

New Hospital Programme.

We were brought in to support one of the largest investments in NHS infrastructure in a generation; to deliver 40 new hospitals by 2030.



Services

- Programme planning
- Stakeholder management
- Digital integration

the challenge

When we joined the New Hospital Programme (NHP) early in its lifecycle, the initiative was ambitious but in a state of low maturity.

The government's 2020 commitment to deliver 40 new hospitals by 2030 (along with eight schemes already underway) represented one of the largest investments in NHS infrastructure in a generation.

However, the programme lacked a centralised project controls framework: no unified cost, risk, schedule or benefits management processes, and no robust data repository or reporting backbone. Adding to the complexity,

the project spanned multiple sites and disciplines (design, procurement, clinical, engagement, delivery), and it was launched in a political climate of shifting priorities.

Mid-way through our engagement, a change of government introduced demands to re-justify the business case under new fiscal constraints, and frequent ministerial or FOI enquiries amplified the need for authoritative, auditable data. In short: leadership had little visibility into interdependencies, performance trends, or risk exposures across the hospital schemes, and the programme was under increasing scrutiny.

"Hospital 2.0", has been developed with **clinicians and operating staff** to better **integrate technologies** and **digital infrastructure**.

Prioritising 7 hospitals built mainly from **RAAC** for **complete replacement**, explicitly to remove high-risk infrastructure.

The new rolling-wave model is broadly consistent with a near - **£50bn long-term programme spend**.

NHS
New Hospital
Programme

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'Built a bespoke interface programme to expose hidden dependencies and critical path risks.'

the solution

Over the two-year engagement, our three specialist roles – Project Controls Manager, Head of Planning, and Integration Planner – collaborated to build a robust programme controls backbone.

The Project Controls Manager implemented standardised processes for cost control, risk, benefits, schedule governance and reporting, created dashboards and management reports, stood up a PMO team, and established a "single source of truth" repository for programme data.

The Head of Planning developed detailed end-to-end fragnet(s) for hospital construction timelines, optimised the sequencing across design, procurement and build, and engaged stakeholders from multiple disciplines to feed into business cases and briefings to government. The Integration Planner identified and modelled the complex interfaces between functional streams (design, clinical, procurement, governance, delivery), built a bespoke interface programme to expose hidden dependencies and critical path risks, and ensured that interdependencies were visible and managed at the programme level.

the impact

By the close of our assignment, the NHP had demonstrably increased its project controls maturity: senior leadership gained clear, integrated visibility across cost, schedule, benefits and risk metrics, and the single data source enabled rapid, auditable response to inquiries. The interface programme we delivered exposed previously invisible critical dependencies and empowered proactive mitigation of delivery risks.

Our planning inputs into business cases and stakeholder alignment improved credibility during the government's re-justification phases. In the broader context, our work helped reduce uncertainty and delivery risk across a programme with estimated capital backing of £22.2 billion. In so doing, we contributed to embedding a sustainable controls architecture and guiding the NHP toward a more robust trajectory amid changing political and fiscal conditions.

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