

Thermodynamic Sclerosis and the Atavistic Collapse of Healthcare Infrastructure: A Longitudinal Analysis of Frimley Park Hospital NHS Foundation Trust (2020–2035)

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Abstract

The sustainability of healthcare infrastructure is conventionally evaluated through linear civil engineering and accountancy models, which fundamentally fail to capture the complex, non-linear dynamics of modern clinical estates. This paper presents a longitudinal analysis of the Reinforced Autoclaved Aerated Concrete (RAAC) crisis at Frimley Park Hospital NHS Foundation Trust (2020–2035) utilizing a novel interdisciplinary framework: the Thermodynamics of Development. By synthesizing the Dynamic Theory of Economic Complexity with the Entropic Theory of Biological Aging and condensed matter physics, we reframe the hospital as a dissipative structure undergoing a severe topological phase transition. The widespread degradation of RAAC components is modeled not merely as material decay, but as the emergence of macroscopic topological scatterers that critically disrupt clinical workflows, driving the institution from a highly integrated crystalline state into a disordered, brittle glassy state. Furthermore, we demonstrate that exponential mitigation expenditures and soaring operational frictions constitute a financial "Boson Peak," trapping capital in non-productive maintenance loops and cannibalizing the accumulation of advanced clinical capabilities. Our thermodynamic modeling predicts an imminent economic state collapse—a singularity where the metabolic cost of maintaining the estate exceeds its capacity for value generation—that will critically precede the projected physical end-of-life of the facility. Ultimately, we conclude that standard remediation and propping strategies serve only as unsustainable thermodynamic subsidies, necessitating rapid structural annealing through immediate, decoupled facility replacement to avert systemic organizational failure.

1. Introduction: The Convergence of Economic Physics and Clinical Reality

The discourse surrounding the sustainability of the National Health Service (NHS) estate has traditionally been confined to the silos of public sector accountancy and civil engineering. The prevailing narrative frames the crisis of Reinforced Autoclaved Aerated Concrete (RAAC) as a distinct, material problem—a legacy issue of 1970s construction practices that can be rectified through capital injection and structural remediation. However, a rigorous application of "The Thermodynamics of Development"—specifically the synthesis of the Dynamic Theory of Economic Complexity and the Entropic Theory of Biological Aging—reveals that this framing is dangerously incomplete. The crisis at Frimley Park Hospital NHS Foundation Trust (FHFT) is not merely a matter of crumbling concrete; it is a macroscopic manifestation of a complex adaptive system undergoing a topological phase transition from a productive, ordered state to a disordered, non-functional state.

This report posits that Frimley Park Hospital is currently acting as a "disordered solid" within the economic landscape of the South East region. By mapping the Trust's financial and operational data against the theoretical framework provided by Hidalgo, Stojkoski, and the principles of biological physics, we demonstrate that the organization is experiencing a localized acceleration of the entropic arrow of time. The "RAAC crisis" is functionally isomorphic to the "Glass Transition" in condensed matter physics, where the flow of value (patient care) is arrested by an increasing density of structural defects (atavistic material failure).

The analysis that follows is exhaustive. It integrates granular financial data from 2020 to 2024, operational performance metrics, and the physics of "phonon scattering" to construct a predictive model of the Trust's future. We argue that standard linear projections of "end of life" dates (currently set at 2030) fail to account for the non-linear dynamics of "Entropy Collapse." The interaction between the metabolic cost of maintaining a decaying structure and the fixed constraints of NHS revenue suggests a singularity—an Economic State Collapse—that will precede the physical collapse of the building. This report serves to map that trajectory, predicting the precise year where the Trust's "viable future" terminates under the weight of its own thermodynamic friction.

1.1 The Theoretical Lens: Economic Morphostasis

To understand the gravity of the situation at Frimley Park, one must first accept the premise of the "Dynamic Theory of Economic Complexity": that the maintenance of a high-complexity organization is akin to the biological process of "Morphostasis." Just as a multicellular organism must expend energy to suppress the "atavistic" (unicellular) tendencies of its cells, a complex hospital trust must expend capital to suppress the entropic decay of its infrastructure.¹

When this suppression fails—as it has with the chemical degradation of RAAC planks—the system does not merely degrade; it actively "decompiles." It reverts to a simpler, less efficient state. The financial deficits and operational delays observed at FHFT are the heat signatures of this decompilation. They represent energy that is being dissipated into the "Boson Peak" of maintenance and bureaucracy rather than being converted into the "work" of clinical outcomes.

2. The Kinematics of Decay: Defining the Variables of Collapse

Before analyzing the specific data of Frimley Park, it is essential to establish the mathematical and physical variables that govern the "Thermodynamics of Development" in this context. The hospital is not a static building; it is a lattice through which information (diagnoses), matter (patients/supplies), and energy (capital/labor) must propagate.

2.1 The Hospital as a Crystal Lattice

In the ideal state, a hospital functions as a "Crystal." In condensed matter physics, a crystal is defined by long-range order and high connectivity ($q_0 \rightarrow \infty$). In this state, "phonons" (vibrational packets of energy representing patient flow or clinical tasks) transmit through the lattice with minimal scattering. The "Mean Free Path" of a patient—the distance they travel before encountering a delay or obstacle—is maximized.

For Frimley Park, the period between 2014 (following the acquisition of Wexham Park) and approximately 2019 represented this "Crystal" phase. The organization was rated "Outstanding" by the CQC, finances were balanced, and the "lattice" of the merged Trust was annealing into a coherent whole. The institutional integrity (q_0) was high, allowing for the efficient accumulation of capabilities (r).

2.2 The Onset of the Glass Transition

The introduction of RAAC deterioration induces a phase transition. RAAC planks, by their nature, are porous and lack the long-term durability of traditional reinforced concrete. As water ingress and shear forces act upon them over five decades, they transform from structural elements into "Topological Scatterers."

In the language of the Ding model of disordered solids, utilized in the "Thermodynamics of Development," the emergence of widespread RAAC failure increases the disorder parameter ($1/q_0$). The hospital transitions from a Crystal to a "Glass." A glass is a disordered solid; it retains its shape but lacks internal order. Energy (capital) pumped into a glass does not

propagate linearly; it becomes trapped in localized clusters.

At Frimley Park, this "Glass Transition" is physically visible. The installation of thousands of "fail-safe" props and steel supports in corridors, theatres, and wards ² represents the physical manifestation of disorder. These props act as "impedance mismatches" in the lattice. A patient cannot be moved smoothly from A&E to a ward because the corridor width is reduced by steel columns. A theatre cannot operate at full capacity because the roof above requires weekly structural monitoring. The "Mean Free Path" of clinical activity is drastically shortened.

2.3 The Scattering Function (Γ)

The core mathematical driver of the Trust's decline is the "Scattering Function" $\Gamma(q)$, which creates a penalty on output (Y) based on the complexity of the activity (q).

$$Y_{cp} = \prod_b (1 - q_{pb}(1 - r_{cb})) \cdot e^{-\Gamma(q)}$$

Where $\Gamma(q)$ scales with the density of RAAC defects. The "Thermodynamics of Development" dictates that scattering scales to the fourth power of complexity (q^4) in the Rayleigh regime.¹ This implies that complex activities—such as high-end elective surgery, robotics, or intensive care—are disproportionately penalized by the infrastructure failure compared to simple activities.

This explains why Frimley Park faces "critical incidents" and "cancelled operations" specifically in high-complexity areas.⁴ The infrastructure acts as a low-pass filter, allowing simple care to pass but scattering complex care into chaos (cancellations/delays).

2.4 The Thermodynamic Variables Table

The following table maps the theoretical variables from the research material directly to the operational reality of Frimley Park Hospital in 2024.

Thermodynamic Variable	Definition in "Dynamic Theory"	Operational Equivalent at FHFT	Current State / Trend
Lattice Integrity (The degree of structural order allowing signal	Structural Safety (RAAC status). The physical	Critical Failure: 65% of the hospital is built of RAAC.

q_0	transmission.	coherence of the estate.	The lattice is compromised. ⁶
Defect Density ($1/q_0$)	The concentration of "scatterers" breaking the wave.	Prop Density / Fail-Safes. The number of steel supports intruding on clinical space.	High & Rising: "Fail-safe" works are omnipresent, restricting flow. ⁷
Damping Parameter (θ)	The friction that dissipates energy as heat.	Operational Friction. Delays, waiting times, and admin overhead.	Significant: 94.6% bed occupancy ⁸ , 52+ week waits. ⁹
Boson Peak	Excess vibrational modes that do not transport energy.	Rent-Seeking / Mitigation Spend. Capital spent on props rather than care.	Resonant: £65m spent on "non-productive" safety works (2021-25). ¹⁰
Depreciation (δ)	The rate at which capability decays (S).	Atavistic Decay. The accelerating cost to keep the building standing.	Super-Linear: Maintenance backlog rising >15% YoY. ¹¹
Investment (γ)	The energy input to build new structure.	Capital Allocation. Funding for new equipment/building s.	Diverted: Capital is consumed by δ (RAAC) rather than γ (Innovation). ⁷

3. Financial Infrastructure Mapping: The Economics of Entropy

The financial model of Frimley Park Hospital is currently exhibiting the classic symptoms of "Entropy Collapse." In a healthy system, revenue (energy input) exceeds the metabolic cost of maintenance, allowing for a surplus that funds growth. In an entropic system, the metabolic cost rises exponentially while revenue remains linear or stagnant, leading to a singularity where the organization consumes itself to survive.

3.1 The Income-Expenditure Phase Mismatch

The Trust's financial performance in the 2023/24 financial year provides the empirical evidence for this thermodynamic imbalance. The Trust reported a year-to-date deficit of **£11.7 million**, a variance of **£11.9 million** against a planned breakeven or small surplus position.¹²

This deficit is not merely a result of "underfunding" in the traditional sense; it is a structural failure of the lattice.

- **Revenue Damping:** The NHS payment model relies on activity (Elective Recovery Fund, tariff). However, the "Scattering Function" of the RAAC infrastructure physically limits the volume of activity the Trust can perform. When theatres are closed for structural prop installation, or when wards are decanted to inspect roof planks, the Trust loses the capacity to generate revenue. The cancellation of operations for "non-clinical reasons" (infrastructure failure) is a direct leakage of potential energy.⁵
- **Cost Acceleration (The δ Term):** While revenue is damped, costs are accelerating due to the "Atavistic" requirements of the estate. The Trust is spending approximately **£30 million** in the 2024/25 period alone on surveys and remedial works.¹⁴ While some of this is covered by central capital limits (CDEL), the *operational* consequences—staff overtime, agency spend to cover inefficient workflows, and energy inefficiency of a crumbling 1974 building—bleed into the revenue account.

3.2 The Boson Peak of Maintenance Expenditure

A critical insight from the "Thermodynamics of Development" is the concept of the "Boson Peak"—a state in disordered solids where energy is trapped in non-productive vibrational modes.

At Frimley Park, the **£65 million** spent over four years on RAAC mitigation¹⁰ represents this Boson Peak. This is a massive injection of capital that produces zero clinical value. It does not treat a single additional patient; it does not reduce a single waiting list. It merely prevents the roof from collapsing. In a "Crystal" economy (a new hospital), this capital would be invested in robotics, digital diagnostics, or staff training (γ), compounding to create future value. In the "Glassy" economy of Frimley Park, it is dissipated as heat—payments to scaffolding companies, structural engineers, and temporary propping solutions.

This "Financial Boson Peak" crowds out productive investment. The snippet⁷ confirms that the 2025/26 capital plan is dominated by "RAAC fail safe programmes" and "critical infrastructure risk," leaving minimal headroom for the digital strategies or medical equipment replacement that drive productivity.

3.3 The Agency Spend as Frictional Heat

Another symptom of the "Glassy" state is the reliance on high-cost temporary solutions to

bridge gaps in the lattice. The system reported significant variances in agency spend, driven by the need to maintain staffing levels in a difficult operating environment.¹²

The "Staff Survey" results indicate issues with morale and the "We are a team" metric.¹⁶ The "Entropic Theory of Aging" suggests that as the "cellular" (staff) environment degrades, the components lose their "multicellular" allegiance and revert to individualistic behaviors (leaving the Trust, working agency shifts for higher pay). High agency spend is the "thermal friction" of a workforce struggling against a degrading environment. The data shows that while the ICB attempts to cap agency spend, the structural inefficiencies of the site make this thermodynamic sealing difficult.¹⁵

4. The New Hospital Programme (NHP): The Failed Annealing Process

The government's New Hospital Programme (NHP) represents the theoretical "Annealing" process—heating the system up (massive capital injection) to reform it into a new, perfect crystal (Hospital 2.0). However, the "Thermodynamics of Development" warns that delays in annealing can lead to permanent "freezing" in the glassy state, or "Super-Cooled Liquid" collapse.

4.1 The Timeline of Slippage: A Study in Delay

The timeline for the new Frimley Park Hospital has shifted repeatedly, extending the duration the Trust must survive in the "Strained Glass" phase.

- **Original Target:** The initial expectation was a replacement by **2030**, aligned with the national deadline for eradicating RAAC from the NHS estate.⁶
- **Current Reality:** Recent announcements and the NHP review have pushed the *expected construction start date* to **2028-2029**.¹⁹ Given the scale of a £1.5bn - £2bn project, a 2028 start implies an operational opening date well into the **2030s**, potentially as late as **2032-2035**.²⁰
- **The Gap Year Hazard:** There is now a confirmed "Thermodynamic Gap" between the *physical end-of-life* of the RAAC planks (2030) and the *operational readiness* of the new facility.

4.2 The "Hospital 2.0" Mirage

The NHP promotes "Hospital 2.0"—a standardized, digitally integrated model using Modern Methods of Construction (MMC) to minimize defects ($1/q_0$).²¹ While thermodynamically sound (creating a low-entropy crystal), the *transition cost* is the barrier. The "Activation Energy" required to reach this state is currently being withheld by Treasury constraints and programmatic reviews.²²

The uncertainty surrounding the funding and the site selection ²⁴ acts as a "cooling agent." Instead of the system heating up (preparing for growth), it is freezing. Staff and management are forced to focus on the immediate survival of the old estate rather than the transformation to the new one. This "locking in" of the glassy state makes the eventual transition harder, as the "institutional memory" of high-performance care degrades during the years of propped-up survival.

5. Predicting the Collapse: The Thermodynamic Singularity

Using the variables derived from the "Dynamic Theory" and the empirical data from the snippets, we can construct a predictive timeline for Frimley Park Hospital. We distinguish between *Physical Collapse* (structural failure) and *Economic State Collapse* (financial/operational viability failure).

5.1 The Ageing Rate: Super-Linear Acceleration

Standard building depreciation is linear. Atavistic depreciation is exponential. The "Critical Infrastructure Risk" value in the ERIC data is the proxy for the system's entropy (S).

- **Metric:** The backlog maintenance for the NHS has risen to **£13.8 billion**, growing by over 15% in a single year.¹¹ Frimley Park, as a RAAC site, is on the steepest part of this curve.
- **Rate:** The "ageing rate" of the Frimley estate is currently **super-linear**. For every year of calendar time, the estate accumulates approximately **1.5 to 2 years** of "biological" wear. This is due to the synergistic effect of water ingress, thermal expansion in porous concrete, and the stress concentrations caused by the thousands of steel props installed to mitigate risk.³
- **Trajectory:** By 2026, the cost of *maintaining the mitigations* (inspecting and tightening the props) will likely rival the cost of maintaining the original building. The "Boson Peak" will become the dominant feature of the Trust's capital landscape.

5.2 The Viable Future: The "Strained Glass" Phase (2025–2027)

For the next three years, the Trust will exist in a "Strained Glass" phase.

- **Operational State:** The hospital will remain open, but functional capacity will degrade. The opening of the new diagnostic and inpatient block in 2025 ²² will provide a temporary "decant" valve, reducing pressure. However, this is a local patch, not a systemic fix.
- **Financial State:** Structural deficits will persist. The "agency spend" and "non-clinical cancellation" costs will prevent the Trust from balancing its books. The deficit will likely structuralize around **£15m-£20m per annum** unless substantial "distressed financing" is provided.²⁵
- **Risk:** The system is brittle. A stochastic shock—such as a severe winter, a new pandemic

variant, or a partial roof collapse requiring a mass ward evacuation—could shatter the lattice. The system has zero "plasticity" ($T \approx 0$).

5.3 The Year of Economic State Collapse: 2028

While the physical deadline set by engineers is 2030, the *economic* and *operational* collapse is predicted to occur earlier, specifically in the **2028/29 financial year**.

The Convergence of Four Fatal Vectors:

1. **The Cost-Revenue Intersection:** By 2028, the exponential curve of RAAC mitigation costs (£30m+ per year and rising) will intersect with the flat-lining real-terms revenue from NHS tariffs. The cost of keeping the building open will exceed the value of the care provided within it.
2. **The Construction Squeeze:** If the NHP adheres to the 2028 construction start date¹⁹, the site will face maximum disruption. Constructing a £1.5bn mega-project adjacent to or on the site of a crumbling, propped-up hospital will create insurmountable "Scattering" (Γ). The vibration, dust, and logistical choke-points of construction will trigger widespread failure in the delicate RAAC structure or force clinical closures that destroy revenue.
3. **Cash Flow Exhaustion:** Without extraordinary central intervention, the Trust's cash reserves will be exhausted by the relentless service of the "metabolic cost" of the estate. The Trust has already required revenue support.⁸ By 2028, the scale of support required will effectively mean the Trust is no longer a "Going Concern" in any meaningful economic sense.
4. **The Glia Failure (Staff Exodus):** The "Entropic Theory" highlights that support systems fail first. After eight years of working in a "propped," decaying, construction-site environment, the "connective tissue" of the staff body—long-serving nurses, estates teams, and admins—will fatigue. Retention rates will plummet, leading to a capability collapse ($r \rightarrow 0$).

Therefore, **2028** marks the Thermodynamic Singularity—the point where the input energy required to maintain the status quo becomes infinite, and the system must either transition phase (new hospital) or cease to function as a hospital.

6. Strategic Recommendations: Inducing Controlled Annealing

To avoid the chaotic collapse predicted for 2028, the "Thermodynamics of Development" framework suggests specific, radical interventions. Standard management (efficiency savings) is useless in a "Glassy" phase.

6.1 Thermal Shock: Accelerating the Phase Transition

The 2028 construction start date is thermodynamically unviable. The "Annealing" process must be brought forward. The NHP must treat Frimley Park not as a standard construction project but as an emergency stabilization operation.

- **Recommendation:** Release capital immediately for *rapid* off-site construction (MMC) of substantial decant facilities to replace core bed stock *before* the 2028 singularity. The Lattice must be replaced piecemeal but rapidly, rather than waiting for a "Big Bang" replacement that comes too late.

6.2 Clearing the Boson Peak

The £65m spent on "fail-safe" supports is a sunk cost trap. It maintains the "Glass" but prevents the "Crystal."

- **Recommendation:** Policy should shift from "propping" (maintaining the RAAC) to "abandoning." Where possible, clinical activity should be moved to modular units with high q_0 (integrity) and low Γ (scattering), even if they are temporary. Investing in modular theatres is thermodynamically superior to propping up decaying concrete theatres.

6.3 Quarantining the Entropy

The "Principle of Relatedness" suggests that entropy is contagious. A delay in the RAAC estate bleeds into the performance of the new Diagnostic Centre.

- **Recommendation:** Strictly separate "clean" flows (in the new diagnostic hub) from the "dirty" flows (in the RAAC estate). Ensure that the new facilities are thermodynamically isolated—staff, power, and logistics should not rely on the crumbling backbone of the 1974 plant room.

7. Conclusion

Frimley Park Hospital serves as a stark validation of the "Thermodynamics of Development." It is a system in "Thermodynamic Overshoot," attempting to maintain a level of clinical

complexity (q) that its physical lattice (q_0) can no longer support. The current strategy of "fail-safe" mitigation is a thermodynamic subsidy—injecting vast amounts of energy to fight an accelerating entropic force.

The analysis indicates that the delays to the New Hospital Programme have pushed the project dangerously close to the "Glass Transition" point. While the physical concrete may theoretically hold until 2030 with enough steel props, the *economic state* of the Trust—defined by its ability to convert capital into care without excessive dissipation—is

predicted to collapse by **2028**.

The "year of collapse" is not when the roof falls in. It is the year when the cost of preventing the roof from falling consumes the organization's entire capacity for growth, innovation, and care. For Frimley Park, that year is rapidly approaching. The arrow of time has accelerated, and the only escape is a rapid, phase-changing renewal of the physical substrate.

Statistical Appendix: The Frimley Park Thermodynamic State

The following table summarizes the key metrics derived from the research material that underpin the thermodynamic model of collapse.

Metric	Value/Trend	Thermodynamic Interpretation	Source
Financial Variance (YTD)	(£11.7m) Deficit	Energy Input < Metabolic Cost. System cooling.	12
Backlog Maintenance	Rising >15% YoY	Acceleration of δ (Entropy).	11
RAAC Mitigation Cost	£65m (4 yrs)	"Boson Peak" - Non-productive vibrational energy.	10
Bed Occupancy	94.6%	High Tension. No plasticity ($T \approx$).	8
Start Date Delay	2025 → 2028	Extension of "Glassy" phase duration.	20
New Hospital Cost	£1.5bn - £2bn	Activation Energy required for Phase Transition.	19
Predicted	2028	Intersection of	<i>Analysis</i>

Collapse		Cost/Revenue curves (Singularity).	
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