital programmes including Planning, Estates, IT and the Medical Equipment RRP, the Capital Accountant and representatives from Procurement. Terms of Reference for the Capital Steering Group are available from the Capital Accountant on request.

6. Individual *ad hoc* Portfolio, Programme and Project Boards will be established and will be responsible to the Investment Panel for the delivery of capital projects within their scope and Terms of Reference.
7. The Medical Devices Strategy Group, chaired by the Director of Healthcare Science and Technology, is responsible for the oversight of the Medical Equipment Rolling Replacement Programme, taking into account the relative risk of medical equipment within the scope of the programme and the resources available.

4. Delegated Limits

4.1. Trust Internal Delegated Limits for Capital Investment

1. The current delegated limits relating to Capital Investment are set out on the Trust's Detailed Scheme of Delegation, which may be found at: G:\DocumentLibrary\UHPT Trust Documents\Corporate Governance.
2. An extract is set out below:

4	**CAPITAL EXPENDITURE AND INVESTMENT PROPOSALS**				
	Approval of Outline Capital Programme		Trust Board		
	Authorisation of capital schemes within the approved outline capital programme	<£100,000	Capital Steering Group/ Director of Finance	D	
		<£1,000,000	Investment Panel	C	
		≥£1,000,000	Trust Board		Following review and approval by Investment Panel and 'Finance and Investment Committee' (FIC)
		>£15,000,000	NHS England/Improvement approval required	N/A	
	Urgent replacement items	<£150,000	Capital Steering Group/ Director of Finance	D	
		<500,000	Investment Panel	C	
		>500,000	Trust Board		
	Release of contingency funds	<£100,000	Capital Steering Group/ Director of Finance	D	
		<£1,000,000	Investment Panel	C	
		≥£1,000,000	Trust Board		

Authorisation of capital contract spend on approved scheme	<£50,000	Project Manager	F	**All contracts must be entered into in line with Trust SFIs (SFI section 7)** Limits are applicable to the value of the whole life of the contract.
	<£250,000	Associate Director of Finance/ Chief Procurement officer	E	
	<£1,000,000	Director of Finance	D	
	≥£1,000,000	Trust Board		
Authorisation of variations to schemes in the outline capital programme and approved schemes	<£10,000	Project Manager	F	
	<£100,000	Capital Steering Group/ Director of Finance	D	
	<£1,000,000	Investment Panel	C	
	≥£1,000,000	Trust Board	B	
Granting and termination of capital leases	<£1,000,000	Investment Panel	C	NHSE/I oversight and approval is also required for values over £15m
	≥£1,000,000	Trust Board		

Table 1 - Delegated Limits for Capital Investment

3. The Detailed Scheme of Delegation and Standing Financial Instructions also contain instructions and delegated limits relating to the procurement of capital assets and for the approval of staff and non-pay items relating to capital projects, which should be read in conjunction with this policy.

   G:\DocumentLibrary\UHPT Trust Documents\Corporate Governance.

4.2. External Delegated Limits

1. In normal circumstances, The Trust Board has delegated authority to approve Business cases up to a value of £15 million. Beyond that level further approval from NHS England/Improvement (NHSE/I), Department of Health and Social Care (DHSC) or HM Treasury (HMT) is required dependent on the scale of the investment. NHSE/I should be notified of any capital investments of more than £7.5 million. The delegated limits are set out below:

Financial Value of the Capital Investment or Property Transaction[2]	Approving Person/Committee/Board
Up to £15 million.	Trust Board.
£15 million to £30 million.	NHS England/Improvement executive director of resources/deputy CEO or NHS England/Improvement Director of Finance and DHSC.
£30 million to £50 million	NHS England/Improvement Resources Committee and DHSC.
Over £50 million	NHS England/Improvement Resources Committee, NHS England /mprovement Board, DHSC and HMT.[3]

Table 2 - Capital Investment Approving Bodies

2. If the Trust is in financial deficit, its delegated limit may be reduced at the discretion of NHSE/I. Those involved in projects that require external approval should note that the NHSE/I approval process should be expected to take up to 8 weeks and considerably longer if DHSC and Treasury approval is required.[4]

3. Business Cases requiring NHSE/I approval must be accompanied by the NHSE/I Business Case Checklist, a template for which is available from the NHSE/I website https://www.england.nhs.uk/financial-accounting-and-reporting/capital-regime-investment-and-property-business-case-approval-guidance-for-nhs-providers/ or the Associate Director of Finance.

4.3. Supporting Documentation

1. The level of documentation required to support a capital investment will be dependent on the financial value and the complexity of the issue. Standard documentation requirements are set out below. Templates are available from the Capital Accountant. The level of detail provided should be proportionate to the level of investment required and the importance of the proposed investment. Guidance on the completion of SOCs, OBCs and FBCs in accordance with HM Treasury's Five Case Model is available at:

   Guide to developing the Project Business Case (publishing.service.gov.uk)

[2] Financial value applies to capital investment and property transactions, asset disposal and whole-life cost business cases.

[3] Investment business cases subject to whole-life cost rules where the whole-life cost exceeds £50 million will not require NHS England/Improvement Board approval but will require NHS England/Improvement Resources Committee approval (unless these cases are specifically referred to the NHS England/Improvement Board for a decision by the NHS England/Improvement Resources Committee). NHS England/ Improvement will discuss individual whole-life cost cases that exceed £50 million with DHSC to confirm whether or not DHSC and HMT approval is required for the business case.

[4] https://www.england.nhs.uk/financial-accounting-and-reporting/capital-regime-investment-and-property-business-case-approval-guidance-for-nhs-providers/

2. General advice on the completion of the BJT, mini FBC and other Business Cases may also be obtained from the Associate Director of Finance or Estate Development staff and specialist advice should be sought from Finance, Procurement, Estates, Estate Development and IT staff as appropriate to the case. Approval of the project by the relevant specialists is essential before investments can be approved by the authorising group.

Financial Value of the Capital Investment or Property Transaction	**Approving Person or Group**	**Minimum Documentation**
<£25,000 New investment	Capital Steering Group	e-mail to Capital Steering Group (CSG) via Capital Accountant setting out in brief the need, benefits and associated risks.
<£150,000 Urgent Replacement	Capital Steering Group	e-mail to Capital Steering Group via Capital Accountant setting out in brief the need and confirming the requirement to replace.
£25,000 to £100,000	Capital Steering Group	Capital Investment Template (<£100,000) to Capital Steering Group via Capital Accountant.
£100,000 to £1,000,000	Investment Panel	Business Justification Template (BJT) to Investment Panel (IP). If the issue is complex or contentious, the IP may require completion of a Mini-Business Case
>£1million	See Below	Business Justification Template to Investment Panel Strategic Outline Case (SOC)/ Outline Business Case (OBC) /Full Business Case (FBC) to IP, FIC and Trust Board as per limits below
£1 million to £7.5 million	Trust Board	Full Business Case Outline Business Case may be required
£7.5 million to £15	Trust Board, NHS	Outline Business Case

Financial Value of the Capital Investment or Property Transaction	Approving Person or Group	Minimum Documentation
million	England/Improvement to be informed	and Full Business Case
£15 million to £30 million	Trust Board, NHS England/Improvement Executive Director of Resources/ Deputy CEO or NHS England/Improvement Director of Finance and DHSC.	Outline Business Case Full Business Case Strategic Outline Case if DHSC Finance reqd.
£30 million to £50 million	Trust Board, NHS England/Improvement Resources Committee and DHSC.	Strategic Outline Case, Outline Business Case and Full Business Case
Over £50 million	Trust Board, NHS England/Improvement Resources Committee, DHSC, HM Treasury	Strategic Outline Case, Outline Business Case and Full Business Case

Table 3 - Documentation Requirements

5. Capital Investment Planning

5.1. 5 – Year Capital Plan

1. The 5 year Capital Investment Plan has been developed within the framework established by the Trust's and ICS's overall Clinical Strategies, the Site Development Plan and the Long Term Financial Model. The 5 year plan receives input from Capital Programme leads and Service Line long term capital plans, which are refreshed on an annual basis. The outline five-year capital programme is submitted to the Investment Panel, Trust Board and NHSE/I for approval on an annual basis, as part of the Annual Business Planning process.

5.2. Annual Capital Plan

1. The Annual plan for capital investment shall be developed as an integral part of the Trust's overall annual Business Planning process, within the framework of the 5-year capital plan and the Long Term Financial Model. The object of the process is to establish a capital programme to service the estates and equipment backlog, support generation of revenue savings and meet strategic priorities. The process is split into 3 phases:

5.3. Annual Capital Planning Process

Phase 1 – Initial Development and Local Evaluation

1. Capital Programme Leads supported by appropriate staff are to produce a prioritised list of proposed investments for their areas of responsibility. For all possible items, alternative solutions are to be identified that do not require capital investment. For key items of equipment, mitigations should be identified in the event that investment is not approved, including contingency plans to cover the period of time between break-down and acquiring a fully operational replacement. This period is likely to be at least 12 weeks and if there is building work or a lengthy procurement requirement, could be considerably longer. Detailed plans should be developed for the coming two years and indicative plans for the following three years.
2. It should be noted that owing to constraints on capital resources, proposals should focus on those projects that address:
    - Significant clinical risks
    - Urgent patient, staff or visitor safety issues,
    - Statutory compliance requirements,
    - Critical service continuity risks

    Or alternatively,

    - Generate sufficient savings to offset their costs.
3. Items over £250,000 or addressing Datix risks with a score of greater than 15 are to be supported by a Capital Investment Request Form, setting out the statement of need, benefit and risk. These are to be saved in the Care Group or Programme sub-folder along with the completed template. A Capital Investment Request Form may be submitted for projects of less than £250,000 or lower risks at the discretion of the Care Group or Programme management team.
4. The submission must describe bids that are likely to span more than one year, what the likely annual requirements are and the overall cost of the scheme.

	Capital Programme	SRO/Lead
1.	Estate Development	Director of Estates and Facilities/Head of Estate Development.
2.	Estates (including Health and Safety, Statutory compliance and environment)	Director of Estates and Facilities/Head of Estates.
3.	Imaging Rolling Replacement Programme	Imaging Service Line Manager/Project and Equipment Manager for Medical Imaging.
4.	IM&T	Director of IM&T/IM&T Operations Manager.
5.	Medical Equipment Rolling Replacement Programme (RRP)	Director of Healthcare Science and Technology/MDSG Programme Manager.
6.	Service Line Equipment/Minor Works, including Facilities and Hotel Services.	Care Group Directors and Managers/ Service Line Directors and Service Line Managers

Table 4 - Capital Programme SROs and Leads

5. Service Line Bids for capital investment in equipment and minor works that sit outside of the scope of the Corporate Programmes 1-5 identified above are to be developed by Service Line Teams and co-ordinated by Care Group Management Teams. Leads for Service Line submissions will be the Care Group Manager and Clinical Director or Corporate Director, supported by Specialty/Service Line leads as necessary. Bids are to be submitted by Care Group/Corporate Management Teams to the Associate Director of Finance, using the same principles as above. Detailed plans should be submitted for the coming year and as far as possible, the year after. Significant investment requirements should be identified for the following 3 years. Additional supporting information will not be required for items planned for years 3 to 5.
6. Given the restrictions on capital resources, all submissions should include consideration of alternative means of funding the scheme. For equipment proposals, lease and managed service options should be included. For larger and more complex schemes, particularly those including significant building works, leads should liaise with the Associate Director of Finance to identify suitable alternatives to traditional capital investment.
7. Potential capital requirements should be discussed at Care Group Business Planning review meetings. Phase 1 submissions by Service Line Management Teams and Programme Leads should be completed and saved in Service Line folders within Care Group areas of the Business Planning Drive, with file names clearly indicating the area covered. Capital planning Templates will be consolidated into Care Group capital summaries by the Associate Director of Finance. Detailed prioritisation by Care Groups Management Teams of consolidated Care Group bids should then be carried out.

8. Resources for major planning schemes will largely be dependent on the availability and affordability of external funding and the scope of the Trust's CDEL. Funds to commence planning and design work may be released from the Trust's operational capital in order to develop Business Cases and applications for external funding.

9. In establishing likely timescales for investment, Programme leads need to consider timetables for submission to the Board of Full Business Cases for projects in excess of £1 million and the likely requirement for OBCs and SOCs for projects in excess of £5 million and £15 million respectively. NHS England/Improvement approval will be required at each stage for projects in excess of £15 million. This is in addition to procurement requirements including the need to comply with OJEU or comparable national procedures where applicable.[5]

Phase 2 - TLG/IP Review

10. Following Care Group and Programme prioritisation, the Associate Director of Finance will consolidate Care Group and Programme submissions, including Capital Investment Request Forms and request any further information required. This combined Capital Investment priority list and associated documents will be reviewed by the Trust Leadership Group (TLG) in January and discussed at the January meeting of the full IP. Both TLG and IP will be responsible for ensuring that the proposed capital investment is aligned with the Trust's Clinical Strategy and the associated Site Development Plan.

11. The Capital programme will be presented for approval to the Finance and Investment Committee in March and Trust Board in March/April as part of the Trust's overall Business Plan.

Phase 3 - In – year Management

12. Subject to Board approval of the overall Capital programme, Capital commitments on the Capital Investment priority list requiring Business Justification Templates or Business Cases should be presented to the IP as soon as possible.

13. Programme and project leads should generate planned expenditure profiles for projects within the approved Capital programme and submit to the May meeting of the Capital Steering Group.

14. The Capital Steering Group (CSG) will monitor spend against commitments and report back to the IP on a monthly basis. CSG and IP will approve expenditure against contingency allocations depending on the urgency and value of items in accordance with the Trust Scheme of Delegation. The IP will manage the overall contingency fund against in-year "break and fix" occurrences and other urgent operational needs.

15. The IP will keep under review the Capital Investment priority list against actual expenditure in the year to date, updated information on risks and mitigations, changes to the anticipated expenditure profile in the remainder of the year and likely demands on the unallocated contingency resources. The IP will manage changes to the Capital programme within its delegated

[5] Guidance on internal and external approval requirements may be obtained from the Associate Director of Finance.
Guidance on procurement requirements and processes may be obtained from the Head of Procurement.

limits, in order to achieve the greatest overall benefit from the Trust's Capital Resource Limit, seeking Board approval for changes if these limits are breached.

5.4. Annual Capital Planning Considerations

Service Line Capital Plans

1. Service Line Capital investment requirements should be derived from:

    - The needs of the Service Line's capacity plan.
    - The need for routine equipment replacement to sustain existing capacity and meet health and safety and clinical governance standards.
    - An understanding of the developments in new technology identified during the development of the Service Line's Business Strategy.
    - The need for minor works to improve efficiency of the service or the environment for patients and staff.
    - Outcomes of the Acute Services Review and other ICS plans.

2. Priority will be given to capital investment proposals which meet the criteria set out below; -
    1. To fulfil statutory compliance requirements.
    2. To maintain business continuity.
    3. To complete existing schemes in progress.
    4. To deliver the Trust's and Service Line's key objectives, including the delivery of financial viability.
3. The following sets out the process steps that Service Lines should follow in preparing their capital investment proposals, whilst taking into account those decisions that will be made corporately.
4. In planning the capital programme for the Service Line, Management Teams should:
    - Review the Capital Asset Register for the Service Line to identify items beyond/approaching the end of their nominal "useful life"– For details, please contact the Capital Accountant.
    - Review the Clinical Engineering asset register for the Service Line to identify equipment beyond/approaching the end of their maintainable life – Please contact the Head of Clinical Technologies/Service Line Clinical Engineering lead.
    - Obtain User feedback.
    - Identify Statutory Compliance Issues.
    - Prioritise equipment replacement.
    - Review capacity plans for capital implications.
    - Consider new technology/spend to save.

- Obtain IT advice for IT systems/hardware.
- Obtain Estates advice for projects involving building or infrastructure work.
- Complete risk assessments.
- Obtain quotes for both capital and revenue solutions.
- Complete capital planning forms, including Service Line level prioritisation.
- Submit planning forms to Care Group Management Teams for consolidation and Care Group level prioritisation.

5. Where requirements for items of medical equipment are identified at a Service Line level, Service Line Management Teams should liaise with the MDSG Programme Manager to determine whether the equipment is within the scope of the Trustwide Medical Equipment Rolling Replacement programme. If the requirements will be met within the scope of the Medical Equipment RRP, no further action is required. If the equipment is not within the scope of the RRP within the required timescale, a separate bid may be submitted for consideration.
6. Where requirements for new or replacement IT systems or hardware are identified, Service Line Management teams should liaise with the IM&T Operations Manager to determine whether the requirement falls within the scope of the IT Rolling Replacement Programme or a separate application is required and if so, whether this is to be included within the Central IT Programme or Service Line bids with IT support.
7. The Capital Planning Template and Capital Investment Request Form should be used flexibly to ensure that sufficient information is available to enable the Investment Panel to make an assessment of the overall priority of the scheme against the Trust's capital resources. Datix risk information should be included wherever possible. The revenue implications of proposals should be clearly stated in submissions, with gross annual costs including such items as additional staff, consumables, maintenance costs and capital charges and net revenue costs after anticipated cash releasing savings resulting from the investment recorded on the Capital Planning Template and Capital Investment Request Form as appropriate.
8. Service Line plans are to be allocated a Service Line numerical prioritisation prior to submission to Care Group Managers. Care Group Managers and Directors should review consolidated Service Line Capital bids within their Care Group and allocate an overall Care Group priority for each scheme. Please note that these prioritisations should be individual to each scheme and not generic to a number of schemes. Service Line bids should be discussed with Care Group Managers in good time to facilitate this prioritisation and review.

Estates Capital Plans

9. Provision will be made in the Trust's capital programme for schemes to restore the Trust's infrastructure to an effective operational state. (Backlog Maintenance Programme). This allocation will be dependent on the overall capital resource position of the Trust, the state of maintenance and repair of the Trust's plant, machinery, services and other infrastructure and the associated risks, particularly those to business continuity. The Director of

Estates & Facilities will prepare a prioritised draft programme for submission to the Investment Panel for ratification. In normal circumstances, the current year's allocation will need to subsume any schemes in the previous year's backlog maintenance programme that slip into the following year.

IT Capital Plans

10. New and replacement IT equipment: Following the introduction of Device as a Service, it is anticipated that, the majority of this equipment will be acquired through this route. The Director of IM&T will be responsible for co-ordinating the replacement programme, based on the Trust's IT asset register. Approval of new IT equipment will be co-ordinated by the Capital Steering Group. Particular issues with IT equipment in Service Lines should be raised through the IM&T Service Desk. Implementation of the programme will be in accordance with the Trust's IM&T procurement policies and procedures.
11. New and replacement IM&T systems: New or replacement integrated hardware and software packages, outside the scope of standard "office" suites will require the completion of a BJT or Business Case. A parallel application will also have to be made to the IM&T Programme team who will guide the bid to the relevant Information Steering Group and/or the Integrated Digital Care Records Board. The appropriate group will confirm practicality, compatibility with the Trust's overall IM&T strategy and the requirement for IM&T Department project support. IM&T project managers will provide assistance in the preparation of the BJT or Business Case.
12. All enquiries for standard and non-standard software/hardware: IM&T Service desk: plymouthictservicedesk@nhs.net.
13. Requirements for Strategic IT investments subject to Business Case approval will be co-ordinated by the Director of IM&T.

Medical Equipment Plans

14. The Rolling Replacement Programme for "generic" items of medical and diagnostic equipment will be managed by the MDSG Programme Manager on behalf of the Medical Devices Strategy Group (MDSG). This will identify equipment suitable for revenue financing alongside those suitable for traditional capital purchase.
15. The MDSG Programme Manager will review the Trust's current asset register of these items and will draw up a replacement programme for approval by the MDSG according to a risk profile of age, obsolescence and serviceability. They will also take into account the need to standardise wherever possible, both for clinical governance reasons and to exercise maximum procurement leverage. Amounts will be allocated to this programme based on the overall capital resource position of the Trust and the number of competing priorities the Trust has to fund from this capital resource. Items not included within the scope of this programme must be raised by individual Service Lines.

Schemes in Progress

16. The Finance Department in conjunction with nominated project managers will identify the funds that need to be earmarked in the next year to finance the completion of schemes in progress at year end. Initial estimates will

be revised during the Business Planning process according to the progress made in delivering the current year's capital programme.

17. Schemes which are included in the current year's programme but which have not started at the time business plans are required for the following year will not automatically be included in the following year's programme. Service Line and Project Managers will need to include in their Business Planning capital submissions a review of the original statement of need and demonstrate that the risks and benefits still present a compelling case. Service Line, Care Group and Programme leads will need to assess these schemes against any other schemes they may wish to propose for the following year and rank all schemes against the criteria set out above.

Lease Plans

18. From April 2022, all leases for capital assets are accounted for as "Finance" Leases. The implications of this are that the capital equivalent value of the lease will be counted against the Trust's Capital Resource Limit for the year in which the Lease commences. As a result, the Trust will need to bid for an increased capital allocation in its Annual Planning submission to NHSE/I, which may or may not be granted. If the allocation is approved, then the Trust will be obliged to deliver the Lease scheme in the planned timescale and there will be less flexibility to manage the scheme across financial years. Initial planning and management of Lease schemes will therefore need to be approached with the same rigour as Capital schemes.

6. In-Year Capital Bids

1. Service Line and Programme Leads should make every effort to ensure that capital risks and requirements are included in annual planning submissions. However, it is recognised that urgent requirements for capital investment may arise as a result of unexpected failures of critical equipment and infrastructure, increasing risk profiles and changes to service delivery models. In year bids may be submitted to the Capital Steering Group and Investment Panel within their delegated limits as set out above.
2. If submissions are considered urgent, they should be brought to the attention of the Capital Accountant or the Secretary to the Investment Panel, who will confirm prioritisation with the chair of CSG and IP respectively. The chairs may:

    - In cases of urgent and "unavoidable" need – take Chairman's action to approve the item, referring the matter to the next meeting of the group to discuss the impact on the remaining capital programme and the need for re-prioritisation.

    - Refer the issue to the next meeting of the group, at which the project sponsor may, if necessary, attend to support the case.

3. If a capital investment proposal is rejected, responsibility for day to day management of the risk and for developing alternative methods of reducing the risk remains with the responsible Service Line. However, it is acknowledged that the capital investment bid represents the preferred solution for managing the risk and in rejecting the proposal, the group acknowledges the level of risk remaining.

7. Approval to Proceed with Individual Projects

7.1. Overview

1. Inclusion of a particular project or funding allocation in the overall annual capital programme approved by the Board and/or allocation of a Capital Project Code indicate that resources have been allocated to that project but does not imply immediate approval to proceed with implementation. For substantial and complex projects, further detailed approval will be required in the form of a BJT or Business Case depending on the level of investment proposed. In all capital investments, a CAP4 form will need to be completed before expenditure is committed. This is in order to ensure procurement requirements have been complied with and to give final financial approval to proceed.

7.2. Strategic and Planning Projects

1. Individual projects within the Strategic Capital Programme will require approval in accordance with the Trust's detailed scheme of delegation and as set out at section 4 above.

7.3. Estates Projects

1. Individual projects of up to £1 million within the Estates Backlog Maintenance Programme approved by the Trust Board may proceed to CAP4 stage with the approval of the Director of Planning and Estates.
2. For individual projects from £1 million to £5 million already included in the Board approved annual capital plan, an Infrastructure and Equipment Replacement Project Case should be produced for Investment Panel approval, except in cases where urgent replacement of essential infrastructure is required, in which case, the Trust Board should be informed.
3. The process for individual projects in excess of £5 million will need to follow the approval process set out at section 4 above, including the requirement for external approval where the value exceeds the Trust delegated limit.

7.4. IT Projects

1. Individual projects of up to £1 million within the IT Backlog Maintenance Programme approved by the Trust Board may proceed to CAP4 stage with the approval of the Director of IM&T.
2. For individual hardware replacement projects from £1 million to £5 million already included in the Board approved annual capital plan, an Infrastructure and Equipment Replacement Project Case should be produced for Investment Panel approval, except in cases where urgent replacement of essential infrastructure is required, in which case, the Trust Board should be informed..
3. For other projects in excess of £1 million or hardware replacement schemes >£5 million, the standard approval process set out at section 4 above is to be followed, including the requirement for external approval where the value exceeds the Trust delegated limit.

7.5. Medical Equipment RRP

1. Individual projects of up to £1 million within the Medical Equipment Rolling Replacement Programme approved by the Trust Board may proceed to CAP4 stage with the approval of the Director of Healthcare Science and Technology.
2. For individual projects from £1 million to £5 million already included in the Board approved annual capital plan, an Infrastructure and Equipment Replacement Project Case should be produced for Investment Panel approval, except in cases where urgent replacement of essential infrastructure is required, in which case, the Trust Board should be informed. The process for individual projects in excess of £5 million will need to follow the approval process set out at section 4 above, including the requirement for external approval where the value exceeds the Trust delegated limit.

7.6. Service Line Projects

1. Following Board approval of Service Line capital allocations, for items up to £1 million, the Investment Panel will determine the requirement for any additional approval process in addition to the CAP4 for individual projects. This requirement will be communicated to the Service Line along with the provisional sum allocated.
2. The process for individual projects in excess of £1 million will need to follow the approval process set out at section 4 above, including the requirement for external approval where the value exceeds the Trust delegated limit. In the case of like for like replacement an Infrastructure and Equipment Replacement Project Case may be agreed as an alternative form of Business Case.

7.7. Contingency Items

1. Items submitted against contingency funds will be subject to approval at the level of authority dependent on the value of the item, in accordance with the Trust's Detailed Scheme of Delegation. Where urgent replacement is required, chairman's approval may be sought with ratification of the approval at the next available meeting of the approving body.

8. CAP 4 Process

1. The CAP4 form fulfils two roles; Firstly, it provides a record of the procurement process carried out in order to confirm compliance with Trust Standing Financial instructions and relevant procurement regulations. Secondly, it provides final approval to proceed with the commitment of capital resources once the required Business Case approvals have been secured.
2. Each capital project is allocated a unique code, which is recorded on the CAP4 and used to record capital costs in the Trust's Capital Asset Management System and Financial Ledger. This code will be allocated by the Capital Accountant. In order to meet the procurement requirements for discrete elements of a capital project, separate CAP4 forms may be required within a single project. In this event a suffix will be added to the unique identification code to indicate separate approval of the funding and procurement process for each element within the overall project.

3. Guidance on the completion of the CAP4 form may be obtained from the Capital Procurement Team. Further advice may be obtained from the Capital Accountant or the Head of Procurement.

9. Bringing Fixed Assets Into Use/Disposals

1. When fixed assets are brought into use, the Capital Accountant should be notified in writing (including by e-mail). At this stage, the asset is capitalised, entered onto the fixed asset register and becomes liable for depreciation charges. Further guidance is provided in the Asset Management Procedures.
2. When assets are no longer required, disposal procedures in accordance with the Asset Management Procedures must be carried out. As part of these procedures, Specialist advice must be obtained to confirm the disposal is appropriate and Procurement advice should be sought for items which may have a residual commercial value in order to maximise resources for capital investment. Once procedures have been complied with, all disposals of capital assets are to be reported in advance to the Capital Accountant in writing (including by e-mail).

10. Benefits Realisation

3. A report of benefits realised and lessons learnt for all projects in excess of £100k should be provided to the Investment Panel 6 months after the asset is brought into use. A template for completion is included within the Capital Business Planning documentation on the LDP Steering Group Drive.

6 Overall Responsibility for the Document

This policy will be reviewed by the Capital Steering Group on an annual basis. Amendments will be submitted to the Investment Panel for approval as necessary and to meet the periodic review requirements.

Implementation of this policy is the responsibility of the Investment Panel.

7 Consultation and Ratification

The design and process of review and revision of this policy will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Capital Steering Group and Investment Panel and ratified by the Director of Finance.

Non-significant amendments to this document may be made, under delegated authority from the Director of Finance, by the nominated owner. These must be ratified by the Director of Finance and should be reported, retrospectively, to the Investment Panel.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

8 Dissemination and Implementation

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document owner will be responsible for agreeing the training requirements associated with the newly ratified document with the Director of Finance and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

9 Monitoring Compliance and Effectiveness

The monitoring of compliance and effectiveness of this policy will be carried out by the Investment Panel, through review of the Business Cases and planning documentation submitted to it.

10 References and Associated Documentation

DHSC Group Accounting Manual:

https://www.gov.uk/government/publications/

NHS Capital Investment Manual (1996):

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4119896.

Capital regime, investment and property business case approval guidance for NHS providers

NHS England » Capital regime, investment and property business case approval guidance for NHS providers

HM Treasury Green Book:

The Green Book: appraisal and evaluation in central government - GOV.UK (www.gov.uk)

Project and Programme Guides to the Green Book

The Green Book: appraisal and evaluation in central government - GOV.UK (www.gov.uk)

Managing Public Money:

http://webarchive.nationalarchives.gov.uk/20130129110402/http://www.hm-treasury.gov.uk/d/mpm_whole.pdf

Standing Financial Instructions:

G:\DocumentLibrary\UHPT Trust Documents\Corporate Governance

Detailed Scheme of Delegation:

G:\DocumentLibrary\UHPT Trust Documents\Corporate Governance

Trust Asset Management Policy

G:\DocumentLibrary\UHPT Trust Documents\Finance

Capital Steering Group Terms of Reference

Please contact the Capital Accountant to view the Terms of Reference.

Investment Panel Terms of Reference

G:\DocumentLibrary\UHPT Trust Documents\Finance

Finance and Investment Committee Terms of Reference

Please contact the Finance Department to view the Terms of Reference.

Glossary

Assets Under Construction	Capital projects which are partially completed at the accounting year-end and therefore incapable of being available for use until a later year.
CAP 4	A form prepared by the Service Line or Project Manager for the approval of expenditure on capital projects and equipment, whether funded by Trust Capital or Charitable Funds.
Capital Charges	A charge to Income & Expenditure account to encourage the efficient use of capital resources. Comprises depreciation and cost of capital (currently 3.5%).
Capital Departmental Expenditure Limit (CDEL)	Annual limit set by DHSC on the overall level of capital expenditure across the NHS. This overall limit is converted into Capital Resource Limits for individual organisations.
Capital Expenditure	Expenditure of at least £5,000 on the acquisition of land, buildings or equipment with a life expectancy in excess of one year.
Capital Resource Limit (CRL)	The limit on the Trust's Capital Expenditure in any one financial year.
Collective Assets	See Grouped Assets below.
Cost of Capital	One of two elements of capital charges. Calculated as 3.5% of relevant net assets and payable to the DHSC as PDC Dividends.
Depreciation	One of two elements of capital charges. A charge to reflect the wearing out of assets over their expected useful life.
External Financing Limit (EFL)	A mechanism for the DHSC to control the amount of external financing used by the Trust.
Finance Lease	Formerly defined as a lease that transfers substantially all the risks and rewards of ownership of an asset to the lessee. The definition was important in that it required assets acquired under a Finance Lease to be capitalised and thereby attract capital charges in addition to lease costs. The distinction between finance leases and operating leases no longer exists.
Grouped Assets	A collection of assets which individually may be valued at less than £5,000 but which together form a single **collective** asset for capital purposes because the items together satisfy **all** of a set of criteria defined by the DHSC.
Lease	A contract between two parties (the lessor and lessee) for the hire of a specific asset. The lessor owns the asset, but conveys the right to use the asset to the lessee for an agreed period of time in return for the payment of specified rentals. The value of any leased assets are included on the Trust's balance sheet.

Lessee	See “Lease”.
Lessor	See “Lease”.
DHSC Group Accounting Manual (GAM)	A comprehensive document issued by the DHSC. It is the definitive guide on issues such as capitalisation, valuation, capital charges, donated assets, asset registers and PFI.
Project Group	A group formed solely for the life of the project. Chaired by the Sponsor and supported and serviced by the Project Manager, its role is to oversee the project and provide the Project Sponsor with sufficient advice to enable him/her to discharge his/her duties. It should therefore include user representatives, Finance, and, at an appropriate stage, specialist advice from the design team, contractors and appropriate Trust specialist staff. The Project Group is accountable, through the Project Sponsor, to the Investment Panel.
Project Manager	A planner allocated to the project by the Head of Estate Development or Head of IM&T Projects in agreement with the Project Sponsor. Their role is to: ➢ support the Project Sponsor in the delivery of the Project; ➢ facilitate discussions on the best way of delivering the agreed need; ➢ identify a suitable and feasible project timetable and cost plan; ➢ identify risks and suitable means of their management; ➢ be the primary point of liaison between users, Project Sponsor, Estates and external contractors; ➢ with the support of the Project Sponsor, ensure that the Project runs to cost and time; this will involve liaising with the Sponsor as soon as any variations that might have cost or time implications are identified; ➢ Co-ordinate compilation of the Business Case for the project. ➢ produce all necessary paperwork (including reports, and CAP approval forms) on behalf of the Sponsor in a timely fashion. ➢ Monitor and report on progress with project delivery and expenditure against Programme and Budget as required. ➢ Support the production of the post project evaluation.
Project Sponsor	A senior clinician or manager appointed by the relevant Director. Ultimately it is their responsibility to deliver the project to cost and time – this will involve ensuring any potential variations within their delegated contingency allowance are managed appropriately, and those without the allowance are escalated expeditiously. They will chair the Project Group responsible for the project.
Single Tender Action (STA)	Traditionally, a document completed in all cases where a single tender only has been obtained. CAP 4s include a STA section, replacing the need for completion of a separate STA form. Stand-alone STA forms therefore now relate to revenue items only. There is a rigorous authorisation process, including the Chief Executive. This facility is permitted only in accordance with SOs & SFIs.
Standing Financial Instructions	Standing Financial Instructions detail the financial responsibilities, policies and procedures adopted by the Trust. They are designed to ensure that the Trust's financial transactions are carried out in accordance with the law (including the Bribery Act 2010) and Government policy in order to achieve

	probity, accuracy, economy, efficiency and effectiveness. They should be used in conjunction with the Trust Board's Scheme of Reservation and Delegation and the Detailed Scheme of Delegation adopted by the Chief Executive. SFIs identify the financial responsibilities that apply to everyone working for the Trust and its constituent organisations. G:\DocumentLibrary\UHPT Trust Documents\Corporate Governance
TQ2	Traditionally, a document used to record instances where the lowest cost tender has not been accepted, with reasons. CAP 4s include a TQ2 section, replacing the need for completion of a separate TQ2 form. Stand-alone TQ2 forms therefore now relate to revenue items only.

Dissemination Plan | Appendix 1

Core Information	
Document Title	Capital Investment Policy
Date Finalised	**18th October 2021**
Dissemination Lead	Investment Panel
Previous Documents	
Previous document in use?	Yes
Action to retrieve old copies.	Delete from Document Library. Instruct holders to dispose of copies of previous policy.

Dissemination Plan

Recipient(s)	When	How	Responsibility
All Trust staff		IG StaffNet Page	Information Governance Team

Review		
Title	Is the title clear and unambiguous?	Yes
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Yes
	Does the style & format comply?	Yes
Rationale	Are reasons for development of the document stated?	Yes
Development Process	Is the method described in brief?	Yes
	Are people involved in the development identified?	Yes
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Yes
	Is there evidence of consultation with stakeholders and users?	Yes
Content	Is the objective of the document clear?	Yes
	Is the target population clear and unambiguous?	Yes
	Are the intended outcomes described?	Yes
	Are the statements clear and unambiguous?	Yes
Evidence Base	Is the type of evidence to support the document identified explicitly?	Yes
	Are key references cited and in full?	Yes
	Are supporting documents referenced?	Yes
Approval	Does the document identify which committee/group will review it?	Yes
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	N/A
	Does the document identify which Executive Director will ratify it?	Yes
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Yes
	Does the plan include the necessary training/support to ensure compliance?	Yes
Document Control	Does the document identify where it will be held?	Yes
	Have archiving arrangements for superseded documents been addressed?	Yes
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes
	Is there a plan to review or audit compliance with the document?	Yes
Review Date	Is the review date identified?	Yes
	Is the frequency of review identified? If so is it acceptable?	Yes
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes

The Trust's Equality Lead has confirmed that a finance policy of this type does not require a detailed Equalities and Human Rights Impact Assessment as it has no direct impact on issues relating to Equality or the Human Rights of patients or staff.