

BUILDING YOUR FUTURE HOSPITALS programme update

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THE CASE FOR CHANGE

Patient experience and quality

Our staff run duplicate services across two sites, which **impacts the levels of care we provide to our patients**, and means our **workforce is stretched**.

Changing our current model of care will help us improve the patient journey and experience, improve quality and provide new clinical roles which will help address current clinical workforce challenges.



Running duplicate services is expensive.

This is due to the increase in costs for temporary clinical staff to cover vacancies and gaps in staff rotas, the increasing costs of maintaining our old hospital buildings, and the reduction in opportunities to make savings.















of St Helier is in poor or bad condition requiring major investment

Source: 2019 6-facet survey

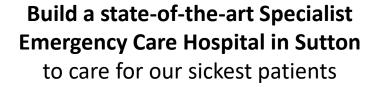






OUR PROPOSALS









Significantly improve Epsom and St Helier hospitals where 85% of the people who need care with us will still be seen and treated



The district hospitals

Both Epsom and St Helier hospitals will support people who do not require high acuity services but who still need some medical input.

This includes district beds for patients 'exepping down' from the new hospital, 'exepping up' from the community and directly admitted via an urgent treatment centre.

The vision for Epsom Hospital and St Helier Hospital



REDUCING HEALTH INEQUALITIES

- If we don't change how we provide our hospital services, the quality and safety of care for everyone is going to get worse including communities experiencing health inequalities.
- We know, however, that issues associated with our local health inequalities, like besity and diabetes, develop long before people need hospital care which is why our work through the Merton Health and Care Plan is so important, cusing on prevention as well as primary and community care services.
- Through this work we are using population health data sets that go below borough level, to ensure we capture and respond to local community issues. Priorities for Merton have been identified in our shared plan.
- Our extensive public consultation (accredited as 'best practice' by the Consultation Institute), carefully considered the impact of the proposals on the future needs of our communities, including East Merton. We held focus groups with representatives from the most affected and deprived communities and extended this work following feedback.



TRAVEL AND TRANSPORT PLANNING

We have launched a dedicated travel and transport working group to look at accessibility to our hospitals, identify opportunities for improvements and tackle obstacles.

Current proposals and travel projects are:

- Multi-storey car park at Sutton with 800 spaces and smart technology to improve access and space management
 Working with London Borough of Sutton to ensure road infrastructure to the new
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- Supported London Borough of Sutton's recent levelling up fund submission to improve rail access at Belmont
- **Engaging with TfL** We gave detailed feedback to recent TfL consultation and will continue to work closely together.

There will be lots more opportunities for local stakeholders to engage on transport links to the site as our plans progress.









HOW COVID-19 HAS CHANGED OUR PLANS

Building the new hospital and improving Epsom and St Helier hospitals is more important now than ever with what we have learned during the pandemic.

Increased infection prevention and control with more patient ω bathrooms, single rooms with ensuite facilities and beds ω spaced further apart from each other.

- More critical care beds in new hospital, and more flexibility to increase critical care capability into other wards if needed.
- Ability to continue to deliver non-emergency surgeries and treatments – refurbished facilities at Epsom and St Helier will allow us to continue to deliver elective work.
- Digital hospital new ways of working and technologies to support more virtual care and home working.



WHERE WE ARE NOW

- We continue to wait for feedback and confirmation of next steps from the New Hospital Programme, which we expect to receive in the Autumn.
- The Government is committed to the Building Your Future Hospitals programme - but the new hospital will not be ready until 2027 at the earliest.
- We have made a strong case to the national programme for more upfront investment so we can submit planning applications and start building work Somore quickly.
- Everyone who works for the Trust contributes, every day, to delivering safe and effective care despite huge challenges in our hospital estate.
- Our patients deserve to be treated in a modern, purpose built environment, with major inpatient services working from a single specialist site.
- Our staff deserve a better environment from which to deliver care.





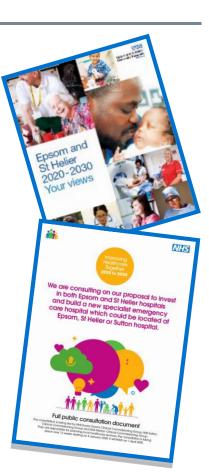


Appendices

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A BRIEF HISTORY OF IHT

- **July 2017** We launched a comprehensive engagement programme (known as Epsom and St Helier 2020-2030) on the future vision for clinical services and their potential future reconfiguration. This culminated in creation of a Strategic Outline Case (SOC)
- January 2018 The three CCGs (Merton, Sutton and Surrey Downs) agree to form and approve the structure of Improving Healthcare Together programme
- June 2018 The three CCGs met as "Committees in Common" and launched a series of public discussion events to feedback on plans to build a new Specialist Emergency Care Hespital
- January April 2020 Formal consultation with members of the public takes place, this was accredited as 'best practice' by the Consultation Institute
- July 2020 Following extensive public consultation, the CCGs approved plans (DMBC) to build a brand new, state-of-the-art hospital in Sutton and modernise buildings at Epsom and St Helier.
- July 2020 The Trust takes ownership of the delivery of the outcome of the consultation, launching the Building Your Future Hospitals (BYFH) programme
- August 2020 Work begins to create an Outline Business Case
- April 2021 The King's Fund publishes an independent review of health inequalities in Merton and Sutton, which concludes that the relocation to Sutton site would not exacerbate health inequalities



IHT SOURCES OF ADDITIONAL INFORMATION

- https://improvinghealthcaretogether.org.uk/document/independent-analysis-of-feedback-from-consultation-report/
- https://improvinghealthcaretogether.org.uk/document/decision-making-business-case/
- https://improvinghealthcaretogether.org.uk/document/paper-2-pre-consultation-business-case-pcbc/
- <u>w</u> <u>https://improvinghealthcaretogether.org.uk/document/summary-issues-paper-june-2018/</u>
- https://improvinghealthcaretogether.org.uk/document/london-and-the-south-east-clinical-senates-report/
- https://improvinghealthcaretogether.org.uk/document/final-integrated-impact-assessment-report/
- https://improvinghealthcaretogether.org.uk/document/baseline-travel-analysis-june-2018/
- https://www.gov.uk/government/publications/advice-to-the-secretary-of-state-on-epsom-and-st-helier-university-hospitals-nhs-trust
- https://improvinghealthcaretogether.org.uk/wp-content/uploads/2019/05/Deprivation-impact-assessment-
 August-2018.pdf
- https://swlondonccg.nhs.uk/wp-content/uploads/2021/10/SWL-CCG-Governing-Body-Part-1-meeting-pack-06-October-2021 updated.pdf