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| Report Title | Update report to the Epsom and Ewell Health Liaison Panel |
| Meeting date | 5 March 2024 |
| <p>This report provides an update on:</p> <ol style="list-style-type: none">1. Building Your Future Hospitals programme<ol style="list-style-type: none">1.1 Programme update1.2 Current estates overview1.3 Epsom Hospital multi-storey car park development1.4 Plans for renal care2. Performance update3. Industrial action4. CQC Maternity report and patient survey findings5. Proposed changes to children's cancer services | |

1. Building Your Future Hospitals Programme

1.1 Programme update

Since our last update to the Health Liaison Panel in November we have received confirmation of additional 23/24 fees from the National Hospital Programme (NHP) and hope to have confirmation of fees for 24/25 shortly. These fees are fundamental to our programme of preparatory work for the coming year.

The NHP is currently examining the possibility of progressing a small number of schemes on an accelerated timescale and final decisions will be made alongside consideration of the NHP Programme Business Case by Summer 2024.

We hope to be confirmed as part of this cohort of early schemes and we have initiated a readiness assessment of the proposed enabling schemes such as land acquisition from the Royal Marsden Hospital, relocation / reprovision of the Malvern Centre, junction improvements, site demolitions and the site power upgrade. We are also working to:

- update our Outline Business Case (OBC) to bring it in line with national programme timeframes, processes and new Hospital 2.0 standard design specifications.
- refresh our demand and capacity modelling in close partnership with the New Hospital's Programme, South West London's Integrated Care Board and Surrey Heartlands teams to ensure that our hospitals will meet the future needs of all our local communities.
- re-examine our current estates risk profile and opportunities for early delivery of site upgrades and are working with SWL ICB (Integrated Care Boards) and Surrey Heartlands to plan pathology, primary care and outpatient transformation across the region.
- further develop our vision for the site in partnership with the Royal Marsden, Institute of Cancer Research and the London Cancer Hub as we will be sharing a site, amenities and infrastructure.

1.2 Current estates developments

Every year, we invest millions to address our most urgent estates challenges, while also improving our buildings, facilities, equipment and environment for our patients and staff. Our approach to capital investment continues to make incremental improvements within the financial resources available to us, focusing investment on improving infection prevention, safety, environmental performance and reducing running costs, as well as improving the experience of our patients.

We have made several much-needed improvements over the last year:

- In May 2023, we relocated our Patient Transport Service to its new home in Merton from the Malvern Centre at Sutton Hospital. We also relocated back care from the Malvern Centre to St Helier.
- In August 2023, we relocated the New Epsom and Ewell Community Hospital (NEECH), and Alex Frailty Unit into a new purpose built three-storey community reablement and rehabilitation campus in the Langley Wing called the Mary Seacole Unit. A new footbridge links Langley Wing with the main ward block of Epsom

Hospital. The re-opening of Alex Ward for the elderly as part of the main hospital base has also boosted the Epsom acute site by 24 beds for local residents.

- In Autumn 2023 we demolished Beacon Ward at St Helier to make way for new community and out-patient services to be housed there. It is temporarily being used to store our new Electronic Patient Record system and provide outdoor play facilities for children in Queen Mary's hospital.
- In February 2024, we celebrated the installation of a brand-new, state of the art Nuclear Medicine Scanner at St Helier, a device that can help doctors find tumours and see how much a cancer has spread in the body to help them decide if treatment is working.
- We have been making progress towards the targets of our Green Plan.
 - Last year we pledged to plant 75 trees across our two hospitals to celebrate the 75th anniversary of the NHS and increase biodiversity in our limited green spaces. A total of 100 hedglings are now in the ground, which have been donated to the Trust by NHS Forests.
 - We planted the wildflower meadow at Epsom Hospital last year and will continue to plant new trees and hedglings across our sites.
 - Our projects team are also working on creating a sensory garden at the back of the Langley building which will be a green haven for our patients and staff (funded by the Friends of Epsom Charity).
 - A gardening club will start at Epsom in April (more details will follow in the coming months).

A new 6-facet condition survey for Epsom and St Helier hospitals is just being finalised and will help us to shape our five-year Estates Strategy and ensure our assumptions are fully integrated with St George's University Hospitals NHS Foundation Trust. We will publish the outputs and next steps from this conditions survey once completed.

1.3 Epsom Hospital multi-storey car park development

Delays in the planning application process for a new multi-storey car park at Epsom hospital provided us with the opportunity to review design options and explore potential improvements before we proceed to the design phase later this year.

We are:

- reviewing our legal responsibilities; such as the need for wider bays that make access easier for blue badge parkers.
- exploring ways to make the car park as sustainable and future-proof as possible; for example, by adding additional Electronic Vehicle bays and considering ways to support staff travel schemes.
- Doing further traffic modelling to confirm the projected parking needs once the Specialist Emergency Care Hospital is occupied.

Meanwhile, we are also looking at potential upgrades and maintenance to the current car park at Epsom Hospital. This includes reviewing the safety aspects of the current facilities including lighting, way-finding, pavements, slip and trip hazards and layout across both Epsom and St Helier sites to ensure they are fit for purpose.

In 2019 part of the Epsom Hospital site (on the Dorking Road side) was sold to Legal & General (L&G) which set up a partnership with specialist older persons housing provider Guild Living to create a residential complex. Planning permission for the demolition of the

unused hospital buildings and development of a new care community was granted in September 2021. However, L&G has since concluded this relationship and while they are still actively marketing the property for sale, they are very conscious of the impact of the site on the local community. For this reason, they have commenced demolition which we anticipate will take around nine months with completion estimated in October 2024. L&G plan to turn the site into temporary hospital car parking which will be a huge help to the hospital, boosting up to 200 car parking spaces (tbc) in the short term.

1.4 Plans for renal care

In our last update we confirmed that we have approval from the NHS England and Department of Health and Social Care Joint Investment Committee to proceed with our plans to bring renal inpatient services, currently provided at St Helier and St George's, together under one roof and build a state-of-the-art renal unit at St George's in Tooting.

With engagement showing a significant majority of renal patients and stakeholders in strong support, we are moving forward with the development of the full business case. A planning application for the new building will be submitted to Wandsworth Council following a further review of the costings of the building, ensuring any clinical functions remain.

2. Performance Update

We have experienced heightened operational pressures across Epsom, St Helier and St George's hospitals over the Winter months.

- January saw numbers attending in A&E exceed 1,000 across St George's, Epsom and St Helier on at least two occasions over 24 hours. This represents the busiest days this winter, placing extreme pressure on services.
- Elective and cancer waiting times have been impacted by industrial action that has taken place over the last year, including the longest junior doctors strike in NHS history in early January. Further details about the impact of this are in the section below.

Our overall four-hour performance across the Trust (all Types) in December 2023 fell slightly compared to earlier in the year, closing the month at 73.7%, this is slightly below the national target.

Our waiting times for non-urgent treatments are shorter than the national average. There is a significant focus on eliminating waits exceeding 65 weeks by March 2024 and reducing 52-week waits. For non-urgent waits at the end of December we had 830 52-week waits, of which 229 were exceeding 65 weeks. Some of the most significant challenges are in gynaecology, which has seen a 30% increase in referrals, and community paediatrics, linked to the increased volumes of children being referred with suspected neurodevelopmental (autism/ADHD) conditions.

Demand for cancer services is at record levels across the NHS and as of October 2023 the number of urgent suspected cancer referrals across the NHS was at 126% of pre-pandemic levels. Our aim is to ensure that all patients first seen appointment on a suspected cancer pathway is managed in line with National Waiting Times Guidance. The level of demand has challenged our services in some areas, including two-week referrals (TWR) to gynaecology.

A system-wide transformation programme to increase collaboration across health and social care providers to shared finite resources aims to improve resilience and increase capacity in the longer term.

Managing flow through our hospitals and improving hospital discharges remain a priority to enable us to release vital capacity to deal with this demand. We have used discharge wards to free up bed space and employ people in dedicated roles that focus on discharging patients and improving patient flow earlier on in the day.

We are working closely with our community partners, Sutton Health and Care (SHC) and Surrey Downs Health and Care (SDHC), as well as mental health and social care providers, to ensure people are being cared for in the most appropriate setting. This includes identifying patients for the virtual wards run by SHC and SDHC, which allow patients to get the care they need at home safely and conveniently, rather than being in hospital.

The Reablement Unit at St Helier Hospital, which is run by Sutton Health and Care focuses on rehabilitation and preparing patients for discharge. A multidisciplinary team of professionals consisting of physiotherapists, occupational therapists, reablement assistants, nurses and pharmacists provide a range of short-term (seven days) therapy services to ensure patients are ready to go home and the right package of on-going care in place.

Our Surrey Downs two-hour Urgent Care Response (UCR), provided by Surrey Downs Health and Care, received 3,100 referrals between April to October 2023. Without this service we would see even greater pressure on ED and emergency admissions.

In January 2024, the UK Health Security Agency (UKHSA) declared a national incident over the rise in measles cases in the UK signalling a growing public health risk. In addition to following the UKHSA campaign, local guidance was written and communications were developed encouraging the uptake of the Measles, Mumps & Rubella (MMR) vaccine. To date we have had two cases of measles across the group in recent weeks. We are closely monitoring the situation for further cases.

3. Industrial action

Our priority has been to work with staff and unions to maintain urgent and emergency care during the strikes, and to minimise as far as possible the impact on planned appointments, operations and procedures.

We have continued to provide key emergency and urgent services on strike days and have worked with the Royal College of Nursing (RCN) and British Medical Association (BMA) and other representative staff bodies to agree locally derogated services (areas exempt from strike action), to ensure patient care and safety has been maintained.

We have hoped to mitigate the effect on services, but some planned care – appointments, procedures and operations, for example – have had to be postponed to help us safely manage the impact of the strikes and provide emergency care.

During the industrial action at the beginning of January, the Trust had to reschedule 451 outpatient appointments and 30 planned procedures. All affected patients were contacted directly to reschedule care.

4. Maternity patient survey findings and CQC report

In a survey of women and birthing people's experiences of maternity care in England, our dedicated maternity services at Epsom and St Helier received the best scores in the capital, with our maternity care at St George's joint second place. Across the Group, our maternity teams also performed better in a number of areas when compared to other trusts, including families having higher trust and confidence in our care teams, and staff treating people with kindness, dignity and respect. Further information can be found on our [website](#) and the full CQC survey results can be found [here](#).

The Care Quality Commission (CQC) inspected Epsom and St Helier maternity services in August last year as part of a national assessment to rate how safe and well-led maternity services are. In a [report](#) that was published on 14 February 2024, the overall rating for maternity services at both hospitals has been lowered from 'Good' to 'Requires Improvement.' While all of our maternity services meet 10 out of the 10 safety actions required nationally and we pride ourselves in providing very safe care to women and their families, this report made for difficult reading. In response, we are making continued improvements. Addressing some of the issues raised is a challenge at Epsom and St Helier hospitals due to our crumbling estate. That is why we're so pleased the Government has promised us a new hospital by 2030, and upgrades to our existing sites.

5. Proposed changes to children's cancer services

NHS England concluded its consultation into the future of children's cancer services in London in December and have published an initial [feedback report](#) summarising the 2,669 responses they received from the children's cancer consultation.

We are extremely grateful to everyone who got involved and who shared their views, including the children and young people with experience of cancer and their families, and from staff who look after children and young people. No final decision has been made on the future location of children's cancer services yet – it is expected that this will be made by NHS England in March.

The feedback highlighted many very positive things about the care and expertise at St George's including recognition for the 25 years of experience we have caring for children with cancer as well as our strong links with the Royal Marsden. Our expertise has also been recognised by professional groups including the British Association of Paediatric Surgeons (BAPS) and The Children's, Teenagers' and Young Adults' Cancer Operational Delivery Networks (ODN).

It is recognised that the quality of our estate buildings has not kept pace with the quality of our care, and this is why we want to build a [brand-new state-of-the-art children's cancer centre](#) with dedicated parking and accommodation for families, and this remains our vision.

In the meantime, there will be no sudden changes in how children and young people receive care - the proposed future Principal Treatment Centre would not be in use until at least 2026. Under all options, the Paediatric Oncology Shared Care Unit (POSCU) at Epsom Hospital will remain in place.

We really value the continued support from our service users, stakeholders and public in continuing to highlight why *Kids Deserve St George's*.

