MARKET BRIEFING · AUGUST 2026

The New Hospital Programme

Wave 1

Eleven contracts signed, eleven hospitals worth around £14bn, and a specialist talent pool that was thin long before any of them started. Here is what the first wave actually looks like, and what it means for the people who have to staff it.

Arcavia Consulting

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Eleven hospitals moved from announcement to contract

Eleven NHS trusts have signed long-term agreements with their construction partners under the Hospital 2.0 Alliance, formally opening delivery on the first wave of the New Hospital Programme. The schemes are worth roughly £14bn between them and seven of the eleven are RAAC replacements, which is why they sit at the front of the queue. Construction activity steps up from 2027 as the programme moves out of framework mobilisation and into build.

£14bn
combined value of the first-wave schemes

11
trust and contractor pairings signed

7
RAAC replacements inside the eleven

2027
when construction activity ramps up

PROGRAMME STRUCTURE

Four waves, roughly forty schemes, fifteen years of work

The NHP is sequenced rather than simultaneous, which is the single most important thing to understand about the hiring pattern it creates. Funding is set at up to £15bn for each five-year spending period, averaging around £3bn a year by 2030.

WAVE 0

Already on site

7 schemes

Dorset County, Royal Bournemouth, Oriel Eye, National Rehabilitation Centre, CEDAR, St Ann's, Alumhurst Road

WAVE 1

Construction 2025–2030

16 schemes

Eleven now contracted under the Hospital 2.0 Alliance. Brighton 3Ts, Poole and Derriford are already on site under earlier arrangements, and Cambridge Cancer Research and Shotley Bridge are still in business case.

WAVE 2

Construction 2030–2035

9 schemes

Leeds General Infirmary, Leicester, Musgrove Park, Watford, Whipps Cross, Torbay, Kettering, Princess Alexandra, Sutton

WAVE 3

Construction 2035–2039

9 schemes

St Mary's, Charing Cross and Hammersmith, Royal Berkshire, Royal Preston, Royal Lancaster, Nottingham, Hampshire, North Devon, Eastbourne

THE SEVEN RAAC REPLACEMENTS

The schemes that could not wait

These seven were built wholly or largely in reinforced autoclaved aerated concrete and independent assessment found they cannot safely operate beyond 2030, which is why they sit at the front of the revised timetable. They have the least tolerance for a slow start, and the least tolerance for a team assembled after contract award.

HOSPITAL	DELIVERY PARTNER
Airedale General Keighley, West Yorkshire	**GRAHAM**
Frimley Park Camberley, Surrey	**Sacyr UK**
Hinchingbrooke Huntingdon, Cambridgeshire	**Kier Construction**
James Paget Great Yarmouth, Norfolk	**Skanska**
Leighton Crewe, Cheshire	**Integrated Health Projects**
Queen Elizabeth King's Lynn, Norfolk	**Skanska**
West Suffolk Bury St Edmunds, Suffolk	**Dragados**

THE REMAINING FOUR OF THE ELEVEN

And the four that go with them

None of these four carry RAAC, so they run to the standard Wave 1 timetable rather than the 2030 deadline. Between them they still add four more full delivery teams to the same eighteen-month mobilisation window.

Women and Children's	Truro, Cornwall	**Willmott Dixon** — Above £500m
Hillingdon	North-west London	**Laing O'Rourke** — £1bn – £1.5bn
Milton Keynes University	Buckinghamshire	**Morgan Sindall** — Above £500m
North Manchester General	Crumpsall, Manchester	**Bovis Construction** — £1bn – £1.5bn

SITE BY SITE

Where the eleven actually are

Nine of the eleven sit outside the big city labour markets, which is the detail that decides how hard each one is going to be to staff.

HOSPITAL	SITE	POSTCODE
Airedale General	Steeton, Keighley, West Yorkshire	**BD20 6TD**
Frimley Park	Portsmouth Road, Camberley, Surrey	**GU16 7UJ**
Hinchingbrooke	Hinchingbrooke Park, Huntingdon, Cambs	**PE29 6NT**
James Paget	Lowestoft Road, Gorleston, Great Yarmouth	**NR31 6LA**
Leighton	Middlewich Road, Crewe, Cheshire	**CW1 4QJ**
Queen Elizabeth	Gayton Road, King's Lynn, Norfolk	**PE30 4ET**
West Suffolk	Hardwick Manor, Bury St Edmunds, Suffolk	**IP33 2QZ**
Women and Children's	Treliske, Truro, Cornwall	TR1 3LJ
Hillingdon	Pield Heath Road, Uxbridge, west London	UB8 3NN
Milton Keynes University	Standing Way, Eaglestone, Milton Keynes	MK6 5LD
North Manchester General	Delaunays Road, Crumpsall, Manchester	M8 5RB

● Maroon postcodes are the seven RAAC replacements

WHERE THE PRESSURE LANDS

Four of the seven RAAC schemes sit in one labour market

West Suffolk, Hinchingbrooke, Queen Elizabeth King's Lynn and James Paget are all RAAC replacements, all in the East of England, spread across roughly seventy miles and delivered by three different contractors. The four schemes with the least room to slip therefore draw on one regional pool, and East Anglia carries very few people who have delivered an acute hospital before.

1. **West Suffolk**
   Bury St Edmunds
   Dragados

2. **Hinchingbrooke**
   Huntingdon
   Kier

3. **Queen Elizabeth**
   King's Lynn
   Skanska

4. **James Paget**
   Great Yarmouth
   Skanska

Three contractors, four programmes, one shallow pool, and no alliance member able to solve it by taking people off the scheme down the road.

HOSPITAL 2.0

This is not eleven hospitals. It is one product, built eleven times

The NHP's answer to a supply chain that cannot build forty hospitals traditionally is to stop treating each one as a bespoke job. Design, components and process are standardised centrally, with a defined set of priority products carrying fixed performance and interface requirements and variable geometry the contractor optimises.

THE SEVEN PRIORITY PRODUCTS

- **Façades**
- **In-room MEP**
- **Horizontal MEP**
- **Internal walls**
- **Internal doors**
- **Ensuites**
- **Risers**

> *"Industrialisation removes unwanted variability and waste to improve performance and productivity with higher levels of certainty."*
>
> **New Hospital Programme, industrialisation definition**

WHERE THE DEMAND CONCENTRATES

The roles every one of the eleven will be chasing

These are the disciplines that come under pressure first, and they are the same nine on every scheme, which is precisely the problem.

Project Director

Acute hospital delivery

Senior Project Manager

Live-estate phasing

Commercial Manager

Alliance-model commercial

Senior Quantity Surveyor

Standardised cost control

Planner

Multi-scheme sequencing

Design Manager

H2.0, HTM and HBN

MEP Lead

Modular services integration

Information Manager

Digital delivery and data

Project Controls Manager

Portfolio reporting

Multiply nine disciplines by eleven schemes and the programme needs several hundred senior delivery people. Insist that every one of them has prior acute hospital experience and the field narrows to a pool that cannot fill it.

THE PART NOBODY HAS SOLVED

The programme has its funding. It does not yet have its people

Healthcare is a narrow discipline inside an already stretched construction market. The people who have delivered an acute hospital, who know HTM and HBN in detail and who have sequenced a build alongside a functioning clinical estate, number in the hundreds nationally rather than the thousands. Eleven schemes now mobilise against that pool at once, while HS2, Sizewell C, the gigafactory pipeline and the data centre boom compete for the same commercial, planning and MEP populations. The NHP has been candid about it, and enhancing skills and accelerating access to talent is one of its own three stated priorities for 2026.

17,000
people on the eleven schemes at peak

c.300
senior delivery and commercial roles

18
months to build teams before 2027 ramp-up

Arcavia estimate. No peak workforce figure has been published for Wave 1, so this works from the £14bn construction value spread across roughly six years of build, a peak year of about £3bn, and the UK major-build norm of £160,000 to £180,000 of construction value per person-year on site. The senior figure assumes 25 to 30 delivery, commercial and design staff per scheme in the nine disciplines opposite.

Standardised design compresses the build programme, so the recruitment programme has to compress with it. Saving nine months on site and then losing six waiting for a commercial manager is not a saving.

THE ALLIANCE CHANGES THE RULES

You cannot poach your way out of this one

Collaboration between alliance members only holds if they are not raiding each other, so the route contractors normally take when a programme runs hot, which is to buy the team from the firm next door, is closed off inside the framework. That removes the fastest lever in the industry and leaves two slower ones, which are bringing people in from outside healthcare and developing them, or growing them from within.

1. **Convert from adjacent sectors**
   Nuclear, pharma, life sciences and semiconductor fit-out all produce people who understand clean environments, heavy MEP and phased handover into an operating facility.

2. **Use the programme's own machinery**
   The NHP Academy carries CITB National Skills Academy for Construction accreditation and exists for exactly this purpose.

3. **Grow your own seniors**
   A pipeline running to 2039 means the assistant project manager taken on in 2027 can credibly be running a scheme by Wave 2.

4. **Treat retention as the strategy**
   If buying is off the table and building takes years, the only variable left is how many of your healthcare people are still with you in 2029.

When you cannot poach, the hiring plan and the development plan become the same document.

WHAT WE WOULD DO NOW

Four moves worth making before 2027

01 **Map the healthcare pool, then the one beside it**

Build a live picture of who has acute hospital experience across the East of England and the North West, then a second list of the nuclear, pharma and life sciences people who could cross over. The second list is where the numbers actually come from.

02 **Hire the programme, not the vacancy**

Nine disciplines across a fifteen-year pipeline is a workforce plan rather than a series of individual searches. Treat it as one exercise with a sequence and the second and third hires get materially easier.

03 **Put the development plan ahead of the hiring plan**

With poaching inside the alliance off the table, the schemes that get staffed will be the ones that started converting and training people in 2026 rather than advertising for finished articles in 2028.

04 **Retain harder than you recruit**

Every healthcare-experienced person on your team is on somebody's target list outside the alliance, and the cheapest hire on this programme is the one who was already going to stay.

ARCAVIA CONSULTING

We are already working this programme

Arcavia is a talent delivery partner for the built environment, specialising in project mobilisation and senior hiring. We work as an extension of in-house recruitment teams, carrying the hard-to-fill delivery, commercial and design roles and taking out the agency spend that a mobilisation of this size would otherwise generate. We are currently resourcing delivery teams on a Wave 1 scheme, which means the market map behind this document is a live one rather than a desk exercise.

If you are building a Wave 1 team, or working out where the people are going to come from when you cannot buy them from the firm next door, I am happy to share what we are seeing.

Arcavia Consulting

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Sources: DHSC and NHS England, 30 July 2026 · NHP Plan for Implementation · Build UK New Hospital Programme Forum, 29 January 2026 · Construction Enquirer · Building Better Healthcare