MINUTES of the meeting of the **JOINT HEALTH AND OVERVIEW SCRUTINY COMMITTEE (FRIMLEY PARK HOSPITAL)** held at 2.30 pm on 22 November 2024 at Surrey Heath Borough Council, Surrey Heath House, Knoll Road, Camberley, Surrey GU15 3HD.

These minutes are subject to confirmation by the Committee at its meeting on 25 February 2025.

Elected Members:

* Roz Chadd
* Caroline Egglestone
* Dominic Hiscock
* Trefor Hogg (Chairman)
* Michaela Martin
  Carla Morson
  Phil North
* Richard Tear
* Tony Virgo
* Bill Withers (Vice-Chairman)

17/24 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

The Chairman noted that apologies had been received from Cllr Carla Morson and Cllr Phil North.

18/24 MINUTES OF THE PREVIOUS MEETING: 6 SEPTEMBER 2024 [Item 2]

The Minutes were **AGREED** as a true and accurate record.

19/24 DECLARATIONS OF INTEREST [Item 3]

The Chairman declared an interest that he was a community representative to Frimley Health. The Vice-Chairman declared that his wife worked for Surrey Heath on the community side. Cllr Tony Virgo declared he was a volunteer for Radio Frimley Park at Frimley Park Hospital.

20/24 PUBLIC QUESTIONS [Item 4]

None were received.

21/24 MEMBER QUESTIONS [Item 5]

None were received.

22/24 CONTINGENCY PLANNING FOR FRIMLEY PARK HOSPITAL [Item 6]

Witnesses:
Carol Deans, Director, Communications and Engagement (Frimley Health NHS Foundation Trust)
Alex White, Programme Director, New Frimley Park Hospital Programme (Frimley Health NHS Foundation Trust)
Caroline Hutton, Deputy Chief Executive and Senior Responsible Officer (SRO) for the New Frimley Park Hospital Programme (Frimley Health NHS Foundation Trust).
Sam Burrows, Chief Transformation, Delivery and Digital Officer (NHS Frimley Integrated Care Board)

Key points raised during the discussion:

1. The Programme Director took the Committee through the Reinforced Autoclaved Aerated Concrete (RAAC) maintenance plan. There is an on-going pro-active planned preventative maintenance programme to address risk. One issue with the maintenance work was that certain areas of the hospital had to be vacated while works were undertaken. The works did not address other constraints such as ventilation. Three key areas of the contingency plan included the proactive rolling programme of engineering works, keeping everyone appraised of the issues being faced and alerting management teams of any issues as they arose, and an urgent response situation which would be applied to operational issues.

2. Concerning the operational impact and contingency plans, the SRO explained that the planning required to manage and coordinate capacity plans and the RAAC mitigation programme was significant.

3. The SRO highlighted that staff were aware of the RAAC situation and reported anything unusual. Planning ahead scenarios were also factored into staff training and awareness. The emergency preparedness, resilience and response (EPRR) plans included NHSE and regional teams. Scenarios were also worked through with colleagues in the event of needing to move patients.

4. A Member asked how many wards/areas of the current hospital could be closed at one time due to RAAC maintenance. The SRO explained that usually no more than two wards/areas would be closed at one time. For example, the hospital's day surgery units were closed at the same time as the theatres. It was variable in terms of what arose at inspections. This needed to be factored into operational planning and mapped out ahead of time as far as possible.

5. A Member asked for more details around the process and engineering involved in the maintenance works. The New

Frimley Park Hospital Programme Director explained that the ongoing works were predominately to reinforce the roof which were made of RAAC planks. Typically, suspended ceilings were removed, and services underneath the RAAC planks need to be removed.

6. In terms of the maintenance works, the Member asked whether the hospital would be better repaired, or if the building was still at risk in relation to all of this work being done. The New Frimley Park Hospital Programme Director explained that the maintenance works did not address other issues associated with the age of the hospital, such as ventilation requirements. A ward would ordinarily require six air changes per hour, and the current hospital did not currently have the engineering to achieve this. The RAAC planks also had a limited life despite maintenance works.

7. A Member asked if the RAAC plank's limited lifespan would be enough until the new hospital was built, or whether additional maintenance work would be needed. The New Frimley Park Hospital Programme Director explained that generally speaking it looked like it would be enough but could not be certain that it would not need additional work. The SRO added that the rolling programme would continue until the new hospital opened, including continuous inspections, including the areas that had previous mitigation works.

8. The Chairman asked whether, if the New Hospital Programme was delayed, there was a risk that a point would be reached where the continuation of maintenance works would not be possible. The SRO stated that the hospital was not out of risk and the maintenance work was to mitigate risk. She was not currently aware of reaching a point where mediation work could not be done. A close risk management approach was important and if the situation changed, plans would also need to change, but the works are being delivered in accordance with the advice of professional engineers. This was closely monitored and scrutinised by NHSE teams.

9. The Vice-Chairman asked if there was risk management data on work that was undertaken so far. The SRO confirmed there was risk management data on the areas that were mitigated, and this could be shared with the Committee. The SRO also highlighted that areas that had maintenance work were not all the same.

10. The Vice-Chairman referred to the maps that were provided to the Committee on Frimley Park Hospital's current sites and requested that the Frimley team ensure an abbreviation list was provided in the future, and the SRO confirmed that a de-coder to those abbreviated terms could be provided.

11. The Vice-Chairman asked if the EPRR plans included utilising private establishments. The SRO explained that all appropriate areas and capacity that could be included were reviewed. The Chief Transformation, Delivery and Digital Officer added that there were multiple statutory bodies with different responsibilities. Whilst Frimley Health NHS Foundation Trust (Frimley Health) as a statutory organisation had its own risk and EPRR plan around worst-case scenarios, NHS Frimley Integrated Care Board (Frimley ICB) had its own level one category responding plan and NHSE, both nationally and regionally, also had their own response plans.

12. The Vice-Chairman referred to the £30 million that would have been spent on maintenance works by the end of 2024/25 and raised that the programme originally had £40 million to spend on this. The SRO clarified that £30 million was spent on inspections and contingency. The SRO did not recognise the £40 million figure and explained there had never been a capped amount to spend on inspection and mitigation. The Vice-Chairman asked about how the mitigation works were budget for. The SRO explained that there was a budget allocation from government for RAAC mitigation works. The SRO agreed to look into what the £40 million was in reference to, noting it could be related to the M Block diagnostic centre.

13. The SRO added that there had been strong support from the National New Hospital Programme team who were committed to working closely with Frimley Health to speed up the plans as much as possible and to achieve the timelines set out.

23/24 NEW HOSPITAL PROGRAMME UPDATE [Item 7]

Witnesses:
Carol Deans, Director, Communications and Engagement (Frimley Health NHS Foundation Trust)
Alex White, Programme Director, New Frimley Park Hospital Programme (Frimley Health NHS Foundation Trust)
Caroline Hutton, Deputy Chief Executive and Senior Responsible Officer (SRO) for the New Frimley Park Hospital Programme (Frimley Health NHS Foundation Trust).
Sam Burrows, Chief Transformation, Delivery and Digital Officer (NHS Frimley Integrated Care Board)

Key points raised during the discussion:

1. The SRO noted the change of leadership updating the committee of the new CEO for Frimley Health NHS Foundation Trust, Lance McCarthy as well as Alex White as the Programme Director and explained the revised governance which ensured

closer working across the system. A new Trust Board sub-committee was being established to provide assurance on the New Hospital Programme. There would also be a New Programme Board including colleagues from the system, national teams, and regional NHS teams. The New Frimley Park Hospital Programme was working closely along the journey to avoid unnecessary delays with leadership teams in the Department of Health and NHSE which was expected to continue. The first thing that was done was to invite The Department of Health SRO, Natalie Forest, to visit the Trust to have a conversation about their plans and ambitions for transformation, as well as the NHSE team on delivery and transformation. There was an opportunity to ensure that future strategy and planning considered the Darzi Review recommendations and the emerging NHSE 10-year plan. The principle of these were to move more services into the community, move from analogue to digital working and focus more on preventing sickness. The clinical strategy within the acute setting but working across the whole system with system colleagues, was being revisited to see how the transformation plans considered opportunities across the whole system. A lot of work was done to implement advanced digital technologies in both acute and community settings such as Artificial Intelligence (AI), an advanced electronic patient record system, and virtual wards. The new hospital was expected to be a Smart hospital. The SRO brought attention to Heatherwood Hospital, which was recognised nationally as an exemplar surgical hub which was digitally enabled with continuous improvement by staff, and encompassed things looked for by the NHS. The SRO noted there were further opportunities such as the potential expansion of Heatherwood to take more elective work. This may be built into their business case. The other site was Wexham Park, and the SRO noted some of the difficulties in moving some clinical services there, and the opportunities to do more remote monitoring, virtual monitoring, virtual wards and digital hubs which would mean that some of the budget could be invested to Wexham Park, which would serve the whole system. There were out of hospital models and conversations around adopting hospital in the High Street type models. The expectation was to produce a high-level clinical strategy and transformation plan and the details of the development and delivery of those were being aligned to the national plans to deliver to the agenda set out by the NHS.

2. The Chief Transformation, Delivery and Digital Officer highlighted the need for the model of care to change in supporting residents with long term conditions which were forecast to grow, and virtual and digital and urgent and emergency care.

3. In terms of supporting residents with long term conditions and high need, the Chief Transformation, Delivery and Digital Officer explained that Frimley ICB supported around 800,000 people, 26,000 of whom consumed over 70% of the NHS resource, that care was often provided through acute hospital provision. There were better ways that patients' needs could be met earlier. Using multidisciplinary teams of different types of clinicians, using hubs in the local community and working with colleagues in primary and social care, helped to avoid and reduce hospital admissions. Care planning, early engagement, and using clinical specialists was what the new models of care could look like for patients with long term health conditions. It was considered that the new models of care could transform care outcomes for around 13,000 of the 26,000 people.

4. In terms of virtual and digital care, the Chief Transformation, Delivery and Digital Officer explained that a virtual ward programme had been running since 2020. The Frimley system was the highest user of virtual wards in the country per capita. Remote monitoring such as blood pressure monitors, that enabled residents to take their own measurements daily and share those with clinicians, was in place. Frimley ICB had around 7,500 people receiving the remote monitoring service. These residents were 30% less likely to require admission to hospital, 50% less likely to require a GP appointment, and the prescribing needs had fallen. This provided better value for money and better outcomes of care. The size of this cohort could increase by upwards of 30,000 people. Many people in Frimley ICB's population had wearables such as smart watches and health apps which allowed patients better understanding of their health and wellbeing. Linking these with the NHS app and patient records would allow the provision of more tailored support. There were emerging models of AI, which could help free-up the workforce to provide better care.

5. In terms of urgent and emergency care, the Chief Transformation, Delivery and Digital Officer explained that around 400 patients were seen every day in each of the two emergency departments in the Frimley Health and Care Integrated Care System's (ICS) geography. By 2040 this would exceed 500 patients if the model of care was not changed.

6. A Member asked if there was signposting in place within emergency departments to convey where residents could be triaged. The Chief Transformation, Delivery and Digital Officer confirmed there was signposting but there would always be people that chose to access care through emergency departments. Additional new models were being explored where there were lower acuity-based support on the hospital site.

7. A Member asked if Frimley Health was planning to move operations to Heatherwood Hospital, acknowledging it had limited beds and was mainly a day operation in theory. The SRO explained that opportunities were being explored, but if more was to be done, more capacity was needed such as potentially more theatre space and beds. As demand increased, the modelling had been taken into account, and there was an opportunity to consider putting in different provision such as the higher dependency type support with higher acuity patients potentially being moved to Heatherwood Hospital, but there was a limit to this, as there was no critical care unit or acute provision that was seen on other sites at Heatherwood Hospital. There would be a limit to this, as there were no critical care unit at Heatherwood Hospital, or the acute provision that was on other sites. Due to the success of this, Frimley Health was being asked whether there was any mutual aid for other hospitals to help with the NHS backlog. Frimley Health always prioritised their own waiting lists and had undertaken some work at Heatherwood Hospital to help Portsmouth Hospital with their backlog. This worked exceptionally well, and the Getting It Right First Time (GIRFT) programme were pushing for them to do more of this, where and if possible.

8. The Member asked if Heatherwood Hospital's theatres were being used seven days a week. The SRO clarified they were being used six days a week. The Member asked whether this could be pushed to seven. The SRO confirmed it could but highlighted that the challenge was in the way the consultants worked and were contracted.

9. The Member asked about doctor's assistants, and what Frimley thought about this. The SRO confirmed that Frimley did not employ physician associates. Frimley Health's Medical Director was concerned about the governance around doing that. Frimley Health continued to train physician associates on behalf of other places with governance in place.

10. The Chairman asked about primary care and the possibility for extending its role, particularly regarding population health management and Lord Darzi's agenda for more emphasis on more prevention. In reference to a session on COPD by Frimley Health, the Chairman raised that more needed to be done to get those services into use. The SRO explained that Dr Gareth Roberts led the session who was also the Chief of Service for Transformation and Continuous Improvement. COPD would be an area needing to be thought through and looked at differently.

11. In terms of primary care, the Chief Transformation, Delivery and Digital Officer highlighted that 90% of patient contact happened in primary care. Underpinning the strategic intent previously

outlined, there was a desire for primary care to take on a role of ownership and to work with Frimley ICB in partnership. For patients with long term conditions, that would have a robust care plan supported by digital technology with input from the patient's GP, with input from secondary care professionals was a big opportunity underpinned by primary care.

12. The Chairman highlighted Surrey County Council's work on running a pilot on Technology Enabled Care at Home (TECH), with monitoring to identify changes in the home and that there was a major opportunity to work together. The Chief Transformation, Delivery and Digital Officer raised the great work undertaken in Hampshire with technology to support social care and the elderly in their homes using technology and was pleased to hear that Surrey County Council was doing something similar. Frimley ICB would be open to conversations around the learning on work being undertaken in those areas.

13. A Member asked if there was a plan in progress to amend issues around communication between joining up the 'My Frimley Health Record' and GP surgeries. The SRO noted the success of the 'My Frimley Health' Record. There was a rapid programme of work looking at what more could be done with that including how to get systems linked up to each other. There was a challenge of joining-up the 'My Frimley Health Record' with the NHS app, and there was national work on this. There was a way patients could give GPs approval to access their My Frimley Health Record. Frimley Health wanted to progress patient input around how to develop the app into what areas matter most to patients, so the right areas were focused on.

14. A Member asked about virtual wards, how it differed to care at home, what the future potential was for the future as well as what the potential downsides could be. The Chief Transformation, Delivery and Digital Officer explained that remote monitoring tended to be for people who required extra support for long term conditions and proactively monitor a deterioration in their health at the earliest stages. Virtual wards were mostly for patients who were already unwell and were in hospital, and the virtual ward tried to replicate the bed-based care for those on their way out of hospital but within their home or residential environment. Virtual wards were conceptually similar to remote monitoring, with a team of doctors monitoring data and observation-based information with a human-base intervention when required. Evidence showed that patients tended to recuperate better in their own environments. In terms of the downsides, there was less physical proximity with the health and care professional which meant the clinical governance around virtual wards and remote monitoring needed to be strong to ensure the right triggers, interventions and

escalations were in place. However, the learning over the last four years had conveyed a safe model of care. For the older population who may live on their own, there was a risk of isolation and therefore it needed to be ensured that all support was put in place for this cohort continued alongside virtual-based care.

15. The Member asked who decided whether a patient was suitable for a virtual ward and if a patient was properly consulted. The Chief Transformation, Delivery and Digital Officer explained that there was a consultant led team that undertook this review and decision making. It would be a medical decision and in conjunction with the patient.

16. A Member asked if the rapidly changing and emerging technology was being built into the designing and planning for the new hospital, and whether plans would be fluid enough to accommodate the rapid technological changes going forward. The SRO confirmed it was being built into the modelling and planning for the new hospital. The challenge was how it would be introduced along the way. There was an opportunity to build upon linking in primary care and local hubs so patients would not feel isolated on remote monitoring and to bring people in around the building of that virtual model, and to scale it up along the way to the new hospital and ensure that the new hospital had all of the digital capabilities to support this.

17. The Member asked if the new hospital would be fluid enough to deal with the changing technology, at speed. The SRO noted that technology was moving quickly. There were digital experts working with the New Hospital Programme team to do horizon scanning for the future and ensure as much as possible that this was built into the New Hospital Programme. In terms of the staff's ability to implement and put in place new technology, the SRO felt staff most likely had the ability because a lot had already been done, such as with electronic patient records. People were becoming more advanced with technology, including the staff. A risk was around the cost and ensuring this was built into the new hospital plans and requests for budgets moving forward.

18. A Member asked about emergency assistant for patients that were remotely monitored considering ambulance capacity. The SRO explained that there was a hospital at home programme where patients were monitored by the Frailty team. There was a small team of people that could go out to patients quickly if needed. As Frimley Health worked with partners to develop models, ambulance services also needed to be worked with to ensure understanding was in place. Remote monitoring hubs were supported by doctors, nurses and other healthcare

providers that could go out to patients if needed. The Chief Transformation, Delivery and Digital Officer added that in Bracknell there was a team of around 20 healthcare professionals whose role was to look after the 7000 patients. Remote monitoring was about proactive care that provided a gradual sense concerning a patient becoming more unwell. If a patient did become unwell, typically they would be seen in under 2 hours. The strategy was around reducing the likelihood of needing ambulance-based care by intervening earlier.

19. A Member asked if there would be room available in the new hospital for a GP service than what is currently available at Frimley Park. The SRO explained that a recommendation in the Darzi Report was to move patients away from the hospital and into community settings as much as possible. If it was felt that building an area for GPs in the new hospital was the right thing, then it could be built into the model if that is what is considered as the right thing to do. This is part of what the clinical teams were looking at.

20. The Member raised that a lot of the people in the queue for accident and emergency in Frimley Park Hospital had nowhere else to go as they were not registered with a GP and suggested that GP provision on the new hospital site should be considered very strongly. The Chief Transformation, Delivery and Digital Officer noted that there would always be this cohort of patients in accident and emergency departments that needed to be seen. He raised the want for people to be registered with a GP but acknowledged there were several reasons why people may not be registered with a GP.

21. The Vice-Chairman referred to the build up to the new hospital and of the setting up of hubs and referred to pharmacies and the work that they did with the NHSE, in consideration of the growth of 80 plus year olds and the role they played with the digital scene and with respect of the prescriptions and the pharmacies that were closing. The Vice-Chairman highlighted communication as a key theme. The Vice-Chairman noted that the emergency department (ED) at Portsmouth Hospital was a crucial aspect as they have AI doing a lot of their administration and there are a lot of lessons to be learnt from AI. The Vice-Chairman raised a concern of hospitals working on archaic IT systems while putting up new hospitals. The SRO explained that Frimley had a state-of-the-art IT system, liked by clinicians. There was also good technology in the system such as the connective care service. The infrastructure could sometimes be a challenge for example working with RAAC could affect Wi-Fi areas.

22. The Vice-Chairman stated that hospitals had different IT systems and raised the importance of communication, especially in the context of a greater community-based NHS system. The SRO explained the need to ensure that technologies that were in place, were updated or reviewed for what was needed in the future. The SRO acknowledged the Vice-Chairman's point around the importance interoperability with other systems. The Vice-Chairman suggested that the New Hospital Programme team visited Portsmouth Hospital's Emergency Department.

23. The Vice-Chairman asked if the virtual treatment at home was linked in with the Local Authorities. The Chief Transformation, Delivery and Digital Officer stated it was not, but that there was an opportunity to do so. Most care homes in the Frimley system now had a remote monitoring service embedded and some of the residents would be Local Authority funded. In this case, Local Authorities were worked with and considered that there was an exciting opportunity to think about the digital social care models to try to embed and join these up with their own.

24. The Vice-Chairman referred to one of the issues with pharmacies in trying to release people on a Thursday being a present concern due to lateness in getting that done, and it was suggested it needed to be looked at. The importance of communicating about the progression of what would be undertaken within the next five years was also highlighted as important. There was little reference to the district and community nurse structure. The Chief Transformation, Delivery and Digital Officer noted that all the services that exist in the umbrella of what could be described as out of hospital care, which involved district nurses for example, would make this work a success which relied on having the right workforce to make it a success. The SRO noted that the work is exciting and is not easy, however they were in a fantastic position to drive the changes. As work was shifted, roles would also be reviewed in line with this understanding underpinned by the workforce transformation plan.

25. The Vice-Chairman mentioned the growing estates around the catchment area by 2030-35, and suggested this should be considered. The Vice-Chairman also noted the excitement of staff around the new hospital programme would be good for recruitment. The SRO agreed.

Cllr Roz Chadd left at 3.53pm

Actions/requests for further information:

- Frimley to share information on the risk management data in relation to the RAAC maintenance works

- Frimley to provide an abbreviation list for the maps that were provided as an action from the last meeting
- Frimley to check what the Vice-Chairman's reference to the £40 million figure was in reference to (the Vice-Chair thought this related to the budget for the maintenance works, but it was mentioned this may have been in relation to the diagnostic centre)

RESOLVED:

1. That every opportunity is taken for co-production with patients and staff when developing transformation plans.
2. To seek integration of virtual wards with the social care efforts on digital technology so there is a joined-up approach across the ICBs.

24/24 DATE OF NEXT MEETING [Item 8]

The date of the next public meeting was to be confirmed.

Meeting ended at: 4.13pm

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Chairman

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