

Joint capital resource use plan – 2026/27

Overview

The National Health Service Act 2006, as amended by the [Health and Care Act 2022](#) (the amended 2006 Act) sets out that an ICB and its partner NHS trusts and foundation trusts:

- must before the start of each financial year, prepare a plan setting out their planned capital resource use, or aim to publish within 6 weeks of their final financial plans being submitted to NHS England.
- must publish that plan and give a copy to their integrated care partnership, Health & Well-being Boards and NHS England
- may revise the published plan - but if they consider the changes significant, they must re-publish the whole plan; if the changes are not significant, they must publish a document setting out the changes.

In line with the amended 2006 Act, ICBs are required to publish these plans before or soon after the start of the financial year and report against them within their annual report.

The relevant section of the Health and Care Act 2022 can be found via the following [Health and Care Act 2022 \(legislation.gov.uk\)](#) and reference should be made to sections **14Z56** and **14Z57**.

REGION**South East****ICB / SYSTEM****Thames Valley ICB**

Introduction

Guidance:

Please provide some high level commentary about the joint capital plan which should be developed between the ICB and partner NHS Trust and foundation trusts – key strategic priorities, key schemes throughout the year, background to what happened last year, overview funding sources etc.

Our Vision

Thames Valley was formed on the 1st April 2026, joining together the previous East Berkshire geography within Frimley ICB and Buckinghamshire, Oxfordshire and Berkshire (BOB) ICB. In coming together, the new Thames Valley ICB has reaffirmed its commitment to ensuring best value use of resources including capital across the new geography. Our vision for the Estates workstream and broader use of capital resource across Thames Valley is to work collaboratively to provide an estate that facilitates the delivery of the Thames Valley system long term plan, responding to, and supporting the delivery of, the aims of each of the service workstreams:

- Ensuring the System Estate can support the delivery of the LTP service aims and objectives.
- Driving efficiency and reducing unwarranted variation wherever feasible by using information related to utilisation, cost and efficiency in relation to the healthcare estate in Thames Valley system
- Working across partners to maximise the use of good quality healthcare buildings, where required, and rationalising poor-quality premises.
- Improving the quality and provision of assets across the System
- Ensuring a collaborative approach to use of assets across the full extent of the public estate to support the changing models and locations for delivery of care.

Key Aims of the Thames Valley System Estates workstream.

- To develop an estate and capital plan which supports the delivery of the clinical service delivery with the maximum possible flexibility whilst ensuring that estates are safe and as efficient as possible - Continuing to agree priorities and programmes for asset investment and disposal.
- Identifying, prioritising and supporting resourcing options for capital projects, including appropriate involvement and decision making associated with business case development and formal approval.
- Ensuring that the System makes the best possible use of assets and that any capital investment is used to maximise service transformation.
- A commitment to sustainable development and environmental targets and System wide sustainable development plans
- Ensuring safe, warm and effective services and environments, recognising the needs of our patients, visitors and staff, working together with our partners in health and public services
- Ensure the Estate responds to the changes and efficiencies driven out by digital transformation.

Current and forthcoming Thames Valley System capital & estates activity

During 2025/26 Thames Valley, in its previous Frimley and BOB guise, worked together to support the improvement of the NHS estate and the delivery of the Thames Valley Clinical Strategy by providing suitable accommodation in the required locations (via the Thames Valley Estates work stream). This work continues to progress through collaborative working across places and organisations to deliver:

- Production of priorities for Thames Valley System Estates activity, and plans by organisation for the development of place-based Estates work.
- Development of a prioritisation framework to inform strategic estates and capital investment across the three places within Thames Valley– to be carried forward into capital investment processes.
- Prioritisation and consolidation of place and population health strategies into Thames Valley estates and capital investment priorities.
- Removing Unwarranted Variations. The estates work stream is utilising the model hospital data to identify unwarranted cost variations relating to estates and facilities and investigating opportunities to remove these. Opportunities include shared procurement, and where appropriate the development of shared services.
- Development of Thames Valley wide sustainability plans to deliver the system’s required reduction in carbon emissions. The workstream will undertake a self-audit, and identify potential areas for improvement, including co-working and procuring, the use of alternative energy systems.

This work will continue into 2026/27 and beyond to align the estates priorities and vision with the overall priorities and vision of the System Long Term Plan. Work will include focusing on development and delivery of robust, affordable local estates strategies that include delivery of agreed surplus land disposal ambitions across places and the system as well as maximising opportunities in neighborhood health.

Primary Care Networks (PCNs) Toolkit will be used by the ICB in supporting individual PIDs and Business Cases for NHSE capital funding for estate development/utilisation. It will be used as a resource (along with the ICB's prioritisation matrix) to enable a sound data-based approach to allocate the capital available.

This work will provide both the baseline and strategic direction of travel across Primary Care that can be built into the overall System Estates Strategy and allow the evidence base for prioritisation should any new capital streams become available.

Assumed Sources of Funding for 2026/27

Guidance:

Please provide detailed of the overall funding envelopes to which the system will be working to.

Explain any assumptions (and related risks) associated with the assumed sources and quantum’s of funding for the ICB and Partner Trusts

Draft table inserted which can be expanded upon.

Source	£k
Provider	
26/27 Provider Capital Allocation	159,831
National Programme Estates Safety Fund (CIR)	39,010
National Programme Other	35,722
National Programme Constitutional Standards	57,036
Total Provider Funding	291,599
TVICB	
26/27 ICB Capital Allocation	11,703
26/27 Primary Care Utilisation Fund	2,000
Total ICB Funding	13,703
Total Source of 26/27 Capital Funds	305,302

- The above table gives detail of the capital funding envelope that the Thames Valley system will be working to in 26/27 as per Planning submissions made in March 26.

Overview of Ongoing Scheme Progression

Guidance:

Please provide an overview of scheme progression. Probably should only be schemes above a certain level

The main schemes that will be invested in across Thames Valley during 2026/27 relate to:

- Routine/Backlog Maintenance/Critical Infrastructure Risk (CIR)
- New Hospital Programme
- Slough Neighbourhood Hub
- Warneford Mental Health Campus
- Digital & Clinical Investment
- Return to Constitutional Standards
- Primary Care Infrastructure

Risks and Contingencies

Guidance:

Insert any notable risks and/or contingencies associated with the capital plan. Consider RAG rating risks also.

The estate across Thames Valley is a mix of bespoke buildings built in a range of different eras across multiple sites and includes PFI hospitals and LIFT premises. While several hospitals / buildings are relatively new and in good condition, much of the estate is over 35 years old, no longer fit for purpose, and cannot be effectively redesigned and used to provide health services in the 21st century.

Key details:

- System estate extends to over 350 properties.
- Over £800m total backlog maintenance
- Over £540m high and significant risk backlog maintenance

There are significant risks across the system:

- that buildings will fail to conform to modern building compliance regulations.
- to building structure and service provision due to backlog maintenance issues.
- the historic piecemeal nature of the estate gives potential risks to modern joint service provision.
- The estate does not support service pathway reconfiguration in line with the NHS 10 Year Plan
- That development of a system wide estate strategy delays and so cannot adequately inform resource prioritisation

As a result of historic funding challenges and siloed ways of working a lot of the estate in Thames Valley is unfit for purpose and unable to accommodate population growth and new ways of working including integrated neighbourhood teams as described in the Integrated Care Partnership Strategy. There is a risk that Thames Valley ICB is unable to transform primary and community care and meet its access objectives as per the Operational and Joint Forward plans, resulting in inadequate primary and community access to essential services and an increase in inappropriate A&E attendance.

Business Cases in 2026/27

Guidance:

Please insert detail of some of the key business cases in the ICB that are likely to be submitted in 2026/27.

In addition to our core system capital Thames Valley ICB is planning to submit business case against national capital schemes as below:

National Programme

- Upton Neighbourhood Health Hub
- High Wycombe New Build – Diagnostics Centre
- Wycombe Hospital Development
- Frimley New Hospital Programme & system impact
- Warneford Mental Health Programme development

Cross System Working

Guidance:

If applicable, can you detail how your system capital plan is coordinated with other systems or providers located in other systems.

There is continual close system working between Thames Valley and other local systems and providers. Most notably, Thames Valley is part of the NHS South East Region, within which capital plans and programmes are prioritised in line with population need. In particular Thames Valley ICB will be working with NHSE colleagues over the coming period on the development of a Regional Estates Strategy and framework for the broader prioritisation of population need enabling more targeted investment.

Capital Planning & Prioritisation

Guidance:

Please detail how your system is prioritising available resources for investments which contribute to the wider local strategic priorities of the System, and maximise efficiencies within an affordable envelopes as well as how this aligns with and supports the System' wider infrastructure strategy - in particular, priorities and plans for future use and development of its estate and assets.

Significant investment is required within the estate portfolio to address lack of investment over several years, clinical compliance, backlog maintenance, capacity and to support new models of care and transformation. As such whilst more efficient use of the estate is envisaged (supported through digital transformation opportunities, care closer to home and through acute, primary care and community transformation) it is unlikely that either overall running costs of the estate or the GIA footprint will reduce significantly with the existing estate.

The estate workstream will be working to ensure that opportunities identified via Carter, ERIC and model hospital systems are identified and progressed. This will include opportunities for identifying

and resolving unoccupied space across all health partners, and increasingly across the wider public estate.

The estate workstream has already identified a pipeline of major estate investment that will be required to meet these ambitions and reduce cost.



Annex A – Thames Valley ICB 2026/27 CAPITAL PLAN PER MARCH 26 PLANNING SUBMISSIONS

		Berkshire Healthcare	Buckinghamshire Healthcare	Frimley Health	Oxford Health	Oxford University Hosp	Royal Berkshire	Thames Valley ICB	Total
Category	National Programme Spend	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Total System Operational Capital	Operational Capital - ICB								0
	Operational Capital - Provider	10,620	25,645	33,990	12,275	41,740	35,561	11,703	171,534
	Total	10,620	25,645	33,990	12,275	41,740	35,561	11,703	171,534
Total System CDEL	Ambulance Replacement	0	0	0	0	0	0		0
	Cancer LINAC Replacement	0	0	0	0	0	0		0
	Estates Safety	2,520	12,250	6,000	6,240	9,000	3,000		39,010
	Return to Cons Standards: Diagnostics	0	16,000	7,498	0	0	0		23,498
	Return to Cons Standards: Elective Recovery	0	0	293	0	0	0		293
	Return to Cons Standards: Mental Health	225	0	0	1,500	0	0		1,725
	Mental Health Dormitories	0	0	0	0	0	0		0
	Mental Health: Reducing Out of Area Placements	0	0	0	0	0	0		0
	NHP	0	0	19,315	0	0	0		19,315
	RAAC	0	0	4,407	0	0	0		4,407
	STP - Hospital Upgrades	0	0	0	0	0	0		0
	Frontline Productivity	0	1,000	0	0	0	0		1,000
	Return to Cons Standards: UEC	0	2,000	4,430	0	0	10,500		16,930
	Return to Cons Standards: Community	0	2,500	9,090	3,000	0	0		14,590
	Other Adjustments – Provider PFI	1,692	3,523	0	0	5,785	0		11,000
	Utilisation & Modernisation Fund (UMF)							2,000	2,000
Total		4,437	37,273	51,033	10,740	14,785	13,500	2,000	133,768
Total		15,057	62,918	85,023	23,015	56,525	49,061	13,703	305,302