###### *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.*

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

Please complete Sections: and forward to: elft.capitalprojects@nhs.net

|  |  |
| --- | --- |
| **SECTION 1** |  |
| Directorate |  |
| Borough |  |
| Location |  |
| **Project Title** |  |
| Funding Source(please tick)  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SERVICE BUDGET**

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|  |

 | **CAPITAL SCHEME**

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|  | **ESTATES / DIGITAL USE** |
| **Estimated Cost** (incl. VAT) | **£** |
| STATUS

|  |
| --- |
| RAG |

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| --- | --- | --- |
| 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  |
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| --- | --- |
| 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 |
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| --- | --- | --- |
| **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.  |
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| **ESTATES** RELATED COSTS (inclusive VAT) | **DIGITAL** RELATED COSTS (inclusive VAT) |
|

|  |  |
| --- | --- |
|  Description | **£** |

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|  |  |
| --- | --- |
|  **Description** | **£** |

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| --- |
| **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 |

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|

|  |  |  |  |
| --- | --- | --- | --- |
| 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: |  |

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**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) |
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| --- | --- |
| 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 |
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| RAG | **GREEN** |  | PROCEED TO FULL CAP BID? | **Y/N** |
| RECEIVED |  |  | COMMENTS/NOTES |  |
| DAYS IN PROCESS |  |  |  |
| COMPLETION DATE |  |  |

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