

## **ADULT SOCIAL CARE & HEALTH SCRUTINY COMMITTEE**

Meeting: 6 August 2024  
At: 6.00 pm

PRESENT

Councillor David Sedgwick (Chair) in the chair; Councillor Wendy Wild (Vice-Chair);  
Councillors Geoff Abell, Jake Austin, Laura Clingan, Mike Newman and Pete West.

### **1. DECLARATIONS OF INTEREST**

Councillors and officers were invited to declare any interests they had in any of the items on the agenda for the meeting.

The following interests were declared:-

#### **Personal Interests**

<b><u>Councillor</u></b>	<b><u>Interest</u></b>
Wendy Wild	Agenda Item 3 – ‘Scrutiny of the Estates Situation at Stepping Hill Hospital and to Understand How this is Impacting on Patients and Staff and the Trust’s Ability to Deliver Services’ as a member of Stepping Hill Foundation Trust.
Mike Newman	Agenda Item 3 – ‘Scrutiny of the Estates Situation at Stepping Hill Hospital and to Understand How this is Impacting on Patients and Staff and the Trust’s Ability to Deliver Services’ by virtue of spouse working in emergency care as a nurse at Stepping Hill Foundation Trust.

### **2. CALL-IN**

There were no call-in items to consider.

### **3. SCRUTINY OF THE ESTATES SITUATION AT STEPPING HILL HOSPITAL AND TO UNDERSTAND HOW THIS IS IMPACTING ON PATIENTS AND STAFF AND THE TRUST'S ABILITY TO DELIVER SERVICES.**

The Chief Executive and Director of Estates & Facilities at Stockport NHS Foundation Trust attended the meeting to respond to questions from the Scrutiny Committee relating to the estates situation at Stepping Hill Hospital and to understand how this was impacting on patients and staff and the Trust’s Ability to deliver services

The Cabinet Member for Health & Adult Social Care (Councillor Keith Holloway) attended the meeting to respond to questions from the Scrutiny Committee.

The Chief Executive provided the following introduction:-

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- Stockport hospital was quite an old hospital with the main façade going back to 1905. This means that it has a number of issues with trying to maintain the site, with other buildings being over 50 years old and requires maintenance as well.
- A lot of the estate has been categorised as C and D, which means that it is in a really poor state and have to be structurally surveyed on a regular basis to ensure that services could continue to be provided from the accommodation.
- As a result of the building surveys, Outpatient B was categorised as D, being in the poorest estate which meant it has to be immediately evacuated and then demolished.
- Alternative accommodation has had to be sought for patients and services across the site.
- The estate itself is landlocked, which makes it very difficult to manage the ever-increasing demand for hospital services.
- Each year capital monies are allocated to the hospital but this also has to be used for maintenance, IT infrastructure and the replacement of equipment. There is already a backlog of maintenance problems, so risk assessments have to be undertaken across the site.
- As a result of the backlog of maintenance issues and the facilities no longer being conducive to modern medicine the hospital and the local authority have been working together to develop an outline business case to replace a substantial element of the Stockport site and has already been submitted to the Department of Health as part of their new hospital build scheme, however, it was shortlisted but not categorised as one of the most urgent.

The following comments were made/issues raised:-

- Members sought clarification on the impact of services across the hospital. In response, it was stated that the majority of services were still provided on site, but there was limited capacity which resulted in sourcing capacity close to the hospital so patients are not inconvenienced too much. Patients are then communicated with in advance to ensure they know where they are going to receive their services across the site and this is done on a 6-week cycle.
- Members enquired about the communication strategy in place. In response, it was noted that the hospital links with patient groups and ensure that the patient letters were clear regarding where they need to go and where on the site the services would be provided.
- Clarification was sought regarding the timescales for the existing work being carried out at the hospital. In response it was noted that discussions were ongoing with the national team about the options of funding and it was anticipated that within the next 15 months there should be a solution.
- That there were ongoing assessments taking place across the site to include electrics, piping, the physical infrastructure, drainage and everything related to the building estate. Following these assessments further additional measures are taken to 'sense check' the assessments at regular intervals. The information is then fed into the Trust's Governance processes, for example, the risk register, applications for funding from the internal capital.
- It was commented that the Trust was in the process of making the decisions to spend what little capital was available in order to prevent or affect patient outcomes as little as possible.

- In the short term some of the outpatient capacity was being provided off site but near to the hospital. However, if capital was to become available then quite a bit of the clinical capacity would be replaced within the town centre, where there were good connections and good transport.
- Members enquired about the contingencies in place for staff. It was stated that there were business continuity plans in place across the site and communications are constantly being sent to staff regarding short, medium and long term plans. It was also stated that there was a national staff survey and staff morale was still quite high, but also a local survey is conducted to test the temperature of the organisation.
- Clarification was sought regarding the actual number of buildings that were in category C and D and the level of service that could be affected. In response, it was stated that around 55% of the whole estate were in category C and D which was about 90 buildings. Appropriate response mechanisms were put in place during the winter months in case of any asset failure, so there would be a range of measures in effect e.g. on-call arrangements of regular inspections.
- It was confirmed that there had not yet been any announcements from Government relating to any potential additional capital, but discussions were ongoing with the national NHS Team about providing capital to replace Outpatient B.
- It was noted that the backlog maintenance was £90m, but each year the hospital receives £30m-£40m per year as capital but as stated earlier the capital received was also used for IT infrastructure and the replacement of equipment.
- It was requested that an update be submitted to the Committee at a future meeting.

The Chief Executive of the Foundation Trust thanked the local authority for its support and help to raise the issues in Parliament and looking at possible solutions.

The Chair on behalf of the Committee thanked the Chief Executive and the Director of Estates & Facilities of the Foundation Trust for their attendance and answering the questions.

The Cabinet Member for Health & Adult Social Care (Councillor Keith Holloway) thanked the Chief Executive of the Foundation Trust for the ongoing working relationship between the Trust and the local authority and the ongoing discussions related to the potential new development of the town centre site.

RESOLVED – (1) That the update on the Stockport NHS Foundation Trust be noted.

(2) That the Chief Executive of the Foundation Trust be requested to submit an update on the status of the hospital to a future meeting of the Committee.

The meeting closed at 6.43pm.