

123. ACTION LIST

Chair reviewed the action list with members. The Head of Legal and Governance (Monitoring Officer) updated members that Community & Resources Committee had requested a report in relation to the requested uplift in CAB funding for 2022-23. This would come to a future meeting.

124. DECLARATION OF INTERESTS

Members were reminded that declarations of interest should be made as and when the specific agenda item to which they related was under discussion.

125. AGREEMENT OF AGENDA ITEMS PART I AND II

There were no Part II items.

126. URGENT MATTERS BROUGHT FORWARD WITH THE PERMISSION OF THE CHAIR

There were no urgent matters to discuss.

127. HEALTH TRUST INTEGRATION & OUR FUTURE HOSPITAL PROGRAMME

Katherine Allen Head of Strategy introduced herself and explained the purpose of the presentation, which would provide members with an update regarding the integration of Northern Devon Healthcare NHS Trust (NDHT) and The Royal Devon and Exeter NHS Foundation Trust (RD&E), as well as an update on the Our Future Hospital Programme.

A detailed presentation summarised the key issues for NDHT and the health of the North Devon population. The Head of Strategy also provided members with the reasoning behind the merger which is planned for April 2022 and the historic partnership work that has already been taking place with RD&E. Specific mention was made of the changes put in place since 2018, and how challenges have been addressed since then – with the Trusts managing workforce retention through mutual support and joint working.

The Head of Strategy went on to explain the consultation process for the merger of the 2 Boards and the impact of there being no change or merger for North Devon.

Zahara Hyde Programme Manager for Our Future Hospital introduced herself to members and provided an update on the programme, which was looking to ensure the future of the NDDH site and building acute services for the future as part of the integration of the two Boards.

Members were provided with the detail of Government investment nationally, specifically the Health Infrastructure Programme. It was explained how this would be filtering down to the new Trust over the 10 year funding cycle.

The case for change was explained to members and the aim to move NDDH to a more modern and digital approach to care, including modernising an aging estate and being able to manage future challenges like an increasing and ageing population.

The 5 ambitions of the programme were highlighted to members with a specific mention of accessibility of services, in terms of physical access, accessing information about care and how people wish to access their care.

The Programme Manager explained the phased approach to the project and set out proposed timelines.

It was confirmed that phase 0 – a new digital patient records linking NDDH and RDE, which aims to provide a more seamless and modern model of care - was already in development and due to be launched in July 2022

The following phases of the project would start at the stage the new build is approved. These phases would address the issues of having an ageing site. Aiming to make NDDH a more attractive place to work, and more fit for purpose. The Programme Manager talked about the building of a new hospital block for critical care services and planned work and refurbishment within the main building of NDDH – to meet future needs of patient wards.

During the presentation members queried whether the new digital patient records would link with social care.

The Head of Strategy recognised the need for more integrated working between the services given the shared client base they work with. However, it was explained that there would need to be an incremental approach to the roll out, with the system rolled out for NHS services first. In the longer term it was explained the digital strategy would be considering the inclusion of partners.

The Programme Manager explained that future developments would likely look at the interoperability of systems – to allow for information to be shared across services -though the challenges that came with this were recognised. Good Practice work taking place in Dorset and Hampshire regarding shared care records was highlighted to members.

The Programme Manager continued the presentation and explained the benefits of the 3 projects - the merger, introduction of digital records and the Future Hospital Programme – for patients and carers and for the staff, as well as the community.

The potential for further partnership working was also highlighted, especially given the fact the Trust will be growing as an employer.

Finally, the Programme Manager summed up the next steps for members. The aim would be to submit the business case for the updates to NDDH in April 2023 and she explained all the work that would take place to prepare for this and to

submit a detailed business case to the Treasury if funds were allocated. The plan for phases 2 and 3 would be from 2025-2027.

The Head of Strategy and the Programme Manager then asked members for their questions and the following discussion took place.

Members asked if the work taking place would constitute a new hospital. It was explained that the hospital after the work would be bigger, with a completely new building on the site and a lot of internal refurbishment. It was stated that the site of NDDH would look and feel very different.

Members discussed the move from paper to digital records and questioned how far reaching this would be, it was explained the hospital will be moving entirely to digital records and this is a huge cultural shift for staff.

Members asked if there would be the opportunity for NDDH be a Centre of Excellence or a teaching hospital. The Head of Strategy and the Programme Manager confirmed that being part of a larger trust would mean access to more trainees and RD&E trust was a teaching trust, so this would increase the number of medical students rotated through NDDH from 35-100.

As part of the discussion the Programme Manager confirmed that there are already parts of NDDH recognised nationally and she highlighted areas of good practice at the hospital that are being championed. It was explained the main benefit for the students working at NDDH would be the breadth of experience and types of roles available to them, though the challenge of accommodating more students was recognised.

Members queried whether there was scope within the proposed expansion for more specialist areas like cardiology and neurology to return to the hospital. It was explained that no guarantees could be made at this stage, but all services were being reviewed as part of the merger. Initially a 'pathway by pathway review' focused on looking at the services that should be maintained. The examples of Haematology and Radiotherapy care pathways were provided to members as an idea of how services may be provided in the future across both Hospitals.

The Head of Strategy explained the remoteness of the hospital and how this has influenced the models of care that are being considered. It was highlighted that the new digital records would also help by allowing consultants to manage cases virtually, having access to patient records in real time.

Whilst recognising the benefits of future plans members asked how issues such as accommodation and on-site parking were being considered.

It was explained to members that accommodation the hospital provides was short term housing and support accommodation for visiting clinicians. Housing for staff locating to the area was not provided and the trust would remain dependent on local partners to access affordable housing. The lack of rental

accommodation was highlighted as a big issue when trying to attract staff and their families to the local area.

It was confirmed that a review of existing and future car parking would be taking place, but that capacity requirements of the car parks had dropped significantly since Covid due to an increase in virtual access to services. It was also highlighted that the current site was not considered to be fully utilised in its current state and there were opportunities to look at parking and public transport as part of a new site layout.

Members raised the Care Quality Commission (CQC) Inspections for NDDH from 2017 and 2019 and queried how progress would be monitored when the 2 boards merged.

The Head of Strategy confirmed the registration for NDDH would no longer exist with the CQC. However, it was stated that the recommendations of the report would not be dismissed and that benefit of the merger would be the ability to tackle the issues as a larger partnership.

Following a query regarding life expectancy within the Torridge area there was discussion regarding the statistics and recognition that, post-Covid, the new trust would need to consider and continue to take into account health inequalities when designing service provision.

Members asked how being a combined trust would improve the situation for NDDH and the local people who access services.

The Head of Strategy explained that the scale of the issues and that the type of issues experienced couldn't be managed overnight. It was recognised that there was a need for the support and recourse of a larger partner. It was explained the resources that brings would help to address some of the concerns raised by the CQC.

There was further discussion regarding bed spaces and whether there would be an increase at NNDH. It was confirmed that the priority for the main tower refurbishment at NNDH would be to create additional inpatient bed capacity.

As part of the response the Programme Manager confirmed that 2 system workshops had been sponsored locally where partners from community action groups, the local authority, GPs, primary care givers and acute physicians would be looking at how to best care for the frail and elderly in the future. The aim being to look at how best to care for people in the wider community to avoid hospital stays and free up bed spaces as well.

When members asked what they considered to be the main issues facing the combined trust from April. The Head of Strategy and Programme Manager agreed on workforce issues, getting trainees in post and recruiting. All within in the context of the wider national workforce challenges the NHS were experiencing.

The issue of increased inpatient stays for rehab needs rather than acute cases was raised and it was asked if this was being considered in relation to provision of services. The speakers felt this query would be best answered by the discharge team and suggested it could be picked up outside of the meeting.

There was a discussion in relation to recruitment and job advertising for NDDH and it was confirmed that this would be looked at once the trust was launched with the new name and branding.

There was a query in relation to digital and telephone consultations and members provided feedback on where they felt this had been used inappropriately. It was felt that there were some circumstances where appointments should be in person.

It was recognised that during covid clinicians had needed to consult with people and work in ways that were less than ideal. The Programme Manager stated work was underway to review the types of consultation available within different pathways, to ensure there is personal choice and working towards offering a range of options for patients.

Chair thanked partners for attending and asked if they had any questions for members.

The Head of Strategy highlighted the importance of political support and collaborative work moving forward and expressed her wish for more partnership working in the future.

128. CONSIDERATION OF THE FORWARD PLAN

Chair reviewed the Forward Plan with members and the following items were suggested for future Committees:

- Access to Dentistry for residents in Torridge. It was suggested that Clinical Commissioning team be contacted for a representative.
- Invite extended to Alabare – supported living providers in Bideford.

During discussion regarding Alabare Councillor Woodhouse requested that details of the provider were shared, as she had unspent Councillor grant money to use before April.

It was agreed that the Public Health and Housing Manager would pass on contact details for Alabare.

The April committee with South West Water and Environment Agency was discussed and it was agreed that members could register their questions. It was confirmed that Councillor Brenton's Notice of Motion would be forwarded to partners, along with any member questions in advance of the meeting.

It was explained that North Devon District Council had been invited to attend in April but were requesting more detail on the outcome of the meeting.

Democratic Services would be contacting them next week to confirm the details and invite.

The meeting commenced at 2.00 pm and closed at 3.40 pm

Chair:

Date: