

Joint Capital Resource Use Plan 2026/27

Version	Date	Comments / changes since last version
1.0	27/02/26	<ul style="list-style-type: none">• Original JCRUP based on February plan submissions
2.0	24/04/26	<ul style="list-style-type: none">• Refreshed to reflect further information from providers as well as final March plan submissions
3.0	29/05/26	<ul style="list-style-type: none">• Final edits for NHS Surrey and Sussex ICB Board Meeting (24/06/26)

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1.0 Executive Summary

The Joint Capital Resource Use Plan (JCRUP) sets out how NHS Surrey and Sussex Integrated Care Board (ICB) and partner organisations will utilise £389.9m of capital funding during 2026/27 to support delivery of strategic priorities across Surrey and Sussex.

Investment priorities for 2026/27 focus on:

- improving estate safety and reducing backlog maintenance risks
- supporting the shift from hospital to community-based care
- increasing diagnostic and elective recovery capacity
- digital transformation and productivity improvement
- modernising primary care and mental health facilities

Major schemes within the programme include:

- the 3Ts redevelopment at Royal Sussex County Hospital
- Royal Surrey Cancer and Surgical Innovation Centre
- Community Diagnostic Centre developments across Surrey and Sussex
- Combe Valley Hospital development
- urgent and emergency care improvements at East Surrey Hospital

The programme also supports delivery of the NHS 10 Year Health Plan through investment in neighbourhood health services, digital innovation, prevention and Net Zero initiatives.

Key risks to delivery include inflationary pressures, national funding approvals and cash constraints affecting major schemes.

The planned applications of the capital available to the Surrey and Sussex health services is expected to improve services through the following outcomes:

- These investments will improve diagnostic capacity and reduce waiting times.
- Backlog investment will reduce high-risk estate failures.
- Digital schemes will support productivity and admission avoidance.

2.0 Introduction

Integrated Care Boards (ICBs) and their Partner Trusts must:

- prepare a plan setting out their planned capital resource use, before the start of each financial year
- publish the plan and give a copy to their Integrated Care Partnership, Health and Wellbeing Boards and National Health Service (NHS) England (NHSE).

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**.

Legal responsibility for the timely preparation and publication of the JCRUP lies with the ICB and its partner Trusts. The published plans aim to provide transparency for local residents, patients, NHS health workers and other NHS stakeholders on the prioritisation and expenditure of capital funding by ICBs and their Partner Trusts to achieve their strategic aims. This supports both provider and ICB requirements to manage capital plans within allocated capital and meets ICBs' responsibilities to report annually on their use of resources. Capital Departmental Expenditure Limit (CDEL) is a budget limit set by the Treasury for capital spending by government departments, including the NHS.

NHS Surrey and Sussex ICB's capital investment supports the ICB to deliver against its responsibility for planning and commissioning health services across Surrey and Sussex, ensuring hospitals, primary care and community services work together to improve outcomes for local people. The ICB works in partnership with local authorities, NHS providers, staff, patients, carers and the voluntary sector to support around three million people to live healthier lives.

The Surrey and Sussex Health and Care system aims to:

- improve health and care outcomes, with a focus on prevention and proactive care
- reduce inequalities in access, experience and outcomes
- improve productivity and value for money
- support local communities through social and economic development

The five statutory partners in the Surrey and Sussex Health and Care system are:

- NHS Surrey and Sussex ICB
- Surrey County Council
- East Sussex County Council
- West Sussex County Council
- Brighton & Hove City Council

The ten NHS provider partners are:

- Ashford St Peter's Hospitals NHS Foundation Trust (ASPH)
- East Sussex Healthcare NHS Trust (ESHT)
- Queen Victoria Hospital NHS Foundation Trust (QVH)
- Royal Surrey NHS Foundation Trust (RSCH)
- South East Coast Ambulance Service NHS Foundation Trust (SECAmb)
- Surrey and Borders Partnership NHS Foundation Trust (SABP)
- Surrey and Sussex Healthcare NHS Trust (SASH)
- Sussex Partnership NHS Foundation Trust (SPFT)
- Sussex Community NHS Foundation Trust (SCFT)
- University Hospitals Sussex NHS Foundation Trust (UHSx)

Primary care services across Surrey and Sussex include General Practitioner practices, Dental practices, primary care networks and community pharmacies across Surrey, Sussex and the Frimley localities.

In 2025/26, NHS reforms set out significant changes to ICBs, including substantial reductions in running costs and a greater focus on strategic commissioning, population health improvement and reducing inequalities. In response, NHS Surrey Heartlands ICB and NHS Sussex ICB agreed to work collaboratively to create a single organisation across Surrey and Sussex, including the Farnham and Surrey Heath areas currently within the Frimley system.

The new NHS Surrey and Sussex ICB will build on the strengths of both organisations to improve health outcomes, reduce inequalities and secure best value from NHS services in line with the Government's 10 Year Health Plan.

Provider and ICB capital plans for 2026/27 support the three shifts within the 10 Year Health Plan for England:

- from hospital to community, through investment in neighbourhood health services, primary care and urgent care
- from analogue to digital, through investment in digital infrastructure and technology
- from sickness to prevention, through improved community services and population health initiatives

Governance for estates and infrastructure is led by the Deputy Director for Strategic Estates and Neighbourhood Health, with oversight provided through the ICB Executive Committee (ExCo)

Capital funding sources include operational capital allocations, Public Dividend Capital (PDC) and nationally allocated programme funding. Investment priorities for 2026/27 include backlog maintenance, estate safety, diagnostic capacity, elective recovery, primary care modernisation, digital infrastructure and major redevelopment programmes.

Current Care Quality Commission (CQC) ratings across Surrey and Sussex include two providers rated Outstanding, seven rated Good and one rated Requires Improvement. Capital investment programmes will support improvements in estate quality, patient environment and service delivery, including targeted investment in cancer, urgent care and maternity services.

3.0 2026/27 CDEL Allocations and Sources of Funding

Sources of Funding

The capital allocations for 2026/27 are shown in Table 1. This shows the provider capital allocation and includes the disposal of assets sold which provides additional income above allocation in year. For income to be carried forward this must be agreed by NHSE. NHSE has agreed to carry forward £5.9m income from the sale of St Mary's Hall in Brighton in 2025/26 to 2029/30.

Disposals from the sale of the Zachery Merton building in Rustington, Welkin Halls in Eastbourne, Bexhill Mount view and Clarendon House Dorking will also offset capital expenditure in year.

Table 1 Sources of Funding (including disposals)

Organisation	CDEL Summary	£'000
Provider Operational Schemes	Operational Capital	185,583
ICB Operational Schemes	GP System Capital (and IFRS16)	2,713
ICB Operational Schemes	Primary Care Utilisation and Modernisation	2,500
ICB Operational Schemes	Improvement Grant	3,212
ICB Operational Schemes	Other Acquisition	9,470
	Total Provider and ICB Operational Capital	203,478
Provider - National Schemes	Ambulance Replacements	11,440
Provider - National Schemes	Constitutional Standards	34,493
Provider - National Schemes	Elective Recovery	20,800
Provider - National Schemes	Estates Safety	53,626
Provider - National Schemes	New Hospital Programme	51,640
Provider - National Schemes	Urgent Emergency Care (UEC)	14,402
	Total Provider National Schemes	186,401
	Total System CDEL	389,879

The Partner Trust's Operational capital plan for 2026/27 is £185.6m with additional capital funded through planned disposals in the year of £14.6m.

The Operational capital allocation includes the second of three repayments of £6.5m resulting from the £19.4m capital received in advance from NHSE in 2024/25. For 2026/27, the Operational capital envelope will be used for core capital investments, as well as to finance IFRS 16 capital leases.

The Primary Care capital plan for 2026/27 is £8.4m and it is distributed through a prioritisation process of bids that are in line with specific strategic objectives supporting General Practice (GP) Estates, General Practice Information Technology (GPIT) and the Utilisation and Modernisation Fund (UMF).

Primary care funding is allocated for GPIT projects, GP estates projects and the Primary Care UMF that will specifically enhance existing registration and consultation capacity. GP Estates bids start with Expressions of Interest and once agreed by NHSE, Project Initiation Documents (PIDs) are produced with the help of the ICB. Projects are shortlisted locally and Business Cases completed for submission to NHSE for approval.

The Strategic Capital allocated to NHS Surrey and Sussex ICB, £9.5m, focuses upon delivering the wider strategic priorities for Surrey and Sussex whilst also maximising efficiencies and realising the Left Shift.

International Financial Reporting Standard 16 (IFRS 16) requires a lessee to recognise assets and liabilities for all leases with a term of more than 12 months, unless the underlying asset is of low value. The accounting entry is made at the instruction of the lease for its lifetime cost. It can therefore be high in value and often difficult to plan the exact timing of completion. During 2023/24 NHSE transferred the funding for IFRS16 projects to operational capital and for 2026/27 this has continued and is within the provider capital and primary care capital allocations. From 2026/27, capitalisation is not required for leases with other NHS bodies. The impact of IFRS16 for all partner Trusts is forecast to be £12.3m for 2026/27 (with a further £0.465m of Department of Health and Social Care (DHSC) leases).

National proposed and approved bids for capital funds currently total £186.4m in 2026/27 which includes Estates Safety, New Hospital Programme (NHP), Ambulance Replacements and Constitutional Standards. Proposals on the use of Estates Safety and Constitutional standards are subject to the agreement by NHSE, which has yet to take place. Further schemes are to be expected to be approved during the year and will add to this sum once agreed. These are subject to an NHSE Business Case and approvals process.

4.0 Capital Prioritisation

ICB Strategic Capital Prioritisation Process

NHSE's publication of the Medium-Term Planning Framework and the Capital Planning Guidance 2026/27 to 2029/30 outlined a change in the approach to capital planning for 2026/27 onwards. The result is that NHS Surrey and Sussex ICB have a capital allocation to

support both strategic primary care and ICB investments. Nationally, this allocation was created by top slicing provider operational capital funding by 5%.

These investments should be clinically led, sequenced alongside workforce and digital planning, and contribute to the delivery of performance standards. The investments must be affordable within both capital and revenue allocations whilst identifying mitigations where workforce capacity is a constraint. It is expected that they shall be:

- Deliverable
- Demonstrating measurable performance improvement
- Providing value for money
- Focused on productivity gains
- Optimising the use of the estate

Optimisation of our capital allocation, through prioritising strategic capital requirements is key to delivering our strategic priorities when the available capital budget is constrained. The Surrey and Sussex system investment prioritisation framework was adopted to prioritise the strategic capital funding to ensure that funding could be allocated effectively and fairly. ICB Strategic Capital allocation is shown in Table 2:

Table 2: ICB Strategic Capital Allocation

Scheme Type	Notes	Year 1 Plan £'000
Primary Care Estates	These initiatives meet both existing commitments and form a platform for neighbourhood teams.	4,370
Sub-total: Primary Care		4,370
Digital	Digital schemes to reduce acute admissions through triage, prioritisation and single point of access tools.	1,100
Left Shift: LDA	Surrey and Sussex: community-based autism-specific stabilisation and recovery service (adult) who are experiencing escalating risk which can be described as/ contributing to crisis. The scheme provides a credible alternative to inpatient admission	2,650
Left Shift: Dental	Relocation of specialist dental services to address patient need in Bognor area.	1,350
Total Surrey and Sussex ICB Strategic Capital Allocation		9,470

5.0 Capital Planning

Areas of Spend and Types of Expenditure

Capital plans for all ICB and provider operational, strategic and national projects by area of spend are detailed in table 3 below. The greatest expenditure is in new build/refurbishment which includes the 3Ts stage 2 and 3 developments on the Royal Sussex County Hospital site £52.1m in 2026/27, plus £27.3m on the Royal Surrey County Hospital site (including new theatres, critical care and wards).

Additionally, £40.6m is planned for spend on equipment investment plus £43.7m on plant and machinery.

Backlog maintenance totals £79.2m which addresses infrastructure deemed to be of significant to high risk.

ICB Capital spend includes 16 bids for GP improvement grants, totalling £3.2m in 2026/27. These are subject to NHSE approval and GP will be helped by the ICB primary care estates team to progress the projects to completion. A further £0.367m is available for prioritisation during the year. GPIT projects total £2.7m which includes £1.5m on GPIT devices.

The UMF includes 13 GP estates projects totalling £2.5m. Strategic capital projects total £9.4m.

Table 3: Areas of Spend

Area of Spend All Capital 2026/27 £000	ICB	ASPH	ESHT	QVH	RSCH	SASH	SCFT	SPFT	SECAmb	SABP	UHSx	Total
Backlog Maintenance Moderate and Low Risk	-	980	2,350	-	1,500	-	-	-	-	-	-	4,830
Backlog Maintenance - Significant and high risk (CIR)	-	14,841	16,100	4,365	1,500	21,132	-	-	2,429	8,304	10,500	79,171
Equipment	-	5,953	11,421	1,120	6,067	7,000	-	-	800	-	8,240	40,601
Fire Safety	-	545	-	-	-	2,641	-	-	-	-	-	3,186
Fixtures and Fittings	-	140	-	-	-	-	-	-	-	-	-	140
Fleet, Vehicles & Transport	-	-	-	-	-	-	-	-	14,240	-	-	14,240
Fleet, Vehicles & Transport IFRS16	-	100	-	-	-	-	-	-	3,892	245	-	4,237
IT	-	2,190	11,700	1,300	2,000	1,950	3,250	4,342	3,700	5,588	15,000	51,020
New Build/ refurbishment	-	10,900	-	1,000	27,261	8,756	4,632	-	230	-	68,740	121,519
New Build/ refurbishment IFRS16	-	-	-	-	-	-	2,200	-	900	1,678	-	4,778
Other	-	-	-	-	-	1,500	-	6,394	-	1,595	-	9,489
Other Including Investment Property IFRS16	-	-	-	-	-	1,000	-	1,000	-	-	-	2,000
Maintenance	-	-	-	-	-	-	-	2,810	-	-	-	2,810
Plant and Machinery	-	250	-	-	-	-	-	-	-	-	43,461	43,711
Plant and Machinery IFRS16	-	-	-	-	-	-	-	-	-	-	2,000	2,000
Disposal Property Land and Buildings	-	-	(8,192)	-	-	-	(4,000)	-	-	(2,351)	-	(14,543)
Disposal Plant and Equipment	-	-	-	-	(67)	-	-	-	-	-	-	(67)
GP System Capital (and IFRS16)	2,713	-	-	-	-	-	-	-	-	-	-	2,713
Primary Care Utilisation and Modernisation	2,500	-	-	-	-	-	-	-	-	-	-	2,500
Improvement Grant	3,212	-	-	-	-	-	-	-	-	-	-	3,212
Other Acquisition	9,470	-	-	-	-	-	-	-	-	-	-	9,470
PFI Capital Charges	-	-	-	-	-	-	321	773	-	-	1,768	2,862
Total	17,895	35,899	33,379	7,785	38,261	43,979	6,403	15,319	26,191	15,059	149,70	389,879

6.0 Overview of Ongoing Scheme Progression

Update on Key Business Cases Started in Previous Years:

Sussex Community NHS Foundation Trust

A strategic Outline Business case was submitted in the Autumn of 2025 for the Brighton General Health Hub. The Hub will be the main centre for the delivery of integrated community and mental health services for people in East Brighton over the next decade and will be funded mainly by the sale of remaining land on site for housing development. Whilst the Board has agreed to move forward with a new Health Hub, approval from NHS England is needed before we can allocate further resources to planning next steps.

Ashford and St Peters Hospitals NHS Foundation Trust

The Woking Community Diagnostic Centre is part of the wider NHS initiative to expand access to diagnostic testing and is designed to reduce waiting times and alleviate pressures on local hospitals. The centre is operated by ASPH, working in close collaboration with North West Surrey Integrated Care Services (NICS), Central Surrey Health (CSH) Surrey, Alliance Medical Ltd, Skin Analytics, and partners operating out of Woking Community Hospital.

Royal Surrey NHS Foundation Trust

Work continues on the new Cancer and Surgical Innovation Centre over the past year, which is also set to help respond to the increase in demand for cancer surgery and bring down waiting lists for elective care. The build is progressing well with completion due in 2026 enabling treatment of up to 7,000 additional patients each year.

University Hospitals Sussex NHS Trust

The 3Ts Redevelopment is replacing all the buildings on the front half of the Royal Sussex County Hospital. In their place will be two brand new clinical buildings and a much-needed service yard. Stage 1 - The Louisa Martindale Building, which opened in Spring 2023, is the first and largest stage of the Redevelopment. Services moved into the new building will make space for Stage 2 - The new Sussex Cancer Centre which will bring outpatient and inpatient services together for the first time. It will have more beds, chemotherapy and radiotherapy treatment spaces in a modern, purpose-built hospital. The 3Ts Redevelopment is being carried out in three stages to ensure that all our clinical services can continue to run on site during construction.

Sussex Partnership NHS Foundation Trust

The Trust is building a new 54-bed hospital for adults and older people with mental health conditions on a site off Mount View Street, North East Bexhill, called Combe Valley Hospital. The hospital will replace the outdated inpatient services currently provided in the Department of Psychiatry at Eastbourne District General Hospital and is in the final phase of development. It is due for completion in September 2026.

Queen Victoria Hospital NHS Foundation Trust

An important future step in improving access to faster cancer diagnosis will come with the opening of a dedicated Community Diagnostic Centre (CDC) building by Summer 2026, which will increase the tests and scans QVH can provide for local people, leading to faster referrals and earlier diagnosis. This aligns directly with the National Cancer Plan's ambition to expand diagnostic services and modernise pathways, making it easier for patients to get the answers they need quickly.

Surrey and Sussex Healthcare NHS Trust

SASH have announced plans for a new Urgent Treatment Centre (UTC) at East Surrey Hospital in Redhill. The site already has an Emergency Department and a Same Day Emergency Care unit but is one of only a handful of trusts in the region without a co-located Urgent Treatment Centre. The introduction of a new purpose-built UTC, and the subsequent expansion of Same Day Emergency Care (SDEC) services within the main hospital building, will be a vital part of the Trust's plans to reduce the number of patients attending the Emergency Department, reduce waiting times and the number of people needing hospital admissions - getting more patients home the same day. Following a successful visioning event with partners across Surrey and Sussex to agree the full scope of the new UTC services, the plans for the new two-storey building are currently at the final stage of design. Subject to approval, construction of the new UTC is expected to begin this summer, with the new service expected to open in the second half of 2027.

South East Coast Ambulance Service NHS Foundation Trust

The Nexus House redevelopment is the creation of a dedicated, fit-for-purpose space for the 111 service. Originally rapidly relocated during the COVID-19 pandemic to cope with increased demand, the 111 centre at Nexus House has become an essential part of the urgent care response. This investment ensures it now has a permanent home that supports its continued growth and integration. The programme forms part of the wider commitment to modernise the estate, improve working environments and ensure infrastructure meets the demands of a modern ambulance service. It also reflects commitment to staff wellbeing and patient safety.

Clinical Diagnostic Centres (CDC)

CDC projects are continuing with £1m further internally funded expenditure on the QVH CDC centre in East Grinstead in 2026/27, and £4m (£7.1m across 2026/27 to 2028/29) nationally funded Redhill CDC with completion expected by 2028/29.

The creation of CDCs was recommended following Professor Sir Mike Richards' Review of NHS diagnostics capacity in 2020. The review recommended that NHS organisations across England move to providing diagnostic services in Community Diagnostic Centres (CDCs) and all health systems are expected to include a network of CDCs as part of their health services offer. Community Diagnostic Centres have opened in Bexhill, Brighton, Crawley, Shoreham, Milford, Redhill and Woking with East Grinstead and Bognor CDCs under construction for 2026/27.

There are no major developments at East Sussex Hospitals NHS Trust or Surrey and Borders NHS Foundation Trust.

7.0 Risks and Contingencies

Risks to the capital programme for 2026/27 include general risks such as costs of inflation, slippage etc but risks specific to the Surrey and Sussex Integrated Care System (ICS) include:

- There is a risk that bids for nationally funded projects may not progress due to national budget constraints.
- There is a risk that delays to capital investments within Sussex arise due to constraints on the availability of cash.

8.0 Business Cases in 2026/27

During 2026/27 business cases will be produced to support and finalise the expected investments funded through national allocations and in respect of primary care. Further iterations of the business cases for the developments included in section 5.0 above are also anticipated to be completed during 2026/27.

9.0 Cross-System and Collaborative Working

Optimising capital allocation through prioritising capital requirements is an ongoing challenge. Cross system knowledge sharing on how best to apply capital prioritisation is a helpful way to enable system working and support the delivery of our respective capital programmes. There is an informal sub-group of Southeast Directors of Finance Group, chaired by the NHSE Regional Capital Lead.

The Our Care Connected Programme which continues from previous years into 2026/27 is a digital project hosted by East Sussex Healthcare NHS Trust on behalf of all system partners. It is anticipated that other digital projects will follow this model with future projects being hosted by one Partner Trust on behalf of other Partner Trusts.

10.0 Net Zero Carbon Strategy

Sussex Health and Care System in 2022 launched 'Together to Zero Our Plan for a Greener NHS in Sussex.' NHS Surrey Heartlands Green plan was released in 2025. As the local NHS, we have an obligation to prioritise the collaborative working and the far-sighted strategic change that means we reach Net Zero carbon by 2040 for direct emissions and 2045 for indirect emissions. This means acting now to secure a better, healthier life for generations to come and challenging ourselves to think creatively, to solve problems together, to change our behaviours and ultimately to change the way we deliver care.

Our healthcare buildings are the largest contributor to our direct carbon emissions across the NHS in Surrey and Sussex. Nationally, the NHS estate and its supporting facilities services – including primary care, Partner Trust estates and private finance initiatives – comprises 15% of the total carbon emissions profile. Delivering a Net Zero health service will require work to ensure that our places are low carbon and protect local biodiversity whilst supporting wellbeing for staff, visitors, and our local community. All NHS Business Cases must now include a section on sustainability and Net Zero Carbon is encouraged.

11.0 System CDEL

The table in appendix A shows a summary of the capital projects in place for 2026/27.

12.0 Appendix A – Provider and Nationally Funded Project Summary 2026/27

CDEL (full year plan)	ICB	ASPH	ESHT	QVH	RSCH	SASH	SCFT	SPFT	SECAmb	SABP	UHSx	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Operational Capital												
Operational Capital – ICB	17,895											17,895
Operational Capital – Provider		15,456	30,661	4,182	26,448	18,755	10,082	8,709	14,045	15,032	53,961	197,331
Operational Capital – Provider Disposals		0	-8,192	0	-67	0	-4,000	0	0	-2,351	0	-14,610
Total Net Charge Against Operational Capital Allocation	17,895	15,456	22,469	4,182	26,381	18,755	6,082	8,709	14,045	12,216	53,961	200,616
Operational Capital - Provider Brokerage		0	3,500	0	0	0	-3,500	0	0	0	0	0
Total System Operational Capital Allocation	17,895	15,456	25,969	4,182	26,381	18,755	2,582	8,709	14,045	12,216	53,961	200,616
PFI and PFI Capital Charges	-	-	-	-	-	-	321	773	-	-	1,768	2,862
Provider National Programme Spend: Included in Plan Submission												
Ambulance Replacement	-	-	-	-	-	-	-	-	11,440	-	-	11,440
Elective Recovery	-	-	-	-	-	3,700	-	-	-	-	17,100	20,800
Estates Safety	-	6,943	6,000	3,603	11,880	10,809	-	2,037	476	1,378	10,500	53,626
New Hospital Programmes	-	-	-	-	-	-	-	-	-	-	51,640	51,640
UEC	-	9,000	-	-	-	5,402	-	-	-	-	-	14,402
Total Provider National Programme Spend:	-	15,943	6,000	3,603	11,880	19,911	-	2,037	11,916	1,378	79,240	151,908
Return to Constitutional Standards: Included in Plan Submission												
Diagnostics	-	3,500	1,320	-	-	5,313	-	-	-	-	8,240	18,373
Urgent Emergency Care (UEC)	-	1,000	2,350	-	-	-	-	1,200	230	-	6,500	11,280
Mental Health Learning Disabilities and Autism	-	-	-	-	-	-	-	2,400	-	1,000	-	3,400
Community	-	-	1,240	-	-	-	-	200	-	-	-	1,440
Total Return to Constitutional Standards	-	4,500	4,910	-	-	5,313	-	3,800	230	1,000	14,740	34,493
Total CDEL	17,895	35,899	33,379	7,785	38,261	43,979	6,403	15,319	26,191	15,059	149,709	389,879

13.0 Appendix B Glossary

Backlog maintenance: represents the cost of bringing buildings and facilities back to a minimum standard with high-risk backlog (urgent repairs to prevent catastrophic failure).

Community Diagnostic Centres: Are places you can get various tests, checks and scans, faster and closer to home as they are located within the local community.

Constitutional Standards: The NHS constitution sets out clearly what patients, the public and staff can expect from the NHS. It includes pledges or standards to which the NHS is committed to achieving. The NHS constitution can be accessed at:

<https://www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england/the-handbook-to-the-nhs-constitution-for-england>

Great British Energy: a publicly owned energy company that invests in, develops, builds and operates the technology the UK needs to increase our energy independence and realise a clean energy revolution.

Health and Wellbeing Boards: a statutory forum where local leaders from the health and care system collaborate to improve the health and wellbeing of their population and reduce health inequalities.

Integrated Care System: a partnership of organisations within a specific geographic area that collaborate to plan and deliver health and care services, aiming to improve the lives of residents.

Left Shift: A strategic, long-term initiative to move care, resources, and, crucially, funding out of hospitals and into community-based settings. It forms a key part of the NHS 10-Year Health Plan and aims to prevent illnesses, manage chronic conditions earlier, and reduce reliance on acute, reactive hospital services.

New Hospitals Programme: Established as part of the previous government's commitment to build 40 new hospitals by 2030 and the programme was tasked with identifying ways to improve the efficiency and quality of hospital construction through a centralised approach.

Public Dividend Capital: a form of government financing for public sector organisations, particularly NHS trusts and foundation trusts. It's essentially an asset of the Consolidated Fund, with providers obligated to pay a dividend on the PDC, which is currently fixed at 3.5%. PDC is used to fund capital investments above those which can be funded by the organisation itself.