

Minutes of the Meeting of the HEALTH LIAISON PANEL held at the Council Chamber, Epsom Town Hall on 8 March 2022

PRESENT -

Councillor Barry Nash (Chair); Councillors Christine Cleveland, Liz Frost, Bernice Froud, Debbie Monksfield, Chris Webb and Peter Webb

In Attendance: Councillor Rachel Turner (Health Champion) (Reigate and Banstead Borough Council), Councillor Richard Williams (Portfolio Holder for Social Affairs) (Elmbridge Borough Council), Jacqueline Totterdell (Group Chief Executive Officer) (Epsom & St Helier University Hospitals and St Georges Hospitals NSH Foundation Trust) and James Blythe (Director of Commissioning, Surrey Downs Clinical Commissioning Group)

Absent:

Officers present: Rod Brown (Head of Housing and Community) and Rachel Kundasamy (Health and Wellbeing Officer)

15 MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Health Liaison Panel held on 9 November 2021 were reviewed by the Panel. The Panel agreed that they were a true record and authorised the Chairman to sign them.

16 DECLARATIONS OF INTEREST

No declarations of interest were made in respect of items on the agenda.

17 EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST

The Chair advised the Guest Speakers would be giving an update on the following:

- Progress on the new hospital build and any anticipated delay
- Staffing challenges and specialist staff vacancies – what is the cost of reliance on agency staff
- Ongoing plans for specialist developments and enhanced services at Epsom and St Helier hospitals

- Budget and resource allocation
- Progress on planned care/elective treatments
- Staff vaccination challenges

Ms Totterdell began by giving the Panel a brief overview of the new Hospital Group of Epsom and St Helier, and St Georges Hospital Trust. She advised that there will be one executive but there will remain two independent boards. Strong Partnership will continue to exist with Surrey Downs Health & Care Partnership (SDHCP) with Thirza Sawtell remaining the leader of 'Place' for Surrey Downs.

Ms Totterdell moved on to advise that in respect of estates, a state-of-the-art building is planned at St Georges for a renal service. This will carry out renal transplants and look after the most unwell patients, but also deliver a network of renal dialysis across South London and Surrey.

They will also be looking at improving the IT infrastructure and investing in an electronic patient record across Epsom and St Helier, and St Georges.

The trusts are working on developing more seamless pathways across specialist areas like cardiology and neurology. Patients will get seen more quickly and be able to access specialist care at St Georges more quickly than they can at present. The Trusts already have 50 specialist consultants working across the Trust and they are working to ensure more joint appointments in areas such as emergency care.

In respect of research, St Georges, and Epsom and St Helier Trusts are one of the biggest recruiters in the field of research. Ms Totterdell commented that they are very proud of this especially considering the recent Covid vaccination trials and the need to find new treatments and drugs.

Finally, Ms Totterdell commented that they are looking to reduce waiting times for both in-patients, and outpatients.

Mr James Blythe updated the Panel on his role within Epsom and St Helier Trust, and his position on the board.

Mr Blythe went on to provide an operational update. At the start of the year, the new variant of Omicron had a significant impact on operations, however not as impacted as in the second wave. Its impact was felt more acutely in respect of staffing. At one point, 8.5% of staff were either off with Covid or needing to self-isolate. This required the re-deployment of staff to keep services running. This situation has stabilised and out of a workforce 10,000 only 95 absences were recorded the week prior.

Mr Blythe advised that Epsom is still a very busy hospital regardless of Covid and this is especially the case in emergency care across South West London and Surrey.

He touched on being very good as a system that ensuring where possible people can either remain or be treated at home where this is possible. However, this mean those in hospital are often very complex in terms of their health and psycho-social care. He touched on the close partnership working with SDHCP in supporting a return home where able.

Mr Blythe commented that they had also seen an increase in emergency surgeries and that this was largely due to fractured hips. These patients are treated at St Helier.

In terms of the year ahead, there are challenges coming out of the pandemic financially and this is felt nationally across the NHS. In addition, there is also a national focus on driving down waiting lists for elective care and planned services.

Mr Blythe advised that recruitment is a challenge across Southwest London and this area as these are areas of high cost. However, they are hopeful that as they work more closely with St Georges this will have benefits in respect of staff having the opportunity to work across hospitals. The Trust is also looking to retain and develop staff overseas, as to support recruitment in the UK more broadly.

The Trust also continues to work hard to address/reduce the waiting times and Mr Blythe gave the example of Ophthalmology offering weekend clinics, supporting other hospitals in London in the process.

In respect of staff vaccinations, this is no longer mandatory, and this has certain implications. However, 93% of the Trust staff have had at least vaccination and the Trust continues to encourage staff to get vaccinated

Mr Blythe proceeded to give an overview of the Building Your Future Hospital Programme. This would include a new Specialist Emergency Care Hospital in Sutton, bringing together all major services. The Urgent Treatment Centre would remain at the Epsom site and would be open 24hrs a day 365 days per year.

He also advised on the co-locating of renal inpatient services with St George and working with the Royal Marsden to develop a cancer floor in the Sutton site.

Mr Blythe advised that the Trust is working with the New Hospital Programme team on the outline business case and are looking at additional costs such as future proofing against pandemics and ensuring environmental standards. The trust awaits feedback on the outline business case before confirming their next steps.

The Chair opened to questions:

A Councillor asked about waiting times and the national 4-hour target.

Mr Blythe advised that the national standard is that 95% of patients should be seen and discharged within 4-hours. At the minute the pathway is that a patient comes in and is triaged and moves through to the most appropriate medical

team. This may be same day emergency/specialist care where tests are ordered quite quickly, and there is a diagnosis that supports the person to go home on the same day. It is not always the case that admission is the best thing for a patient.

The national standard of 4-hours however is not always the most appropriate measure as this pathway may take longer than 4-hours but results in the patient not requiring admission.

A Councillor asked a question in relation to the boards of both Trusts being independent, and the admission of children with cancer to the new Sutton Hospital

Ms Totterdell advised that boards are held separately with the different non-executive directors on these. They will however look to try and bring these board meetings together over the course of the next few months.

Regarding the treatment for cancer in children there was a national specification that said the majority of children's cancer treatment needed to be given on the same site as a paediatric intensive care unit. In Southwest London, this is based at St Georges.

It remains the plan to have a paediatric unit for emergency care at the new Sutton Emergency Care Hospital (SECH) and this will be for any child requiring an admission. The paediatric intensive care unit, however, needs to remain co-located with specialist children's cancer services.

A Councillor posed a question regarding the way people interact with hospitals which has dramatically changed, and therefore is the plan to continue with virtual interactions?

Mr Blythe advised that they are looking at the various pathways and establishing what conditions are best suited to virtual methods, and those that need to be physically seen. Some patients will of course have to be seen in person due to their condition and during the pandemic, virtual appointments for these people meant further delay as it always resulted in needing a face-to-face.

The Trust is also working to be able to provide guidance to the GPs in respect of certain conditions, to prevent the need for an appointment to see a specialist which takes time. Mr Blythe advised the Trust will always support access to face-to-face appointments when the person has no other means.

A Councillor asked about the recruitment of staff in relation to geographical area, and whether a bank of staff would be shared across all sites. They also asked about transport and the work to improve travel out of Sutton Hospital, the provision of the shuttle bus, and the planning application.

Mr Blythe and Ms Totterdell responded advising that where rota staff are responsible for covering both Epsom and St Helier, this would mean only one 24-hour on-site staffing rota is required.

Staff banks are also cheaper than agency staff and staff also has St Georges as a tertiary centre. These staff will also get the opportunity to have multiple experiences across all sites. They have already seen an increase in staff working together across all three sites to improve patient care and best practice. This was observed recently in the admission of young people with eating disorders.

Mr Blythe advised that they are in talks with TfL about transport but at the moment there is nothing specific to say. In respect of the ongoing provision of the shuttle bus, he advised that he'd need to confirm with his colleagues and come back to the Panel.

Regarding the planning application, Mr Blyth advised that once they know the feedback from the new hospital programme and the business case, then they'll be in a position to submit the application. Any feedback on the business case may impact on the planning application and so they need to take that fully in account.

A Councillor asked about current vacancy rates following the impact of Brexit on staffing levels.

Mr Blythe advised he does not have a global figure to hand. Some areas are better covered than others. They will of course continue to use bank to cover established shifts and are moving to recruit across the NHS, to those areas where staff teams fall short.

Ms Totterdell commented there is no particular recruitment drive for recruitment from overseas. During Covid at its peak, the army were drafted in. Their role is to know how to stabilise on the battlefield, and whilst they were not registered, they did a great job.

The meeting began at 7.15 pm and ended at 8.50 pm

COUNCILLOR BARRY NASH (CHAIR)

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