



**To: All Members of the Health Liaison Panel**

Dear Councillor,

**HEALTH LIAISON PANEL - TUESDAY, 7TH MARCH, 2023 , Council Chamber - Epsom Town Hall**

Please find attached the following document(s) for the meeting of the Health Liaison Panel to be held on Tuesday, 7th March, 2023.

6. **EPSOM & ST HELIER UPDATE PRESENTATION** (Pages 3 - 18)

The Presentation provided to the Panel by James Blythe (Managing Director) and Alex Shaw (ESTH Chief Operating Officer).

For further information, please contact Democratic Services, 01372 732000 or [democraticservices@epsom-ewell.gov.uk](mailto:democraticservices@epsom-ewell.gov.uk)

Yours sincerely

A handwritten signature in black ink, appearing to read 'S. King'.

Chief Executive

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# *EPSOM AND ST HELIER UPDATE*

James Blythe, Managing Director

Alex Shaw, Site Chief Operation Officer

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7 March 2023

# *INTRODUCTION*

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What we'll be covering:

- Our Building Your Future Hospitals Programme, including
  - Recap on our plans
  - Where we are now
  - New Hospital Programme and Hospital 2.0
  - Epsom Hospital developments
- Operational update, including current pressures, the impact of industrial action and staffing
- An update on our Group strategy development

# BUILDING YOUR FUTURE HOSPITALS PROGRAMME



Our plans are widely supported by staff and local people, and have been subject to extensive public consultation called Improving Healthcare Together.



## Recap on our plans

**Build a state-of-the-art Specialist Emergency Care Hospital in Sutton** to care for our sickest patients.

The new hospital will bring together six core services: A&E, critical care, acute medicine, emergency surgery, inpatient paediatrics, and births in hospital.

**Significantly improve Epsom and St Helier hospitals** where **85%** of the people who need care with us will still be seen and treated.



\*Designs for illustrative purposes only

# WHY THIS IS SO IMPORTANT

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- The Trust has crumbling buildings – especially at St Helier where over 90% of the buildings are older than the NHS itself - they are not fit for modern healthcare and they hamper the level of care staff can provide. This has been further emphasised by the pandemic.
- Staff run duplicate services across two sites, which means our workforce is stretched and we need to strengthen staffing.
- A new, purpose-built hospital will enable us to improve the quality of services we provide to local communities, and ensure our sickest patients get faster access to care and treatment through bigger teams of specialist staff.
- Transforming the Trust's facilities is so important for improving the quality of care we are able to provide to patients, but also to improve the way our doctors, nurses and staff work day-to-day.



# WHERE WE ARE NOW

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- We continue to wait for feedback and confirmation of next steps from the national New Hospital Programme. While there are lots of benefits to being part of a national programme, it also means we are subject to national approval processes. We expect to receive an announcement on funding and national programme timetable soon following HM Treasury approval.
- The Government has recently reconfirmed its committed to our Building Your Future Hospitals programme – but the new hospital will not be ready until 2027 at the earliest.
- We have been using this time to continue our work behind the scenes, includes staffing and workforce planning and on our future operating models.
- It's been an extremely challenging winter, made even more difficult by our old and tired estate.
- Everyone who works for the Trust contributes, every day, to delivering safe and effective care despite huge challenges in our hospital estate. Our patients deserve a better environment to receive care. Our staff deserve a better environment to deliver care.

# *PLANS FOR RENAL CARE*

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- St George's, Epsom and St Helier University Hospitals and Health Group (GESH) has submitted an outline business case for the development at St George's Hospital to create a state-of-the-art renal unit. This is currently being reviewed by HM Treasury.
- Once approved, plans for the new unit will be shared with stakeholders and local communities ahead of a planning application being submitted.



# *NEW HOSPITAL PROGRAMME AND HOSPITAL 2.0*

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- National programme to deliver 48 major hospital programmes by 2030 – our Building Your Future Hospital programme is in Cohort 3 of the programme
- In December, the New Hospital Programme shared its vision for the programme delivery using modern methods of construction, standardised design in manufacture and assembly, centralised procurement, and the latest technology. Called ‘Hospital 2.0’, it is expected to reduce build costs by 25% and ensure hospitals can be built 20% faster than using current bespoke processes
- Hospital 2.0 will provide a set of guidelines or “building blocks” for the hospitals of the future, including 100% single rooms and smart hospitals that are digitally enabled to support care.
- This framework will have an impact on our design plans for the new hospitals and we are working with the New Hospital Programme to feed into this process and understand the potential impact.

# RECENT DEVELOPMENTS AT EPSOM HOSPITAL

- New link bridge, linking Wells Wing with the second floor of Langley Wing, and moved Britten Ward (stroke ward) to a newly refurbished space on the 2<sup>nd</sup> floor of Langley Wing
- Replaced the ventilation system to Wells Wing, improving the internal environment for patients and staff.
- Finished the external refurbishment of Wells Wing to help keep the elements out.



# AND MORE PLANNED FOR 2023

- Complete our Langley Wing redevelopment and move the New Epsom and Ewell Community Hospital (NEECH) and The Poplars neuro-rehabilitation service from the West Park site to Langley Wing at Epsom Hospital
- Start work on the multi-storey car park at Epsom Hospital

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# *OPERATIONAL UPDATE*

# CURRENT PRESSURES

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- We were expecting a challenging winter, and that is exactly what we have faced over the past three months.
- Our Emergency Departments have received record numbers of acutely unwell patients this winter. In December alone, more than 13,400 patients attended our Emergency Departments (including our emergency eye unit), with more than 5,771 at Epsom. This compares to 12,800 in December 2021.
- During January, 75.6% of our patients were treated, admitted, or discharged within four hours of attending ED, up from 69.4% in December.
  - 9.8% of patients waited more than 12 hours in ED (down from 14% in December)
  - We continue to experience significant ambulance handover delays, although these are improving. In January, we had 145 60-min plus ambulance handover delays, compared to 274 in December.

# OUR APPROACH TO WINTER EMERGENCY CARE CHALLENGES

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- Managing flow through our hospitals has been a priority to enable us to release vital capacity to deal with this demand
- Focus on ensuring effective and efficient use of resources, including timely discharges of medically fit patients, and ensuring patients, such as the frail and elderly, are treated in the most appropriate setting for their needs (which often means not in the hospital).

## **Reset Week (12-18 Dec) – week of dedicated focus to address pressures and demand**

- Everyone rallied together to focus on patient flow pressures
- Non-patient-facing colleagues volunteered to work as Ward Liaison Officers in clinical areas
- Focus was ensuring patients who were medically fit could be discharged as soon as possible, and teams worked with partners during the week to help make this happen
- Senior clinicians could also be found "on the floor" in Emergency Departments and related areas, to ensure decisions could be made quickly
- Meetings were stood down to allow everyone to put all their time into this effort.

# *FLU, COVID AND STREP A INFECTIONS*

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- Covid-19 and flu continue to create additional pressures on beds. As at Wednesday 1 March, we were treating 4 flu and 67 Covid patients on our wards.
- Earlier in the winter we saw an increase in paediatric emergency department attendances due to Strep A
  - This came as children (particularly 0-4s) were exposed to the Strep A virus for the first time due to the steep decline in infections during the pandemic
  - We continue to work closely with our clinical partners in the community to support families in managing Strep A infections.
- We continue to promote the flu vaccine to our staff and local community to help protect them, their loved ones and our patients.
- Mitigations include appropriate testing, mask wearing in clinical areas by staff and visitors, and use of side rooms where necessary.

# INDUSTRIAL ACTION

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- We have also been managing the impact of multiple industrial actions, including ambulance strikes in our area on 21 December, 11 January, 23 January and 10 February.
- We worked actively with our staff to risk assess the impact of the NEU (teachers) strike on 1 February and 2 March, and were able to maintain provision across our hospitals.

## Upcoming industrial action

The BMA has announced that industrial action for junior doctors will be taking place from 07:00 on Monday 13 March and will consist of a 72-hour full walkout.

- The Trust supports the right of its staff to take industrial action, but our priority is ensuring we continue to keep patients safe.
- We are putting plans in place to ensure there is emergency care for those who need it.
- Regardless of any strike action taking place, it is really important that **patients who need urgent medical care continue to come forward as normal, especially in emergency and life-threatening cases** - when someone is seriously ill or injured, or their life is at risk.

## *OUR RECRUITMENT CHALLENGES*

- Retention of front line staff, ie HCAs, patient transport drivers
- Proximity of central London trusts, which can offer inner London HCAs, and more training and research opportunities
- Sufficient workforce to staff 24/7 rotas across two sites
- Shortage of skilled staff particularly within the community, compounded by competition with the private sector.

## *OUR RECRUITMENT STRATEGY*

- Train and retain our own staff, developing people and providing career progression, eg HCAs progressing to Trainee Nursing Associate roles.
- Support staff wellbeing and ensure we live our core value of respect
- International recruitment and retention – targeted campaigns and strong pastoral support to international recruits. First in SWL to actively target overseas paediatric nurses, community nurses, midwives and radiographers.



# *UPDATE ON GROUP STRATEGY DEVELOPMENT*

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- We continue to develop a new five year strategy for the Group which will launch in the coming months
- More than 1,500 people have helped shape our vision for the future – including discussions with our local partners in Surrey Downs, patients and local residents, and our staff.
- Thanks to everyone who has engaged with us and shared their views.



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# *QUESTIONS*