

Merton Council

Healthier Communities and Older People Overview and Scrutiny Panel

12 March 2024

Supplementary agenda

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| Report Title | Update report to the Merton Healthier Communities and Older People Overview and Scrutiny Panel |
| Meeting date | 12 March 2024 |
| <p>As requested, this report provides an update on:</p> <ol style="list-style-type: none">1. Building Your Future Hospitals programme2. St Helier – update on disrepair | |

1. Building Your Future Hospitals Programme update

Since our last update to the Merton Healthier Communities OSC in June 2023 we have received confirmation of additional 23/24 fees and initial 24/25 fees from the National Hospital Programme (NHP) and hope to have confirmation of full fees for 24/25 shortly. These fees are fundamental to our programme of preparatory work for the coming year.

The NHP is currently examining the possibility of progressing a small number of schemes on an accelerated timescale and final decisions will be made alongside consideration of the NHP Programme Business Case by Summer 2024. We hope to be confirmed as part of this cohort of early schemes and we have initiated a readiness assessment of the proposed enabling schemes such as land acquisition from the Royal Marsden Hospital, relocation / reprovision of the Malvern Centre, junction improvements, site demolitions and the site power upgrade. We are also working to:

- update our Outline Business Case (OBC) to bring it in line with national programme timeframes, processes and new Hospital 2.0 standard design specifications.
- refresh our demand and capacity modelling in close partnership with the New Hospital's Programme, South West London's Integrated Care Board and Surrey Heartlands teams to ensure that our hospitals will meet the future needs of all our local communities.
- re-examine our current estates risk profile and opportunities for early delivery of site upgrades and are working with SWL ICB (Integrated Care Boards) and Surrey Heartlands to plan pathology, primary care and outpatient transformation across the region.
- further develop our vision for the site in partnership with the Royal Marsden, Institute of Cancer Research and the London Cancer Hub as we will be sharing a site, amenities and infrastructure.

A series of enablement and improvement projects have also been completed over the two sites in the last year, including:

- In May 2023, we relocated our Patient Transport Service to its new home in Merton from the Malvern Centre at Sutton Hospital. We also relocated back care from the Malvern Centre to St Helier.
- In Autumn 2023 we demolished Beacon Ward at St Helier to make way for new community and out-patient services to be housed there. It is temporarily being used to store our new Electronic Patient Record system and provide outdoor play facilities for children in Queen Mary's hospital.
- In February 2024, we celebrated the installation of a brand-new, state of the art Nuclear Medicine Scanner at St Helier, a device that can help doctors find tumours and see how much a cancer has spread in the body to help them decide if treatment is working.
- We have refurbished Frank Deas Ward, one of the most challenged estates in St Helier.
- We will shortly complete the refurbishment of the second part of St Helier ITU, with the installation of modern mechanical ventilation, cubicles and pendant-mounted medical devices.

2. St Helier – update on disrepair

Every year, we invest millions to address our most urgent estates challenges, while also improving our buildings, facilities, equipment and environment for our patients and staff. Our approach to capital investment continues to make incremental improvements within the financial resources available to us, focusing investment on improving infection prevention, safety, environmental performance and reducing running costs, as well as improving the experience of our patients.

Our total figures for backlog maintenance costs across the Trust were at c.£71m last year. At Epsom these rose from £11m to 18m with St Helier showing a reduction in the backlog position over the last few years. See ANNEX 1 below.

We have spent almost £6 million pounds on capital projects at St Helier over the last year (compared to £2.5m at Epsom) including improvements to ITU, theatres, windows and roofs. Over £6m was also invested in St Helier in 2022-23 (St Helier £6,316,030 and Epsom £6,060,400).

We are currently undertaking a new 6 facet survey for Epsom and St Helier hospitals which will give us a clearer picture of where we are in terms of backlog. Early indications are that there is likely to be an increase at both sites due to a number of factors including inflation and further deterioration of the estate. Draft data is currently being prepared and we expect to receive this in the next couple of weeks. Once this has been received there will be an internal review to ensure everything is captured before the figures are finalised in readiness for our next ERIC return.

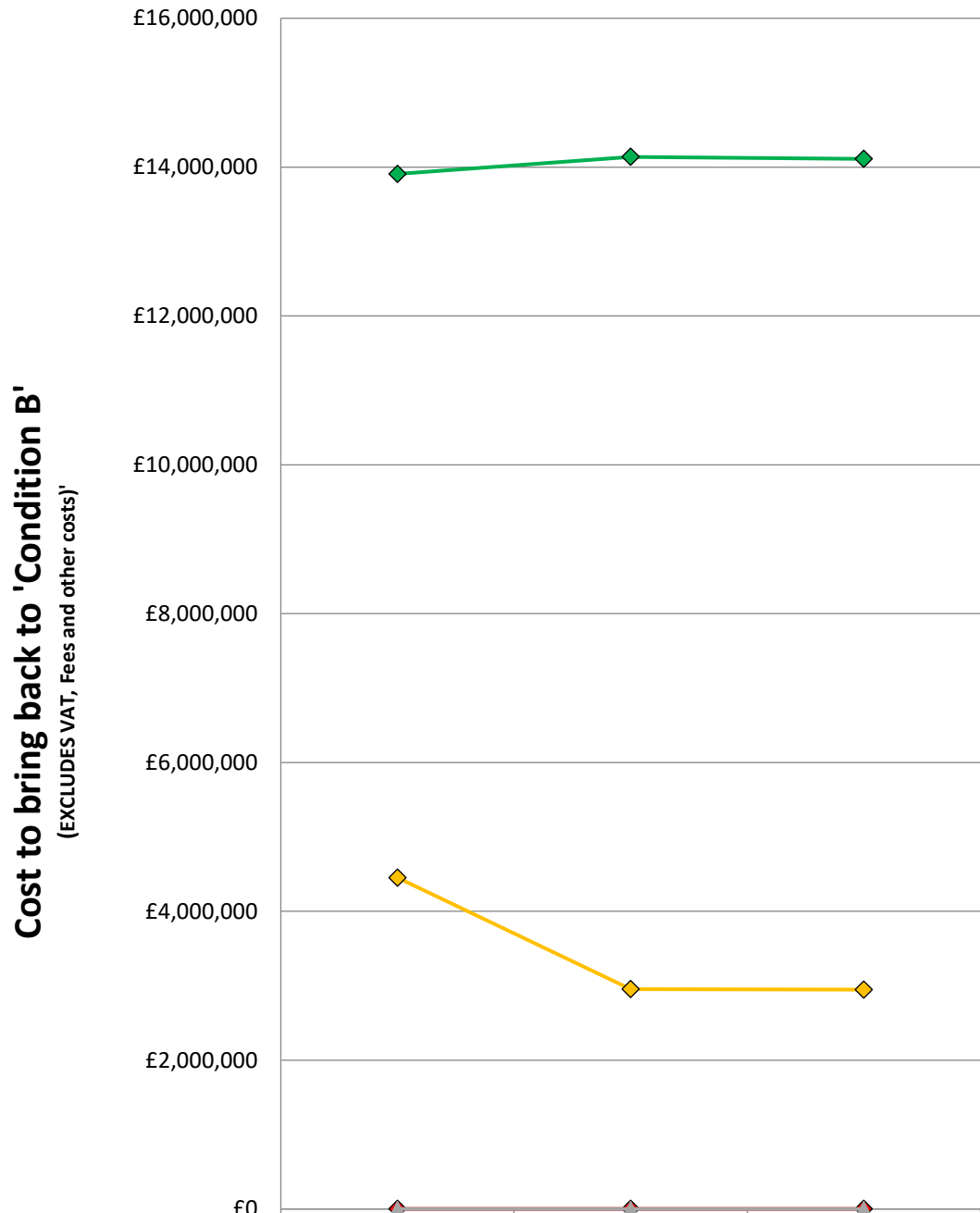
St Helier Hospital - Backlog Trend

Cost to bring back to 'Condition B'
(EXCLUDES VAT, Fees and other costs)



| | 2019/20 | 2020/21 | 2022/23 |
|--|-------------|----------------|----------------|
| ◆ Cost to eradicate high risk backlog | £21,417,333 | £18,899,666.67 | £16,561,777.90 |
| ◆ Cost to eradicate significant risk backlog | £12,676,453 | £10,162,286.67 | £8,905,211.80 |
| ◆ Cost to eradicate moderate risk backlog | £31,672,012 | £30,774,387.00 | £26,967,595.33 |
| ▲ Cost to eradicate low risk backlog | £1,402,667 | £1,248,958.33 | £1,094,462.18 |

Epsom Hospital - Backlog Trend



| | 2019/20 | 2020/21 | 2022/23 |
|--|-------------|----------------|----------------|
| ◆ Cost to eradicate high risk backlog | £0 | £0.00 | £0.00 |
| ◆ Cost to eradicate significant risk backlog | £4,452,553 | £2,953,486.07 | £2,947,579.03 |
| ◆ Cost to eradicate moderate risk backlog | £13,908,564 | £14,136,997.46 | £14,108,723.40 |
| ▲ Cost to eradicate low risk backlog | £0 | £0.00 | £0.00 |

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1. ESTH maternity CQC action plan

The Care Quality Commission (CQC) inspected Epsom and St Helier maternity services on 28 and 29 August 2023. Three urgent concerns were identified and rectified immediately on the day of the visit. This related to one piece of out-of-date equipment on the neonatal unit trolley, Syntocinon storage and a typographical error on an emergency drug box.

Following the inspection, the CQC issued a Section 29A warning notice which was later withdrawn following provision of satisfactory evidence from the Trust.

The following immediate action was taken to address some of the issues highlighted by the CQC. These included:

- The Triage process was refined with dedicated core triage midwife provision to ensure 24/7 cover.
- The service updated its existing triage guidance to clarify the telephone triage process and the responsibilities of the core triage midwives.
- A dedicated triage telephone line was installed on 25 September 2023 and the telephone number was shared with all staff and the pregnancy advice line. The line is now answered by the dedicated triage midwife.
- The estates team undertook remedial works to repair external water ingress and an internal wall in the induction bay.
- A risk assessment was undertaken in conjunction with the Infection Prevention and Control Team to identify whether there are any risk factors for the 35 women and birthing people admitted to the induction bay within the previous 4 weeks of CQC visits and no concerns were identified.

The final report was published on 14th February 2024. Our overall maternity rating was lowered from Good to Requires Improvement.

- Epsom Hospital, safe and well-led fell from 'Good' to 'Requires improvement.'
- St Helier Hospital and QMH, safe has been changed from 'Good' to 'Inadequate.' Well-led was lowered from 'Good' to 'Requires improvement.'

The Trust acknowledges the concerns highlighted in the CQC report and understands that a drop in CQC rating can impact the perception of quality care within the community, especially among women and birthing people. We have not seen any evidence of a decline in the booking figures; however, the trust will monitor booking and attrition on a monthly basis.

The Trust has already made additional changes since the inspection in August 2023 as part of our action plan to address issues identified in the CQC report. These include:

- Investing more than £2m over two years to increase staffing levels in the unit by 8%.
- Ensuring 90% of women are now triaged within 15 minutes of arrival to improve risk assessments, with a new dedicated helpline for women to talk directly with midwives.

- Fast-tracking outstanding estates maintenance work with new doors and blinds fitted to improve privacy and dignity.
- Strengthening oversight to ensure mandatory training and care records are kept consistently up to date which has meant that the trust was able to declare compliance with the year 5 Clinical Negligence ST safety action regrading mandatory training.
- Appointing a new Group Chief of Midwifery who will oversee implementation of the action plan across the group.
- Agreeing funding to provide a transitional care service for mothers/birthing people and new babies who require extra support – this is being implemented from April 2024.
- Matron Weekly Spot checks continue to ensure that any emerging issues are identified and addressed quickly.

Our priority is to ensure women and birthing people receive the best possible care. A recent CQC maternity survey (published 9 February 2024), scored Epsom and St Helier as number one in London for the care provided to mothers and birthing people. The survey found improvements in many areas, including women having a higher level of trust and confidence in the staff caring for them, and partners being able to stay overnight.

We have been engaging our staff and service users across both sites, to inform strategies to continue to attract women and birthing people to St Helier hospital, despite the CQC rating and poor exterior of the estate.

The Trust's annual workshop with service users in the Maternity and Neonatal Voices Partnerships (MNVP) was held on 29th February. The CQC patient experience survey report was discussed, and further service user feedback was sought as well as input into the action plan and any other ideas to improve the unit.

Our staff and all the families that we have supported remain the best champions of the service to new mothers and birthing people.

