###### *INITIAL* CAPITAL PROJECT REQUEST FORM (ICR)

PLEASE READ BEFORE COMPLETING THIS FORM:

We aim to provide you with an outline assessment as to the viability of your project idea, including potential budget cost and a likely timescale within 21 days from receipt of your request. The ICR is intended as a decision making tool for you to consider the option before committing further resources in compiling a full Capital Development Bid for executive approval.

We support co-production with service users from the earliest stages of a project. When completing this form, please consider the impact of flexible working practices, social distancing where appropriate and the impact of your scheme on the Trust’s GREEN PLAN. *Thank You.*

*METHODOLOGY: A desk top review based on previous project costs for comparable works. Can include basic sketch drawings. Cost certainty will be achieved with submission of a full capital bid form.*

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| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

Please complete Sections: and forward to: [elft.capitalprojects@nhs.net](mailto:elft.capitalprojects@nhs.net)

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| --- | --- |
| **SECTION 1** |  |
| Directorate |  |
| Borough |  |
| Location |  |
| **Project Title** |  |
| Funding Source  (please tick) | |  |  |  |  | | --- | --- | --- | --- | | **SERVICE BUDGET**   |  | | --- | |  | | **CAPITAL SCHEME**   |  | | --- | |  | | |
|  | **ESTATES / DIGITAL USE** |
| **Estimated Cost** (incl. VAT) | **£** |
| STATUS   |  | | --- | | RAG | | |  |  |  | | --- | --- | --- | | Received: |  | Completed & Issued: | |

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| SECTION 2PRIORITY (Please indicate the priority level for this request) Priority 1\* Immediate  Priority 2 Within the next 3 months  Priority 3 Within the current financial year  \* If this requires immediate approval, explain what the implications would be if the project does not go ahead: |

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| SECTION 3PROJECT DESCRIPTION Briefly outline the required development. Please provide any relevant supporting documentation relating to service improvement, expansion or cost savings. |
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| SECTION 4RESTRICTIONS to be considered |
| |  |  | | --- | --- | | Escort required (Forensic Service) |  | | Out of hours working only? Please specify |  | | Works to be carried out on an occupied ward? |  | | OTHER – please describe |  | |

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| SECTION 5Describe the OBJECTIVES and BENEFITS of this development and how they are linked to the TRUST STRATEGY |
| |  |  |  | | --- | --- | --- | | **OBJECTIVES:** | **BENEFITS:** | **LINKED TO TRUST STRATEGY:** | |  |  |  | |

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| SECTION 6 (Estates & Digital use)List the *estimated* CAPITAL COSTS for this development. Provide a breakdown of estimates or any budget costs obtained so far. Attach copies of all relevant documents. |
| |  |  | | --- | --- | | **ESTATES** RELATED COSTS (inclusive VAT) | **DIGITAL** RELATED COSTS (inclusive VAT) | | |  |  | | --- | --- | | Description | **£** | | |  |  | | --- | --- | | **Description** | **£** | |  |  | | --- | | **OTHER** RELATED COSTS (inclusive VAT) | |  | |

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| SECTION 7What are the *estimated* REVENUE COST implications of this development on your department?Please confirm that you have sufficient budget to meet a potential increased in revenue costs:  |  | | --- | | YES/NO | |
| |  |  |  |  | | --- | --- | --- | --- | | COST CENTRE/CODE | DESCRIPTION OF CHARGE | VALIDATED By: | Estimated Annual Cost | | **YOUR (SERVICE) STAFF** |  |  | **£** | | **ESTATES STAFF** |  |  |  | | **DIGITAL STAFF** |  |  | **£** | | **ENERGY** |  |  | **£** | | **MAINTENANCE** |  |  | **£** | | **RENT/RATES** |  |  | **£** | | **SOFT FM CONTRACTS** |  |  | **£** | | **CAPITAL CHARGES** |  |  | **£** | | **DEPRECIATION** |  |  | **£** | | OTHER: |  |  |  | | **Total Annual Estimated Revenue Impact: £**  **0** | | | | |

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| SECTION 8AUTHORISED BY ORIGINATOR AND BOROUGH DIRECTOR: |
| **ORIGINATOR**  SERVICE **DIRECTOR** APPROVING   |  |  |  |  | | --- | --- | --- | --- | | Name: |  | Name: |  | | Date: |  | Date: |  | | Contact Email: |  | Contact Email: |  | | Contact Telephone: |  | Contact Telephone: |  | |

**BELOW SECTIONS FOR ESTATES / DIGITAL USE O N L Y**

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| SECTION 9Project Build UP (To be completed by ESTATES / DIGITAL only) |
| |  |  | | --- | --- | | DESCRIPTION | CONFIRMED/CONSIDERED | | **FURNITURE** |  | | **ESCORTS** |  | | **LANDLORD APPROVAL** |  | | **DIGITAL/TELEPHONY/ VIRGIN CONNECT.** |  | | **BUILD** |  | | **FIRE** |  | | **IPC** |  | | **CURRENT RISK ASSESSMENT** |  | | **REDCARE LINE** |  | | **PERSONAL ALARM** |  | | **SURVEYS** |  | | **RENTS/LEASES** |  | | **CRES SAVINGS** |  | | **REVENUE/STAFF COSTS** |  | | **SERVICE USER INVOLVEMENT** |  | | **AGILE WORKING** |  | | **FLOOR PLANS** |  | | **REMOVALS** |  | | **DRAWINGS** |  | | **SIGNAGE** |  | | **OTHER:** |  | |  |  | |

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| SECTION 10ALLOCATED PROJECT RESOURCE |
| *ESTATES DIGITAL*   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name: |  |  | Name: |  | | Date: |  |  | Date: |  | | Contact Email: |  |  | Contact Email: |  | | Contact Telephone: |  |  | Contact Telephone: |  | |

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| SECTION 11CURRENT ICR STATUS |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | RAG | **GREEN** |  | PROCEED TO FULL CAP BID? | **Y/N** | | RECEIVED |  |  | COMMENTS/NOTES |  | | DAYS IN PROCESS |  |  |  | | | COMPLETION DATE |  |  | |