

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Tuesday 7 April 2026
Title:	Capital Investment Plan: Five Year FY2026-2031
Responsible Director:	Nicola Graham – Director of Infrastructure & Support Services
Report Author:	Fraser Bell – Assistant Director Programmes

1. Purpose

This is presented to the Board for:

- Decision

This paper relates to:

- Annual Operational Plan
- NHS Board/Integration Joint Board Strategy or Direction

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective

This supports the following Corporate Objectives:

- **Better Value** – Delivering innovative and sustainable services for everyone
Investment delivered through this plan utilises frameworks and collective procurement arrangements (where applicable) to deliver best value for money. Multi-year programmes provides the opportunity for more significant investment within the affordability threshold of the formula funding.
- **Better Health** – Supporting you to live a healthier life
The purpose of the investment is to support the organisation in the improvement in health outcomes for the citizens within NHS Ayrshire and Arran. This will include improving buildings and equipment to support a more effective health service and managing risks within the infrastructure so that services can continue.
- **Better Workplace** – Creating a great place for us to work
Capital investment proposed in this paper delivers improvements within the physical working environment and reduced building related risks. Investment in equipment supports more effective service delivery and utilise digital technologies.
- **Better Care** – Improving your experience of care
Capital Investment as outlined in this paper supports the delivery of better care through improvements in physical infrastructure, digital systems and replacement of medical devices and equipment.

2. Report summary

2.1 Situation

NHS Ayrshire & Arran Board approve the proposed Capital Investment Plan following scrutiny and recommendation from Infrastructure Programme Board Advisory Group, Infrastructure Programme Board, Corporate Management Team and Performance Governance Committee.

A Capital Investment Plan had been prepared for the five-year period from Financial Year (FY) 2026-2027 through to FY2030-2031. The five-year plan supports strategic decision making around capital investment to support the organisation's priorities.

The five-year Capital Investment Plan FY2026-2031 is attached for scrutiny and approval.

2.2 Background

2.2.1 NHS Ayrshire & Arran's Capital Investment Plan [CIP] is dependent upon funding provided annually from Scottish Government. This funding is usually provided under three primary criteria.

(a) Core Capital Formula based upon national funding allocations.

(b) Earmarked for specific programmes / projects.

(c) Additional in-year funding for programmes that meet the specific funding criteria.

Programmes and projects include capital expenditure in equipment, digital infrastructure, certain property and operational obligations and built infrastructure works. This is used to support all areas of the organisation including acute, HSCPs, mental health and support services.

- **Core Capital Formula**

The Board can decide what should be funded from its formula funding and change allocations to reflect its priorities or reallocate in the event of programme slippage.

- **Earmarked**

The Board is expected to return any unspent allocations for earmarked programmes / projects and is not normally able to use for an alternative purpose unless agreed with SG. This is normally funded on the basis of actual expenditure.

- **Additional**

Additional in-year funding is not guaranteed and timing can be unpredictable. It is normally provided for earmarked investment agreed with SG via a bid process.

2.2.2 Scottish Government Budget

The Scottish Government (SG) budget setting had been delayed due to the later timing of the UK government budget in November 2025. This in turn has delayed confirmation of SG departmental budgets, including NHS Scotland capital funding (which will include business continuity funding). This CIP is therefore provisional at this time and will be updated following formal confirmation of capital funding awarded to the Board.

Monthly discussions are held between the SG Health Finance and Infrastructure Team and NHSAA Finance and Programmes representatives which informs the preparation of financial plans and reporting of capital expenditure in year.

2.2.3 Key Issues impacting upon CIP

The following issues impact upon the CIP funding & expenditure: -

- The Core Capital Formula allocation has been set at the level awarded in FY2025-26. If this increased for the next FY, it would provide the opportunity to include other priorities and will be reflected in a future revision.
- Health Boards have been advised that no large-scale capital funding should be expected in the next financial year, and the focus should be on the formula allocation and Business Continuity Plan (BCP) funding to maintain the current infrastructure.
- A revised SCIM (Scottish Capital Investment Manual) process has been implemented by SG for large scale projects which exceed the Board's delegated limit. This process sets out that Boards may submit up to three strategic assessments, with a deadline for submissions on 31 March 2027. This will inform the SG funding strategy in the next planning period which may allow larger scale projects to be taken forward from 2028. The CIP has included an allowance for professional support for completing the strategic assessments.
- Business Continuity Plan (BCP) funding is excluded from the CIP pending confirmation what will be funded for the coming year. The BCP funding approved in principle in FY2025-26, included several activities which were multi-year programmes and others where the release of funding would be dependent upon the completion of a business case.

An updated BCP "by exception" submission was made in November 2021 for additional investment. For simplicity BCP funding is omitted and will be added in full once formally confirmed. A table of BCP funding previously approved in principle in FY25-26 is set out in **Table 1** below.

- It is assumed that any funding committed in FY2025-26, but unspent shall be re-provided in FY2026-27. This would include; Building for Better Care (BfBC), Electric Vehicle Infrastructure (EV) and National Labs Information Management System (LIMS).

- Ongoing essential operational costs related to the retention of Carrick Glen Hospital (CGH) are anticipated to continue to be supported.

2.2.4 Business Continuity Plan FY2025-26

SG had previously provided a commitment to several BCP (and sustainability) workstream activities in FY2025-26 and it is expected that these commitments will be restated for FY2026-27. However, they have not been included within the CIP until budget confirmation is received for the coming financial year.

Due to slippage in the programmes for several activities, unspent funding from FY2025-26 will be returned to SG and is expected to be re-provided in FY2026-27 in respect of committed work. This is recorded as “*c/f unspent from*” column in Table 1.

Our BCP had included a number of multi-year programmes of work (such as electrical infrastructure and fuel distribution replacement at UHC). SG had confirmed funding for FY2025-26 but had not confirmed funding for following years. The figures assumed for FY2026-27 are indicated in “*original plan for*” column in Table 1.

SG issued revised guidance for project approval in 2025. This requires business cases to be provided for larger value work. So, whilst Table 1 outlines the original planned BCP funding for UHC Critical Care at time of BCP submission, this will be amended (reduced) to reflect that expenditure will likely be limited to design and business case fees in FY2026-27.

For reference, previous commitments in principle are as set out in **Table 1**:

Table 1: SG BCP Funding Commitments 2025

BCP	Funding Allocations	C/F unspent from	Original Plan for	Total
		FY25-26	FY26-27	FY26-27
		£k	£k	£k
BCP	Oncology Ward	1,240	1,300	2540
BCP	UHC Critical Care	2,380	6,000	8,380
BCP	UHC Fuel & Distribution	236	280	516
BCP	UHC Electrical System DB Replacement	300	400	700
BCP	UHC Electrical System Renal Generator	240	0	240
BCP	Portland & Meadowgreen Troon GP Premises	441	0	441
BCP	UHA Wind Turbine	80	0	80
BCP	Sustainability	35	0	35
BCP	Additional EV Chargers	280	0	280
	TOTAL	5,232	7,880	13,112

2.2.5 Available Funding v Demand

The demand for capital exceeds what funding is expected to be available over the planning period and therefore difficult decisions are required to prioritise what can be supported to deliver an affordable CIP. Due to the annualised nature of funding, it can be challenging to commence and complete new projects within year. Large value projects have generally been paused due to restrictions on SG capital funding.

The Board's estate has a significant backlog maintenance liability and due to the limited availability of funding, it manages backlog maintenance primarily based on risk. Specific backlog improvement works are managed by the estates team through the annual maintenance strategy. Separately, where parts of the estate are refurbished for a project, backlog maintenance elements will typically be incorporated into the project. Since FY2025-26, SG has provided additional BCP funding for several backlog maintenance workstreams. However, it is expected that the Board will be required to carry a significant backlog maintenance liability for the foreseeable future.

Should additional funding become available in-year, there may be the opportunity to bring some priorities forward.

2.2.6 Methodology

The CIP has been prepared incorporating key tools and considerations that have been developed under the supervision of Infrastructure Programme Board, to inform decision making in an objective data-based and risk-based methodology:

2.2.6.1 Equipment Lifecycle Plan

Equipment allocations have been informed by the ten-year equipment lifecycle plan 2023 to 2034. This incorporates equipment assets across all areas of the organisation including; Medical Physics, Pharmacy, Laboratories, Estates, Digital Services and Clinical Support Services (Catering, Central Decontamination Unit, Portering & waste, Domestic),

Data captured for each asset item includes age, risk and reliability in addition to a wide range of detailed asset details. This allows equipment to be replaced in a strategic approach over multiple years and can quickly identify equipment that can be brought forward should additional funding become available in year.

It is highlighted that SG provided significant additional capital funding for equipment in FY2025-2026. This exceeded £3,500k and allowed equipment replacement to be brought forward.

2.2.6.2 Prioritisation Process:

A prioritised pipeline of projects has been collated for implementation, when funding allows and the information incorporated into the asset and property strategy being developed under the Caring for Ayrshire workstreams. This pipeline includes proposals from across the whole organisation such as:

- Elements unsupported from the lifecycle plans for Digital Services, Electro Medical, Estates and Clinical Support Services Equipment.
- Refurbishment and new facilities within HSCP sites and primary care.
- Refurbishment and new facilities within acute sites.
- Refurbishment and equipment requests from pharmacy, laboratories etc.

Requests for capital funding are assessed and considered against a prioritisation process that scores requests against a number of criteria to “rank” requests to identify which provide would deliver the greatest benefits to the organisation. The assessment criteria include:

- Improving patient experience, delivering a more effective service and improved patient outcomes.
- Improving staff working environment and staff effectiveness.
- Increase efficiency, flexibility and utilisation of accommodation.
- Operational improvements.
- Supporting organisational change / strategic initiatives / national priorities.
- Supporting NHSAA’s sustainability and net zero obligations.
- Financial improvements including a reduction in operational costs.
- Delivering a sustainable and affordable health and well-being service.
- Reduces risk and makes what we do safer.
- Improve sub optimal facilities and equipment.
- Supports Community Wealth Building and Ayrshire Regeneration.
- Supports caring for Ayrshire strategy.

Projects are then ranked based upon their score with projects progressed theoretically based on their ranking (highest scoring first). However, the proposed timing of progression will also be determined by affordability and potential interface with other projects / programmes. It is noted that where projects exceed the Board’s delegated limit, the programme will be impacted by key external factors including the approval of a Full Business Case.

2.2.6.3 Digital Reform Plan

NHS Ayrshire & Arran Board had approved the Digital Reform Plan (DRP) and Corporate Management Team had confirmed that it should be funded from the CIP. These DRP requirements have been included within the lifecycle plan for digital equipment within the combined equipment lifecycle plan.

Service improvements and the transformation programme are expected to increasingly rely upon digital technologies. The CIP has included provision to support the development of digital technologies.

2.2.6.4 National Programmes / Initiatives

Consideration how proposals align with and support national programmes and initiatives such as the National Treatment Centre, Foxgrove and sub-national planning etc.

2.2.6.5 Caring for Ayrshire Strategy

Consideration how proposals align with and support Caring for Ayrshire and service transformation is fundamental to maximise the benefits from our limited funding, particularly over several years.

2.2.7 Expenditure Reviews

A detailed review of actual expenditure on approved projects/programmes is undertaken quarterly (June, September, December, March-end of year). Where these reviews identify that slippage is likely to occur, and expenditure on specific approved projects will be less than planned, Infrastructure Programme Board Advisory Group and/or Infrastructure Programme Board is consulted to agree how this should be reallocated. This may include accelerating expenditure in certain multi-year programmes or bring forward other priorities.

2.2.8 Contingency

A modest central contingency allowance (balancing figure) of the Core Capital Formula allocation has historically been included within the CIP. However, this has been reduced for FY2026-2027 onwards, to reflect that there is normally slippage across projects and programmes which can provide an effective contingency.

Should additional contingency be required, area of expenditure can be slowed down or reduced in year as required.

2.3 Assessment

2.3.1 The Capital Investment Plan (CIP), is recommended for approval by Board following scrutiny by members of, Infrastructure Programme Board Advisory Group, Infrastructure Programme Board, Corporate Management Team and Performance Governance Committee.

The CIP has been prepared for a five-year period from FY2026-27 to FY2030-31 and includes an estimate of funding expected to be confirmed by SG. The plan will be updated as appropriate to reflect actual funding when confirmed in year and will be updated annually to provide a continuous five-year strategic planning horizon.

The CIP has been prepared on a pragmatic basis to deliver an affordable programme, reflecting the funding constraints and taking cognisance of the prioritisation factors described in this paper.

Changes from previous years include; the incorporation of CIP delivery costs, increased digital allocation and provision of a transformation allocation to support “live” service transformation initiatives which have yet to be crystallised.

2.3.2 Structure

The CIP is structured as follows:

A Funding Allocations

B Expenditure Allocations

C Summary

2.3.3 A Funding Allocations

A	Funding Allocations (subject to S.G. confirmation)	Propo sed	Estimated Allocation	Estimated Allocation	Estimated Allocation	Estimated Allocation	TOTAL
		FY26-27	FY27-28	FY28-29	FY29-30	FY30-31	5 YEARS
		£k	£k	£k	£k	£k	£k
A.1	Scottish Government Allocations						
A.1.1	Core Capital Allocation	9,156	9,156	9,156	9,156	9,156	45,780
A.1.2	Foxgrove: National Secure Adolescent Inpatient Service (NSAIS)	1,402	0	250	0	0	1,652
A.1.3	Whole System Estates Plan (Building for Better Care)	0	1,600	0	0	0	1,600
A.1.4	National Labs Information Management System (LIMS)	441	0	0	0	0	441
A.1.5	National Treatment Centre Ayrshire & Arran (NTC)	150	150	150	150	150	750
A.1.6	Fleet Decarbonisation Slip page (EVChargers)	501	0	0	0	0	501
A.1.7	Business Continuity Plan Funding Build (TBC.)	0	0	0	0	0	0
A.1.8	Business Continuity Plan Funding Digital (TBC.)	0	0	0	0	0	0
A.1.9	Business Continuity Plan Funding Equipment (TBC.)	0	0	0	0	0	0
A.1.10	Business Continuity Plan Funding Sustainability (TBC.)	80	0	0	0	0	80
A.1.11	ADEL funding (for demolition works)	300	0	0	0	0	300
A.1.12	TOTAL CIP FUNDING	12,030	10,906	9,556	9,306	9,306	51,104

2.3.4 B Expenditure Allocations

B	Expenditure Allocations	Propo sed	Propo sed	Propo sed	Propo sed	Proposed	TOTAL
		FY26-27	FY27-28	FY28-29	FY29-30	FY30-31	5 YEARS
		£k	£k	£k	£k	£k	£k
B.1	Formula						
B.1.1	Furniture & Equipment (Broken replacement cycle)	75	75	75	75	75	375
B.1.2	Theatre Instrument Sets (Annual replacement cycle)	150	150	150	150	150	750
B.1.3	West of Scotland Laundry (Asset Replacement)	0	500	150	150	150	950
B.1.4	Capital Planning Support (Cap to Rev)	860	892	926	960	996	4,635
B.1.5	Strategic Assessment Preparation Fees	180	0	0	0	0	180
B.1.6	Primary care infrastructure strategy	80	83	86	89	93	431
B.1.7	Clerks of Work Support (Project quality assurance)	30	50	50	30	30	190
B.1.8	Board Service Transformation	636	261	430	0	0	1,327
B.1.9	Value Adding Elements from Capital (Backlog Maintenance)	750	750	750	750	750	3,750
B.1.10	TOTAL FORMULA	2,761	2,761	2,617	2,205	2,244	12,588
B.2	Earmarked						
B.2.1	Foxgrove: National Secure Adolescent Inpatient Service (NSAIS)	1,402	0	250	0	0	1,652
B.2.2	National Treatment Centre Ayrshire & Arran (NTC)	150	150	150	150	150	750
B.2.3	National Labs Information Management System (LIMS)	441	0	0	0	0	441
B.2.4	Critical Care UHC (Subject to BC)	0	0	0	0	0	0
B.2.5	Oncology Ward UHC (Subject to BC)	0	0	0	0	0	0
B.2.6	Primary Care T room (TBC)	0	0	0	0	0	0
B.2.7	Fuel & Distribution UHC (TBC)	0	0	0	0	0	0
B.2.8	Electrical System Replacement UHC (TBC)	0	0	0	0	0	0
B.2.9	Renal Generator UHC (TBC)	0	0	0	0	0	0
B.2.10	Electric Vehicles Infrastructure	501	0	0	0	0	501
B.2.11	Wind Turbine UHA (Subject to BC)	80	0	0	0	0	80
B.2.12	TOTAL EARMARKED	2,574	150	400	150	150	3,424

B.3	Rolling Programmes						
B.3.1	Feasibility Design Works (to develop proposals)	30	30	30	30	30	150
B.3.2	Estates Rationalisation / Distributed Working Programme	200	200	200	0	0	600
B.3.3	Boardwide Access Control and CCTV Programme	600	600	600	500	0	2,300
B.3.4	Net Zero & Sustainability Initiatives	200	200	200	200	200	1,000
B.3.5	TOTAL ROLLING PROGRAMMES	1,030	1,030	1,030	730	230	4,050
B.4	Prioritisation Projects						
B.4.1	Boardwide Critical Care UHC: Design & FBC Fees	100	0	0	0	0	100
B.4.2	Boardwide Critical Care UHA: Upgrade	400	1600	300	0	0	2,300
B.4.3	Prime design works Project A: TBC	0	0	0	0	0	0
B.4.4	Prime design works Project B: Preop & outpatients	50	0	0	0	0	50
B.4.5	Prime design works Project C: ACH CT & MRI Extension	150	0	0	0	0	150
B.4.6	Prime design works Project D: Car parking options UHC	80	0	0	0	0	80
B.4.7	Demolition Ailsa Campus (ADEL Funded)	300	0	0	0	0	300
B.4.8	Hydrotherapy Pool Upgrade Works UHC	45	0	0	50	1,000	1,095
B.4.9	Construction Works: Road improvements at ACH	0	200	300	0	200	700
B.4.10	Changes to Pathology Lab UHC (Offices)	100	0	0	0	0	100
B.4.11	Paediatric CAU & Ward 1A/C Refurbishment	0	0	0	80	400	480
B.4.12	NA HSCP Three Towns Locality Health Centre	0	0	0	0	0	0
B.4.13	NA HSCP Beith Health Centre	0	0	0	0	0	0
B.4.14	Arran Whole System Plan	0	0	0	0	0	0
B.4.15	NA HSCP Oxenward Health Centre	0	0	0	0	0	0
B.4.16	NA HSCP Frew Terrace Health Centre	0	0	0	0	0	0
B.4.17	NAHSCP Skelmorlie	0	0	0	0	0	0
B.4.18	TOTAL PRIORITISATION	1,225	1,800	600	130	1,600	5,355
B.5	Equipment						
B.5.1	Electro Medical Equipment	1,500	1,500	1,500	1,500	1,500	7,500
B.5.2	BCP Equipment (BCP Funding: to be confirmed)	0	0	0	0	0	0
B.5.3	Digital Services Equipment Network	100	775	250	945	250	2,320
B.5.4	Digital Services Equipment Devices	700	700	700	700	700	3,500
B.5.5	Digital Services Delivery Plan	1,745	1745	1745	1745	1745	8,725
B.5.6	CSS Catering	100	100	100	100	100	500
B.5.7	CSS CDU	50	50	0	750	600	1,450
B.5.8	CSS Portering	20	20	20	20	20	100
B.5.9	CSS Domestic	25	25	25	25	25	125
B.5.10	Estates Equipment	0	0	0	0	0	0
B.5.11	Laboratories - Biochemistry	0	0	180	0	0	180
B.5.12	Laboratories - Microbiology	50	50	80	70	0	250
B.5.13	Pharmacy	50	100	164	136	0	450
B.5.14	Equipment Emergency Replacement Fund	100	100	100	100	100	500
B.5.15	TOTAL EQUIPMENT LIFECYCLE	4,440	5,165	4,864	6,091	5,040	25,600
B.6	CIP Programme Contingency						0
	Total of Expenditure	12030	10906	9511	9306	9264	51,017
B.6.1	Contingency Allowance (Funding - expenditure)	0	0	45	0	42	87
B.6.2	TOTAL UNALLOCATED CONTINGENCY	0	0	45	0	42	87

2.3.5 C CIP Summary

C	Summary Plan	Propo sed	Propo sed	Propo sed	Propo sed	Proposed	TOTAL
		FY26-27	FY27-28	FY28-29	FY29-30	FY30-31	5 YEARS
B.1.10	TOTAL FORMULA	2,761	2,761	2,617	2,205	2,244	12,588
B.2.12	TOTAL EARMARKED	2,574	150	400	150	150	3,424
B.3.5	TOTAL ROLLING PROGRAMMES	1,030	1,030	1,030	730	230	4,050
B.4.18	TOTAL PRIORITISATION	1,225	1,800	600	130	1,600	5,355
B.5.15	TOTAL EQUIPMENT LIFECYCLE	4,440	5,165	4,864	6,091	5,040	25,600
B.6.2	TOTAL UNALLOCATED CONTINGENCY	0	0	45	0	42	87
B.7.1	TOTAL EXPENDITURE	12,030	10,906	9,556	9,306	9,306	51,104

2.3.6 Summary Across Risk Areas

Planned expenditure over key risk areas in £k and % of total capital investment plan funding.

FY2026-2027 Workstreams					
Equip Support	Equip Medical	Digital	Estates	Build	Misc.
420	1,700	2,986	950	4,368	1,606
3.5%	14.1%	24.8%	7.9%	36.3%	13.3%

2.3.7 Notes on Capital Investment Plan

No inflationary uplift in funding has been assumed.

Previously awarded Business Continuity funding has been omitted pending formal confirmation it will be (re) provided for FY2026-27 (SG budget).

New Business Continuity Funding was requested in November 2025 but is omitted until it is confirmed.

Several primary care and community projects will only be deliverable with SG funding. SG has advised that they are investigating the use of a revenue funded model for these types of projects but the application process has not been finalised.

Although contingency is low, it will also be managed through slippage in the programmes and the in-year purchase of equipment..

2.3.8 Quality/patient care

The Capital Investment Plan implements a prioritisation process that includes criteria that focusses investment on areas that deliver the best outcomes for quality of service delivery, patient care and management of risk.

2.3.9 Workforce

The Capital Investment Plan supports several workforce improvements within specific projects and programmes. This includes additional workforce opportunities (Foxgrove), and including improvements in the working environment, to enable staff to work more effectively. Work is included to develop proposals around car parking at primary sites which is under pressure for staff.

2.3.10 Financial

The Proposed Capital Investment Plan has a total funding and expenditure figure of **£12,030k** for FY2026-27.

This is expected to be increased in-year to reflect Building Continuity Plan (BCP) funding awards.

2.3.11 Risk assessment/management

Risk management is incorporated within the prioritisation of funding allocations within the CIP and is a primary factor in Scottish Government BCP and equipment funding.

Individual programmes and projects will have their own specific risk management plans. Projects include engagement with NHSAA Health & Safety and Infection, Prevention and Control, Fire Safety teams, appointment of Authorised Engineers (AE) for water and ventilation, engagement with NHSAA Water and Ventilation Safety Groups, and interface with NHS Scotland Assure via the KSAR process. Construction work complies with Construction, Design and Management Legislation and will include the appointment of planning supervisors.

2.3.12 Best value

This paper support Best Value across the following themes.

- **Vision and Leadership**

The capital investment supports corporate priorities including transformational change in the delivery of health services, mitigating risk and focusses upon those initiatives which deliver the best health outcomes.

- **Governance and accountability**

The capital investment plan is scrutinised and managed by Infrastructure Programme Board Advisory Group and Infrastructure Programme Board. Quarterly reviews are undertaken with decisions on changes due to slippage taken by IPBAG and IPB. Monthly finance meetings are held to monitor and report on expenditure. Individual reports prepare a dash board report with particular focus upon programme, cost, scope changes and risk. Significant individual projects are managed through established project boards.

- **Use of resources**

Prioritisation of programmes considers best value, risk and service outcomes and is supported through an objective scoring methodology. Purchasing decisions follow Standing Financial Instructions and Public Procurement Legislation to achieve compliant best value, including the use of national frameworks where appropriate.

2.3.13 Other impacts

The Capital Investment Plan provides a tool to support NHS Ayrshire and Arran's Community Wealth Building aspirations, across key social, economic and environmental impact themes. This is captured through the procurement of goods, services and works and is actively managed to maximise opportunities for the Ayrshire communities. Larger projects have specific Social Impact Action Plans to deliver community benefits.

2.3.14 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage stakeholders throughout the development of the Capital Investment Plan. The primary forum for the strategy is the Infrastructure Programme Board Advisory Group and Infrastructure Programme Board, with individual projects engaging via Project Boards.

2.3.15 Route to the meeting

The CIP has been / will be considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- | | |
|---|---------------|
| • Infrastructure Programme Board Advisory Group | January 2025 |
| • Infrastructure Programme Board | February 2026 |
| • Corporate Management Team (performance) | March 2026 |
| • Performance Governance Committee | March 2026 |
| • NHS Board | April 2026 |

2.4 Recommendation

For Decision. Members are asked to

- Consider and approve the Five-Year Capital Investment Plan for financial years 2026-2031.
- Note that further prioritisation work and quarterly reviews will be undertaken throughout the year to reflect any in-year changes in expenditure and ensure that funding is aligned to the Board's priorities.

3. List of appendices (where required)

Not applicable