

# *EPSOM AND ST HELIER UPDATE*

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# INTRODUCTION

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What we'll be covering:

- St George's, Epsom and St Helier University Hospitals and Health Group – what it means for Epsom and Ewell residents
- Epsom and St Helier update, including staffing and the year ahead
- Planned care and our elective recovery
- Covid-19 and staff vaccinations
- Our Building Your Future Hospitals Programme
- Epsom Hospital developments



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# *ST GEORGE'S, EPSOM AND ST HELIER UNIVERSITY HOSPITALS AND HEALTH GROUP*

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- Epsom and St Helier and St George's are now in a hospital group which creates opportunities for improved patient care and access to wider services for patients.
- The hospitals remain two separate trusts, but with one executive team and departments working together to help improve outcomes for patients
- We remain committed to the strong partnerships built with local health and care systems including in Surrey Downs through the Surrey Downs Health and Care Partnership.
- Thirza Sawtell, Managing Director for Integrated Care, is the place leader for Surrey Downs.

# *WORKING AS A GROUP WILL IMPROVE PATIENT CARE AND MAKE BOTH TRUSTS A BETTER PLACE TO WORK*

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It has already led to:

- Proposal to co-locate renal in £80m new state-of-the-art facility at St George's – proposal put forward by clinicians, with full support and backing of patients.
- Creation of a shared domain for Electronic Patient Records (EPR). This will mean that when Epsom and St Helier implements its new EPR system, records for patients can be managed across the two trusts, freeing up clinical time and improving continuity of patient care.
- Working together to deliver a COVID vaccine trial.

# *MORE BENEFITS TO PATIENTS OF WORKING AS A GROUP*

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- Local people will have greater and more seamless access to highly specialised services – such as neurology and cardiology – with waiting times reduced
- We have around 50 consultants appointed jointly across the Trusts and are looking to make more joint appointments
- The Group hosts a joint hub for maternal medicine which provides outstanding care for pregnant women who have underlying medical conditions and aims to improve outcomes for women and their babies
- We have already developed a Headache Hub at St George's to support one stop multi-disciplinary service to reduce waiting times, and provide a better service for patients with headaches
- Working as a group creates opportunities to expand clinical research which will lead to better outcomes for patients
- We can work together to reduce waiting times for both outpatients and inpatients.

# *EPSOM AND ST HELIER UPDATE*

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- It has been a particularly busy period as we responded to increasing numbers of Covid patients while also maintaining our regular services and elective recovery.
- Pressure intensified in December and early January with the spread of Omicron, which led to a steep rise in staff absences. At the peak we had 8.5% of staff unable to come to work.
- Our teams have worked hard to support our staff with Covid or who were isolating for another reason. Each person received a call as part of a wellbeing check and also to talk through their particular circumstances, explaining latest regulations so they know when they can return to work and feel comfortable doing so.
- Staff absences have now stabilised and as at last week, we only had 95 Covid-related absences

# *EPSOM AND ST HELIER UPDATE – THE CURRENT PICTURE*

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- Pressures from the pandemic are slowly lessening but demand for emergency care is very high. Patients are often complex with a number of health, social care and wider support needs, so we have to work even harder with partners across the system to support them in the right way
- We have also seen a particularly high number of emergency surgery presentations, such as for fractured hips. This is often an issue in winter
- Strong mitigations are in place, with services such as our multi-disciplinary Surrey Downs Health and Care @Home team and frailty service being exemplary illustrations of working hand in glove with community, local authority and social care partners.

# *EPSOM AND ST HELIER UPDATE – THE YEAR AHEAD*

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- It's a challenging financial environment, and 2022/23 must be seen in the context of coming out of a global pandemic
- We are working with our divisions and wider systems to agree operational plans for the upcoming year
- There is a national focus on elective recovery with income streams for providers linked to hitting elective activity targets



# *EPSOM AND ST HELIER UPDATE – STAFFING*

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Our recruitment challenges:

- High cost of living in the Trust catchment
- Proximity of central London Trusts, which can offer more training and research opportunities
- Providing sufficient workforce to staff 24/7 rotas across two sites
- Travel to work

Our strategy:

- Train and retain our own staff, developing people and providing career progression - for example doctors with overseas medical qualifications looking to qualify as a consultant in the UK
- Support staff with wellbeing and ensure we live our core value of respect
- International recruitment and retention – targeted campaigns and strong pastoral support to international recruits

Temporary staffing:

- From April 21 to Jan 22, only 3% of temporary staffing was filled by agency, with 97% of shifts filled through StaffBank

# *PLANNED CARE AND OUR ELECTIVE RECOVERY*

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- Our teams have been working hard to reduce waiting times and waiting numbers for elective care
- For example, in Ophthalmology, all but urgent clinical activity was cancelled during the first wave of Covid and waiting lists grew to around 1,300 at its peak. To tackle this our teams set up virtual clinics, so patients received care whilst not requiring them to attend our hospitals, and additional weekend clinics. We have now halved waits from referral to treatment for cataract patients We have also been able to support other London hospitals, taking on 500 cataract patients and 400 patients with other conditions.

# COVID-19 AND STAFF VACCINATIONS

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- We continue to feel the effects of the pandemic in our hospitals, however the number of patients with Covid-19 is slowly reducing (103 inpatients as at 2 March)
- Government announced plans to consult on removing requirement for NHS staff to be vaccinated as a condition of deployment on 31 January 2022. Consultation ran from 9 to 16 February 2022 and the outcome was published on 1 March 2022.
- NHS workers in England no longer need to be vaccinated by 1 April 2022 and the need for care home staff in England to be jabbed will end on 15 March 2022.
- However, we continue to:
  - Confirm the vaccination status of our staff – 93% of our workforce have had at least one Covid vaccine (as at 3 March)
  - Encourage staff to have the Covid-19 vaccine.

# *BUILDING YOUR FUTURE HOSPITALS PROGRAMME*



**\*Designs for illustrative purposes only**

# RECAP OF OUR PROPOSALS

- We have the go ahead to build a new Specialist Emergency Care Hospital (SECH) on the Sutton Hospital site and transform the buildings of Epsom and St Helier.
- We are one of 40 hospitals in the Government's New Hospital Programme.
- The SECH will consolidate our major services including A&E, Critical Care, Acute Medicine, Emergency Surgery, Inpatient Paediatrics, and Maternity Services.
- The majority of our patients – 85% of the people who need care with us – will still be seen and treated at Epsom and St Helier hospitals. There will also be urgent treatment centres open 24 hours a day, 365 days a year at both sites.



\*Designs for illustrative purposes only



# WHERE WE ARE NOW

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- We are working closely with the national New Hospital Programme team on the Outline Business Case we submitted last year.
- Along with other trusts in the New Hospital Programme, we are working through the impact of some additional costs, for example around future-proofing the new hospital against any future pandemic, ensuring we meet green environmental standards, as well as plans for how we can improve the way we manage patient information digitally.
- We will be able to reaffirm our programme delivery timelines once we receive feedback on our Outline Business Case and confirmation of next steps from the New Hospital Programme.

# *EPSOM HOSPITAL DEVELOPMENTS*

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- This month, Britten Ward - our stroke rehabilitation unit - is moving from the first to the second floor of Langley Wing into a fantastic new space which is bigger, brighter and will enable the team to provide safer care.
- At the same time, our new link bridge, linking Wells Wing with the second floor of Langley Wing, will also open, meaning patients will no longer needed to be wheeled outside between departments.
- Our exterior refurbishment of Wells Wing is also due to be completed this month.

## **Redevelopment of Langley Wing (due to be completed in Autumn 2022)**

- New Epsom and Ewell Community Hospital (NEECH) and The Poplars neuro-rehabilitation service will be moving into Langley Wing from the West Park site
- Focus on reablement and rehabilitation - supporting people to regain their previous levels of independence and return home safely, with the right package of care in place



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# *QUESTIONS*