

MINUTES of the meeting of the **JOINT HEALTH AND OVERVIEW SCRUTINY COMMITTEE (FRIMLEY PARK HOSPITAL)** held at 2.30 pm on 6 September 2024 at Surrey Heath House, Camberley.

These minutes are subject to confirmation by the Committee at its meeting on Friday, 22 November 2024.

Elected Members:

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

(* = Present, r = Remote attendance)

10/24 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Caroline Hutton, Deputy Chief Executive (Frimley Health NHS Foundation Trust) and Senior Responsible Officer for the New Frimley Park Hospital program.

11/24 MINUTES OF THE PREVIOUS MEETINGS: 17 MAY 2024 [Item 2]

The minutes were **AGREED** as a true and accurate record of proceedings.

12/24 DECLARATIONS OF INTEREST [Item 3]

Cllr Trefor Hogg declared he was a community representative to NHS Frimley. Cllr Carla Morson declared that she had a close family member that worked for Frimley Park Hospital. Cllr Bill Withers declared that his wife worked for Surrey Heath on the community side. Cllr Tony Virgo declared he was working for Radio Frimley Park run by Frimley Health NHS Foundation Trust.

13/24 PUBLIC QUESTIONS [Item 4]

None received.

14/24 MEMBER QUESTIONS [Item 5]

Five Member questions were received in advance of the meeting, which were published as a supplementary agenda. The Chairman talked the Committee through the responses received.

15/24 FRIMLEY PARK NEW HOSPITAL PROGRAMME- PROGRESS SO FAR [Item 6]

Witnesses:

James Clarke, Frimley Health Chief Strategy Officer (Frimley Health NHS Foundation Trust)

Cain Thomas, Interim Programme Director, New Frimley Park Hospital Programme (Frimley Health NHS Foundation Trust)

Carol Deans, Director, Communications and Engagement (Frimley Health NHS Foundation Trust)

Sam Burrows, Chief Transformation, Delivery and Digital Officer (NHS Frimley Integrated Care Board)

Ellie Davies, Associate Director, Communications and Engagement (NHS Frimley Integrated Care Board)

Update on the current situation at Frimley Park Hospital [Item 6b]

Key points raised during the discussion:

Government review and internal leadership changes

1. The Chief Strategy Officer explained that the government announced a comprehensive review of the New Hospital Programme. Signals received so far were around continuing the programme as normal. At the Prime Minister's Questions on Wednesday 4 September, it was confirmed RAAC hospitals were still a priority. There were internal leadership changes, with Lance McCarthy as the new CEO and Caroline Hutton as the new Senior Responsible Officer for the New Hospital Programme. Work was being undertaken to understand what changes would potentially be needed as part of the announcement. The new hospital remained a priority.

Reinforced Autoclaved Aerated Concrete (RAAC) Works

2. The Chief Strategy Officer outlined that work undertaken on RAAC was likely to last up to around 2030 and were not intended to be a permanent fix. By end of 2024/25 nearly £30 million would be spent on reinforcements to make the current hospital site safe. Disruption to patients during these works is

significant during works. For example, the paediatric ward was currently being reinforced and therefore closed. It had to be ensured that the patients were moved to an appropriate place. Remedial work was also done on operating theatres, all of which could not be removed simultaneously, and therefore needed a phased approach. Structural engineers were on the current hospital site bi-weekly to continue inspections, on an ongoing basis.

Essential new wards and breast cancer diagnostic facility

3. The Chief Strategy Officer brought attention to Frimley's new inpatient and diagnostic facility, which was a £49 million investment into the current site. This would provide additional capacity of 74 inpatient beds. It was set up under modern hospital principles, such as single rooms and bays, with a dedicated breast care diagnostic and outpatient unit. This facility would open in early 2024 and help with the hospital's current demand.

Current access issues and plans

4. The Chief Strategy Officer outlined that a main challenge with the current hospital site was travel, parking and access. Frimley Park Hospital had off-site parking on Lyon Way which was an approximately ten-minute walk to the hospital. Staff parking had been relocated to Lyon Way for more capacity on the hospital site. Work was being done collaboratively with partners to ensure patients were not brought on site unnecessarily, such as through virtual appointments, patient-initiated follow-ups, and community diagnostics. Work was continuing on what could be done to make travel to the hospital easier.

System wide urgent care

5. The Chief Transformation, Delivery and Digital Officer outlined that when urgent care services were planned and delivered, NHS Frimley Integrated Care Board (NHS Frimley) tried to ensure it was joined-up, that patients had timely access to the services and received the appropriate care. Access that patients received outside of hospital, as well as access to emergency departments, was important with more than 90% of NHS patient contact occurring outside of a hospital environment. Therefore, there was a continuing focus for urgent care on a range of service developments including how patients could access services with General Practitioners, alternative primary care appointments through the Pharmacy First scheme, urgent care centres, same-day access hubs, and ensuring that 111 calls

were answered promptly, and patients were subsequently referred to the right service. Work was done closely with colleagues at Frimley Health NHS Foundation Trust (Frimley Health), South Central Ambulance Service and Southeast Coast Ambulance Service to ensure that when 999 or ambulance care was required, that timely access to those services were available. NHS Frimley continue to understand what access was required for the new hospital, to ensure that new services would be as beneficial as possible for local people.

Update on the progress of the hospital and site selection process [Item 6a]

Key points raised during the discussion:

Background: site selection process

1. The Interim Programme Director provided a brief overview of the site selection process. When the Trust secured their place on the New Hospital Programme in May 2023, a land agent was appointed to identify a list of potential sites. A hurdle criteria was then set, such as whether there was a landowner willing to sell, if the site was big enough and whether there were any planning and programme risks. This criteria led to a priority list of sites. An evaluation criteria was applied on 14 different areas alongside continual application of the due diligence measures, which resulted in the preferred site. The site selection process aligned to HM Treasury's Green Book. Frimley Health NHS Trust had recently visited the national New Hospital Programme's headquarters and completed a peer review of the site selection process, which was well-received.

What are we doing now: technical due diligence

2. The Interim Programme Director outlined there was a large team of professional advisors and subject matter experts helping with the due diligence to ensure the New Hospital Programme moved at the right pace, that the right site was found and an ability to progress to a detailed design process. A key risk schedule of each preferred site and the opportunities was developed in Summer 2024. Evaluation criteria included transport, environment, ecology, flooding, planning, the overall programme, air quality, utilities diversion, utilities connections and construction logistics. Design and Implementation was being undertaken, in terms of developing a master plan for the preferred sites. The National New Hospital Programme's Hospital 2.0 template was available to see the impacts for the new hospital. Information from the due diligence could be

reviewed in the context of the different sites and the challenges, such as external infrastructure upgrades and ecology improvements. The relative cost value of the preferred sites was reviewed in Summer 2024, which built a bigger picture for the master plan and what the indicative cost would be of developing a preferred site

Considering our population & catchment

3. The Interim Programme Director explained that in Summer 2024, understanding of hospital's catchment, population and how a preferred site would impact this was developed. This included travel and access to the site. This was factored into the site due diligence.
4. The Chief Transformation, Delivery and Digital Officer added that as part of the Public Sector Equality Duty and the Health and Care Act (2022) there was a legal duty to undertake an Equality Impact Assessment (EIA) to understand and consider the impact that changes made to services had to NHS Frimley's population. NHS Frimley, as a partnership of organisations, aimed to go beyond the legal minimum duties. NHS Frimley had a stated strategic intent, in the Integrated Care System's (ICS) strategy, around reducing health inequalities and improving healthy life expectancy. NHS Frimley used a range of data, intelligence, the Joint Strategic Needs Assessment (JSNA) and ongoing engagement with local people to build understanding of the population. NHS Frimley would examine this data throughout the site selection process to understand the benefits and mitigations that may be required for any change that would be progressed. This would be produced as part of an Integrated Impact Assessment. This work was an ongoing and evolving exercise. Work would continue with partners, including the broader public sector, elected representatives, staff, and local people.

Working with relevant Local Planning Authorities (LPAs)

5. The Interim Programme Director explained that progress was made by working with Local Planning Authorities (LPA) to discuss the implications to the preferred sites. Under the Planning Performance Agreement, NHS Frimley had progressed through a pre-application process and presented master plans to LPAs to discuss implications of developing a new hospital on the preferred sites. This was done confidentially, due to the simultaneous commercial dialogue with preferred sites. The programme was moving towards a situation where a Heads of Terms agreement could be formed and enter a contract to

acquire a site after the completion of the site selection process. Confidentiality was important as the preferred sites had businesses on them which needed to be protected whilst commercial negotiations were undertaken. Significant progress had been made with each of their preferred sites with the LPAs.

Engaging County Highways Authority (CHA)

6. The Interim Programme Director noted that good progress was made with the County Highways Authority (CHA). A transport assessment was completed and issued to the CHA. Sustainability of road access was reviewed and an assessment on how road networks had capacity for future use and active transport movements. Detailed junction modelling was done on each preferred site and proposed entrances to see how it would withstand additional transport movements. There were some junctions and areas in the local vicinity of the preferred sites that was at capacity and would need significant infrastructure upgrades. The integration of existing transport networks into preferred sites was reviewed. When moving to a detailed planning application, Frimley Health NHS Trust would need to work with the CHA and LPAs to ensure a smooth and successful planning application.

Next Steps

7. The Interim Programme Director explained that the pre-application conveyed a need to look more at the ecology and environmental aspects. Time was being spent to work on this, in terms of reports received from LPAs, to understand how to mitigate and improve the ecology and environmental impacts of developing the new hospital. The catchment analysis and the population impact, such as travel to the new hospital site was being further investigated.
8. The Chief Strategy Officer added that Frimley Health NHS Trust was committed to working with the committee as the New Hospital Programme developed.

Questions

1. The Chairman asked what impact the lack of operating theatre capacity was on backlogs, and what recovery there was to reduce the backlog. The Chief Strategy Officer acknowledged that waiting lists were too high, in the region of around 80,000. There were lots of plans to reduce this quickly. Theatre capacity was a problem. The opening of the Frimley inpatient and diagnostic facility would provide 74 additional beds. This would

help theatre teams, as the beds and flow to get people through operations that was also an issue. There was Heatherwood Hospital, an elective care site that operated six days a week. Getting this to seven days a week was being explored. The theatres ran at about 85% capacity, but Heatherwood Hospital provided more opportunity to get patients into what was known as a 'cold site', so patients know their elective surgery would not get cancelled on the day for an emergency.

2. A Member asked whether a site for the new hospital had been found. The Member also raised the issue of car parking and suggested a park and ride service from the current hospital site. The Member raised that Queen Elizabeth Hospital in Glasgow had tried single rooms and found it difficult, partly because it was not well built, and that the hospital was not prepared for the system. The Chairman strongly suggested that having a bus service to move people to would be a good idea and moving people with minor injuries over to a minor injuries unit would be a sensible thing to do, and asked how much longer the process would take before the new site is revealed, and by when. The Chief Strategy Officer noted that park and ride was a good idea. There was commitment to find a solution and explore appropriate options. In terms of the new hospital's design, it followed a set process which was a Hospital 2.0 design. It was suspected that Frimley Health NHS Trust would have a chance to learn about single wards from the new diagnostic and inpatient block opening in January 2025. Single rooms provided benefits to patients, such as reducing infection spread, a quieter space and privacy. Nursing teams, health professionals and doctors would need to work differently.
3. The Interim Programme Director explained that several sites had been found that had the ability to accommodate the new hospital. It was not easy to find a site within five miles of the existing site. The process had to occur at the right pace. Due diligence on the potential sites was continuing. In terms of park and ride, that arose in discussions with the LPAs. This would be looked at further, but the development on the green travel plan had not yet started, which would inform how parking would be dealt with on the hospital site. In terms of the single rooms, there was a hospital 2.0 template from the national team which was single rooms and 32 bed wards which was asked to be accommodated within the new hospital. This would be a significant change of culture in terms of operating policies and management of the hospital wards. The national team took advice from the royal colleges and clinicians to ensure the

design was compliant, viable, and implementable. Regarding the transport network, modelling was undertaken on each of the sites to know when networks had reached capacity. Work was being undertaken to understand the travel times of patients and staff from various locations and how journey times could be managed regarding an active travel plan.

4. The Member raised that there must be a plan and date by which a new hospital site had to be chosen and emphasised that building had to start in 2026. The Member also raised the need for engaging with staff at Frimley Park Hospital about the running of the new hospital. The Member also stated the importance of keeping staff on the ground informed about how they want to see the running of this new hospital, and whether the planning has been able to start to allocate staff accommodation, so the committee are assured that staff can live there or stay there in a reasonable way.
5. A Member asked if there was a previous figure that the government suggested they would finance the new hospital for, and if so, what that was, and whether this had subsequently changed during the site selection process. Regarding the new planning policy framework, which included increasing the housing targets for most local authorities, which created the assumption of a bigger population in the future, the Member asked if this was being considered as to calculated capacity. The Member re-emphasised the need to obtain a figure of when a date would be revealed to give people confidence the programme was on target.
6. Regarding the status of the site selection process, the Interim Programme Director explained there had been a lot of detailed work undertaken, but the team was not yet able to conclude the process. There was not a definitive date of when the process would be completed. There were several areas still being reviewed such as the commercial negotiations and areas arisen from the pre-application process. Time was needed to get this right.
7. Regarding the programme's overall delivery, the Interim Programme Director explained that building starting on the new hospital in 2026 to achieve the 2030 deadline, remained the case. Work completed in Summer 2024 had indicated that the programme was still on-track to achieve this. When Frimley Health would start to review the design of the new hospital and map clinical pathways of where all the new hospital's

departments would go, there would be an engagement exercise with clinicians and all user groups to ensure feedback was considered and the design was correct, both from a staff and patient perspective. The demand and capacity modelling was still being finished to inform the size of the new hospital. This would feed into a funding envelope confirmed by the national programme. The pre-election period and change of government meant Frimley Health NHS Trust were not yet aware of the funding envelope but they continue to work towards the brief.

8. The Member asked if a figure of the funding for the programme could be given. The Interim Programme Director explained that Frimley Health would not be aware of the figure until after the New Hospital Programme's review and clarified that Frimley Health NHS Trust was awaiting the affordability envelope. Frimley Health NHS Trust was working to a size of 130,000 square metres previously for the new hospital and the cost associated with that. A Member raised that the figure was thought to be £1 billion. The Interim Programme Director explained that it was originally over £1 billion, but that was from several years ago. Inflation would need to be considered and an update of how the review of the New Hospital Programme was concluded. The Director of Communications and Engagement explained that in the public domain there was a figure of £1.3 billion early in the programme, from the initial strategic outline case to get Frimley Park Hospital onto the programme. The size of the hospital may change this figure, upwards.
9. A Member raised a question around the Government's consultation around extra new housing targets. The Interim programme Director explained Frimley Health NHS Trust was aware of the consultation currently being undertaken, and the implications it could have to the LPAs. Frimley Health was observing and reviewing the demand and capacity modelling to study the potential implications of the consultations.
10. A Member asked if the new hospital's funding would include road infrastructure upgrades. The Interim Programme Director explained that if infrastructure upgrades were needed to facilitate the new hospital, it would be part of the new funding envelope.
11. A Member asked that when it was announced in the budget on 30 October 2024 which would infer whether the hospital can go ahead or not, if there were plans in place for a situation whereby the government's expected Autumn Budget turned out to be a lot less. The Interim Programme Director explained that there was

contingency planning and reviewing of the different sizes of hospitals, in terms of the area needed.

12. The Member asked if there would be consultation with some of the potential sites to get feedback and make the community feel more involved. The Director of Communications and Engagement explained that a commitment was made at the previous committee meeting around extensive engagement and consultation. Until the due diligence process was completed, Frimley Health NHS Trust was not able to know what the engagement and consultation would be about. The Chief Transformation, Delivery and Digital Officer added that there was a dependency on the site location to help inform what the engagement exercise would look like. The Officer reassured the committee that there would be significant, ongoing engagement with local people, representatives and staff looking at a range of options to ensure the process was being done in the right way. The Member also asked if engagement included the Bracknell Forest area. The Chief Transformation, Delivery and Digital Officer confirmed it did and that there would be continued significant engagement on the 'where's' and the 'how's' of the delivery.
13. A Member asked what was happening with regards to recruitment and the retention space, and the people-front. The Director of Communications and Engagement explained that the answer would be better covered towards the end of the session in a brief presentation.
14. The Chairman requested that Frimley Health NHS Trust provide a map to the committee of all their current sites, their purpose and capacity, and a list of things that were being planned.
15. The Vice-Chairman recognised the importance of the ICB in working on the project and having hubs and urgent triage treatment centres as part of the build-up of NHS services up to the opening of the new hospital, and believed it was difficult to understand the possibility of a 40-to-50-acre site within a five-mile radius of the current hospital site. Therefore, clarity was needed on the size of the site. The Vice-Chairman also raised their dealings with commercial businesses and the subjective view that may suggest that the sites could be situated within commercial business areas which raises considerations with regards to transport support, infrastructure, utilities, and the need for a lot of forward emphasis on the programme's timeline.

16. The Chairman expressed a want for more information of a planned date on when to expect the site selection process to be completed.
17. The Director of Communications and Engagement noted that Officers heard the committee's frustration and that this was also felt by Frimley Health and NHS Frimley's teams. Many decisions would be out of their control. The programme could not progress until further information was received but were also unable to progress with providing dates due to the parts needed being out of their control but the work with the LPAs on the potential sites would help in getting that rich information together. When outcomes were able to be shared publicly, it would be done thoroughly with plenty of information.
18. The Chairman raised concern around the programme, the fixed nature of its end date, the lack of a decision, and a planned date for moving forward. A Member raised that at the committee's previous meeting in May 2024, it was raised that Frimley Health and NHS Frimley expected to update on the sites by the end of Summer 2024.

Break was called at 3.53pm

Cllr Michaela Martin left the meeting

Meeting resumed at 4.05pm

Co-design [Item 6c]

Key points raised during the discussion:

The purpose of co-design

1. The Associate Director of Communication and Engagement explained it was decided to propose a co-design element of the programme to inform best practice. There was commitment to work with patients, staff, volunteers, local communities and other stakeholders and involve as many people as possible in all stages of the development. The purpose of co-design was to inform the engagement and involvement strategy and build on the established commitment to equality and accessibility. Additionally, co-design involved understanding how NHS Frimley's communities and key stakeholders would like to be engaged and involved in the New Hospital Programme, to enable a built strategy that would last the life of the programme.

Protected characteristics

2. The Associate Director of Communication and Engagement added that a key element of achieving the purpose of co-design was to focus on some of the protected groups of people, such as those that spoke English as a second language, those with learning difficulties, unpaid carers, seldom heard communities, parents and young people, and in particular those from the Military backgrounds to ensure the facility continued to be right for them. Frimley Health was committed to hearing from all groups.

Working with Healthwatch

3. The Associate Director of Communications and Engagement outlined that Healthwatch was a strong partner and there was communication with different Healthwatch groups that covered Frimley's area. Healthwatch would help with the co-design work, with their links in Frimley's geography. There would be in-depth conversations with community group leaders and key representatives of particular groups. In parallel, a public survey would be run to capture views of the broader public. Combining this with the in-depth conversations would result in a robust and inclusive approach to engagement.

Our goals of co-design

4. The Associate Director of Communications and Engagement explained that the goals of the co-design were three-fold and included a strong strategy for engaging with local people, an increased trust and ownership of the new hospital project and improved accessibility and inclusivity.

Deliverables

5. The Associate Director of Communications and Engagement outlined that a full report and evaluation summary would be produced with the findings of the co-design work. This would be embedded into the core activities of the New Hospital Programme to ensure the engagement and consultation process was comprehensive and impactful.

We want your input

6. The Associate Director outlined that there was interest in the committee's views and suggestions of the co-design plan, and how this could continue to be developed ahead of going live in the coming weeks.

Engagement of the staff at Frimley Park Hospital [Item 6d]

Key points raised during the discussion:

Staff engagement

1. The Director of Communications and Engagement explained that there were 14,000 staff across Frimley Health NHS Trust, just under 6,000 of which worked at Frimley Park Hospital. Around 1,800 staff were nurses and midwives, just over 1000 staff were involved with other clinical support services, 850 were medical and dental staff and around 350 were allied health professionals. 60% of staff lived within a 5-mile radius of the hospital. Around 65% of nurses and midwives, 63% of other clinical services, about 34% of the medical and dental workforce and around 46% of the allied health professionals lived within the 5-mile radius of the current hospital site. 77% of 67 to 70-year-olds lived within a 5-mile radius of the current hospital site. Regarding accommodation for staff, while this was currently provided it tended to be short-term and not on-site accommodation. While the impact on housing for staff and future workforce would be reviewed, the imperative of accommodation being on the hospital site became more of a potential opportunity rather than a necessity. A dedicated workforce work stream had been created, with a role to understand more about staff, their travel needs, future needs and the impact of the New Hospital Programme on them. Staff would be involved in the single room design of the new hospital by informing them of information from the national team on its importance and the safeguards around it, and ensuring opportunity was given to input, which could be relayed to the national team. A priority for Frimley Health NHS Trust was to try to adopt an attitude of 'staff first'. There were lots of ways staff were engaged which would continue, such as a Roadshow of going round all sites, speaking to staff.

Future engagement activities

2. The Director of Communications and Engagement explained there was a range of different ways of communicating with staff. Frimley Health NHS Trust would be looking to develop more in-person events, attendance at meetings and create named ambassadors within all areas to ensure staff were aware of news and information.

Questions

1. A Member asked how much of the 14,000 staff at Frimley Park Hospital were from agencies and how agency staff would be introduced to the new ways of working with single rooms, sometimes at short notice. The Director of Communications and

Engagement clarified that 14,000 was the figure for the employed staff, and agency staff would support on top of this. Frimley Health actively worked to enhance recruitment and retention, to significantly reduce the use of agency staff. There were very clear processes on how agency staff were inducted.

2. The Member also asked how it would be ensured that the new hospital would retain the fringe basic payment for staff. The Director of Communications and Engagement explained this had been flagged in the workforce workstream, but an answer could not be provided yet.
3. The Member asked if there would be co-production meetings with Healthwatch. The Associate Director of Communications and Engagement confirmed the intention to co-produce ways in which to engage with people. In some instances, representatives of groups would be used, but the aim was to have direct conversations with target groups where possible.
4. The Chairman asked what discussions had taken place with LPAs around staff accommodation, considering single rooms and the subsequent need for more staff and what conversations had been undertaken with the local authorities. The Director of Communications and Engagement explained that the programme was not at the point of having these discussions. Further understanding was needed around what the impact of the new hospital on the workforce would be, which would be reviewed by the workforce workstream. The Interim Programme Director noted it was too early for discussions on staff accommodation with LPAs. The programme was being reviewed in terms of a size perspective from the master plan but was not yet being designed.
5. The Chief Transformation, Delivery and Digital Officer raised that it was important not to underestimate how impactful the change in the use of technology was on the projection of the required future workforce.
6. The Vice-Chairman raised several concerns, and that the ICB's renewed ambition strategy, as well as the strategy for NHS England was changing all the time, and recruitment and retention was going to be difficult. It was suggested the committee would like to see a video example of the new type of hospitals using the 2.0 template that were open, to see key areas such as parking and accessibility to look at how these were operated.

7. A Member asked whether the Trust had autonomy to decide where the new hospital site would be or if it had to go through various processes in the department for approval, and if it was contributing to the delay in choosing a site. The Interim Program Director explained that the size of the new hospital would be decided jointly by Frimley Health and NHS Frimley, with the demand and capacity modelling and projections. The Chief Transformation, Delivery and Digital Officer added there was expected scrutiny on what Frimley Health and NHS Frimley put forward by the Treasury, The Department of Health and others. There would be a reliance on transformation to make the new hospital viable for the future. Transformation, better hospital discharges and reducing a patient's length of stay in hospital would result in more beds without needing to build more beds. More community-based care would mean more beds in community facilities. Demand mitigation by investing in preventative-based care, proactive care, and using digital technology such as risks stratification and population segmentation would make a significant impact on the demand and capacity model and therefore what facility is built.

8. A Member asked if the pharmacy model would be updated, as this delays people from leaving hospital. The Member also asked when the programme would engage with local teams and local councils to see the available space options to build community-based facilities. The Chief Transformation, Delivery and Digital Officer explained that preventing people from going into hospital in the first place was the desired objective by keeping them well outside of a hospital. Work was done around this. For example, 7000 people were on remote monitoring, which used technology to assess whether people are well due to a high-risk of hospital admission. There were too many people waiting too long for medicines before they could be discharged from hospital. This model needed updating, and using technology would make a big difference. Access to, for example, Artificial Intelligence and robotics, for delivering supplies around a large facility like a hospital, was within reach. It was hoped the new hospital would make the most of technological opportunities. Regarding care closer to home, the existence of facilities at a local level needed to be ensured, which had to be done in partnership with local councils. Virtual wards also made a difference to ensure people were kept well without needing a hospital facility. A Member raised that the social care system needed to be sorted out before this could be discussed. The reality of the government funding needed to be considered regarding social care and a decision was needed at some point.

9. The Chairman raised that people leaving hospital early may impact on primary care, which would need to be resolved as well. The connection with social care needed to be present, strong and very effective and all processes reviewed.
10. The Vice-Chairman raised concerns that could make prevention difficult to achieve, such as issues around diets such as processed food, the spread of viruses such as COVID-19, norovirus and measles, and the winter season. The Chairman concurred with the points raised by the Vice-Chairman and raised the need for strengthened education and public health.

RESOLVED:

1. We think you need a contingency plan with a date to activate it in order to make sure that the population is protected from issues around not being able to operate the current hospital site.
2. There is a need to thread the provision for accommodation into local housing plans, to ensure its proper integration within the planning.
3. A view of all of Frimley Health sites and all planned extra sites is a needed part of the decision-making process. To make this information available as early as possible.
4. A JHOSC Committee visit to the in-patient and diagnostic imaging facility happens as soon as possible.
5. The JHOSC Committee needs educating on what the new hospital 2.0 might look like.
6. Needs-modelling: the Committee would like this information to be shared as well so that the committee has a good view of what you are considering, what the modelling process is in some detail, and what that looks like.

The Committee **NOTED** the updates received at the meeting.

Actions/requests for further information:

1. Frimley Health/NHS Frimley to provide committee a copy of their presentation used in the meeting.
2. Frimley Health and NHS Frimley to provide a map to the committee of all their current sites, their purpose and capacity, and a list of things that were being planned.

3. Frimley Health/ NHS Frimley to provide an example of the '2.0 template' hospital, to see key areas such as parking and accessibility.

16/24 DATE OF NEXT MEETING [Item 7]

The next meeting would be held on Friday 22 November 2024.

Meeting ended at: 4.54pm

Chairman

