

**Improving Healthcare Together Consultation (2020) questionnaire –
Response from Outer SW London Royal College of Nursing (RCN)
Branch and supported by the local British Orthoptic Society (BOS)**

Q1

Our model of care (or new way of working)

In general it is a good solution

The local Branch of the RCN welcomes investment in the local health service. A new hospital will attract new staff but this will be at the expense of the existing hospitals and our neighbouring Trusts. The economies of scale and centralisation of services would reduce costs and improve acute services, but this would be to the expense of the existing hospitals who inevitably would be downgraded as money flows towards the super hospital and far less is invested in the non acute sites. The phrase death by a thousand cuts could become a reality for one if not both of the existing hospitals which would not be supported by their local communities.

Q2a

Sutton Hospital as our preferred location

In the given current circumstances it is probably a 'good' solution because of the reasons given above.

Q2b

St Helier Hospital as the location of the new specialist emergency care hospital

It is neither a poor nor a good solution. The buildings are old, expensive to run and are not fit for purpose. However the site location is good for the high density population that live around the hospital. Local people do not want to lose their local hospital. This site is better served by public transport 24/7. Staff accommodation costs are high but not as much as they are in Epsom. There would be years of disruption to the site if and when building work gets started.

Q2c Epsom Hospital as the location of the new specialist emergency care hospital

It is neither a poor nor a good solution. The buildings are newer than St Helier's and in better state of repair for the most part but some of them are not fit for purpose. The site has developed well to serve the local population with outstanding services such as the EOC. The site is poorly served by public transport and accommodation costs for NHS staff in the locality are prohibitively high meaning most staff have to travel greater distances to work there. There would be years of disruption to the site if and when building work gets started.

Q3 What would help improve transport and travel?

What would improve public transport and travel to the new specialist emergency care hospital for any of the three options?

If the location was Epsom Hospital?

Being able to use an Oyster card at Epsom station. Ideally nursing staff should enjoy free London transport, like the Police do, and the RCN has raised this with the London Mayor several times. This would aid recruitment and retention issues. Improving bus connections to rail stations and nearby towns across Surrey. Nighttime bus service for staff working twilight shifts. Sufficient multi-deck parking, with access to charging facilities. Creating cycling routes from town centre to the hospital.

If the location was St Helier Hospital?

Ideally nursing staff should enjoy free London transport, like the Police do. This would aid recruitment and retention issues. Creating cycling routes from local town centres to the hospital.

If the location was Sutton Hospital?

We believe parking at Sutton will prove the most challenging as the footprint is so small there will be little room to build sufficient parking spaces for patients travelling long distances or staff who cannot afford to live locally. Ideally nursing staff should enjoy free London transport, like the Police do. This would aid our recruitment and retention issues. Creating cycling routes from Sutton centre to the hospital.

More general response: Having members who regularly commute from around our catchment area, they dispute the travel times suggested to Sutton site. More realistic would be 45 - 60 minute journey and worse in rush hour conditions. These are people who have commuted for years and know all the shortcuts!

Q4 How would our proposals affect you and your family?

If you think any of our proposals would affect you, your family or other people you know, either positively or negatively, please tell us why you think this using the space below:

Positives.

Cleaner hospital, more centralised services, economies of scale, aids recruitment and retention, better teaching environment,

Negatives:

Lack of clinical back up at places like the peripheral UCC's. Running down of peripheral site services such as radiology, therapies, haematology and lack of repairs to existing buildings would lead to a tipping point, when they would have to close down.

Q5 What else should we consider?

This response is more generic from our members perspective. We do not have enough staff to fill all the vacancies at the two existing hospitals and opening a third would potentially decimate our existing teams that were left on the two other hospital sites as team members are drawn towards the new hospital. There has been a consistent lack of workforce planning by various governments over the last 10-15 years. Current policies are not improving it and with the loss of the bursary for several years, tuition fees now being in place, unaffordable living costs in London, there is a constant haemorrhaging of nurses away from the Metropolis. That will severely affect our ability to provide safe and effective care in any new build. These are fundamental issues that need to be addressed. London is becoming increasingly unaffordable to live in with RCN members paying 35% more in rent since 2011 to an average of £1,473 per month with an additional £141 per month used on transport costs. 70% of nurses in London do not live in the area they work with 65% relying on public transport to get to work. Travelling times have increased as more nurses are forced to live in cheaper areas away from London. In our latest cost of living survey three recommendations were made by members to help retain them working in the capital. The Trust should note these and try to find solutions that support nurses staying working in the capital. The full report can be found here <https://www.rcn.org.uk/london/-/media/royal-college-of-nursing/documents/countries-and-regions/london/2020/cost-of-living-survey-2020.pdf?la=en>

Royal College of Nursing London

Calling time on the cost of living crisis

#LIVINGINTHERED

- Recommendation 1**
Provide **free travel** for nursing staff working in the capital
- Recommendation 2**
Mayor of London and health leaders must make urgent case for introducing **rent controls**
- Recommendation 3**
Surplus NHS land must be used for **affordable and keyworker housing**, not sold off to the highest bidder

Whatever site is chosen for the new build, please, please, please involve the staff who will work in them with the designs. Far too often planning and building takes place without consideration and involvement of those who will work in them so for example staff rooms, toilet and changing facilities, rest facilities for workers need to be in the basic plans. Recently a new unit was expensively refurbished at St Helier with no staff toilet or rest room, despite 30+ staff working there. In an area of the Epsom site, the refurbished area didn't have corridors wide enough to take trolley's and was not fitted with oxygen or suction or panic alarm facilities. This area often provides emergency care.

Please work with staff health and safety reps and staff representatives and team members so we get things right from the start.

Please use the space below to tell us about anything else you think we should consider when deciding the best option for specialist emergency care hospital for people living in the Surrey Downs, Sutton and Merton area.

Q6 Do you have any other solutions that we should consider?

This response had to be cut and pasted into Word because the PDF version sent text outside the response boxes rendering it unreadable. This may have put people off responding because of the time it took to transpose it to Word.

London has a crisis in nursing numbers with around 10,500 vacancies across the capital currently. ESTH reports regularly as having high staff vacancy levels and turnover rates. 57% (34,000) of our members in London are looking to leave the capital over the next 5 years. Safe staffing levels are key to running a safe and successful hospital. To do that the Trust will need to do all it can to make people want to come and stay with us.

Amongst the key issues to do that will be providing adequate accommodation at an affordable rate close to the new hospital. Good and cheap travel routes from the cheaper areas staff commute from. Staff will need to be allowed to work far more flexibly than most clinical areas currently allow. The Trust will need to invest more in the education and development of its staff. It will need to look at recruitment and retention premia being paid to hard to recruit to posts. The Trust will need to improve facilities such as a staff restaurant away from patients and visitors which is accessible 24/7. It will need to look after staffs health and well-being by providing healthier work environments with air conditioning, easy access to rehydration stations, sleep pods for power naps at night. Better provision for disabled staff and our minority groups.

Additional Comments and questions from the BOS:

We agree that our current hospitals are not fit for purpose and feel the current COVID19 situation has really highlighted this. We are pleased with the extra funding to go towards a new hospital.

We have concerns that Ophthalmology is not being considered and so find it hard to fully support the consultation. Members want more information about how this will affect them. We currently carry out visits to the stroke ward for visual assessment and feel this would be impacted if we are based on a different site from the stroke wards (currently an orthoptist goes to the stroke ward when they have spare time and patient cancellations - this would not be possible if on a different site). We are also unclear on how eye casualty would be effected. Eye casualty sees many acute patients from wards/ Main A+E/ children's ward. However eye casualty would need to remain based with the main eye unit as it relies on the many machines within the eye unit and also other eye care professionals working within the eye unit.

Why is Sutton considered the best choice if it is the most expensive? We were also wondering where the extra money for the Sutton plans were coming from and what

contingency plans were in place if this is already over the budget planned and costs subsequently increased?

The RCN is happy to work with the Trust on developing this Q6 list further and using its expertise in health and safety and planning to equip the new hospital to be a flagship where health staff want to come and work. We look forward to working in joint Partnership with the planned developments.

Mike Smith
Branch Chair, Outer SW London RCN Branch
Chair of Staffside, Epsom & St Helier University hospitals NHS Trust

For more information about this process or to sign up to updates about this programme, please email us at hello@improvinghealthcaretogether.org.uk, 10
A representative of an organisation – please provide the name of your organisation

The Royal College of Nursing Outer SW London Branch has over 3,000 members working in SW London with around 600 members working for Epsom & St Helier NHS Trust. Post Code KT18 7EG and SM5 1AA

Return this paper questionnaire to Opinion Research Services, FREEPOST SS1018, PO Box 530, Swansea, SA1 1ZL.

Email us at hello@improvinghealthcaretogether.org.uk.