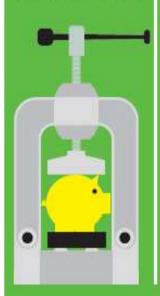
Our future Epsom and St Helier 2020 - 2030

In the past 12 months:

We kept a firm grip on our finances and drove down our spend on agency staff



Welcome to the world!
4,828 babies were born in our care



We spent £16.7 million on maintaining our buildings and buying new equipment



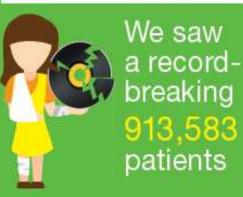
54,419 patients had elective surgery with us – from hip replacements to cataract surgery



95.3% patients seen within 4 hours







Record investments

We are spending record amounts in critical infrastructure backlog circa £80 million







2020 onwards

We have committed to keeping all of acute services on both our sites until 2020

There are 3 significant issues to resolve to secure delivery of acute services into the future

- •Our buildings (latest data shows over 80% are not deemed suitable for delivery of modern healthcare)
- Clinical sustainability
- Financial sustainability



Epsom and St Helier University Hospitals NHS Trust

In summary

- In every scenario 85% of our patients will continue to receive care as they do now from their local hospital
- We need to get the funding for a new acute hospital facility from 2020, which will care for and treat our sickest and most at-risk patients:
 - Major A&E
 - Inpatient paediatrics
 - Babies born in hospital
 - Complex emergency medicine

In summary

- We want to keep this facility on one of our three hospital sites
- We are at an early stage of a lengthy process which will take several years - we genuinely want to know what you think
- It strengthens our case if local people support our vision to keep services locally and our mission to secure a new hospital facility to treat our sickest and most at-risk patients

What we are asking in the engagement phase

Do you agree with our aim to provide as much care as possible from our existing hospital sites at St Helier and Epsom and do this by working more closely with the other local health and care providers?

Do you think we have made the case that we will improve patient care by bringing together our services for our sickest or most at-risk patients on a new specialist acute facility on one site?



What we are asking in the engagement phase

 We have set out several scenarios on how we can do this. Do you think we should consider any other scenarios?

 How would you like to be involved in these discussions in the future?

Is there anything else you would like to tell us?

The process

- Engagement end of Sept
- Analyse and complete Strategic Outline Case this year
- NHS decision-making
- Public consultation on preferred solution expected autumn 2018
- New specialist acute facility opens 2024

Your questions



Thank You

How to contact us

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