Notice of Meeting

Joint Health and Overview Scrutiny Committee (Frimley Park Hospital)

Date and Time	Place	Contact	Web:
Friday, 6 September 2024 2.30 pm	Surrey Heath Borough Council Surrey Heath House, Knoll Road, Camberley, Surrey GU15 3HD	Sally Baker, Scrutiny Officer Tel: 07813440804 SallyRose.Baker@surreycc.gov.uk	Council and democracy Surreycc.gov.uk **Twitter:** @SCCdemocracy

Committee Members:
Trefor Hogg (Surrey County Council) (Chairman), Michaela Martin (Surrey County Council), Carla Morson (Surrey County Council), Richard Tear (Surrey County Council), Dominic Hiscock (Hampshire County Council), Phil North (Hampshire County Council), Roz Chadd (Hampshire County Council), Bill Withers (Hampshire County Council) (Vice-Chairman), Caroline Egglestone (Bracknell Forest Borough Council) and Tony Virgo (Bracknell Forest Borough Council).

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AGENDA

1 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

The Chairman to report apologies for absence and substitutions.

2 MINUTES OF THE PREVIOUS MEETINGS: 17 MAY 2024

(Pages 5 - 18)

Purpose of the item: To agree the minutes of the Joint Health and Overview Scrutiny Committee (Frimley Park Hospital) held on 17 May 2024 as a true and accurate record of proceedings.

3 DECLARATIONS OF INTEREST

All Members present are required to declare, at this point in the meeting or as soon as possible thereafter

(i) Any disclosable pecuniary interests and / or

(ii) Other interests arising under the Code of Conduct in respect of any item(s) of business being considered at this meeting

NOTES:

- Members are reminded that they must not participate in any item where they have a disclosable pecuniary interest
- As well as an interest of the Member, this includes any interest, of which the Member is aware, that relates to the Member's spouse or civil partner (or any person with whom the Member is living as a spouse or civil partner)
- Members with a significant personal interest may participate in the discussion and vote on that matter unless that interest could be reasonably regarded as prejudicial.

4 PUBLIC QUESTIONS

The deadline for public questions is seven days before the meeting (Friday 30 August 2024).

5 MEMBER QUESTIONS

The deadline for Member's questions is 12pm four working days before the meeting (Monday 2 September 2024).

6 FRIMLEY PARK NEW HOSPITAL PROGRAMME- PROGRESS SO FAR

(Pages 19 - 24)

Purpose of the item: To receive an oral strategic overview update to cover:

1. **A detailed update on the progress of the hospital and the selection process**

    - Setting out a clear picture on when we could communicate to people about the sites and when we consider we could do that.
    - Update on the plan for the next five years.

2. **An update on the current situation at Frimley Park Hospital and how that continues to be managed**

    - Update on access to the current site, the new diagnostic unit and on the out of hospital urgent care facilities for residents requiring same day access.

3. **An update on working with Healthwatch Surrey (HwS) on how we can reach out to harder to reach local communities**

    - Refer to the accompanying draft proposal paper about how we are collaborating with Healthwatch Surrey.

4. **Engagement of the staff at Frimley Park Hospital**

    - An update into views and communications.

7 DATE OF NEXT MEETING

The next public meeting has been scheduled for Friday 18th October 2024.

Terence Herbert
Chief Executive
Published: 27 August 2024

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Thank you for your co-operation.

QUESTIONS AND PETITIONS

This committee will consider questions by elected Surrey County Council, Hampshire County Council, and Bracknell Forest Borough Council Members and questions and petitions from members of the public who are electors in the Surrey County Council, Hampshire County Council, and Bracknell Forest Borough Council area.

Please note the following regarding questions from the public:

1. Members of the public can submit one written question to a meeting by the deadline stated in the agenda. Questions should relate to general policy and not to detail. Questions are asked and answered in public and cannot relate to "confidential" or "exempt" matters (for example, personal or financial details of an individual); for further advice please contact the officer listed on the front page of an agenda.
2. The number of public questions which can be asked at a meeting may not exceed six. Questions which are received after the first six will be held over to the following meeting or dealt with in writing at the Chairman's discretion.
3. Questions will be taken in the order in which they are received.
4. Questions will be asked and answered without discussion. The Chairman may decline to answer a question, provide a written reply or nominate another Member to answer the question.
5. Following the initial reply, one supplementary question may be asked by the questioner. The Chairman may decline to answer a supplementary question.

MINUTES of the meeting of the **JOINT HEALTH AND OVERVIEW SCRUTINY COMMITTEE (FRIMLEY PARK HOSPITAL)** held at 2.30 pm on 17 May 2024 at Surrey Heath House, Camberley.

These minutes are subject to confirmation by the Committee at its meeting, to be confirmed.

Elected Members:
*Cllr Carla Morson
*Cllr Michaela Martin
*Cllr Richard Tear
*Cllr Trefor Hogg (Chairman)
*Cllr Ann Briggs
*Cllr Dominic Hiscock
Cllr Philip North
*Cllr Bill Withers (Vice-Chairman)
*Cllr Caroline Egglestone
*Cllr Tony Virgo

*=Present

1/24 ELECTION OF CHAIRMAN [Item 1]

The Committee received one nomination in advance of the meeting for Cllr Trefor Hogg. Cllr Bill Withers seconded the nomination. Cllr Trefor Hogg was elected by general assent.

2/24 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 2]

Apologies were received from Cllr Philip North and David Seabrooke Democratic Services Officer, Hampshire County Council.

3/24 DECLARATIONS OF INTEREST [Item 3]

Cllr Trefor Hogg declared he was a community representative to Frimley Health NHS Foundation Trust.
Cllr Carla Morson declared she had a close family relative employed at Frimley Park Hospital.

4/24 ELECTION OF VICE-CHAIRMAN [Item 4]

The Committee received one nomination in advance of the meeting for Cllr Bill Withers. Cllr Richard Tear seconded this nomination. Cllr Bill Withers was elected as Vice-Chairman by general assent.

5/24 AGREEMENT OF TERMS OF REFERENCE [Item 5]

Members agreed to the terms of reference.

6/24 PUBLIC QUESTIONS [Item 6]

None received.

7/24 MEMBER QUESTIONS [Item 7]

None received.

8/24 FRIMLEY PARK NEW HOSPITAL PROGRAMME- PROGRESS SO FAR [Item 8]

Witnesses:
Caroline Hutton, Interim Chief Executive (Frimley Health NHS Foundation Trust)
Carol Deans, Director of Communications and Engagement (Frimley Health NHS Foundation Trust)
Sam Burrows, Chief Transformation, Delivery and Digital Officer (Frimley Health NHS Foundation Trust, Integrated Care Board)
Ellie Davies, Associate Director, Communications and Engagement (Frimley Health NHS Foundation Trust)
Nigel Foster, Senior Responsible Officer (SRO), New Hospital Programme (Frimley Health NHS Foundation Trust)
Cain Thomas, Interim Programme Director, New Hospital Programme (Frimley Health NHS Foundation Trust)

Key points raised during the discussion:

Background

1. The Chief Executive provided a presentation on the background of Frimley Park Hospital. It was outlined that Frimley Health NHS Foundation Trust ("The Trust") had over 13,000 staff that worked across 10 sites and within patients' homes. The Trust served a population of around 900,000 people with an annual turnover of £1 billion and was classed as a large NHS Trust. Modelling showed that the current capacity of the hospital's facilities would not meet future demand. Emergency Department (ED) capacity was 20% greater than in 2019/20 during three peak points in summer 2023. Frimley Park Hospital currently had 640 beds, which did not meet the current or future demand. The current building was old and not suited for the delivery of the needed clinical model. 64% of Frimley Park Hospital was constructed of RAAC, which was first discovered in 2012 and was widespread throughout the hospital. Two areas of the hospital, an accommodation and admin block, had already been demolished. The Trust was constantly monitoring and proactively undertaking

safety works. By 2024/25 Frimley Health NHS Foundation Trust would have spent nearly £30 million on surveys, safety inspections and remedial works to keep the current hospital site safe and staff were educated and trained on what to look out for. Several emergency preparedness sessions had also been run. Frimley Health NHS Foundation Trust had the deadline of 2030, as set by the Department for Health and Social Care to stop using the affected parts of the current hospital site.

Integrated Care System (ICS) Understanding Our Communities- Integrated Clinical Transformation

2. The Chief Transformation, Delivery and Digital Officer provided some background information on Frimley Health NHS Foundation Trust and Care Integrated Care System (ICS). The focus of the ICS was working together to best meet the needs of the people in the different areas and reduce the variation that existed. There was significant variation in people's life expectancy depending on where people lived. The average life expectancy for a male in Frimley was 81 years, and for a female it was 84 years. The healthy life expectancy (years of life lived in good health) for a male in Frimley was just under 67 years, and for a female was just under 68 years. The focus within the ICS was on decreasing the gap between life expectancy and healthy life expectancy, and the existing variation depending on where people lived. A new hospital would be a key enabler to help achieve this.

3. The Chief Transformation, Delivery and Digital Officer provided background information on the communities covered by Frimley Health NHS Foundation Trust and Care ICS, which included Surrey heath, North-East Hampshire, and Bracknell Forest.

4. The Chief Transformation, Delivery and Digital Officer added there was a need to have an integrated approach to transformation and planning services that benefitted the population regardless of what area people lived in or what people's social circumstances were. This meant a need to focus on partnership working to ensure the wider determinants of health were addressed. Somewhere between 80-90% of what influenced someone's health outcomes were things that happened away from healthcare services. Therefore, partner working was needed to ensure the approach was integrated to meet people's needs. Frimley Health NHS Foundation Trust would ensure there was a whole system clinical strategy that focused on what happened inside the hospital and what needed

to happen inside the community and primary care services, and taking full advantage of new technology and digital enabled care that could best meet people's needs. This was all underpinned by a partnership-based approach.

New Hospital Programme and Hospital 2.0

5. The Senior Responsible Officer (SRO) for the new hospital programme outlined that modelling for the new hospital, towards 2041, had been done locally and nationally on what the likely demands would be on hospital services, the impact of the increasing population and housing growth. More beds would be needed in the acute hospital and a community setting, and more services would be needed to care for people outside of the acute hospital. The expectation for the new hospital was that it would be roughly twice the size of the current hospital, partly due to the need for more beds and partly a desire to have 100% single rooms in the new hospital, which was the new national design standard for new hospitals. This was to improve privacy and dignity for patients and would help manage the day-to-day running of the hospital. Hospital 2.0 was the national programme for new hospitals and was the national design criteria being developed. Hospital 2.0 included the following objectives: modern methods of construction drawn on best practice, built to net zero standards, and the best digital infrastructure. The primary focus had currently been on finding a new site.

6. The Chairman asked about what would be done to ensure the hospital staff were retained. The Chief Executive explained that staff were sighted about the new hospital programme and were looking forward to getting involved to help inform some of the design work and clinical strategy that would contribute to the new hospital. Staff were waiting to learn where the new hospital would be. Staff were constantly kept informed and had been involved in engagement sessions to get their ideas. In terms of the wider strategy, there was a 'People Promise', which had a variety of plans to help provide the right culture and opportunities for staff and to help retain staff.

7. A Member asked how Officers viewed the model of urgent care centres in the future, and questioned if urgent care centres would be built as a bigger entity to relieve the pressure from hospitals. The Chief Executive explained that in terms of clinical models the vision for urgent care centres would need to be developed as part of the clinical strategy, and it was hoped it would look better than it currently did. Working with partners in

an integrated way was a strategy that needed to be developed for the clinical models, with consideration of what could also be done outside of the hospital.

8. The Member asked how many beds were expected to be in the new hospital. A Member also raised that accommodation was crucial for staff. The SRO explained that across the system, including community and acute beds, there were around 700 beds. By 2041/42, this was expected to go up to 1150. Not all these beds needed to be in an acute hospital setting, with more community-based beds going forward. There had been an increase in virtual care, where patients did not always need to be in a bed. The new hospital site was expected to have around 100 more beds. In terms of staff accommodation, the current primary objective was to focus on what needed to be built and the running of the hospital. It was not yet known, but the chosen site could have more space available which could provide opportunities for key worker housing. Work was already done with housing associations to provide some key worker housing, which would need to be investigated further as the new hospital programme progressed.

9. A Member raised several areas that the new hospital programme would need to consider such as, the infrastructure to support acute and blue light services, public transport, staff accommodation, training facilities, dentistry services, reablement, the use of technology, and coordination of systems across the NHS. The Member raised the importance of the site location to ensure it was a bigger building in terms of width, not height, to prevent restrictions. The Member also referred to public concerns regarding travel to the new hospital site, with consideration for people with disabilities and accessibility needs. The Chief Executive noted that all the points raised by the Member would need to be thought through and addressed as the new hospital programme progressed.

10. A Member asked if The Trust felt confident that enough funding and resource was available for the new hospital programme to be completed in the required timeframe. The SRO replied to confirm that there was confidence in terms of funding that was coming through to support a rapid step-up of the programme team across all technical functions needed to work on the project, and in how clinicians and support staff were involved. There was a detailed resource plan, which recognised the need for skills now, and of the need for different skills as the programme moved forward. The programme was about having a

blend of external support. The best architects and planners needed to be drawn on and blended with the local understanding of Frimley Health NHS Foundation Trust's population, their needs, and the clinical services. One example of this was that the Deputy Medical Director was working part time in the new hospital team programme, providing clinical leadership on the programme alongside people who were good at designing buildings. The funding flow had currently been working well.

11. The Chairman noted that one of the concerns of the national audit office report was that of the national programme and shortage of appropriate skills.

12. A Member asked about the plans in place to ensure people would not feel isolated in the planning of single rooms, and whether Hospital 2.0 expected to involve more support workers. The Chief Executive explained that technology would need to be utilised to ensure patients could be cared for in a way that would not require one-to-ones with nurses in every room. Staff models would need to be considered. Single rooms were excellent in terms of infection control, but there were some patients who did not want to be in a single room. The Director of Communications and Engagement added that the prospect of single rooms did raise concerns with staff. An engagement opportunity would be looked at to run sessions in Summer 2024 to talk to staff and the local population to see how single rooms would work once more information was received nationally.

13. The Member asked if the single rooms would have windows. The SRO explained that the plans and design criteria were considering where the windows would be and whether everyone had access to daylight. Space considerations for family members was also being considered. Putting patients, carers, and family members first was the theme throughout the hospital's design criteria. If there was more space available in the hospital this would offer more opportunity to achieve this for patients, carers, and family members, as well as for staff.

14. A Member asked what part of the consultation Frimley Health NHS Foundation Trust considered the most contentious. The Chief Transformation, Delivery and Digital Officer felt the consultation was not necessarily around contention. The opportunity to have a once in a generation multi-billion pound investment in new health care facilities for local people could only be positive. Everyone would have preferences around where things may be sighted or where the exact models of care

that might be delivered. However, people could not lose sight that the new hospital should be better than what was currently available. The Officer responded that rather than viewing anything as a contentious issue, engaging with local people is an exercise to listen to what people wanted.

The Overall Plan and Timeline

A Challenging Timeline

15. The Interim Programme Director provided a presentation on Frimley Health NHS Foundation Trust's overall programme delivery. There was a detailed programme with over 400 activities. The programme had a challenging timeline but remained on track for the critical deadline of 2030. Getting the design right was important. The programme team were currently looking at the master plan and the site as part of the design journey. Designing the hospital would start in late 2024 with the benefit of the design template developed by the national programme: Hospital 2.0.

16. The Interim Programme Director outlined the key activities in the New Hospital Programme. One key activity was planning. A pre-application process would shortly start, to get confidence in the programme team's ability to achieve outline planning consent for the whole master plan. Other key areas would then be developed such as enabling works, to get the site ready as the programme team moved towards the main delivery of the site. The new hospital was a 4-year build process, but there was tolerances and flex within this. It was hoped the building of the new hospital would start in 2026. The programme team had to work through the criteria and governance of the national programme. Many of the activities on the programme had to be optimised, for example the programme team was running activities concurrently where possible. There was hope that the issuing of design templates and Hospital 2.0 information would help the programme team see further opportunities to optimise. The programme team hoped the national team would work with the programme team on some of the governance criteria that could be optimised. There was confidence the 2030 deadline for the new hospital could be achieved.

17. A Member asked about the mitigation plans. The Chief Executive explained it was important to understand the mitigation of the risks. Work was being done closely with the national programme team, and It would be a phased plan, where each phase would

need to be managed, with close scrutiny and input from the national team. Mitigation would need to be put in place for risks associated with each phase. Mitigations for issues at the current site would need to be managed in parallel, as the current hospital's infrastructure would become more fragile.

18. A Member asked about engagement with utility companies and utilities' ability to deliver what was needed. The Interim Programme Director explained that discussions were already taking place with utility companies, both as a programme team and a national team. Utility companies would need to work with the programme team, as the new hospital would be all-electric which was a significant demand on power which may not be readily available in the area. Achievable timelines would need to be ensured. There had been engagement with new utilities and existing utilities which may need to be diverted.

19. A Member asked about planning and the potential height restrictions of the new building. The Member also raised the programme's tight schedule and the possibility of the plan being refused by the authority. The SRO explained that the challenges presented with the planning process such as with the local planning authority, highways agencies and Natural England was factored into the new hospital programme and was also an area of risk and potential delay if things did not go smoothly. Regarding height, various plans and designs had been looked at for a range of potential sites, some of which would need to be 14/15 stories high to fit the size of the hospital with the needed facilities. This would be difficult to get planning permission for. The Building Safety Act would also need to be considered regarding height. Operating a hospital site that was 4 or 5 stories was very different to operating a building that was 14 or 15 stories high. There was hope that the new hospital programme was in a place where some choices could be made around the height.

20. A Member asked what the stages of the programme were, where the team was worried about slippage, and what the mitigations were. Regarding the pre-construction elements, the Interim Programme Director explained that a current risk was the approvals that would be needed from a Trust and ICB level up to the treasury level. The programme team was working with partners and stakeholders on the governance procedures, so the correct procedures could be maintained. If there was an opportunity to optimise the governance procedures and timeframes, the programme team would do so. A risk around the

construction of the new hospital was around the fact construction programmes were well documented to take longer than planned. Modern methods of construction would be used for the new hospital programme to help mitigate against this. All the risks of delivery would be reviewed along with the mitigations.

A break was called at 3.48pm

Meeting resumed at 3.55pm

Identifying Our Preferred Way Forward- The Preferred Way Forward- Key Outcome

21. The SRO explained that in 2022 a Strategic Outline Case had to be produced, to answer whether a new hospital could be rebuilt on the current site, or if a new site was needed. The level of disruption of re-building on the current site for staff and patients would be significant. There was also no further room for expansion on the current hospital site. Rebuilding on the current site would result in a hospital that was not a Hospital 2.0 or fit for the rest of the century. For example, there would not be enough beds, or the opportunities for improvement in patient facilities or experience. Re-building on the current site would take 7 years of construction, compared to 4 years on a new site. The SRO referred to the Queen Elizabeth Hospital in Birmingham which, in terms of square meters, was a similar size to what the New Hospital Programme was looking for. The programme team was looking for a site of around 50 acres for the new hospital.

Site Selection Process

22. The Interim Programme Director provided an overview of the site selection process. In Summer 2023 the programme team developed a site briefing with land agents, following which a public and staff engagement brief was developed. A high-level evaluation of hurdle criteria, evaluating the sites on their key merits, was reviewed. The programme team ensured the feedback received in the public engagement was worked into the development brief and that the technical site evaluation, which involved the architects and specialist designers were included within the master plan. The programme team took the priority sites to the Trust boards ensuring the correct governance and continual due diligence had been applied, reassuring the committee that due diligence would continue throughout the Summer. Work was continuing in the development of the master planning design, further the due diligence and learning about the

preferred sites and their viability to be the new hospital site. The programme team anticipated that it would expect to secure an option to buy the preferred site towards the end of Summer 2024.

23. The Interim Programme Director explained that the initial search criteria involved finding a site no less than 20 acres, which was within 5 miles of the existing hospital. The site characteristics included being on a brownfield site that was capable of delivering a new hospital by 2030. If the site was not greater than 20 developable acres then the site was not taken any further, which was part of the hurdle criteria. If the site was in a Special Protected Area (SPA), the site was not developable, and therefore failed the criteria. Landowners also needed a willingness to sell the site for the site to be taken further.

Engagement

24. The Director of Communications and Engagement explained that there was commitment to engage with staff, stakeholders, patients and the public. An engagement period was run from November 2023 to January 2024, to get views on the criteria that would be used to evaluate the potential priority sites. This feedback was reviewed and used to develop the site criteria. Over half of staff and public respondents viewed access by car as the most important. People felt it was important that the site was purchasable within timeframe and recognised the importance of the planning restriction. Parking was also shown to be important and would be taken into consideration concerning the size of the site, but the logistics concerning parking would come into the design at a later stage.

25. The Associate Director for Communications and Engagement provided detail on the demographic details of the engagement process. Of the 3,400 respondents, 40% were from North-East Hampshire and Farnham, 31% were from Surrey Heath, 19% were from Bracknell Forest and 3% were from the Royal Borough of Windsor and Maidenhead. This mirrored with the flow into Frimley Park Hospital, where 41% of residents were from North-East Hampshire and Farnham, 37% were from Surrey Heath, 17% from Bracknell Forest, and 4% were from The Royal Borough of Windsor and Maidenhead. Around half of respondents were over 55 years and around half were under 55 years. 72% of respondents were members of the public, and 25% were members of staff. A piece of work was underway to provide feedback to people on how their input had shaped the

project. There was an independent report which analysed people's views and recent publication of the 'You Said, We Did' on the dedicated Trust site pages, which had been shared with Frimley Health NHS Foundation Trust's stakeholder groups. The Trust was creating a stakeholder mapping exercise which looked at the different groups, with a focus on equality and inclusion principles to target local people, their views, and different needs.

Applying Technical Criteria

26. The Interim Programme Director outlined the technical criteria which were being applied to the priority sites to create the preferred sites. The technical criteria included the overall programme, design and implementation, transport, distance from the current hospital site, equality impact assessment, relative cost, ecology, flooding, construction logistics, planning, sustainability, approach, programme, Geotech, air quality, and utilities.

27. A Member asked if Frimley Health NHS Foundation Trust was close to finding the preferred site for the new hospital. The SRO explained that the team were in the next stage of the detailed technical evaluation. Commercial conversations on several sites were starting and the team expected to reach a conclusion over the next few months. The Interim Programme Director added that time was being taken to apply the due diligence while being conscious of the critical 2030 deadline.

28. A Member raised concern that there did not seem to be the provision in the New Hospital Programme for the hospital's military connection. The Chief Executive explained that she had recently met to discuss how the military would factor into the New Hospital Programme with the Commanding Officer to ensure that the new hospital was designed with consideration of the hospital's military colleagues.

29. The Member raised that 100 extra beds in the new hospital did not seem a lot. The Chief Transformation, Delivery and Digital Officer explained that the 100 extra beds would be for the year 2040. The pace of change in the way medicine was delivered, the availability of technology to deliver services in a different way and the ability to work together in partnerships to deliver services, provided opportunities to plan for a different bed number, in the range of 100. There were significant demand and capacity assumptions and work still remained to be done in this area. Assumptions around what new models of care were

available and what it converted to in bed numbers to meet future capacity would be refined throughout the planning process.

30. The Member also raised the importance of building staff accommodation on site rather than leaving it to local authorities or housing associations. The Chief Executive explained that the team would need to think about this area further.

31. The Member asked for clarification around the acreage of land that was being looked at for the new site. The Member also asked about the infrastructure in the local community such as the road system into the hospital. The SRO explained that the team started the programme looking for sites with 20 acres and then realised a higher acreage would be needed. The budget did include areas for highways improvement, but this would not solve every highway issue in the local area. It was important that there was a better transport infrastructure on the new site, to make it easier for both patients and staff.

32. The Vice-Chairman raised the separate adults and children Accident and Emergency (A&E) aspects. The Chief Executive explained that A&E provision for paediatrics and adults would be built to be separated, which was now a requirement.

33. The Chairman referred to The Trust's elective surgical hubs and Heatherwood's accredited surgical hub and suggested that lessons learned should be taken. The Chairman also raised points around how the new hospital could move people from one place to another and implementing easy transport. The Chief Executive explained that lessons were being learned from the success of Heatherwood, and by working across the whole health system and understanding what and where services would be placed, recognised that thought also needed to be given to how people were transported.

The Next Steps

34. The SRO explained that The Trust would continue to ensure the current hospital site was safe until moving to the new hospital. Investment on the current site had continued and the construction of a new block on the current site was on the way which would provide some additional needed beds and diagnostic facilities.

35. For the new site, the SRO explained there were business case processes that would need to be completed, some of which

would require HM Government/Treasury approval. Three key things that currently needed to be focussed on included continued due diligence, continued engagement with all stakeholders, and clinical transformation.

36. A Member asked what would happen if the chosen site's landowner decided to increase the price. The Interim Programme Director explained this was a reason why the programme was still in a confidential environment, to allow the programme not to be put in that position.

37. The Chairman suggested that the team at Frimley Health NHS Foundation Trust should articulate clearly what the project plan wanted to achieve within the next three months.

9/24 DATE OF NEXT MEETING [Item 9]

The date of the next meeting is to be confirmed.

Meeting ended at: 4.44pm

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Chairman

Report Title	**Patient and public involvement: Co-design plan for the new Frimley Park Hospital programme**
Meeting and date	Frimley Park Hospital JHOSC 6 September 2024
Agenda item	3. An update on working with Healthwatch on our co-design plans
Author and Lead	**Ellie Davies Associate Director of Communications and Engagement, ICB** **Carol Deans, Director of Communications and Engagement**
Executive summary	**Purpose of this paper** The development of a new hospital is a monumental undertaking that will significantly impact our community. Building on our established commitment to equality and accessibility and to ensure that the process is inclusive, transparent, and effective, we are committed to involving local people and key stakeholders in the co-design of our engagement and consultation process. The purpose of this co-design plan is to outline a comprehensive approach for involving local people, particularly those who may face barriers to engagement, in planning how we communicate, inform, engage and consult with them throughout the life of the programme. **Importance of co-design** Robust co-design will maximise the effectiveness of any engagement or consultation and minimise the chance of challenge (such as judicial review). **Identifying stakeholders** In developing principles for inclusive communication and engagement, a data-driven approach has been adopted. Comprehensive local population health data and the Trust usage data, alongside demographic information such as ethnicity, gender, geography, deprivation, and health status, forms the basis of our approach to identifying stakeholders. A robust stakeholder mapping exercise is taking place to guarantee targeted and proportionate approaches to support the ongoing engagement activities. **Co-design methodology** To ensure consistency and depth in these conversations, we will employ a 'structured conversation' methodology. This approach will facilitate systematic and comprehensive discussions, allowing us to capture detailed insights and specific needs from community leaders and representatives. In addition to the targeted co-design work, we will develop a public survey to capture the views of the broader public. This survey will help us gather a wide range of perspectives on how to effectively engage and involve the community in the hospital programme. **Involvement of Healthwatch** Independent facilitators from Healthwatch will be engaged to lead these conversations. These facilitators bring the necessary skills, expertise and understanding of cultural sensitivities to navigate complex community dynamics and ensure that all voices are heard and respected. A full report and evaluation summary will be produced on the form of an independent report from Healthwatch Surrey, alongside analysis of the public survey results that will be carried out by the New Hospital Programme Communications and Engagement Team.

	Launch and timeframes The Trust and ICB will work in partnership to promote the survey for a minimum of four weeks. The survey will be promoted via numerous external and internal channels, including websites and the New Frimley Park Hospital newsletter. Healthwatch will complete their conversations within the four weeks as well.
Action	The JHOSC are asked to endorse the Co-design plan and to acknowledge and support the following recommendations: - Co-design activity takes place ahead of any engagement or consultation activity to ensure a robust approach that reaches all parts of our community. - Independent facilitators (Healthwatch) should be engaged to lead conversations and produce a summary report which will be shared at a future meeting.

Patient and public involvement

Co-design plan for the new Frimley Park Hospital programme

1. Introduction

Purpose: The development of a new hospital is a monumental undertaking that will significantly impact our community. Building on our established commitment to equality and accessibility and to ensure that the process is inclusive, transparent, and effective, we are committed to involving local people and key stakeholders in the co-design of our engagement and consultation process. The purpose of this co-design plan is to outline a comprehensive approach for involving people, particularly those who may face barriers to engagement, in planning how we communicate, inform, engage and consult with them throughout the life of the programme.

Importance of co-design: Engaging in a co-design process for our engagement and consultation strategy is crucial for several reasons:

- Inclusivity and accessibility: Our community is diverse, including individuals who speak English as a second language, those with learning disabilities, individuals with additional communication requirements, and members of seldom heard communities. Recognising and addressing these diverse needs will ensure that our engagement process is accessible to as many people as possible. We can also use the process to identify and mitigate potential barriers to engagement.
- Insight, ownership and trust: Our local communities have valuable insights and experiences that can inform the development of more relevant and effective engagement methods. Their input helps us to design approaches that resonate with, and are practical for, the community. When actively involved in the planning process, they are more likely to feel a sense of ownership and trust in the programme. This fosters stronger relationships and encourages ongoing participation.
- Reducing health inequalities through targeted engagement: Co-designing our engagement process with those in the most deprived areas facing significant health inequalities will ensure that their specific needs and challenges are addressed, contributing to more equitable health outcomes.

Outcomes:

- **Enhanced engagement strategies**: Development of tailored engagement and consultation methods that effectively address the specific needs of diverse community groups, leading to higher participation rates and more meaningful input.
- **Increased community trust and ownership**: Strengthened relationships between the hospital programme and the community, fostering a sense of trust, ownership, and commitment to the project's success among stakeholders.
- **Improved accessibility and inclusivity**: The ability to implement accessible and inclusive communication practices that ensure all community members, including those with language barriers and disabilities can be well-informed and actively involved in future engagement processes.

2. Identifying groups for in depth conversations

In developing principles for inclusive communication and engagement, a data-driven approach has been adopted. Comprehensive local population health data and the Trust usage data, alongside demographic information such as ethnicity, gender, geography, deprivation, and health status, forms the basis of our approach. This ensures that our engagement efforts are tailored to the unique needs of the diverse Frimley population.

Furthermore, a robust stakeholder map is being developed to guarantee targeted and proportionate approaches to support the ongoing engagement activities. By identifying and understanding key groups and stakeholders, we aim to ensure that our efforts are impactful and responsive to the specific concerns and aspirations of different groups within the community.

Key groups: The following groups have been identified as those that are most likely to face barriers to engaging with the new hospital programme using traditional methods.

- Those who speak English as a second language
- People who face language or literacy barriers
- Those with learning disabilities
- Those with additional communication requirements
- Unpaid carers
- Seldom heard communities
- Parents and carers with young children
- Young people
- Those in deprived areas facing significant health inequalities

3. Co-design methodology

The co-design process for our engagement and consultation strategy is focused on obtaining meaningful input that will enhance our broader communications and engagement efforts for the New Hospital programme. Unlike traditional engagement methods that aim to reach large numbers of people, this process is targeted and emphasises quality conversations with individuals who have in-depth knowledge of and strong connections to their communities. These stakeholders include community and voluntary sector leaders, representatives from seldom heard communities, and those working closely with individuals who face significant health inequalities.

To ensure consistency and depth in these conversations, we will employ a 'structured conversation' methodology. This approach will facilitate systematic and comprehensive discussions, allowing us to capture detailed insights and specific needs from community leaders and representatives. Independent facilitators, from local Healthwatch organisations, will be engaged to lead these conversations. These facilitators bring the necessary skills, expertise and understanding of cultural

sensitivities, to navigate complex community dynamics and ensure that all voices are heard and respected.

In addition to the targeted co-design work, we will develop a public survey to capture the views of the broader public. This survey will help us gather a wide range of perspectives on how to effectively engage and involve the community in the hospital programme. By combining in-depth, targeted conversations with broad public input, we aim to create a robust and inclusive approach that reflects the diverse needs and preferences of our entire community. To promote the survey, a multi-channel approach will be used, including social media, community newsletters, websites and working with local media.

Key stakeholders will also continue to be informed of progress throughout the co-design phase. As part of our continued commitment, we will inform JHOSC, MPs, and leaders of councils of the plan and intentions via existing meetings and bespoke briefings where required.

4. Monitoring and evaluation

A full report and evaluation summary will be produced. This is likely to be in the form of an independent report, alongside analysis of the public survey results, which will be carried out by the New Frimley Park Hospital Programme communications and engagement team.

It is essential that the findings from the co-design work are effectively communicated to the wider New Hospital programme team and that there are clearly defined opportunities to integrate these insights into the programme's development. To achieve this, we will share the findings through various channels, including written briefings, detailed project reports, and presentations to relevant programme task and finish groups. Additionally, we will facilitate discussions at the programme's steering group and at Board level to ensure that the insights are considered in strategic decision-making processes. By embedding these findings into the core activities of the programme, we aim to ensure that the engagement and consultation process is both comprehensive and impactful.

Metrics to evaluate the effectiveness and success of the co-design engagement include:

- Increased awareness and engagement of the programme with local people and communities:
  - Increases to the number of people signed up to the New Hospital Programme newsletter,
  - Increase to the number of website hits.
- Being able to demonstrate representation of identified communities and stakeholders including a commitment to supporting future engagement or consultation work.

5. Resources and budget

This work will utilise the budget allocated for communications and engagement for the New Hospital Programme. It is not anticipated that this would be a large cost but will need to cover the costs for independent project delivery including planning, facilitation, reporting, evaluation and project management costs. The NHP communications and engagement team will lead this process ensuring appropriate processes are followed and value for money is obtained.

The NHP communications and engagement team will also lead on the development, distribution and analysis of a public facing survey. This will be delivered within the existing capacity and resource of the combined ICB and Trust team.

6. Proposed phasing

Project phase	Further information
Co-design planning	Overarching plan and draft survey complete
NHP Steering group	Review and approve
Securing a delivery partner	Healthwatch proposal in development
Public survey launch	Draft survey complete
JHOSC Meeting(s)	Review and endorse plan. Provide update and briefing
Co-design delivery	Dates to be agreed
Analysis and report development	Independent reporting subject to proposals. NHP communications and engagement team will report on survey results
Final reporting and evaluation	Arrange appropriate opportunities to share with programme teams and wider stakeholders