

Joint Capital Resource Use Plan 2025/26

Region	South West
ICB/System	Somerset
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Version	1

Introduction

The Somerset ICS provides healthcare to nearly 600,000 people. The provision of high-quality care in the most appropriate settings is a fundamental strategic aim for the system. This includes the provision of buildings, equipment, and digital technology to ensure this care can be delivered on an ongoing basis. The capital planning for 2025/26 has been undertaken alongside the ICS Infrastructure Strategy. We have worked with partners across the ICS estates and digital groups and continues the focus and established investment priorities. We have further developed our major investment plans, focusing on priorities previously agreed through the system, including Electronic Health Records.

We continue to focus on developing infrastructure to support service demands and safety, these have included investment in the Acute hospital sites in Taunton and Yeovil to support elective recovery, urgent care and the backlog maintenance programme and the agreed changes to Stroke services in Somerset and Dorset.

Investment in community services continues, specifically in mental health services for both children and adults, focusing on community assets and the continued investment in mental health services specifically outpatient and community services in Wells following the investment in inpatient services in Yeovil in previous years.

The plans for 2025/26 continue with the priorities of:

- Investment in critical infrastructure in Acute and community services specifically fire safety, electrical infrastructure and equipment replacement
- Stroke Services to support Hyper Acute Stroke services in Taunton and Dorchester
- Investment in our digital infrastructure and Electronic Health Records.
- National programme of work in elective recovery
- Investment in Community Mental Health Services
- Developing diagnostic services – specifically the community Diagnostic Services in Yeovil and Bridgwater
- Community services including dental services in Yeovil
- Supporting capacity within our urgent care services

2025/26 CDEL Allocations and Sources of Funding

Capital Allocations are detailed in the table below:

	CDEL	ICB	Somerset Foundation Trust	Total Full Year Plan
		£'000	£'000	£'000
Provider	Operational Capital		36,376	36,376
ICB	Operational Capital	1,221		1,221

Provider	24/25 Revenue Fair Shares Allocation Adjustment	7,312	8,143	15,455
		8,533	44,519	53,052
Provider	Digital EHR		17,422	17,422
Provider	National Programme Estates Safety		10,867	10,867
Provider	Return to Constitutional Standards		27,040	27,040
Provider	Mental Health Out of Area		700	700
ICB	Primary Care Utilisation Fund	1,021		1,021
Provider	National Programmes Digital Diagnostics & Net Zero		564	564
	Total System CDEL	9,554	101,112	110,666
Provider	Other (technical accounting)		1,788	1,788
Provider	Planned Overspend (within 5%)		2,134	2,134
	Total Planned Spend	9,554	105,034	114,588

Capital Prioritisation and Planning

The capital investment plan for the year has been developed in response to the clinical strategy for the ICS and within available resources. As there is only one Foundation Trust in the ICB, with co-terminus geographical boundaries, this makes the prioritisation process relatively straightforward, with specific allocations made for continued investment in GP information technology and an allocation for Primary Care facilities. Current system discussions on how to prioritise the system bonus capital for 2025/26 are ongoing and will conclude soon. The remaining capital envelope is allocated to ongoing and agreed plans within Somerset NHS Foundation Trust.

The Foundation Trust component of the plan has been developed following proposed requests and discussion with operational and clinical managers and takes into consideration the capital funding constraints faced by the system. The plan also includes strategic investments that are funded from the Department of Health and Social Care.

The system plan has been approved through the ICB Board and Trust Board. The table below identifies the key areas of programme expenditure.

Areas of Capital Expenditure	£'000
Musgrove Park Hospital Surgical Centre	5,200
Yeovil District Hospital Theatre and Modular Ward	10,000
Wells Outpatient and Community Services	4,400
Mental Health and Community Schemes	2,060
Digital, IT & Electronic Health Record	25,074
Backlog Maintenance and equipment	26,398
Infrastructure Improvements	23,940
ICB Capital Schemes	1,221
Stroke Reconfiguration	2,844
Leases renewals	5,118
Primary Care Utilisation Fund	1,021

24/25 Revenue Fair Shares Bonus Allocation	7,312
Total	114,588

Overview of Ongoing Scheme Progression

The key funded investments that will progress this year are the Yeovil District Hospital elective recovery investment and the Surgical Centre on Musgrove Park Hospital Site. The YDH elective recovery investment includes an additional theatre and modular ward. The Surgical Centre at MPH will include new theatres and critical care facilities. Work on both schemes is progressing after several years of planning and design work along with some construction delays.

Other key internally funded investments include stroke service reconfiguration, redevelopment of the Wells Priory Health Park and outpatient facilities at Dene Barton.

The Yeovil Diagnostic Centre is under construction, and due to complete in the autumn of 2025.

Risks and Contingencies

The key risks associated with the capital programme as follows:

- Delivery risk of the programme: there continues to be challenges in the UK construction market in respect to inflation and supply chain shortages. These may impact on the overall programme particularly in respect to larger investments.
- Clinical, regulatory and delivery risk associated with the physical estate, digital estate and associated equipment: The programme has been assessed based on current commitments and high-risk backlog and equipment replacement. There is however limited contingency and risk for any emergency items. Should a significant requirement arise in year this would require a reprioritisation or delay of existing schemes.
- Operational pressures: several programmes will require access to clinical areas to undertake essential maintenance and upgrades. Should the current high level of occupancy and clinical pressures continue this will impact on the ability to deliver the overall programme.
- Capacity pressures across multiple teams within the organisations that make up the ICB means that it is difficult to progress and complete major projects.

Business Cases in 2025/26

The system is developing business cases to implement an electronic health record system across the integrated Foundation Trust. The OBC is currently at the final stages of approval with the plan to go to market and develop an FBC in the autumn.

The system is also developing business cases to implement the 'Return to Constitutional Standards' schemes, linked to the National deadlines being set for these schemes

Cross System and Collaborative Working

Somerset NHS Foundation Trust is the largest NHS partner in the ICB. It works with Somerset ICB to develop the system capital plan. The ICS Strategic Estates Group plays an important role in the co-ordination of the capital plan and future capital planning, involving partner representatives from across the system. The relative simplicity of the system allows for an ongoing dialogue with partners, and the opportunity for all partner organisations to contribute. The system has been working with Dorset County Hospital NHS Trust to prioritise 2025/26 capital, as part of the stroke reconfiguration, the outcome of which is within this plan.

Net Zero Carbon Strategy

The NHS estate and its supporting facilities services – including primary care, Trust estates and private finance initiatives – comprises 15% of the NHS carbon footprint plus (Delivering a Net Zero NHS, 2022). The opportunities for emissions reductions will need to come from energy use in buildings, waste and water, and new sources of heating and power generation. Opportunities to exploit the better use of roofs and adjacent ground space to support a shift to on-site renewable energy and heat generation need to be considered, alongside efforts to secure 100% renewable energy. Many of our facilities across our public estate in Somerset are old and inefficient. Our ICS Green Plan, and the organisational sustainability plans which feed into it, address Net Zero as a whole. A large part of this is making sure that our estate is as energy efficient, sustainably developed and environmentally friendly as possible. As we develop new buildings and renovate old ones, we will also be able to contribute to the Net Zero agenda more broadly by recognising the importance of an estate which promotes joined up and sustainable travel for patients. This emphasises the importance of working in partnership across our region to ensure our Estate Strategies are robust and enable system wide resilience.

We have set out nine core aims across the ICS to drive us to our net zero carbon target. Some of these relate directly to our estate, whereas others are more peripheral. The aims are aligned to the Estates Net Zero Carbon Delivery Plan and underpinned by the ICS Strategic Aims, and Green Plan. It should be noted that the next iteration of the Green Plan is currently in development, with a deadline of final draft by 31 July 2025 and final Board approved version by 31 October 2025.

A green whole organisation approach	Raise the profile and understanding of sustainability across NHS Somerset. We have been building our culture of learning, continuous improvement and innovation around our Green Plan through co-production, co-design and co-delivery of a programme of engagement and communication
Net zero carbon buildings	Prioritise energy efficiency measures to avoid increasing costs unnecessarily and consider the interventions which address the NHS' net zero targets. This is in line with the four-step decarbonisation programme set out in the Estates net zero carbon delivery plan
Reducing waste generated by our services	Reduce waste and implement the principles of the circular economy within the trusts and our supply chain. ICS Members will strive to achieve zero waste to landfill for non-clinical waste by 2030
Reducing emissions from travel	The range of interventions needed to reduce travel and transport related emissions includes transitioning the fleet to zero-emission vehicles, reducing unnecessary journeys (through prevention, and digital care pathway redesign) and enabling healthier, active forms of travel such as cycling and walking.
Green anaesthesia and other medicine	Reduce CO2 emissions associated with anaesthetic gases, inhalers and other medicines. Tackling overprescribing as set out in the Somerset Medicines Green Carbon Footprint Strategy, by moving more towards social prescribing and nature-based interventions and activities.
Working with our supply chain	Work with our supply chain to embed product circularity, reduce single use plastics and identify suitable items for re-use or re-manufacturing.
Sustainable catering and diets	Reduce overall food waste and ensure the provision of healthier, locally sourced, minimally processed foods and seasonal menus. There are a range of policies and guidance to support NHS organisations when acting to reduce greenhouse emissions associated with food and nutrition. The Government Buying Standards for Food and Catering Services (DEFRA, 2021), for

	example, is designed to ensure “foods procured and served ... are served to higher nutritional standards ... produced to higher sustainability standards ... and procurements of catering operations meets higher sustainability standards e.g., through reducing food waste”.
Transformation to digital healthcare	The rapid growth in data demand and digital equipment has the potential to add to emissions, and the ICS will need to ensure that a trajectory compatible with a net zero health service is also embedded in the digital transformation agenda. This includes: optimising digitally enabled care models and channels for citizens that significantly reduce travel and journeys to physical healthcare locations, with care closer to home being delivered through remote consultations and monitoring; ensuring that new digital products and services are lower carbon and that suppliers minimise their environmental impact and support the drive to reach net zero; and supporting front-line digitisation of clinical records, clinical and operational workflow and communications, aided by digital messaging and electronic health and care record systems.
Adaptation to the impacts of climate change	Mitigate and adapt to the effects of climate change and severe weather conditions. NHS Somerset Adaptation Plan is currently in development and will be published by 31 December 2025

System CDEL

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