



Epsom and St Helier
University Hospitals
NHS Trust

OUR ESTATES CHALLENGES AT ST HELIER HOSPITAL

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ABOUT ST HELIER HOSPITAL

- Building work started in 1938, with the first patients admitted in 1941.
- More than 90% of St Helier Hospital is older than the NHS itself.
- 98% of the St Helier estate is either in very poor or bad condition and requires capital investment or replacement (2019 6-facet survey).
- Only 24% of inpatients are cared for in single rooms with only a third of those rooms ensuite.
- Over 80% of our estate is not functionally suitable for delivery of modern patient care.
- The design of our buildings means beds are too close together and make infection prevention and control more difficult. The design also makes it difficult to reconfigure services to support integration with community care.



St Helier today



An artist's impression of what St Helier will look like

CHALLENGES WITH OUR OLD ESTATE

Due to the age of St Helier and the complexity of old equipment and systems, it is both difficult and expensive to maintain and improve. The cost and complexity of the work done to date to maintain and improve our estate should not be underestimated. However, decades of unmet promises through previous redevelopment schemes and lack of investment to bring the hospital up to 21st century healthcare standards, has contributed to the Trust's backlog maintenance problems.

Every year, we invest millions to rectify and improve the fabric of the buildings, major plant items, general operating equipment, and other estates challenges, as well as making improvements to the environment for our patients and staff. For example, in the last five years we have:

- Extended and reconfigured our Emergency Department and urgent treatment areas, creating a Same Day Emergency Care (SDEC) and improving flow
- Refurbished part of our intensive care unit (£7.6m)
- Completed a significant external refurbishment to the back of B and C blocks including roof, render and window replacement (£12.5m)
- Replaced our old steam-powered boilers with low-temperature hot water shell boilers (£15.1m) (this was a Trust-wide project)
- Opened a second CT scanner to support increased activity (£1.2m)
- Opened a new state-of-the-art Adult Audiology Unit (£893k) and Renal Dialysis Unit (£3m)
- Ward refurbishments and ward reconfiguration in the main block to improve patient flow from the current buildings, including moving renal inpatient wards into the main building.



Scaffolding during the external refurbishment of B and C blocks



ED extension and refurbishment

IMPACTS ON PATIENT SAFETY, EXPERIENCE AND STAFF

As recent media coverage has highlighted, our estates challenges can impact the patient experience, for example:

- During the heatwave last year, the conditions were stifling on our wards. Temperatures regularly sat stubbornly above 35 degrees Celsius - we did everything we could with portable fans and ice lollies but these are not conditions our patients and staff should have to tolerate
- In contrast, over the winter, we had floods, leaking roofs, and patients being cared for in the cold due to heating failures.

The design of our buildings and dated Nightingale wards mean beds are too close together and it make infection prevention and control more difficult. This was particularly evident during Covid, and was amplified by the fact only 24% of inpatients are cared for in single rooms, with only a third of these ensuite.

Our old estate also provides challenges for how staff work day-to-day. For example, they work in old, cramped and crumbling offices, with windows that don't close properly.

Despite these challenges, **our staff continue to provide safe and effective care to our patients.**

This is supported by our CQC Good rating.



OUR CASE FOR CHANGE ISN'T JUST ABOUT IMPROVING OUR ESTATE

Our case for change is not just about solving our estate issues. It **will improve quality, safeguard sustainability, and strengthen staffing** in the six 24/7 major acute services that we currently run on two sites.

In addition, it will mean staff at **Epsom and St Helier hospitals** can focus on delivering excellent planned care, rehabilitation, outpatient and diagnostic services, including 24/7 urgent treatment centres, to the majority of our patients – that **is 85% of people who need care and treatment with us.**

Changing our current model of care will help us **improve the patient journey and experience, and improve quality.** Our staff run duplicate services across two sites, which can impact on the levels of care we provide, and means our workforce is stretched. For example:

- We cannot meet the consultant workforce standards set for major acute services across two sites
- We have vacant consultant posts and gaps in the staff rota (reducing the quality of care and creating financial pressure)
- We have shortages of junior doctors and middle-grade doctors (so have to employ temporary staff to fill the gaps in the rotas)
- We have vacancies in nursing and specialist roles.

Changing our clinical model will also provide **new clinical roles which will help address current clinical workforce challenges.**

HOW WE ARE ADDRESSING OUR ESTATES CHALLENGES AT ST HELIER

We are commissioning a new 6-facet condition survey for Epsom and St Helier hospitals to help us 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 from this conditions survey once completed.

Becoming environmentally sustainable and having buildings that are fit for delivering 21st century healthcare are strategic priorities for St George's, Epsom and St Helier University Hospitals and Health Group as part of our new five year [group strategy](#). As the strategy details, we will do this by delivering our Building Your Future Hospitals programme, and continuing to develop, invest in and maintain our hospital and community sites across the group, including at St Helier.

We will continue to build on the work we have done to maintain and improve St Helier Hospital by prioritising the most critical estates risks. At the same time, we will undertake a programme of planned preventative maintenance, and improvements in line with the future district hospital model.

Capital investment

Our approach has been and continues to be 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.



CAPITAL INVESTMENT 2020-21

Capital expenditure	Key projects
£14.784m	<ul style="list-style-type: none"> • C block external ITU bed lift • D block new energy centre • New CT scanner • ED expansion • UEC/SDEC development • QMHC paediatrics work • 1st floor X-ray • Ward C5 refurbishment



We installed a brand new **external emergency ITU bed lift** to all floors in C block

We received additional capital funding through emergency Covid funds, land disposal and other national initiatives which enabled us to deliver additional projects such as those pictured



New energy centre in D block – this included works to plantrooms along with installation of new heating mains across the site.

CAPITAL INVESTMENT 2021-22

Capital expenditure	Key projects
£8.897m	<ul style="list-style-type: none"> • A6 and B6 ward refurbishments • VIE new oxygen plant • New Maternity lift • SWL Pathology lab enabling • B1/C6 refurbishment • C1 refurbishment • Medical records reconfiguration and expansion • A6/B6 roof refurbishment • A&E Chiller replacement • Dental suite refurbishment and ventilation works • 1st floor X-ray • Ward C5 refurbishment • Car park lighting



A6 and B6 ward refurbishments, converting the wards from standard medical wards to new specialist renal wards.



VIE Oxygen Plant - creation and installation of two new oxygen tanks and supplies to main ITU wards in C block.

CAPITAL INVESTMENT 2022-23

Project	Description	Cost
B4 - AHU	Install all steelwork to support new air handling units (FY 22/23). x1 AHU installation to B4 supporting theatres (FY 22/23).	£1,123,664
Mortuary - AHU	Install all steelwork to support new AHUs (FY 22/23). Cost included in B4. x1 AHU installation to Mortuary (FY 23/24).	£17,394
Central Station D-Block - Plant room upgrade		£74,605
St Helier Central Station - Safe water services	Full replacement of the biocide system to protect the domestic water pipework from Legionella and Pseudomonas Aeruginosa	£379,254
St Helier site - D Block Boiler House Phase 2	Fitting Fire suppression system to boiler house	£337,844
Maternity delivery M-5 St Helier		£447,748
St Helier C3 & A5 - Nurse call systems	Upgrade to Wandsworth Ipin required - existing obsolete and or failing.	£59,855
Boiler house goods lift	Reinstate this lift to allow safe transport of materials and consumables two floors below ground level.	£29,041
General Roof repairs A6 & B6	Replacement of fabric and upgrading of insulation to meet regulation, and address leakage in to the wards	£260,428
St Helier Energy		£64,843
VIE Stage 3		£55,949
Maternity lift		£428,912
Interventional Cath Lab St Helier	Equipment change out program has found the SHU serving this areas is no longer compliant	£424,261
Richard Bright Ward PCN ward	Community ward	£373,344
B1 Refurbishment		£212,941
Mortuary CAPA plan	Minor works project to replace flooring and install some white rock to the mortuary area.	£57,272
CTU Refurb.		£75,451
ITU 3 Automated doors		£28,160
TOTAL		£6,586,754



In 2022, we opened a new state-of-the-art Pathology Lab, converting old office spaces into new Pathology unit (SWL Pathology funding).



We refurbished Richard Bright Ward, creating a bright and airy new PCN-led community ward

CAPITAL INVESTMENT 2023-24

This year, we will continue to build on the work we have done to maintain and improve St Helier Hospital by prioritising the most critical estates risks, while also focusing investment on improving infection prevention, safety, environmental performance, reducing running costs, and improving the experience of our patients.

Improvement works planned for 2023-24 include:

- Window replacement in A3, A6, and maternity birthing rooms
- Complete B4 theatres work
- Continued refurbishment of ITU and installation of new air handling units
- Lift works in Queen Mary's Hospital for Children
- Roll out of cold water dispensers to all wards
- Renewal of hot and cold water services site wide
- Cath lab improvement works.

BUILDING YOUR FUTURE HOSPITALS PROGRAMME UPDATE

On 25 May 2023, the Government announced the next steps for the New Hospital Programme, including £20 billion ring-fenced, on top of wider investment to improve NHS infrastructure, for the New Hospital Programme.

In his statement to parliament, the Secretary of State Steve Barclay promised:

- Our Building Your Future Hospitals programme will “**now proceed and be fully funded**”
- It will be **delivered by 2030** using a Hospital 2.0 approach
 - Hospital 2.0 is the New Hospital Programme’s standardised blueprint for new hospitals. By developing a national approach to new hospitals, they can be built more quickly and at a reduced cost, providing value for taxpayers.
 - Our developments will be built using Hospital 2.0 principles, while ensuring they are tailored fully to local needs.
- We can now **proceed with our enabling works** – we have already started relocating services so we can clear the site for building works.
- The national programme will be working with trusts and ICBs over the coming months to confirm project plans are fully aligned with local commissioning intentions.



*Designs for illustrative purposes only

As part of our plans, St Helier Hospital will remain a busy district hospital in the heart of the community, where 85% of patients will still be seen and treated.

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

The vision for Epsom Hospital and St Helier Hospital

