

Joint capital resource use plan – 2026/27

Region	Midlands				
ICB or system	Derby and Derbyshire ICB				
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Introduction

Derby and Derbyshire Integrated Care Board (ICB) is responsible for planning and buying NHS services for the 1.06 million people living in Derby and Derbyshire. Our ambition to work collaboratively across the NHS and wider health and care sector in Derbyshire is set out in the Joint Forward Plan, which describes our aim to provide joined up care and support to meet people’s health and care needs. The effective use of capital resources is essential to delivering that ambition. The Derbyshire Integrated Care System (the Derbyshire ICS) includes six NHS organisations:

- Chesterfield Royal Hospital NHS Foundation Trust (CRH).
- Derbyshire Community Health Services NHS Foundation Trust (DCHS).
- Derbyshire HealthCare NHS Foundation Trust (DHcFT).
- East Midlands Ambulance Service NHS Trust (EMAS)*.
- University Hospitals of Derby and Burton NHS Foundation Trust (UHDB).
- Derby & Derbyshire Integrated Care Board (DDICB).

* EMAS is hosted by the Derbyshire Integrated Care System (the Derbyshire ICS) but provides ambulance services across the East Midlands.

We serve more than 1 million people, including the populations of Derby city, Chesterfield, Ilkeston and Long Eaton, Amber Valley, the Derbyshire Dales, Bolsover District, High Peak, and Glossop. Our specialised services include treating cardiovascular, respiratory, and musculoskeletal diseases; strokes and cancers; and mental health problems. In addition, we have a core focus on preventative care, and work to ensure that factors contributing to poor health and health inequalities are addressed. We are passionate about our role in the local communities in which we serve and are keen to ensure that our impact on the environment is reduced.



We have a mixture of owned and leased estate across Derbyshire. The age and condition of the estate vary, ranging from older buildings with significant backlog maintenance requirements to newer estate in good condition.

The Derbyshire ICS developed a system-wide Infrastructure Strategy 2024 – 2040 that set out the longer-term vision of the infrastructure and estate requirements aligned to the Joint Forward View.

The Infrastructure Strategy provides an overview of our current estate and infrastructure, considers the changing demographics of our population and highlights some of the steps we can take to help meet our strategic aims of prioritising prevention, reducing inequalities, developing personalised care and improving connectivity.

As a system, we will continue to face many challenges which will require increasing levels of integration and partnership working. Some areas are expected to experience significant population and housing growth, and our elderly population will continue to grow at an increasing rate. These changes will place new and increasing demands on our healthcare services and providers, and our ability to transform our estate and infrastructure will be key in meeting our system aims and ambitions and needs of our population.

NHS Derby and Derbyshire, NHS Lincolnshire and NHS Nottingham and Nottinghamshire ICBs (hereafter referred to as the ICBs) are working together under cluster arrangements. This plan is produced in line with Derby and Derbyshire ICB's arrangements for capital planning and oversight within Derbyshire, Lincolnshire and Nottinghamshire (DLN) ICB cluster. Whilst Derby and Derbyshire ICB remain accountable for its statutory duties and for the delivery of its own joint capital resource use plan, the DLN cluster provides a consistent framework for assurance, decision making and escalation. This supports a coordinated approach to prioritisation, affordability and deliverability of schemes, including where allocations and funding streams require cross-system alignment. Governance and oversight are provided through the Joint Finance and Performance Committee, supported by shared reporting arrangements that enable consistency of approach and learning across the three systems, while ensuring that Derbyshire's local system priorities and provider plans remain clearly reflected.

The ICB receives a ring-fenced capital allocation of c. £2.5m each year to invest in Information Technology (IT) replacement and small premises improvements in primary care (general practice). The Utilisation and Modernisation Fund (UMF) in 2026/27 is £1.0m and will be invested in appropriate primary care developments. In addition, Strategic Primary Care Capital, newly available in 2026/27, will fund prioritised strategic primary care schemes.

All financial information presented in this document is consistent with the integrated care system (ICS) financial and operational plan submission to NHS England on 12th February 2026.

Capital Departmental Expenditure Limit (CDEL) 2026/27

Where appropriate, providers have reflected schemes in their plan submissions that are included in the system's submission to NHS England in respect of the Constitutional Standards and left shift funding. This is discussed in more detail later in this report.

In overall terms the £131.88m is made up of the following:-

Strategic Capital £ 68.62m

BAU / Operational Capital £64.79m

Leases / PFI related costs £7.95m

Less Donations , Grants and Disposals £9.10m

Less Elimination of Inter-Group Leases £0.377m

Total £131.88m

	DDICB	CRH	DCHS	DHcFT	EMAS	UHDB	TOTAL
	£ms	£ms	£ms	£ms	£ms	£ms	£ms
Strategic Capital							
Acute Front Door						3.50	3.50
2026/27 Ambulance Replacement					11.44		11.44
2026:2030 Community Bids			2.00				2.00
Decarbonisation						6.51	6.51
2026:2030 Diagnostic Bids		4.55				2.65	7.20
2026:2030 Estate Safety		0.53	0.94	0.24	1.12	3.21	6.04
2026:2030 MHLDA Bids		0.15		0.28			0.43
2026:2030 UEC Bids		3.64	4.63		15.33	6.90	30.50
Utilisation and Modernisation Fund	1.00						1.00
BAU Capital							
Backlog Maintenance		3.07	2.97	1.36	1.64	2.90	11.94
Routine Maintenance		0.50		0.81	1.57		2.88
Estates(non-maintenance)	3.97	1.19	0.50	3.05	3.20	13.15	25.07
Equipment (inc donated)		2.37	0.30	0.03		2.28	4.97
Fleet, Vehicles & Transport		0.05			1.29	0.04	1.38
IT -Software		1.00				6.21	7.21
IT - Hardware	1.71	0.78	1.50	0.25	1.45	0.71	6.38
Leases							
Building Lease				0.60	0.42		1.02
Vehicle Lease					3.94		3.94

Equipment Lease								0.00	
Other								0.00	
PFI Lifecycle / Capital Charges					0.96		6.98	7.95	
Total Capital Expenditure		6.68	17.81	12.84	7.58	41.41	55.03	141.36	
Less Donations, Disposals & Grants				-0.66		-0.94	-7.51	-9.10	
Elimination of Intra Group Leases						-0.38		-0.38	
Planned Capital Expenditure 26/27		6.68	17.81	12.19	7.58	40.10	47.52	131.88	

The values above include PFI lifecycle (capital) charges. This is a technical accounting entry relating to Private Finance Initiative (PFI) buildings: it reflects the value of the hospital buildings that the NHS will own when the PFI contracts end. It is required by national accounting rules and does not represent additional cash being diverted from patient care.

The values above reflect the capital plans submitted to NHS England on 12th February 2026. Any subsequent changes (including confirmation of additional funding for specific initiatives) are not reflected here. During 2026/27 there may also be in-year adjustments to provider capital allocations to honour prior-year system agreements (for example, where one provider supported another through brokerage). A national process allows capital funding to be transferred between providers in-year; this has a net zero impact on the overall capital available across Derbyshire.

Capital planning and prioritisation

The financial year 2026/27 sees a move away from system level capital allocations and a reversion back to provider level allocations.

Alongside this change, systems have been advised of capital allocations covering a 4 year period up to and including 2029/30. Having this clarity around funding over the medium term is welcomed and enables more longer term planning to be undertaken.

Individual organisations have therefore prioritised their investment plans for 2026/27 based on the following criteria:-

- Need to address key patient safety issues
- Address backlog maintenance and infrastructure risk
- Equipment replacement and investment in information management and technology (IM&T)
- Delivery of key strategic schemes and supplementing national funding

Plans are approved and signed off through each organisation's governance arrangements as part of the operational planning process.

The Derbyshire Capital Planning and Prioritisation Group continues to meet monthly and brings together all NHS partners in the Derbyshire ICS to ensure the overall system capital resource is effectively managed.

To effectively manage the capital resources in 2025/26 and to ensure a balanced capital plan could be delivered across Derbyshire in aggregate, agreement was reached to manage cost pressures in one provider with underspends in another provider. This was effectively a form of brokerage and will need to be repaid in 2026/27. With the move to provider level allocations, this will need to be transacted via an adjustment (increase or decrease) to the allocations already notified to providers. There is a national process to enable this to happen.

Overview of ongoing scheme progression

£2.953m in 2026/27 is included in the DHcFT plans to support the ongoing Mental Health Dormitory Eradication programme across Derbyshire. Named the "Making Room for Dignity" programme, this major investment into mental health inpatient facilities in Derbyshire forms part of the national eradication of dormitory programme.

£3.50m in 2026/27 has been provided from national Sustainability and Transformation Partnership (STP) funding to support the redesign of the Acute Front Door services at Derby Royal Hospital. This will facilitate the delivery of comprehensive patient assessment and ongoing high-quality urgent care to residents of South Derbyshire.

The development on the Outwoods site near Queens Hospital Burton is to build a nursery, GP surgery and residential accommodation as part of the Healthcare Village plans, Medical Education Centre and newly-built dementia centre. This scheme is an example of collaborative working across the Derbyshire and Staffordshire systems to deliver a new primary care centre for local GPs and to provide additional estate capacity for acute sector use.

New Business Cases within the 2026/27 Capital Plan

Return to Constitutional Standards / Left Shift Allocations

As part of national funding to support improvements in performance against NHS Constitutional Standards, and to enable the 'left shift' of care from hospital to community settings where appropriate, systems have been provided an indicative allocation across Diagnostics, Elective, UEC, MHLDA and Community programmes. The total indicative allocation for Derbyshire across these programme areas is £48.25m in 2026/27, with further indicative allocations provided up to 2029/30. The table above includes some provider-specific schemes included in the Derbyshire submission to NHS England and reflected within provider operational capital plans.

There are some schemes where the provider is yet to be confirmed, as the scheme is still in development.

The indicative allocations for Derbyshire in 2026/27 are as detailed below :-

- Diagnostics: £13.5m
- Urgent and Emergency Care (UEC): £31.0m
- Mental health, learning disabilities and autism (MHLDA): £1.75m
- Community: £2.0m

It is important to note that Derbyshire's Urgent and Emergency Care (UEC) allocation includes funding for East Midlands Ambulance Service, which operates across the East Midlands, because Derby and Derbyshire ICB is the host commissioner.

Bids have been submitted to NHS England in line with national timescales. Initial feedback was received in March 2026 from the national panel. Some schemes are now progressing to business case development, while for other schemes further information is required to support a panel decision.

Cross-system and collaborative working

Derbyshire works collaboratively across NHS organisations and partners to ensure capital resources are used to deliver the best outcomes for patients and local communities. The Derbyshire ICS brings together capital planning across estates, digital and medical equipment to support prioritisation, affordability and deliverability within the overall system resource envelope. As set out in the Derbyshire, Lincolnshire and Nottinghamshire (DLN) ICB cluster arrangements, the three ICBs work together to provide a consistent framework for assurance, decision making and escalation for capital planning, while maintaining clear visibility of local priorities and provider plans.

In addition, some providers deliver services across ICB boundaries (for example, East Midlands Ambulance Service), and capital funding routes can differ. Where capital resources are routed through another ICB, Derby and Derbyshire ICB works through system and regional forums to ensure capital requirements that impact Derbyshire services are understood and reflected in planning and delivery.

Net zero carbon strategy

NHS England has made it mandatory for all trusts and integrated care systems (ICSs) to produce a board-approved Green Plan which sets out a sustainability strategy for the next three years. The Derbyshire ICS has a system-level sustainability strategy. It presents our carbon footprint data and outlines our commitment to sustainability, summarises our organisation-level Green Plans (including carbon hotspots and actions to address them), and sets out a programme of interventions to support delivery.

Lastly, we present a total of eleven interventions through which the strategies and priorities of the Derby and Derbyshire Integrated Care Partnership (ICP) will be coordinated and integrated. A separate document outlines the ways and timescales by which our organisations will be held to account for reducing carbon emissions and making progress toward net zero.

The system recognises a wider responsibility to support net zero ambitions and to make the most of digital advancements to provide more accessible and efficient services. Capital procurements consider environmental impacts when prioritising how we use limited resources.

We have local targets and timelines to reduce carbon emissions, air pollution and waste, and we will work towards a net zero system by 2040.

The NHS estate and its supporting facilities services – including primary care, trust estates and private finance initiatives – comprises 15% of the total carbon emissions profile. There are opportunities for emissions reductions in the secondary and primary care estates respectively, with significant opportunities seen in energy use in buildings, waste and water, and new sources of heating and power generation.

Delivering a net zero health service will require work to ensure that new hospitals and buildings are net zero compatible, as well as improvements to the existing estate. The Derbyshire ICS approach supports the capital and estates elements of the net zero agenda in several ways. To help ensure that disadvantaged communities, staff, and patients can access NHS services equitably, the Derbyshire ICS will promote active travel (for example, through salary sacrifice schemes) and other low-carbon alternatives where possible.

To improve access to a greener estate, the Derbyshire ICS will also ensure that opportunities to 'green' the estate are maximised, with a focus on areas within the most deprived communities. The Derbyshire ICS is planning for all major refurbishments and new builds to consider the need to reduce emissions and, wherever possible, to ensure maintenance and equipment replacement improves energy efficiency and reduces emissions. For example, the Making Room for Dignity programme includes greening and greenspace as part of its estate approach.

Our 2026/27 capital plan includes £6.511m Salix funded schemes for decarbonisation priorities along with core capital expectations of reducing emissions such as low or zero emission vehicles, lower power Estates schemes and sustainable supply chain.

Risks and contingencies

Risks in the delivery of capital plans include the risk of inflationary pressure on plan values and the ability to manage the over commitment in the system plan effectively. The system's capital planning and prioritisation group is responsible for overseeing the delivery of the capital programme, effectively identifying and managing in year risks and ensuring that the programme is delivered within the resources available to the system.

However, more specific risks to the Derbyshire ICS plan include:

The Making Room for Dignity program has previously received additional national allocation to support financial pressures. The scheme remains a live program and has been exposed to significant cost pressures which will need to continue to be proactively managed as the programme moves into the next phase. The Trust closely manages this scheme progress and provides assurance through system financial reporting. The success to this program will support a financially sustainable future by bringing out of area patient placement back within the system estate.

Trusts have highlighted critical infrastructure risks and the subsequent impact that this has on addressing ongoing backlog maintenance; this has in part been mitigated in the plan through the inclusion of additional national allocation for Estates Safety. The continued limited availability of

system capital means that providers are often faced with challenging decisions about how best to spend their limited capital. It also means that some critical elements of buildings' infrastructure remain very fragile, which may impact on future service delivery

The system will continue to carefully monitor these risks throughout the year taking escalation for action through the Capital Planning and Prioritisation Group, system / cluster CFO meetings and onward through Finance Committee and Boards of partner organisations.

Appendix A – System CDEL template for allocation of capital resource 2026/27

CDEL	DDICB	CRH	DCHS	DHcFT	EMAS	UHDB	Total full year plan £'ms
Operational Capital – ICB	2.19						2.19
Strategic Capital – ICB	3.49						3.49
Utilisation & Modernisation Fund - ICB	1.00						1.00
Operational Capital – Provider		8.64	4.62	6.10	12.20	23.46	55.02
Sub Total System Operational Capital	6.68	8.64	4.62	6.10	12.20	23.46	61.70
Programme National Programme Spend							
Critical Infrastructure Risk		0.53	0.94	0.24	1.12	3.21	6.04
Mental health dormitories							0.00
Other Adjustments – Provider					11.44	3.50	14.94
Sub Total National Programmes	0.00	0.53	0.94	0.24	12.56	6.71	20.98
Return to Constitutional Standards: Diagnostics		4.55				2.65	7.20
Return to Constitutional Standards: Urgent & Emergency Care		3.64	4.63		15.33	6.90	30.50
Return to Constitutional Standards: Mental Health, Learning Disabilities & Autism		0.15		0.28			0.43
Return to Constitutional Standards: Community			2.00				2.00
Sub Total Return to Constitutional Standards	0.00	8.34	6.63	0.28	15.33	9.55	40.13
Other Adjustments – Provider		0.31		0.96		7.81	9.08
TOTAL CDEL and ICB capital	6.68	17.81	12.19	7.58	40.10	47.53	131.88

Other adjustments - Provider includes any over-programming factored into the capital plans, disposals and or capital grants and PFI related capital charges.



