

Merton, Sutton and Surrey Joint Health Scrutiny Committee
24 February 2011

MERTON, SUTTON AND SURREY JOINT HEALTH SCRUTINY COMMITTEE

24 February 2011 at 7.30 pm

MEMBERS: Councillors Margaret Brierly, Mary Burstow, John Butcher, Anisha Callaghan, Chris Frost, Stuart Gordon-Bullock, Suzanne Grocott, Nick Harrison, Peter Hickman, Mary-Jane Jeanes, John Leach, David Munro, Colin Taylor, Stan Theed, Sam Thomas and Myfanwy Wallace

ABSENT: Councillor Jeff Hanna

1. APOLOGIES AND SUBSTITUTES

An Apology was received from Councillor Jeff Hanna: Councillor Nick draper substituted for him.

2. ELECTION OF CHAIR AND VICE CHAIR

Councillor Myfanwy Wallace was elected Chairman and Councillor David Munro as Vice Chairman of the Joint Health Scrutiny Committee for the municipal year 2010/11.

3. DECLARATIONS OF INTEREST

Resolved: To note that the following declarations of interest were made:

- Councillor Chris Frost declared a personal interest as his wife was an employee of NHS Sutton and Merton.
- Councillor Mary Burstow declared a personal interest as her husband was the Minister for Health.
- Councillor Nick Draper declared a personal interest as an employee of the National Blood Service.

4. MINUTES OF PREVIOUS MEETING

The Minutes of the Meeting held on 16 February 2010 were agreed as a correct record and signed by the Chair.

5. AMBULANCE FIRE AT ST HELIER

Further to Minute 35/10 of the meeting held on 16 February 2010 the committee discussed the final report from the ambulance fire incident at St Helier Hospital. Paul Woodrow and Phil Arkle attended from the London Ambulance Service to answer questions.

Members noted that there was a discrepancy between the verbal report and the London Fire Brigade report about when the smoke was actually noticed by the ambulance crew. Paul Woodrow explained that the crew noticed smoke after parking whereas the LFB report stated that crew noticed the smoke then parked up. Members stated that if the crew had noticed the smoke before parking they should not have entered the hospital.

Resolved: (i) To thank Paul Woodrow and Phil Arkle for their attendance and input.

(ii) To commend the ambulance staff for getting the oxygen bottles away from the fire; this prevented a more serious incident.

(iii) To note the final report of the London Ambulance Service.

6. EPSOM AND ST HELIER NHS TRUST - FOUNDATION TRUST OPTIONS

Matthew Hopkins, Chief Executive Epsom and St Helier NHS Trust, gave a PowerPoint presentation which set out background, the process, current position and financial assessment and options for next steps. He introduced Jan Sawkins as Chair of the Project Board which had been set up.

The Committee considered the various indicative organisational options put forward which were not ranked and which was not exhaustive. In response to councillor questions it was explained that:

The Trust was not at the stage where there would be expressions of interest from possible partners. The Trust did not have a favoured organisational option and would ensure a rigorous and transparent process be followed in order that staff were bought in and to ensure that any decision would not be subject to challenge. The Project Board would look into the seven options, as given on slide 30 of the presentation, and would recommend to the Trust Board, at its next meeting in April, which options would not be viable and removed accordingly.

Foundation Trust status was about organisational change and not about service change which would require full consultation. The timeline provided on slide 31, of the presentation, showed the technical components of what was required to satisfy Monitor, the independent regulator of NHS Foundation Trusts. Monitor required any newly merged organisation to have been operating as a single entity for 12 months before it will consider it as licensed. The Department of Health would not take any new application for foundation trust after April 2013. Any bid for foundation trust must set out the value and benefits for the partners.

The Trust would be working to have the same services provided on each site (Epsom, Sutton and St Helier) but would need to consider each bid and the impacts on patients before deciding if changes were needed and would also need to consider GP Consortia commissioning. The Trust were mindful of getting the timing and the pace right for becoming a FT as it did not want to cut corners and needed to ensure a comprehensive and rigorous approach.

A demerger and merger would cost £1.4m which would be met by the appropriate Strategic Health Authorities. This time last year ESH Trust would have been able to meet Monitor's risk rating requirements but due to increased costs, slower growth and lower income the Trust have now moved from a risk rating of 4 to 2. This was affecting many of the 120 Trusts nationally.

Jan Sawkins, Independent Chair of the FT Project Board, gave a brief overview of her background and the Project Board which was only in its third week and had met recently to deal with governance arrangements. The Project Board consisted of GP commissioners, NHS London, SW London Sector, NHS Surrey, SE Coast NHS, medical director, senior reporting officer and a transactions director. The Board will be setting up sub groups which will include clinicians, LINKs and other working groups. Councillor Stuart Gordon-Bullock requested a Council representative on the Project Board.

Resolved: (i) To thank Matthew Hopkins, Anthony Tiernan and Jan Sawkins for the candid responses, reports and attendance.

- (ii) To request that any papers written for the general public are in plain English.
- (iii) To request that appropriate local authorities were offered representation on the Project Board.
- (iv) To request that a comprehensive consultation paper be drawn up as soon as possible and shared with the public and this committee.

7. AUDIT COMMISSION ANNUAL HEALTH CHECK FOR EPSOM AND ST HELIER NHS TRUST

The Committee considered the Annual Audit Letter from the Audit Commission to the Epsom and St Helier NHS Trust (ESH) which showed that the Trust had improved in four of five key areas in the financial year 2009/10 including value for money and financial management.

Mr Matthew Hopkins, Chief Executive ESH, responded to member questions where possible and undertook to provide written answers for those questions he didn't have the information to provide a response. He reported that:

- There were local organisations e.g. NHS Sutton and Merton and NHS Surrey that were financially challenged in terms of the predicted gap between cost and income for this year and next year.
- ESH Trust was conducting a review of Operating Theatres which was coming from the existing cost base.
- 'Error rate' as given in the report referred to errors of coding of procedures.
- Filling nurse vacancies remained a challenge and where possible bank nurses were deployed before using agency nurses. Some progress had been made towards reducing the vacancy list and more detail could be given towards the end of the year.

Resolved: (i) To welcome Mr Hopkins to his new role and thank him for his attendance.

(ii) To congratulate the ESH Trust for the improvement in the key areas identified by the Audit Commission.

(iii) To request that whoever replaced the Audit Commission be invited to this meeting to explain their reports or for them to give clear written context to their statements within any report.

(iv) To request that Mr Matthew Hopkins provide further detail, in writing, on the following points:

- the status of completion of the recommendations in the Action Plan (appendix 4 of the report),
- context for paragraphs 24 and 29 of the report and
- the sample size in paragraph 38.
- Were the differences in nursing costs due to London Weighting?
- What was being done to attract staff to the Trust and to tempt bank staff to becoming permanent?
- Provide detail regarding the flexibility of working hours for nursing staff as it was thought that inflexibility maybe contributing to the high proportion of bank staff.
- To provide the Trust Board minutes where this report was discussed.

The committee adjourned for a 10 minute comfort break at 8.45pm and reconvened at 8.55pm.

8. SAFE WATER SERVICES

Further to Minutes 872/09 and 1035/09 of the Sutton's Health and Well Being Scrutiny Committee when Sutton Hospital wards were closed due to the finding of Legionella in the water systems, an update on how water systems were being monitored and Legionella prevented at Epsom and St Helier Hospitals was considered. Mr Trevor Fitzgerald, Head of Estate Management for Epsom and St Helier NHS Trust (ESH), attended to respond to questions.

In response to member questions it was explained that:

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- Epsom Hospital received treated water from Thames Water. St Helier received water from a private borehole which was required to be treated to meet regulations and at Sutton Hospital water was only treated for the Chiltern Wing.
- Scaling of taps/pipes was low in hospitals due to the water being softened.
- Iron levels in the borehole at St Helier were higher than regulation stipulated so this meant the need for filling to meet regulation. However, there was no risk to health.
- There were air handling units in certain areas (e.g. theatres) which were regularly monitored where the air was cooled and likely to create water droplets. Risk was assessed to be low at these points.
- Levels of chlorine dioxide in taps were tested monthly by independent specialists as well as monthly testing by Environmental Health.

There was a difference of opinion on the interpretation of guideline L8 (Approved Code of Practice – Legionnaires' disease: the control of Legionella bacteria in water systems (L8) 2000; Third edition) on whether shower roses should be checked quarterly or half-yearly.

Resolved: (i) To thank Mr Trevor Fitzgerald for his attendance and input.

(ii) To request that Mr Trevor Fitzgerald review the L8 guideline practice of inspecting shower hoses half-yearly as members were of the opinion that L8 refers to quarterly inspections.

9. BHCH UPDATE

The Committee considered an update report which recommended to the Sutton and Merton PCT Board to agree that the preferred option was to proceed with four Local Care Centres (LCC) as opposed to three. Mr Bill Gillespie, Chief Executive, NHS Sutton and Merton (NHSSM) attended to respond to questions.

In response to questions Mr Gillespie stated that:

- The PCT Board had approved the four LCCs.
- There had been GP interest in the St Helier LCC but no firm proposals as yet.
- The Shotfield LCC was due to be complete and open by April 2012. This was a delay on the original timetable due to inclement winter weather and the need for additional planning for the frontage of the building.
- He would arrange for the completion date advertised on the Shotfield hoardings to be updated.

Resolved: (i) to thank Mr Gillespie for his attendance and input.

(ii) To note the report.

(iii) To request that Mr Gillespie provides the Health Impact Assessments for the four Local Care Centres.

10. TERMS OF REFERENCE

Resolved: To note the Terms of Reference provided for information.

11. DATE OF NEXT MEETING

Resolved: To note that the next meeting would be held on 12 May 2011 at County Hall, Kingston subject to Surrey County Council's timetable.

The meeting ended at 10.30 pm