

REPORT TO EPSOM AND EWELL BOROUGH COUNCIL'S HEALTH LIAISON PANEL

Report Title	Epsom and St Helier University Hospitals NHS Trust: Update
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<p>This briefing provides the Merton Healthier Communities and Health Overview and Scrutiny Panel with an update on Epsom and St Helier hospitals. The briefing covers:</p> <ul style="list-style-type: none"> • Finance and performance update <ul style="list-style-type: none"> 1.1 Performance update 1.2 Finance update • Other updates <ul style="list-style-type: none"> 2.1 Maternity services 2.2 New Hospital Programme 2.3 Recruitment and retention 2.4 Epsom car park 2.5 Interstitial lung disease (ILD) care <p>1. Finance and performance update</p> <p>1.1 Performance update</p> <p>Included in this report is the link to December's Integrated Quality and Performance Update for St George's, Epsom and St Helier University Hospitals and Health Group. Key points to highlight, relating to Epsom and St Helier, are below.</p> <p>Epsom and St Helier performance overview</p> <p>We continue to perform above the national target for theatre utilisation in December (81.1%, top quartile) and have reduced our length of stay since April 2024. We have performed slightly below the national four-hour performance standard in our Emergency Departments and this due to winter pressures, timely ambulance handovers, acuity on both sites and an increase in patients who needed specialist mental health care. Some key figures are outlined below.</p> <ul style="list-style-type: none"> • Elective care The Trust achieved our aim to be below 715 in November 2024 for Referral to Treatment (RTT) 52 weeks waits, with 692 patients waiting more that 52 weeks. We will continue to implement our plans to eliminate waits across specialities, and anticipate having zero 65 week waits by the end of February. • Non-elective care 	

We delivered 74.7% performance against the 4-hour ED standard in January 2024 compared to December 2024, 71.8%.

- On average across January there were 414 daily attendances compared to a daily average of 448 attendances during December.
- We reported 1501, 12 hour breaches in December, averaging 48 breaches per day, this compares to 1703 in December (55 per day).

- **Cancer**

All cancer performance standards were achieved in December 2024. This includes the 28 day Faster Diagnosis (81.9%), 31 day first treatment (97.8%) and the GP 62 day first treatment (85.3%).

1.2 Finance update

As the NHS continues to navigate a challenging financial environment, we remain focussed on delivering our financial plan and working toward financial balance. Hospitals across the country, including Epsom and St Helier, are struggling to balance budget deficits and maintain patient care. The Trust and hospital group is working to reduce its current overspend while balancing patient safety with meeting performance standards. The Trust's configuration, including two emergency departments, acute medical services, intensive care teams, impatient maternity services, and children's care, makes its financial position extremely challenging.

Despite this, we see this as an opportunity to innovate and transform. Recently, Deloitte completed a review of our financial position, confirming the accuracy of our forecasts and validating some planned actions while identifying further opportunities for improvement. The Group Executive and site leadership teams are actively developing plans informed by Deloitte's findings and exploring additional opportunities.

Some of our next steps include:

- Work closely with system partners to address external pressures such as South West London (SWL) who have provided a Medium Term Financial Model (MTFM) framework but as a Group we will look further ahead than this at some of the underlying drivers of the SWL financial position
- Increased focus on key areas, including agency controls of all staff groups, temporary medical staff costs, nursing rota management and continued challenge through our panel that reviews all vacancy requests
- Continued focus on Cost Improvement Programme (CIP) identification and delivery within the Trust.

The Trust is expecting to report a deficit of £51.8m at year end.

2. Other updates

2.1 Maternity services

Last year our staff delivered around 3,421 babies at Epsom and St Helier University Hospitals.

There have been a number of improvements across Epsom and St Helier Hospital (ESTH) maternity services as a result of our 2023 CQC inspection.

Governance and Oversight

Out of the 15 total actions identified (9 "Must Do" and 6 "Should Do"), 9 actions are complete, and 6 actions remain in progress. ESTH is projecting full completion of all actions

by 31 March 2025, except for the longstanding estate/ premises issues which the new hospital build programme will resolve.

An Evidence Assurance Panel (EAP) was established in July 2024 and meets monthly. The EAP reviews the action plans and progress of the “must” and “should do” actions from the CQC report of February 2024. The panel evaluates impact of the actions and ensures improvements made are sustainable before they are signed off as complete. The EAP reports progress to the St George’s, Epsom and St Helier (gesh) Quality Group and the Quality Committees in Common.

ESTH performed extremely well in the CQC Maternity Survey published last November for the second consecutive year and were:

- **Much better** than expected in 3 areas
- **Better than** expected in 4 areas, and
- **Somewhat better** than expected in 3 areas.

Service user experience was best in postnatal care in 3 categories:

- Partner being able to stay overnight, delays to discharge on the day of leaving the hospital, and staff doing all they can to manage service user's pain
- Best in antenatal care: if service users had concerns, they were taken seriously
- Best in labour and birth: feeling that healthcare professionals did everything they could to help manage pain.

Additionally, when compared to other trusts, no questions for ESTH fell in the banding of 'much worse, worse than or somewhat worse than expected'.

The Maternity Incentive Scheme of the Clinical Negligence Scheme for Trusts (CNST) is in its 6th year, and ESTH has self-reported compliance for all ten Safety Actions within the scheme. In addition to the internal governance process for the review of the evidence, the Local Maternity and Neonatal System (LMNS) has also scrutinised the evidence and supports the Trust's self-reported compliance. The deadline for the Board declaration to be sent to NHS Resolution advising on compliance status is midday 3rd March 2025.

We continue to work closely with the Maternity and Neonatal Voices Partnership (MNVP), which represents the service user voice and experience and helps influence and shape our maternity services.

Our infant feeding team is working closely with health-visiting colleagues to improve the transition of care between services and ensure consistency in feeding information and support for parents. The Baby Friendly Initiative (BFI) ensures public services can enhance family support in feeding and nurturing close relationships, ensuring all babies receive the best possible start in life. Our recent BFI assessment, Gold status reassessment last October showed a significant improvement in the support offered around infant feeding. Neonatal Units are also on the pathway to BFI accreditation, working jointly with maternity services to ensure parents with babies requiring extra care receive the same level of breastfeeding support.

Looking ahead, our plans for 2025 include:

- Continuing to deliver on our maternity improvement programme
- Starting a preconception clinic, initially on a fortnightly basis with the potential for weekly if there is a need. This includes seeing women and birthing people with pre-existing renal disease for preconception counselling in the joint obstetric and renal antenatal clinic at St Helier.

2.2 New Hospital Programme update

The Chancellor announced there will be a review of the New Hospital Programme on Monday 29 July 2024 and that it will give a "thorough, realistic and costed timetable for delivery".

On Monday 20 January 2025, the Secretary of State for Health and Social Care announced the outcome of the review in Parliament. The government has agreed a funding approach for the programme, with three waves of investment to build the new hospitals.

We are pleased that the Government continues to be committed to investing in our plans and has confirmed that our scheme is part of Wave 2. However, this does mean that construction of the Specialist Emergency Care Hospital in Sutton will begin from 2032.

What happens now?

- As a Board, we are reviewing the implications of the review outcome. This includes:
 - understanding what a delay to the construction start date means for us and the partners on the Sutton site;
 - the impact at our existing hospitals and working with the system to mitigate any potential failures to critical infrastructure so that our services remain safe.
- We are also working with NHS England to source funding to continue to improve the estate at both Epsom and St Helier hospitals.
- We have already invested £60million over the last five years to improve our estate and will continue to invest in our services for the benefit of our staff and communities..

2.3 Recruitment

The Trust's current vacancy rate is 12.5%, which is 2.5% above our target of 10%.

At the time of writing, our recruitment challenges include hiring specialist clinical areas, including in community services, maternity and A&E and radiography. For the first three areas, we have had success in recruiting to previous "hard-to-fill" roles, and we have launched a recruitment campaign to recruit international educated radiographers from overseas and this is ongoing.

2.4 Epsom car park update

We know that the car park at Epsom is a constant source of concern among visitors as demand for spaces consistently exceeds supply, the infrastructure could be improved and queues to access the site often stretch back down Dorking Road.

We have planning permission for the new Multi-Storey Car Park, which expires in December 2025. We are developing our plan to begin work on the car park at pace, and are currently working through ways to make this happen. At the time of writing, we anticipate we could start work on the car park within 9 months.

2.5 Interstitial Lung Disease (ILD) care at St Helier update

Interstitial lung disease (ILD) is a lung disease that is progressive and often severe. Most of our patients have a form of the disease called Idiopathic Pulmonary Fibrosis for which, sadly, the average survival after diagnosis is only 3-3.5 years.

Following a review of care of ILD by a specialist team of doctors and nurses, we discovered that around 200 patients at St Helier Hospital were not on the correct treatment plan for ILD over a five-year period due to a consultant departing from best practice.

The consultant is no longer working for the trust and has had their practice restricted by the GMC. The Trust reviewed the records of 1600 patients being treated for lung conditions at St Helier Hospital have been reviewed to ensure they are on the correct treatment plan.

All patients with ILD who needed any intervention or course correction to their treatment have now been seen.

As well as contacting patients to apologise for not identifying the doctor's departure from best practice sooner, we have requested follow-up appointments for those affected, opened an advice line and commissioned an independent clinical review by the Royal College of Physicians to make recommendations.