Royal Berkshire
NHS Foundation Trust

PRIVATE AND CONFIDENTIAL - July 2026

Estates Masterplan

2026 - 2040

Contents

1. Our Estates Masterplan Vision

The Royal Berkshire NHS Foundation Trust (RBFT) Estates Masterplan sets out a long-term vision for our physical estate across all sites, enabling us to deliver safe, high-quality and modern healthcare for the communities of Berkshire West and South Oxfordshire for at least the next 15 years until the completion of the new Royal Berkshire Hospital.

Our vision at RBFT is 'working together to provide outstanding care for our community' and our Estates Masterplan will help us to ensure every building, every space and every investment decision actively supports the delivery of excellent, integrated care for our community, both now and in the years ahead.

This Masterplan will guide how we invest in, develop, and rationalise our Trust owned and occupied estate as we work towards a new Royal Berkshire Hospital. As we progress towards the development of the new hospital, the Masterplan acts as a bridge to ensure we continue to invest strategically, maximise the use of our capacity to meet the growing demand on our services and maintain safe, effective environments until redevelopment.

It provides a framework for planning and decision making so that wherever possible we can drive towards: the right services being delivered from the right places, that our buildings are as safe, efficient and fit for purpose, and that our infrastructure keeps pace with changing clinical models, demographic growth and technological opportunity in the intervening years until we can make the step change offered by a new hospital. The masterplan will cover all RBFT estate, not just the Royal Berkshire Hospital in Reading.

By the end of the Masterplan period, we aim to have:

- A transformed acute hospital site at Royal Berkshire Hospital focused on high-acuity, specialist and emergency care, with improved clinical adjacencies and patient environment.
- Expanded community and ambulatory care capacity, delivering more services closer to where patients live.
- A significantly reduced backlog maintenance burden, with investment focused on buildings with a long-term future.
- A more digitally enabled estate supporting virtual care, remote monitoring and same-day pathways.
- A more sustainable, net-zero-aligned estate that delivers value for money for patients and taxpayers.

2. Foreword

Our vision at the Royal Berkshire NHS Foundation Trust is to work together to provide outstanding care for the communities we serve. Our estate is central to that ambition, with the estate and buildings we work from shaping the care we are able to deliver, the experience of our patients and their families, and the working lives of our 7000 staff and volunteers.

This Estates Masterplan sets out how we will look after and develop all our estate between now and the delivery of our new Royal Berkshire Hospital. Many of our buildings are ageing and increasingly difficult to adapt, and the timetable for a new hospital means we must plan to operate safely and effectively from our current estate for longer than we had previously expected.

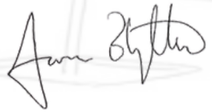
At the same time, demand for our services continues to grow and change, and resources are becoming increasingly constrained. Our population is growing and ageing, and more people are living with complex conditions. Alongside this, we must ensure every pound of public funding is used wisely in an increasingly challenging economic climate, while also meeting our responsibility to reduce our environmental impact, make our estate as climate resilient as practicable and make better use of natural resources. These pressures mean we must make better use of every part of our estate and think differently about where and how care is delivered.

Our Estates Masterplan is our blueprint for investment and decision making across all our sites, establishing a clear approach that will guide how we prioritise, design, and deliver improvements and our major equipment replacement over the next 15 years and beyond.

A central part of our approach is to use our estate to support transformational changes in care as we continue to deliver services closer to where people live, making better use of our community sites and working with our partners across Berkshire West. We will use digital technology to reduce unnecessary visits to hospital and support care in people's homes. We will focus our acute Royal Berkshire Hospital site on the services that need to be delivered there.

In this Masterplan, we are also clear about where we need to prioritise investment. Given the scale of need and the within the resources available, we will prioritise investment that maintains safety, supports the transformation of care, improves experience and supports our future direction. We also consider how we will prepare the site for potential longer-term development as the new hospital comes online.

Delivering our Estates Masterplan depends on strong partnerships with our colleagues across health and care, with local authorities and with the communities we serve. It also depends on the insight and commitment of our staff, who have played a central role in shaping these plans and whose expertise will be critical as we move into delivery.



James Blythe
Chief Executive Officer, Royal Berkshire NHS Foundation Trust

3. Context and Background

About Royal Berkshire NHS Foundation Trust

RBFT is the main district general hospital provider for Reading, Newbury, Henley, Wokingham and surrounding villages across Berkshire West and South Oxfordshire. We provide general acute services to a population of around 550,000 people and employ approximately 7,000 staff. We also provide specialist Cancer, Cardiology and Renal services that serve a wider population of up to one million people.

We deliver care across seven sites:

- Royal Berkshire Hospital (RBH)
- Townlands Memorial Hospital
- Windsor Dialysis Unit
- Prince Charles Eye Unit
- Bracknell Healthspace
- Dingley Child Development Centre and Histopathology at the University of Reading Whiteknights campus
- West Berkshire Community Hospital

The Royal Berkshire Hospital is our main site and the only location from which we provide bedded inpatient care.
In addition to our own estate, we are an active partner within Berkshire West and work closely with primary care, community health, local authority and voluntary sector partners to deliver joined-up, neighbourhood-based care. We are increasingly delivering care remotely and in virtual settings, which we expect to continue to grow and redirect need to the appropriate care setting.

The Challenge: Why are we doing this?

Parts of our estate are over 180 years old. The Royal Berkshire Hospital site in particular presents increasing challenges in terms of fitness for purpose, resilience and our ability to meet the changing needs of our population. Backlog maintenance works across the Trust currently stand at £175 million (June 2026 works cost), with high and significant critical infrastructure risk elements accounting for a substantial portion of this. Full costs including design, decant and enabling works are considerably higher. The current configuration of our services also means that we have constraints in capacity on the Royal Berkshire Hospital site, with corresponding impact on our patient, visitor and staff experience. In contrast, other hospital sites within the Trust estate are generally in better condition with better facilities, provide for a better experience and are under-utilised presenting opportunities to optimise how and where services are delivered.

With previous expectations of a new hospital within five years, investment in the existing estate had been kept to a minimum and focused primarily on managing the highest-risk items and keeping aged infrastructure operational. With the current timeline for a new Royal Berkshire Hospital 10 to 15 years away, we are progressing a comprehensive estate masterplanning programme to ensure our estate can effectively support the delivery of high-quality, modern healthcare, both now and in the future. This masterplan will act as a critical enabler and bridge to the future new hospital, ensuring that investment decisions made today support long-term strategic objectives, maintain safe and effective environments, and enable transition to new facilities over time. It will also drive changes in service delivery models during this period ensuring increased readiness for a new hospital.

3. Context and Background

Working as part of the New Hospital Programme (NHP), the RBFT considered how best to redevelop Trust facilities to better serve patients, staff, and wider communities. The current hospital faces challenges in meeting modern healthcare needs and in ensuring that safe, efficient, and effective care is delivered. The RBFT 2020 Strategic Outline Case (SOC) described the case for change and the specific challenges RBFT was facing within the context of 5 C's: Condition, Capacity, Capability, Climate, and Catalyst.

Through the SOC and subsequent work for NHP the Trust identified that a new hospital on a new site was the preferred way forward. This was driven by the condition and capacity of the current estate, and the expected timescales for development of the current site (14 years) verses a new site (5 years). For the reasons described in the SOC, this masterplan will not be able to address all of the 5C challenges within our current estate, however it provides a framework and an intent to invest, improve and manage those challenges until a new hospital is built.

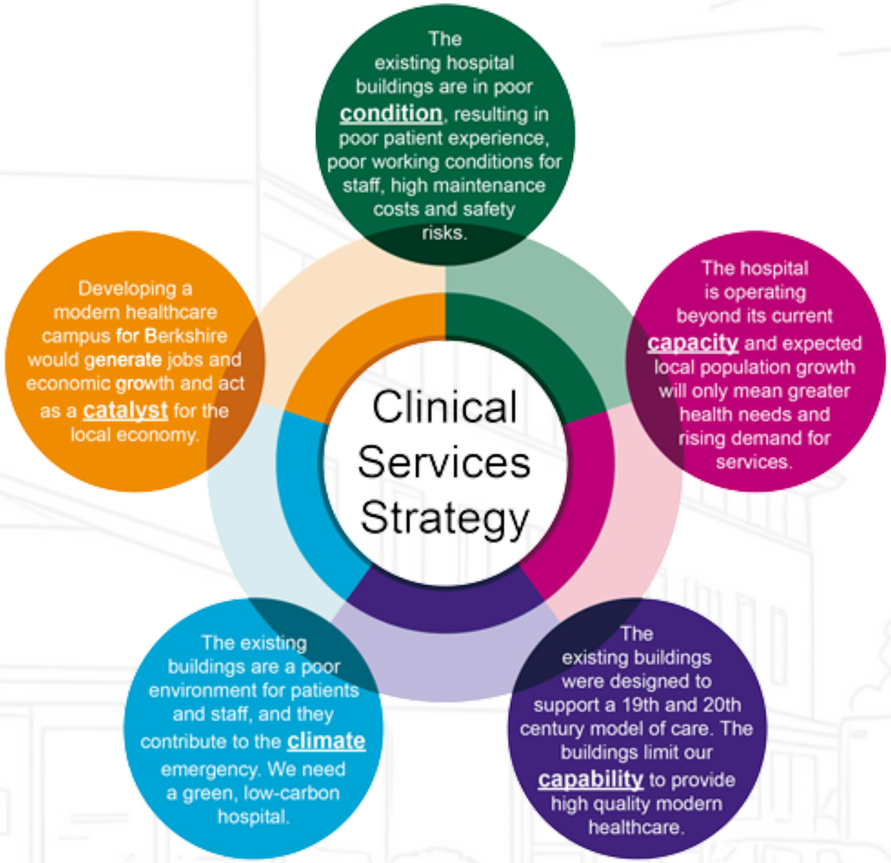
This work is closely linked to Health and Social Care system forward plans and neighbourhood care work, our Trust and Clinical strategies, future demand and demographic changes, the Government's 10 Year Health Plan, and the opportunities presented through the New Hospital Programme.

Our Changing Population

The population pressures facing RBFT are significant and well-evidenced:

- The total population across Berkshire West is projected to grow by 8% by 2040.
- The population aged 65 and over is expected to grow by 70% by 2037, this is significantly faster than the national average.
- Demand modelling undertaken as part of the New Hospital Programme indicates that further population growth and rising need for health services will begin to overwhelm the Royal Berkshire Hospital facility by 2027-2030.
- The Building Berkshire Together demand and capacity model projects that by 2030 we will require a 27% increase in Gross Internal Floor Area and a growth of nearly 8% in the number of beds required (from 686 to 740).

These pressures, combined with the demographic shift towards more complex, long-term conditions and the growing opportunities offered by digital and community-based care, mean we must fundamentally rethink how we use our estate.



3. Context and Background

Royal Berkshire NHS Foundation Trust

Our Place in the Wider System

Our Estates Masterplan has been developed with system partners. We are committed to close collaboration with Integrated Care Board colleagues, primary care networks, local authorities, community providers and other partners to ensure that our estate planning aligns with, and actively supports ambitions for integrated, place-based care.
We are and will continue to work with partners to:

- Opportunities for co-location and shared use of facilities
- Alignment of estate investment plans
- Shared models for delivering neighbourhood and community care
- Joint approaches to digital infrastructure and enabling technology
- Deliver sustainability and net zero improvements including a low carbon heat delivery network in partnership with Reading Borough Council and the University of Reading

We recognise that the most effective and sustainable solutions to our estate challenges will require partnership, and that the development of the subsequent Development Control Plan (DCP) must be shaped in close collaboration with system partners.

How the Masterplan was Developed

Planning	Engagement	Analysis & Drafting	Approval
January 25 NHP announced our new hospital is delayed for at least another 15 years	**October 25 – January 26** Care Group engagement with teams and feedback to project board	**April – May 26** Engagement feedback collated and analysed. Phase 1 outputs produced and approved at project board	**June 26** Draft masterplan approved at EMC.
	January – March 26 Corporate engagement		
September 25 Estates Masterplan project board assembled and vision agreed	**February – March 26** Executive Board Seminar and Senior Leaders Forum	**June 26** Phase 1 outputs presented to OMT and demand and aligned opportunities prioritised by members	**July 26** Final approval at EMC and Trust Board
	September 25 – January 26 Essential estates information gathered including estate condition and longevity		

4. Our Estates Masterplanning Principles

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Eight core principles underpin the Estates Masterplan. These principles will guide all investment decisions, design choices and partnership arrangements throughout the next 15 years and will be embedded in the subsequent Development Control Plan and individual business cases.

1. Better Patient, Visitor and Staff Experience

- Improve care environments to be welcoming, accessible and of high quality.
- Improve efficiency through better location of services and streamlined pathways.
- Ensure care is easy to access and delivered in the right place at the right time.

2. Maximise Digital and Technology Enablement

- Harness digital as a core enabler of better care, productivity and future ways of working.
- Expand virtual care, remote monitoring and same-day pathways including the ‘Royal Berks @ Home’ programme.
- Increase digital capability across all sites to support future models of care.

3. Best Value and Long Term Sustainability

- Achieve value for money for the taxpayer and deliver return on investment where possible.
- Make 'no-regrets' investment decisions that safely maintain essential buildings.
- Ensure all long-term assets have a clear legacy purpose.
- Increase the useful life of built assets across the Masterplan period.

4. Improved Safety, Compliance and Resilience

- Deliver a step change in estate-related safety and compliance, reducing backlog maintenance.
- Lower risk scores across the estate.
- Ensure infrastructure is resilient, reliable and capable of supporting modern clinical services.

5. Optimise Use of all our Estate

- Maximise utilisation of our best and most expensive assets.
- Ensure clinical and clinical-potential space is used for clinical service delivery.
- Evolve the RBH site into a concentrated acute clinical site.
- Deliver more services closer to patients' homes via all sites and partner sites.

6. Advance our Environmental and Net Zero Goals

- Improve environmental performance and reduce the estate's carbon footprint.
- Support progress toward Net Zero Carbon in operating assets and in building and refurbishment practices.

7. Engage and Involve all our People

- Work with our staff, volunteers, patients and communities to co-design our estate.
- Ensure the Masterplan reflects clinical, operational and patient needs.
- Every service and team has a vital role in shaping and delivering the masterplan

8. Maximise Neighbourhood Working and Community Delivery

- Support the shift of care away from the acute hospital and into communities and neighbourhoods.
- Invest in our community sites, working with partners to share and optimise estate, and designing the RBH site to be leaner, more focused and more efficient.
- Pursue through our own estate and through partnership with system colleagues.

5. What This Masterplan Is (and what comes next)

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What the Masterplan is

The Estates Masterplan is a strategic-level document that establishes the long-term vision, principles and framework for RBFT's estate over the next 15-plus years. It provides:

- An overarching vision and set of principles to guide all future estate decisions
- A high-level assessment of the condition and longevity of our estate and how we can maximise it
- High-level space optimisation opportunities and options across all sites
- Concept zone maps for the RBH site illustrating strategic intent
- A prioritised, high-level view of the demand for change and the opportunities available
- A summary of the financing options and approaches available
- A framework within which all future development and business cases must sit

The Masterplan and the resulting Development Control Plan will be living documents. As such they will be reviewed at least every 2 years to ensure they remain aligned with changing clinical needs, system priorities and external factors, including the progress of the New Hospital Programme.

What comes next

The Masterplan is deliberately not a detailed implementation plan. It does not:

- Specify in detail which buildings will house which services.
- Provide firm cost estimates or confirmed funding.
- Confirm the sequencing of individual projects.
- Commit to specific designs, layouts or specifications.
- Replace the need for individual business cases.

These levels of detail are for the subsequent Development Control Plan (DCP) and individual Associated Business Cases. The table overleaf sets out clearly what sits in each stage of the process.

5. What This Masterplan Is (and what comes next)

Royal Berkshire NHS Foundation Trust

	Stage 1 - Masterplan	Stage 2 - Development Control Plan	Stage 3 Onwards - Associated Business Cases
Design	• High level vision with site options • Design principles & assumptions • Concept maps	• Proposals for what buildings will be for which services (subject to ongoing review through the period covered) • Identify options for collaboration and delivery within the wider community for greater benefit outside of the NHS/Trust • Detailed planning and design guidelines to support delivery and guide development • Transport assessment and plans to support the sitewide delivery and impact during construction periods and ongoing operational delivery • Detailed enabling/infrastructure planning and design • Ensure compliance and/or agree risk assessed derogations	• Detailed, signed off design, specifications and approvals for each specific building/major refurbishment.
Opportunities/ Supply	• Summary of opportunities by site and block with indicative massing, outline cost and relative complexity of decant and build	• Options related to sequencing and required enabling works and decant requirements.	• Full/short-form project-level business case detail, procurement plan and delivery and detailed benefits and outcomes
Demand	• Prioritised list of demand and emerging proposals from engagement, clinical strategy and risk profile	• Proposals for solutions and options for sequencing, depending on funding solutions and sources e.g. badged funding (subject to ongoing review through the period covered to respond to changing national priorities) • Minimum investment to keep remaining assets safely operational • Required enabling/infrastructure investment to support the above • Requirements for successful delivery and optimal design	• Confirmed scope, benefits and outcomes for each project • Plans for how the requirements for success are delivered, including operational and system change requirements.
Finance	• High level summary of financing options available	• Detailed options and implications relating to financing opportunities for each investment requirement.	• Full financial case including: Recommendations and decisions regarding funding options

6. Assumptions

New Hospital Programme

The Masterplan has been developed on the basis of a number of key assumptions. These assumptions will be revisited and refined as the work progresses through subsequent stages and kept under review during the period covered by the Masterplan.

In January 2025, the New Hospital Programme (NHP) was re-evaluated by the Government, and as a result RBFT was assigned into Wave 3 of the programme. This means that construction of a new Royal Berkshire Hospital is now anticipated to commence between 2037 and 2039, with occupation and service transfer expected no earlier than the early 2040s – approximately 10 to 15 years from now.

This is a significant change from previous planning assumptions. The age and backlog maintenance, as well as the significant change in building and technical standards since our buildings were built means that we must plan to operate services safely and effectively from our current estate and for a considerably longer period than previously anticipated. This is the fundamental driver for the Masterplan.

It is important to note that considering demographic change, digital advances and evolving models of care, we know that we will still need a new hospital of similar capacity to the current RBH. Modern building standards and compliance requirements will mean that the total floor area required will be substantially greater than the current building.

We have been given approval by NHS England to pursue the purchase of land for a new hospital development. This work is actively progressing and when land is procured for the New Hospital Programme, it will be considered for appropriate enabling use as part of the estate masterplanning until new hospital construction begins. Population growth is forecast in the demand modelling completed as part of the NHP set out in Chapter 3. There remains a need for an acute hospital in Reading, both from a population growth and acuity need, and because no extra capacity will be available in the next 10 years to negate this.

All our Estates covered by our estates Masterplan

The Masterplan covers all sites from which RBFT provides care, not just the Royal Berkshire Hospital site. Our community sites are an important part of the overall estate and will play an increasingly significant role as we shift more services into community and neighbourhood settings.

Digital Advances

The Masterplan assumes that we will maximise digital advances to manage and reduce physical demand on our estate. This includes expanding virtual care, remote monitoring and same-day pathways through the ‘Royal Berks @ Home programme’ and similar initiatives as well as delivering digital estate, asset and facility management solutions.

6. Assumptions

Neighbourhood Care

We will work with partners to deliver neighbourhood care at scale, including through the ‘Care Where I Am’ strategic programme. This will mean services moving off the acute hospital site to be delivered closer to patients' homes, whether in our community sites, in our partners’ estate or in patients own homes. This will provide an important bridge to ensuring our new hospital is planned appropriately and ‘right sized’.

No-Regrets Decisions

All major investment decisions in the current estate will be guided by a 'no-regrets' principle. This means that investment will be directed towards assets that are either required for the full remaining period of service delivery at the current RBH site (at least 15 years) and the full lifecycle for our other sites, or that have a clear long-term future use – e.g. for health, community or local authority purposes – after essential inpatient/hospital services have relocated to the new hospital. Investment in assets that do not meet this test will be limited to the minimum required to maintain health and safety compliance and enhance the patient experience.

7. Demand: Our Six Emerging Strategic Investment Priorities

Extensive engagement across our clinical care groups and corporate and teams has identified six emerging strategic priorities for investment through the Estates Masterplan. These are in addition to investment required within our community sites to support the delivery of the Clinical Services Strategy and the Trust Strategy, as well as the ongoing investment required in digital enablement and the core and flex assets, (see chapter 8) to maintain safety and maximise experience and efficiency.

Recognising that a new hospital is the means by which we meet the totality of our demand requirements our clinical care groups determined these priorities, representing the areas where estates investment will make the greatest difference to delivering against increasing patient demand, patient outcomes, clinical efficiency and operational sustainability during the 'bridging' period. These 6 areas should be prioritised for investment in the development control plan and associated business cases.

Through the Development Control Plan, we will explore in detail the extent to which each priority can be addressed within the constraints of our current estate, available funding, no regret principle and operational continuity requirements. Not everything on the complete demand list will be fully deliverable ahead of the new hospital, and the DCP will be clear about what is in scope, what is aspirational and what must await the new hospital.

For all areas, more in-depth data analysis, utilisation, and demand/capacity modelling, adjacencies and schedules of accommodation will be needed as part of the DCP and associated business cases.

Emergency Care

Opportunity to co-locate services as part of an Emergency Care Village to improve flow, capacity and oversight.

Elective Surgery

Opportunity to co-locate elective surgical services and endoscopy to create a 'cold' surgical hub, improving efficiency and providing protected capacity.

Ambulatory Care

Opportunity to bring together ambulatory non-surgical services in a Combined Day Unit.

Trauma

Opportunity to increase trauma capacity as part of the Estates Masterplanning to meet growing demand.

Maternity and Neonates

Maternity and neonatal estate to be prioritised following the essential building works currently underway.

Pharmacy

A future-fit pharmacy service is essential for supporting care across all settings. The Masterplan will replace the pharmacy aseptic unit and stores.

8. Supply

This chapter sets out the supply of buildings and estate opportunities across the RBFT portfolio – what we currently have, what condition it is in, and what our key development areas are.

Understanding our supply is essential context for the investment priorities and opportunities described in subsequent sections. The three concept maps below illustrate the current state and strategic options for our estate, covering both the Royal Berkshire Hospital site and our community sites.

The concept maps have been developed to support the strategic intent of the Masterplan specifically/in detail for the RBH site but also covering our community sites which are an essential part of our plans. These maps are illustrative and conceptual and will be refined and developed in detail through the Development Control Plan, informing development options, sequencing and asset management.

Understanding the interplay between these maps will inform the options and plans for the Development Control Plan and associated business cases in future stages.

8. Supply

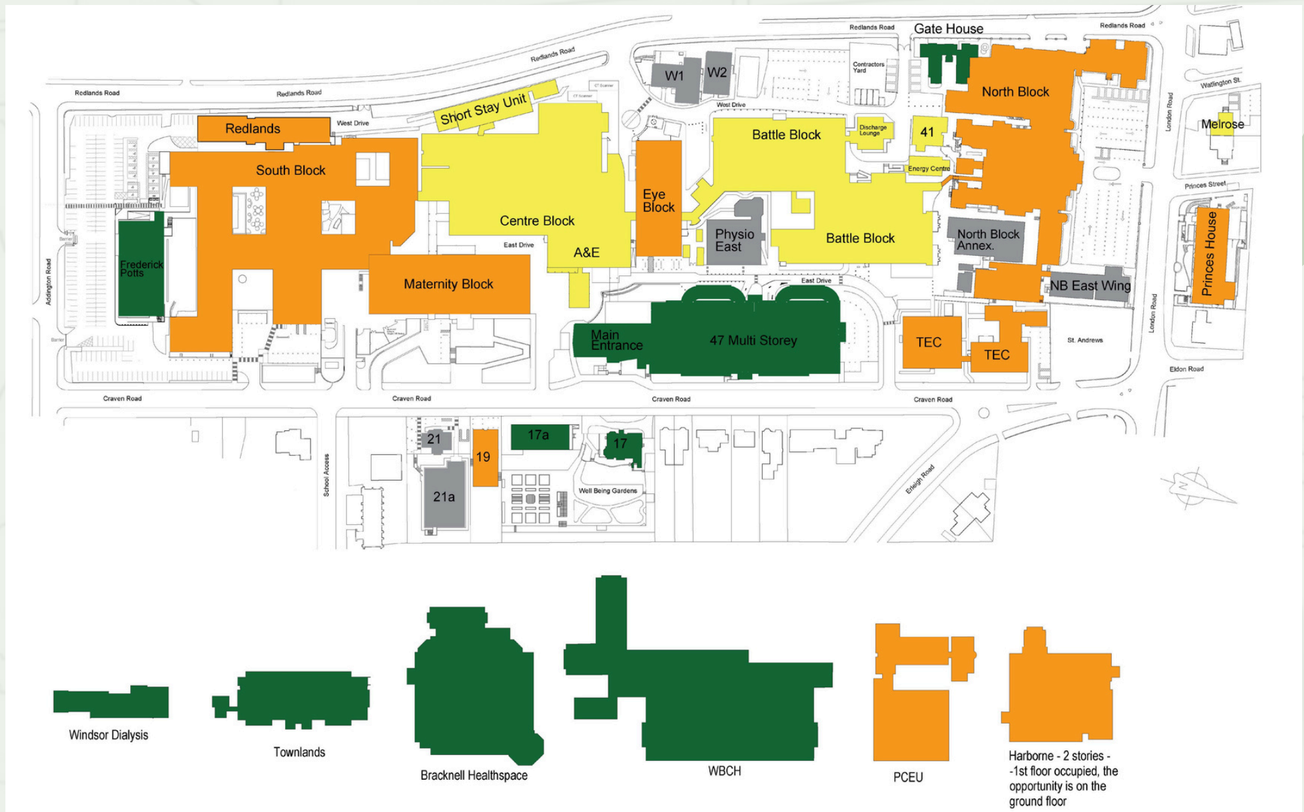
Map 1: Core, Flex and Tail

This map categorises buildings across the RBFT estate using the NHS England 'Core, Flex and Tail' ratings framework, informed by 6-facet survey and operational data. It provides a view of which buildings require significant investment, which require targeted improvement, and which should be phased out over time.

This demonstrates that the greatest focus for investment is on the current RBH site.

The community sites from which we deliver our services from are generally in good condition, requiring some ongoing investment to keep them fit for purpose. These sites do, however, have opportunity to improve utilisation and delivery of services closer to where our patients live. This is referenced elsewhere in this Masterplan and the more detailed DCP work will provide for more detail and specificity for these sites.

Core	Crucial to the Trust; no plans to dispose. Good quality, fit for purpose, flexible and aligns with long-term plans and clinical strategy.
Core / Flex	Aspects are crucial to the Trust but not all of good quality; requires additional investment to reach full CORE condition.
Flex	Acceptable quality; retained for the medium term (5 years+). Requires additional investment focused on improving to CORE standard or maintaining existing condition.
Tail	Poor quality; should be phased out once the services it houses can be relocated. Investment limited to maintaining compliance and health and safety requirements.



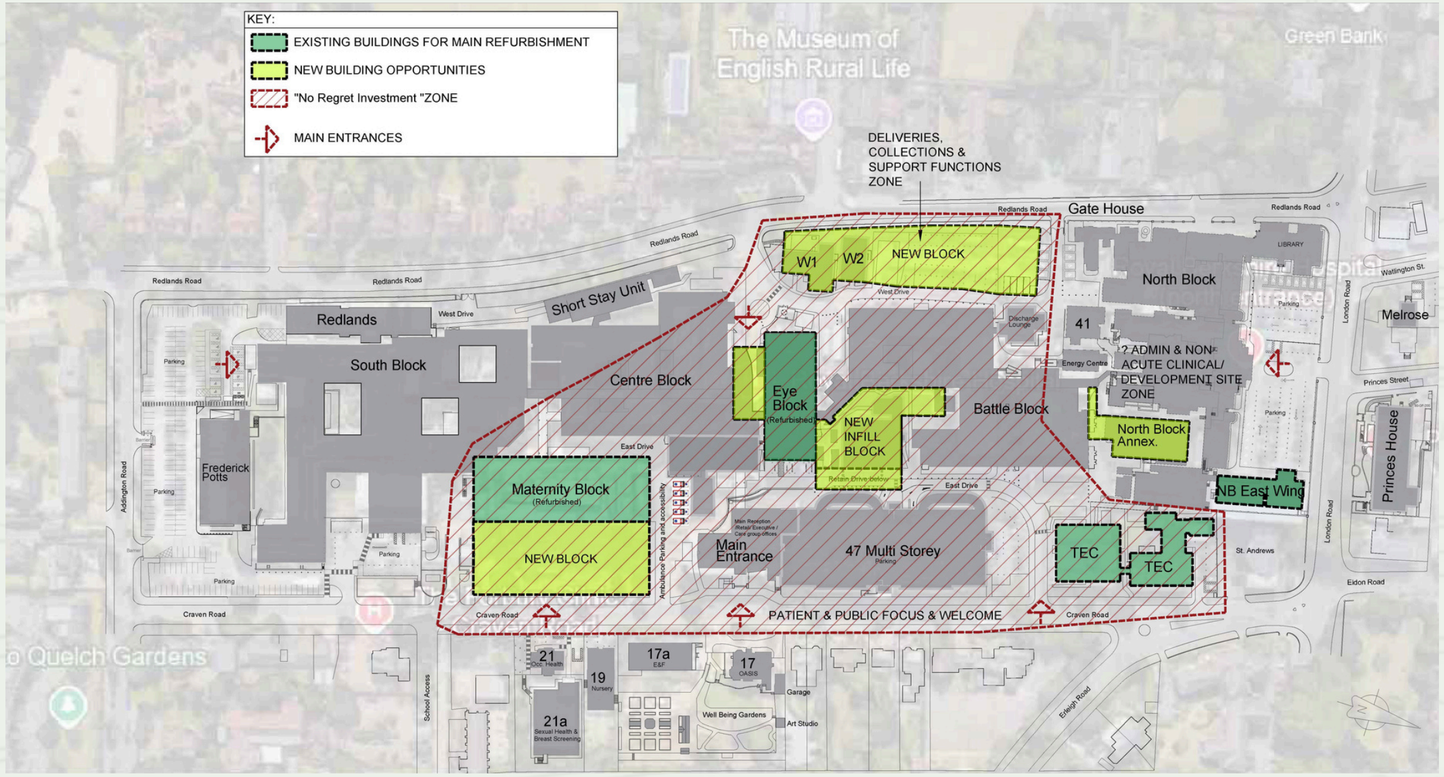
8. Supply

Map 2: ‘No Regret’ Investment Zone

This map identifies a core zone at the centre of the RBH site where major refurbishment and new build investment can be made with confidence due to the condition of the land and buildings. and the potential future use of the site once a new hospital has opened.
In this instance, an asset is considered a 'no-regret' investment if it is either required for the full remaining period of RBFT services on the current site (at least 15 years) and/or has a clear long-term future as a building for health, community or local authority use after hospital services have relocated. For clarity this is not intended to imply no investment at all outside of this zone.

The 'no-regret' investment zone reflects:

- The locations of new build and major refurbishment opportunities.
- Those parts of the site that are least fit for purpose and require the highest level of investment or are not feasible for major investment.
- The risk and ability to address the geotechnical risk profiles across the site.
- The optimal location of services and buildings that minimises impact on future site disposal and maximises long-term value.

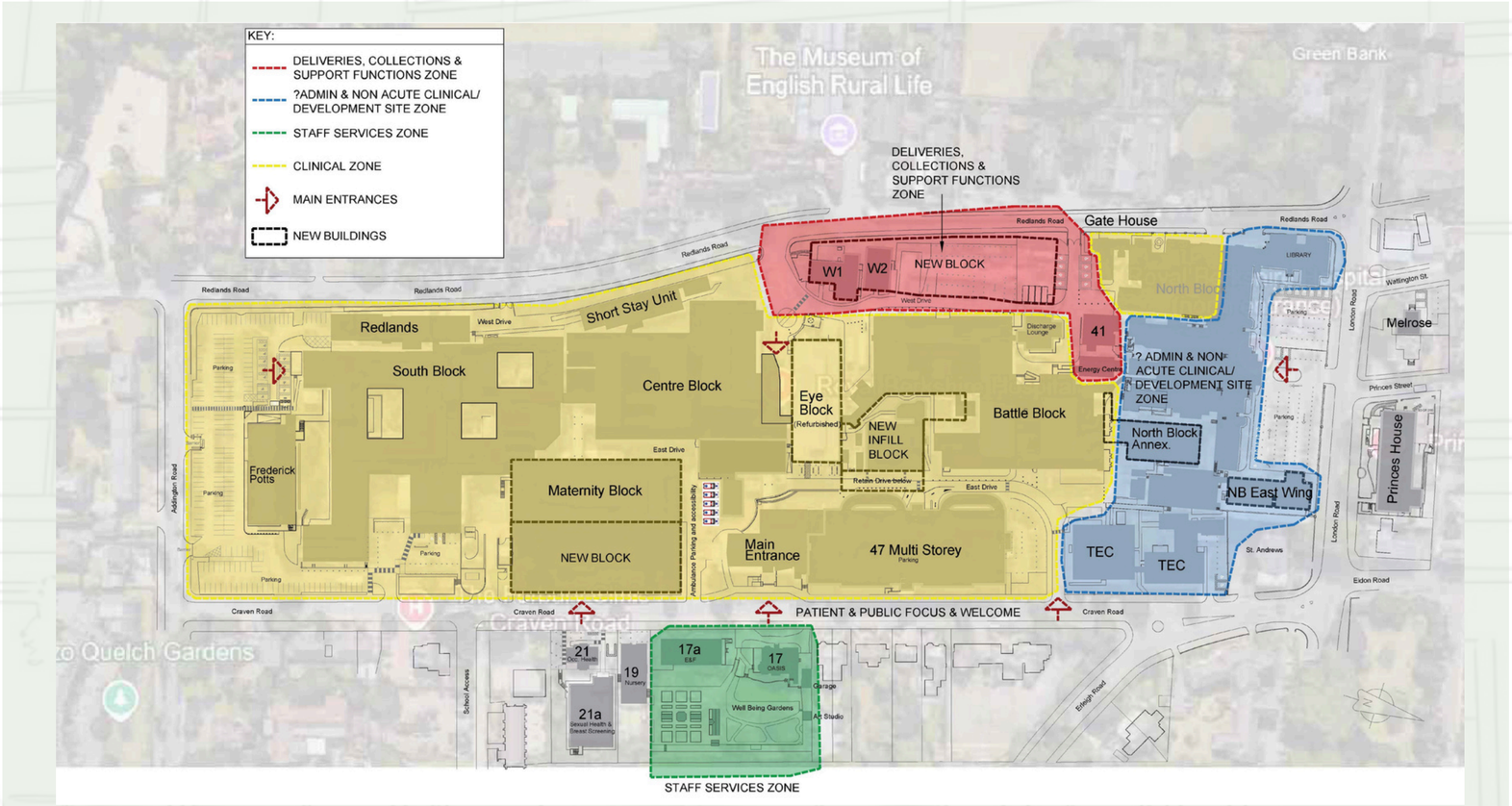


8. Supply

Map 3: Concept Zones

Our masterplanning engagement, alongside the existing Trust Strategy and Clinical Services Strategy told us that there were some key qualitative and experience priorities for us to strive for.As a result, this RBH map is a proposed output from the Masterplan showing the separation of patient-facing and public parts of the RBH site from staff and support functions. The concept centres on the separation and grouping of clinical and public-facing accommodation from support and logistics functions, wherever feasible. The benefits of this approach include:

- Maximising available clinical and public-facing accommodation.
- Standardising patient-facing environments, entrances, welcome and brand.
- Resolving longstanding signage and wayfinding challenges.
- Maximising opportunities for compliance with NHS contract, CQC, and Martyn's Law requirements.
- Improving pedestrian and vehicular traffic flow and safety on site and in surrounding roads. wherever possible, separating emergency vehicle routes from delivery and collection routes to reduce congestion and potential emergency vehicle delays on Craven Road.
- Delivering better value for money, capital and revenue, by separating the higher-cost clinical estate from non-clinical space, and taking into account existing high value fixed plant and equipment such as our Linac accelerators



9. Identified Opportunities

Royal Berkshire
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Bringing together the demand and the supply outlined in previous chapters, the Masterplan has identified a range of estate opportunities across the RBFT estate portfolio. These are presented at a high level at this stage. Not all opportunities will ultimately be progressed, and feasibility, sequencing, cost, programme and operational constraints will be assessed in detail through the Development Control Plan and associated business cases. Equally, new opportunities may emerge as the DCP work develops.

Key Opportunities Summarised:

- New block developments: new build opportunities on the RBH site, focused within the 'no-regret' investment zone such as anew block on West Drive, extension of the High-Rise building (formerly maternity block) and infill block on the current Physio East site, to provide modern, flexible clinical space.
- Existing estate refurbishment: targeted refurbishment investment in key clinical buildings (e.g. North Block and Battle block) to extend their useful life and improve fitness for purpose.
- Community site development: targeted investment in our community-based sites, particularly Bracknell Healthspace, West Berkshire Community Hospital and Townlands Memorial Hospital, to maximise utilisation of this good quality estate, expand outpatient and ambulatory capacity and care for more patients closer to their homes.
- Partner estate opportunities: exploration with system partners of opportunities for co-location, shared use and joint development of community facilities.
- Maximising land value and appropriate disposal: as services consolidate with unfit buildings phased out, current estate utilisation will be maximised, there may be opportunities to consolidate our footprint if clinically appropriate which would support our investment requirements, reduce our revenue running costs and drive up our efficiency in terms of space utilisation. There are various RBH-adjacent buildings in RG1 that could be rationalised as described.

Each of the potential schemes within these opportunities will be assessed through the DCP process against criteria including feasibility, clinical benefit, cost, programme, operational and experiential impact, buildability, no-regrets status and alignment with the Masterplan principles.

10. Critical Success Factors

A number of key enablers must be in place, or actively developed, to deliver the Estates Masterplan, DCP and associated business cases. These critical success factors cut across organisational boundaries and will require sustained commitment from Trust leadership, clinical teams, system partners and external bodies.

Digital Infrastructure and Transformation

For the estate to operate efficiently and support future models of care, we need:

- Robust, reliable, and future-proofed digital infrastructure across all sites, including connectivity and networks, building management systems and clinical technology.
- Full exploitation of virtual care, remote monitoring and same-day pathway technology through the Royal Berks @ Home programme and other initiatives.
- Integration of digital wayfinding, patient-facing technology and estate management systems to improve the experience of patients, visitors, and staff.
- Data and analytics capability to support space utilisation monitoring, predictive maintenance, and demand forecasting.

Digital investment decisions must be aligned with the Masterplan to ensure that technology is deployed in buildings that have a long-term future, and that digital capability is not stranded in assets that are due to be phased out. This year's capital plan is focused on the foundational structures required to transform our digital capability and capacity, including telephone network infrastructure and data centre.

Outpatient Transformation

A significant proportion of the estate pressure on the RBH site stems from outpatient and ambulatory demand, with outpatient space underutilised across our community sites. Transforming how we deliver outpatient care, whether through virtual appointments, community-based clinics, or streamlined pathways, will be essential to releasing space on the acute site and improving patient access.

The Estates Masterplan requires that outpatient and ambulatory care transformation will be pursued in parallel across our strategic programmes, and at pace, so that estate planning for these services will reflect an evolving of care closer to, and in, our patients homes, aiming for a 50% reduction in outpatient activity delivered on the RBH site.

Delivery of the Trust-Wide Transformation Programmes

The Estates Masterplan requires delivery of the Trust's wider transformation and improvement agenda, including:

- Our four multi-year strategic programmes: Experience First, Care where I am, Royal Berks @ Home, Future Ready Spaces.
- Workforce planning and development.
- Financial sustainability and productivity programmes.

10. Critical Success Factors

People, Culture and Change

Together with our strategic transformation programmes, delivering the Estates Masterplan, as well our Trust and Clinical Services Strategies, will change how, and where, we deliver care. Delivery of our Masterplan will both require and enable changes our ways of working and this means that it is essential that we treat culture and physical space as inseparable.

This will require the Trust to change how, when and where our people work and ensure that the workforce planning and requirements change alongside, if not ahead of the delivery of the masterplan, and the new hospital.

It will be essential that workforce plans are developed and delivered alongside Masterplan delivery. Future buildings must support our staff effectively and the necessary changes to working patterns, roles and ways of working are planned and implemented in a timely and structured way.

We will:

- Engage staff in the co-design of new and refurbished spaces
- Continue to implement agile & digital enabled ways of working
- Drive the required changes throughout the organisation via our embedded Improving Together continuous improvement methodology ensuring;
  - Leadership Buy-In: Culture change requires compassionate, distributed leadership rather than top-down mandates.
  - Cross-Boundary Collaboration: ensuring the maximum benefit is achieved, creating environments that require integrated, multi-professional teamwork
  - Provide a compelling vision do that our staff are passionate leaders of the changes required

Logistics: Staff, Patients, Equipment and Supplies

To increasingly deliver more of our services and care away from the RBH site, delivery of the Estates Masterplan must be supported by a modern, efficient logistics model that:

- Reduces unnecessary clinical staff time spent on logistics and supplies tasks.
- Improves the reliability and speed of drug and equipment delivery, including exploration of automated and drone-based delivery solutions.
- Improves patient transport and patient flow, including between sites.
- Separates logistics and delivery traffic from patient and emergency vehicle routes, consistent with the concept zone mapping.

Logistics solutions will be co-designed with RBFT teams and built into the physical design of new and refurbished spaces.

Planning and Regulatory Consents

Major estate developments will require planning permission and engagement with the relevant planning authorities. Early pre-application engagement with planning authorities will be essential to ensure that the DCP and individual business cases are developed with a clear understanding of the planning context and requirements, including Martyn's Law compliance.

11. Finance

Delivering the Masterplan will require sustained capital investment. This chapter outlines the main funding routes available to the Trust, alongside early considerations on how each could realistically be pursued. A detailed financing strategy will be developed as part of the Development Control Plan. At this stage, the Masterplan notes that:

- Not all investment can be funded from existing Trust capital allocations and may be not from the ‘public purse’.
- A proactive approach to external funding, charitable and commercial income and asset optimisation will be needed.
- No-regrets investment decisions will be prioritised to maximise the impact of available funding.
- There is no single solution, and a combination of approaches is likely to be required.

There is a need to actively talk about our estate – its age, constraints, and day-to-day challenges and the impact on patient and staff experience, efficiency and finances. Inviting key stakeholders and decision-makers to physically visit the site to see the issues first hand to help contextualise the need for investment and encourages partners to think about how RBFT could be supported.

National Funds

There are a range of nationally driven funding pots that are periodically made available and that estates projects can apply for. A key requirement for accessing these funds is having a clearly defined, well-developed business case ready to bid at short notice highlighting the importance of having projects within the Masterplan that can be progressed quickly when calls for funding emerge.

Alongside formal bidding, there is also value in maintaining close and proactive relationships with regional and national NHS colleagues. Informal conversations and visibility can help ensure that RBFT remains front of mind when new funding streams are being shaped or discretionary allocations are being discussed.

NHP draw down

The New Hospital Programme (NHP) provides another potential funding mechanism, particularly in relation to new sites or specific enablement works, as well as appropriate legacy schemes. While this still involves a bidding process, the pool of competing schemes is significantly smaller than national funding routes, making it a good option where alignment exists.

11. Finance

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Commercial and Private Partnerships

Commercial development presents an opportunity to generate partnership investment options and potential ongoing revenue streams. This could include developing space specifically intended to be rented out, either to NHS partners or other aligned organisations.

Partnership models will also be explored, for example where a third party brings investment or development expertise in return for a long-term income or lease arrangement. This may reduce upfront capital requirements while still delivering estate improvements. The North Block is a potential example of this approach. For example, there may be an opportunity to consider a long lease to a third party who would then take responsibility for development and fit out, providing a capital receipt or ongoing income while retaining, or achieving strategic control of the asset now or in the future.

There are several examples across the UK where innovative partnership funding models have delivered significant benefits. These include local authority pension fund investments, development and funding alliances such as the Great North Healthcare Alliance, the community-led investment programme at Springfield Village, and the wider infrastructure investment “ripple effect” seen in Lanarkshire. Similar approaches and opportunities will be explored in collaboration with system partners to identify sustainable funding and development solutions.

Charitable funding including our Royal Berks Charity

Charity funding continues to be an important route, particularly for a high profile, big impact project where their name and fundraising efforts can be clearly associated with a tangible improvement.

For an estates project to be suitable, it would need to be either located on the new site or be something that will remain in use once the acute services move off-site. However, it is important to recognise that some larger charitable builds may be dependent on the land purchase progressing, which introduces an additional layer of risk and timing dependency.

Dedicated Grant Funding

Grant funding could be available. An example of this is a sustainability fund. There may be other grant opportunities that could emerge depending on future policy direction. Ongoing horizon scanning will be needed to understand what additional grants may become available and how the Masterplan could align with them.

Sales Opportunities

Capital from asset sales is another potential source of funding. This would involve reviewing the existing estate to identify buildings or land that could be sold. The former Battle hospital, and North Block East Wing are examples of assets that could be considered for disposal.

11. Finance

Research and Innovation Partnerships

Finally, there may be commercial opportunities linked to research and innovation. This could include partnerships with academic institutions, industry, or commercial research organisations. Developments that support innovation could attract external funding and generate income.

Taking it forward

The Trust will take forward a structured approach to funding exploration, building on the opportunities outlined above. Each route will be assessed for its suitability, timing, and alignment with specific Masterplan projects, with early priorities focused on those schemes that are most investment-ready.

Relationships with key funding bodies and stakeholders will be actively developed, and horizon scanning will be embedded into ongoing estate planning to ensure the Trust is well-positioned to respond to emerging opportunities. A comprehensive financing strategy, drawing together the most viable combination of funding routes, will be brought forward as part of the Development Control Plan.

12. Next Steps

The Estates Masterplan sets the strategic direction and framework within which all subsequent estate decisions will be made, and delivery of the plan, particularly at pace, will not be possible without the critical success factors identified in Chapter 10 and financial strategy development in the DCP. The immediate next steps are as follows:

Development Control Plan

The primary next step is to develop the Development Control Plan (DCP). This will translate the high-level vision and principles of the Masterplan into a specific, sequenced and costed plan for estate and infrastructure investment, development and rationalisation. The DCP will be broken into phases:

- Under 2 years - immediate priorities and quick wins.
- 2 to 5 years - medium-term investment and development.
- 5 to 10 years - longer-term transformation.
- Over 10 years - aspirational future state, informed by progress on the new hospital.

Further Engagement

As the Development Control Plan is developed, it will require further extensive engagement with our clinical, non-clinical and operational teams, as well as our patients and community. We will continue to work closely with system partners to ensure that our estate masterplanning is aligned with wider system ambitions, that opportunities for co-location and shared use are identified, and that our proposals are realistic and deliverable within the system context, particularly as we collectively deliver more care in neighbourhoods and closer to home.

Regular Review

The Estates Masterplan and Development Control Plans should not be fixed documents. They will need to be reviewed bi-annually to reflect:

- Progress on the New Hospital Programme, including land acquisition and programme milestones.
- Changes to clinical strategy, service configuration or demand patterns.
- Evolution of system partnerships and the wider ICS estate strategy.
- New digital and technological opportunities.
- Changes in funding availability and financial context.

The 2 yearly reviews will be reported to Capital Programme Committee, the Finance and Investment Committee, and the Board.

Governance

A clear governance structure will be established to oversee the delivery of the Masterplan and transition into the DCP phase. This will include appropriate clinical, operational, financial and system representation, and will be designed to ensure that the Masterplan retains the confidence and engagement of all key stakeholders.

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