

## Written questions received for September 2019 Board Meeting

Question sent in by ...	Question	To be answered by ...	Reply
Bes Harding	<p>Daniel Elkeles has said that he wanted outpatients, x-ray, bloods, pathology, pharmacy all in one building which they were in Headley Wing. First Ante natal and paediatric outpatients were moved to Langley Wing separating them from their departments and causing problems where equipment was shared, The A&amp;E waiting room was moved to the former paediatric outpatients which lacks windows etc. Derby suite outpatients has been moved to rear of hospital Woodcote Wing First Floor, a long way from car park and front where x-ray, bloods, pathology, pharmacy are located. What happened to the premise that all outpatients services would be conveniently situated in one building? The lift is out of action as of Monday and no signs for patients about the second lift for access.</p>	Trevor Fitzgerald	<p>As part of our overall plans to co-locate services together to improve wayfinding and the patient experience, the trust is pleased to say that it has now co-located the following out-patient services into one building - Woodcote Wing;</p> <ul style="list-style-type: none"> <li>• Eye Unit - moved from Sutton to provide local access to residents of Surrey Downs. Located on the ground floor.</li> <li>• Cardiology Investigations Unit - relocated a few years ago to provide improved clinical space for the service. Located on the ground floor.</li> <li>• Cath Lab - new service created to reduce the number of patients having to travel to St Georges for treatment - Located on the ground floor next to cardiology investigations unit.</li> <li>• SWLEOC out patients and pre-operative assessment unit relocated from a temporary modular building that was not fit for purpose and at end of life. Located on the 1st floor.</li> <li>• Langley Wing Outpatients (Chest Clinic) relocated as in Langley wing as was a small opt patient provision. Located on the 1st floor.</li> <li>• Trust general out-patients (Oaks/Headley) relocation of fracture clinic to oaks suite as patients were waiting in narrow corridors which were also main thoroughfares for patients to all services. This was not appropriate for patients. Displaced Oaks suite relocated into 1st floor of Woodcote Wing.</li> </ul> <p>The plan to co-locate outpatient functions into Woodcote Wing - as a phased approach over a number of years. In 2019/20, we will have a state of the art new x-ray unit on the 2nd floor of Woodcote wing, so any patients visiting Woodcote wing services will be able to have an x-ray in the same building. The outpatient team are working on nurses taking bloods when requested or the provision of blood taking directly on the 1st floor to prevent the trip over to the other end of the hospital and we are planning for a new atrium for Woodcote Wing in 2021 which will provide the pharmacy service and a coffee shop for patients, staff and visitors.</p>

			<p>As part of our work to improve accessibility to our services, we have now created a new walkway directly from the visitor's car park to Woodcote Wing. We are aware that one of the two lifts in Woodcote wing had a mechanical fault. This has since been repaired and the lift is back into operational use. We are also improving the signage so patients are aware of the alternative lift they can use.</p> <p>The ante natal and paediatric outpatients have been moved to Langley wing into modern, fit for purpose facilities. We have doubled the amount of floor space the services had and co-located ultrasound together into one unit. The previous spaces were not fit for purpose, with many consulting spaces having no windows or natural ventilation, consulting spaces being too small and departments being split across corridors. The trust is delighted with the fantastic dedicated facilities it has provided for children's outpatients and ante natal. We have had many positive comments from patients and staff. We are not aware of any issues around sharing of equipment.</p> <p>The above improvements to clinical spaces for our patients, has allowed us to expand our A&amp;E/urgent care facilities and space. It is correct that the new urgent care waiting room has been relocated to the old paediatric waiting area - although the estates team will also try to provide windows for waiting areas, the space has been used as a waiting area for over 20 years.</p>
Bes Harding	<p>Why were corporate offices and the Board Room at front not moved from Rowan House to first floor of G block Woodcote Wing along with administrative staff saving the £3m cost of a new block? The work carried out has taken what was in one building to three buildings. In view of the fire at the block of flats in Worcester Park on Monday is the Mole Valley Building structure safe?</p>	Trevor Fitzgerald	<p>As stated above, we are co-locating clinical outpatient services into Woodcote Wing. The trust had already moved the Eye unit, Cardiology Investigation unit and Cath Lab into the ground floor prior to the need of moving offices out of Rowan House. The 1st floor of woodcote wing structure does not allow for the removal of all internal walls to create an open plan environment for offices, therefore retaining the internal walls for consulting rooms was the most appropriate use of NHS resources. The floor area of woodcote is far too small to house the number of clinical admin staff from Rowan house. The provision of a purpose built office block was the most practical and cost effective approach. The office building also provided relocation of surgical teams from Langley Wing second floor, to free up the space as part of the Epsom and Ewell Cottage Hospital relocation.</p> <p>Mole Valley building has been designed and built to Health Building Note standards which exceed current Building regulations for fire safety. Although</p>

			<p>there is no sleeping accommodation in the building, we have provided a high level of life protection from fire, including fire detection in all areas and fire compartmentation. We have exceeded fire evacuation requirements required under building regulation, including the use of the lift in the event of a fire for staff mobility issues. The fire safety manager is very content with the fire safety standards for the building and Surrey Fire and Rescue service have inspected the building and are satisfied with all the fire safety measures in place.</p>
Bes Harding	<p>Why is there no Reception Desk where patients, visitors can enquire where they need to go as there are many lost souls roaming the corridors trying to find their destination?</p>	Trevor Fitzgerald	<p>The patient experience team and estates have agreed to review the need for a reception desk in October after all the services are fully operational in Woodcote Wing. Volunteers are currently in the entrance to help patients and visitors and signage has been greatly improved. The new wayfinding system is designed for patients to access our buildings through B Block, but we fully understand patients are still going to the old entrance for services that have been relocated, hence the review in October.</p>
Bob Mackison	<p>First I would like to apologise for not providing this question before 9am today. I hope it will still be possible to provide an answer to the question provided below.</p> <p>months ago I asked for information relating to the number of sepsis cases identified and treated at ESTH. Please provide details of the total number of sepsis cases treated within ESTH since the 1st of April 2019 together with the number of deaths due to sepsis at ESTH over the same period.</p> <p>Please detail how the above cases are reported within the Integrated Performance Report and if no cases are reported what are the Boards reasons for not publishing this information.</p>		<p>Admitted patient care spells discharged between 01/04/2019 and 31/08/2019 coded with sepsis (including severe sepsis and septic shock) = 601</p> <p>Patients with sepsis (including severe sepsis and septic shock) recorded as primary cause of death for patients dying in the hospital between 01/04/2019 and 31/08/2019 = 36</p> <p>Patients with sepsis (including severe sepsis and septic shock) recorded as a contributory cause of death (but not primary cause) for patients dying in the hospital between 01/04/2019 and 31/08/2019 = 26</p> <p>In the Mortality dashboard that is reviewed at RADAH we include, on the diagnosis section, deaths in the diagnosis group Septicaemia. The latest 12 month HSMR figure is 88.7 and therefore we have less deaths than expected in this time period (Jun 18 to May 19). This was based on 1059 discharges with this diagnosis (with 157 deaths compared to an expected 177).</p>

			<p>We recognise the importance of ensuring we optimally treat patients in the Trust with sepsis and have an active programme with clinical sepsis leads to prioritise this. The quarterly reports on learning from deaths will always highlight any themes concerns or learning that arise in relation to management of specific conditions, including sepsis.</p>
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