

Notice of Meeting

Wellbeing and Health Scrutiny Board



Date & time
Thursday, 2 July
2015
at **10.00 am**
A private Members
briefing will be
taking place after
the meeting

Place
Ashcombe, County
Hall, Kingston upon
Thames, KT1 2DN

Contact
Ross Pike
Room 122, County Hall
Tel 020 8541 7368
Ross.pike@surreycc.gov.uk

Chief Executive
David McNulty

If you would like a copy of this agenda or the attached papers in another format, eg large print or braille, or another language please either call 020 8541 9122, write to Democratic Services, Room 122, County Hall, Penrhyn Road, Kingston upon Thames, Surrey KT1 2DN, Minicom 020 8541 8914, fax 020 8541 9009, or email ross.pike@surreycc.gov.uk.

This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Ross Pike on 020 8541 7368 .

Members

Mr W D Barker OBE, Mr Ben Carasco (Vice-Chairman), Mr Bill Chapman (Chairman), Mr Graham Ellwood, Mr Bob Gardner, Mr Tim Hall, Mr Peter Hickman, Rachael I. Lake, Mrs Tina Mountain, Mr Chris Pitt, Mrs Pauline Searle, Mrs Helena Windsor, Lucy Botting and Borough Councillor Karen Randolph

Co-opted Members

Lucy Botting, Karen Randolph

Substitute Members

Pat Frost, Marsha Moseley, Chris Norman, Denise Saliagopoulos, Keith Taylor, Alan Young, Victoria Young, David Goodwin, Stella Lallement, Nick Harrison, Daniel Jenkins, George Johnson

Ex Officio Members:

Mrs Sally Ann B Marks (Chairman of the County Council) and Mr Nick Skellett CBE (Vice-Chairman of the County Council)

TERMS OF REFERENCE

The Wellbeing and Health Scrutiny Board may review and scrutinise health services commissioned or delivered in the authority's area within the framework set out below:

- arrangements made by NHS bodies to secure hospital and community health services to the inhabitants of the authority's area;
- the provision of both private and NHS services to those inhabitants;
- the provision of family health services, personal medical services, personal dental services, pharmacy and NHS ophthalmic services;
- the public health arrangements in the area;
- the planning of health services by NHS bodies, including plans made in co-operation with local authorities, setting out a strategy for improving both the health of the local population, and the provision of health care to that population;
- the plans, strategies and decisions of the Health and Wellbeing Board;
- the arrangements made by NHS bodies for consulting and involving patients and the public under the duty placed on them by Sections 242 and 244 of the NHS Act 2006;
- any matter referred to the Committee by Healthwatch under the Health and Social Act 2012;
- social care services and other related services delivered by the authority.

In addition, the Wellbeing and Health Scrutiny Board will be required to act as a consultee to NHS bodies within their areas for:

- substantial development of the health service in the authority's areas; and
- any proposals to make any substantial variations to the provision of such services.

PART 1

IN PUBLIC

1 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

2 MINUTES OF THE PREVIOUS MEETING: 18 MARCH 2015

(Pages 1
- 12)

To agree the minutes as a true record of the meeting.

3 DECLARATIONS OF INTEREST

To receive any declarations of disclosable pecuniary interests from Members in respect of any item to be considered at the meeting.

Notes:

- In line with the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012, declarations may relate to the interest of the member, or the member's spouse or civil partner, or a person with whom the member is living as husband or wife, or a person with whom the member is living as if they were civil partners and the member is aware they have the interest.
- Members need only disclose interests not currently listed on the Register of Disclosable Pecuniary Interests.
- Members must notify the Monitoring Officer of any interests disclosed at the meeting so they may be added to the Register.
- Members are reminded that they must not participate in any item where they have a disclosable pecuniary interest.

4 QUESTIONS AND PETITIONS

To receive any questions or petitions.

Notes:

1. The deadline for Member's questions is 12.00pm four working days before the meeting (26 June 2015).
2. The deadline for public questions is seven days before the meeting (26 June 2015).
3. The deadline for petitions was 14 days before the meeting, and no petitions have been received.

5 CHAIRMAN'S ORAL REPORT

The Chairman will provide the Board with an update on recent meetings he has attended and other matters affecting the Board.

6 EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST

(Pages
13 - 16)

Purpose of the Report: Scrutiny of Services

Report from the Chief Executive of Epsom and St Helier University Hospitals NHS Trust on the current performance, including quality and finance and the future direction of the Trust.

7 RECOMMENDATIONS TRACKER AND FORWARD WORK

(Pages

Purpose of the report: Scrutiny of Services and Budgets/ Policy Development and Review.

The Board will review its Recommendation Tracker and draft Work Programme.

8 DATE OF NEXT MEETING

The next meeting of the Board will be held at 10.30 am on 16 September 2015.

David McNulty
Chief Executive

Published: Wednesday, 24 June 2015

MOBILE TECHNOLOGY AND FILMING – ACCEPTABLE USE

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Thank you for your co-operation

MINUTES of the meeting of the **HEALTH SCRUTINY COMMITTEE** held at 10.30 am on 18 March 2015 at Ashcombe Suite, County Hall, Kingston upon Thames, Surrey KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting.

Elected Members:

Mr Bill Chapman (Chairman)
Mr Ben Carasco (Vice-Chairman)
Mr W D Barker OBE
Mr Tim Evans
Mr Tim Hall
Mr Peter Hickman
Rachael I. Lake
Mrs Tina Mountain
Mr Chris Pitt
Mrs Pauline Searle
Mrs Helena Windsor

Independent Members

Borough Councillor Karen Randolph
Borough Councillor Mrs Rachel Turner
Borough Councillor Lucy Botting

Apologies:

Mr Bob Gardner

10/15 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Bob Gardner. No substitute attended.

11/15 MINUTES OF THE PREVIOUS MEETING: [Item 2]

The Committee noted that the minutes of the last meeting have been amended to record Borough Councillor Lucy Botting's attendance.

Borough Councillor Karen Randolph raised concerns with the responses provided by North West Surrey Clinical Commissioning Group (CCG) to questions that she posed at the Health Scrutiny meeting of 8 January 2015. It was requested that the CCG elaborate on their initial response to each of the questions. The Chief Executive of North West Surrey CCG (CENWS) acknowledged the concern that the responses were not felt to have offered enough detail. Assurances were given that steps had been taken to mitigate the loss of beds resulting from the refurbishment of two wards at Walton Community Hospital but the Chief Executive reiterated that although the closure was not ideal the environment at Walton prior to the refurbishment work taking place was not acceptable. Steps taken included opening additional beds at other locations as well as purchasing extra provision in nursing homes to cover any additional demand. It was further advised that the unprecedented level of demand experienced across the system during winter 2014/15 could not have been anticipated and so did not impact the decision made by the CCG to refurbish the two wards at the hospital.

Subject to this discussion, the minutes were agreed as a true record of the meeting.

12/15 DECLARATIONS OF INTEREST [Item 3]

None received.

13/15 QUESTIONS AND PETITIONS [Item 4]

None received.

14/15 CHAIRMAN'S ORAL REPORT [Item 5]

Interfacing to the Better Care Fund Work

The Department of Health 'Guidance to support Local Authorities and their partners to deliver effective health scrutiny' states that:

'The primary aim of health scrutiny is to strengthen the voice of local people, ensuring that their needs and experiences are considered as an integral part of the commissioning and delivery of health services and that those health services are effective and safe.'

Substantial changes to health services are currently being commissioned and implemented through the Better Care Fund initiatives. In response to this we are in the process of re-organising the Member Reference Groups (MRGs) of our Committee. I'm pleased to say that most of the proposed MRGs are

already in close liaison with the Clinical Commissioning Groups. We will be returning to this in some detail at Item 9 today.

Increased Load on the Acute Hospitals

All of our Surrey Acute Hospitals were required to accept much heavier Emergency Department workloads this winter and indeed in some of the summer months too. This is a pattern reflected across the Country.

We will be hearing about the particular case of Ashford and St Peter's Trust this morning. The presentation will be made on behalf of the partner organisations which have worked together to alleviate the difficulties as they arose and which are trying to prevent recurrence in the future.

Staffing Issues in the Health Service

The difficulty of recruiting and retaining suitable Health practitioners appears to be a growing problem across most of Surrey. Examples include:

- Central Surrey Health and Surrey Downs CCG cite the problem as a major factor leading to the closure of part of Leatherhead Community Hospital
- The Care Quality Commission found that it contributed to some of the improvements required following its inspection of St Peter's Hospital
- The Surrey Heath CCG report difficulty in recruiting suitable staff for their 3 Locality Hubs
- Public Health's Report at Item 7 on today's Agenda addresses the problem with relevance to Health Visitors and School Nurses.

As greater integration between Health and Social Services is achieved there will be an increased requirement for practitioners to be able to work across what are currently distinct disciplines. There have to be pathways established for practitioners to gain the necessary skills.

Staff released from the Acute Hospital setting may require some re-training to enable them to move to other parts of the Health Service.

One of the streams of work in the Better Care Fund focuses on this issue and it will be addressed at the next meeting of the Adult Social Care Select Committee on 10 April.

Vanguard Project

North East Hampshire and Farnham CCG is leading a consortium which has been chosen to carry out a Vanguard Project in the Primary and Acute Care Systems (PACS) category. Other members of the consortium include Frimley Health, Surrey and Borders Partnership, and Surrey County Council.

Over 5 years the project will involve developing local health and care services to keep people well and to bring home care, mental health and community nursing, GP services and hospitals together. Funding for the Project will enable integration of services to proceed at an accelerated rate and to demonstrate leadership to other health and social care groupings across the Country.

Mental and Emotional Health of Young People

This topic has received a great deal of media coverage over the past few weeks and the Committee may wish to examine the implications for the young people of Surrey at some future point.

15/15 **JOINT REPORT A&E WINTER PRESSURES [Item 6]**

Declarations of interest:

None

Witnesses:

Suzanne Rankin, Chief Executive, Ashford and St Peter's Hospitals Foundation Trust

Julia Ross, Chief Executive, North West Surrey Clinical Commissioning Group
Shelley Head, Area Director (North West Surrey), Adult Social Care

Sarah Wardle, Head of Community Care and Rehabilitation, Virgin Care

Nick Markwick, Director, Surrey Coalition of Disabled People

Key points raised during the discussion:

The Chief Executive of North West Surrey CCG (CENWS), who also is the head of the area's system resilience group, highlighted that she was proud of the way in which all partners across the system had coped with the unprecedented level of demand that occurred over winter. Attention was drawn to statements made by the Care Quality Commission (CQC) which congratulated Ashford and St Peter's Hospital Foundation Trust and its staff on their response to this demand. Confirmation was given, however, that procedures are currently being developed across the system in North West Surrey to improve resilience and responses to an unforeseeable escalation in demand on A&E services.

- The Committee asked for clarification on what a major incident is in practice and the reasons why it was declared at St Peter's hospital. CENWS advised that declaring an internal major incident mobilises partners across the system such as the Ambulance Service and the Council as well as providing access to a range of measures and resources to help manage the sharp increase in demand experienced by the hospital. The Chief Executive of Ashford and St Peter's Hospitals Foundation Trust (CESAP) highlighted that the sheer volume of patients attending A&E at St Peter's hospital jeopardised patient safety as it was operating at its maximum capacity. The decision to declare a major incident was necessary so that enough staff, beds and other resources were available to ensure all patients continued to receive a high standard of care despite the pressures on the hospital.
- The Committee were further informed that declaring a major incident also establishes a control room from which directors can manage the hospital centrally and ensure all patients that attend A&E receive the required care. The CESAP did acknowledge that the declaration would garner media scrutiny and political interest but it was decided that declaring a major incident was the right thing for the Trust to do at the time and that it was correct for this status to be maintained until

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pressures on the hospital had reduced to the extent that it was felt that the hospital was able to function normally.

- Information was requested on the number of people that were anticipated to pass through A&E through winter 2015/16 and the plans in place to meet the forecasted demand. The CENWS stated that demand throughout the year is, in the main, relatively predictable but that it is impossible to plan for spikes in demand that cannot be anticipated. The Committee were advised, however, that plans are being developed to improve the resilience of the system when these increases in demand occur through initiatives including GP-led locality hubs, strategies to increase the provision of domiciliary care as well as creating the 'beyond black' system wide indicator which allows the Trust to access additional resources when required without the need to declare a major incident.
- The CEASP followed up by stating that much of the pressure stemmed from the number of patients that attended A&E with numerous co-morbidities and that this was particularly pronounced among those aged over 75. Multiple speciality assistance was also in high demand due to a 28% jump in the number of patients with cognitive impairments such as dementia who often require additional time and resources. No-one predicted this level of demand in this cohort of patients but it is agreed that a change is required in how the NHS provides care for the elderly to ensure it is routine and predictable.
- Members were advised that increased pressure on acute hospitals was a national problem and that the reasons for this are not yet fully understood although work is ongoing with Public Health to shed more light on the factors behind this demand spike. The CEASP indicated that it would be unsustainable to put the resources and facilities in place to cater for this level of demand at all times as it would be unaffordable and inefficient once the demand had subsided. Instead, Members were advised that levels of escalation are required to ensure that the resources and facilities can be accessed when required.
- The Director of Surrey Coalition of Disabled People (DSCDP) expressed concern with discharge arrangements at St Peter's hospital and asked whether increased pressure on the hospital over winter had meant that some patients had been sent home from hospital before they were ready. The CENWS advised that some pressure on acute hospitals was a result of the fact that the opposite was true and that in many cases patients are kept in hospital longer than required. The role of acute hospitals in the care system was also highlighted to the Committee and it was indicated that there are better environments for patients to convalesce or be rehabilitated and that a frank public discussion is required regarding what acute hospitals are for and their function within the wider healthcare system.
- Members asked whether the 95% target set by the government for seeing patients within four hours is useful or realistic assessment for the performance of A&E departments and whether efforts to meet this target impacted on the quality of care the hospital was able to deliver. The CEASP advised the Committee that there isn't disagreement with the target based on the Page 5

example in 'beyond black' scenarios - the targets are less important and they can be selective about how they manage meeting it for the sake of patient safety and quality of care.

- The Committee expressed concern that much of the demand placed on acute hospitals over the winter resulted from the deterioration in individuals with existing, known health conditions. Details were requested on what action is being taken to create a model of care in the community that prevents this. Locality hubs were highlighted as a significant step towards making joined up services available in the community that will be able to effectively care for patients with existing health conditions and prevent escalation. Strategies designed to strengthen links between acute hospitals and community care services will also be implemented and include making community matrons and pharmacy services available within care homes. The Head of Community Care and Rehabilitation at Virgin Care (HCCR) stressed that there is a need to match the skills of nurses and community carers to patients. The HCCR confirmed that Virgin Care is working with North West Surrey CCG to provide predictable, routine care that prevents escalation, particularly among elderly patients. The Area Director also informed the Committee that the Adult Social Care is working closely with providers to develop a joined up approach to delivering care, particularly for elderly patients.
- Members drew attention to the consistency of care across the Trust citing examples of both excellent and poor care experienced by patients. The CEASP confirmed that efforts are being made to support all 5,000 staff across the Trust to deliver the best care possible to all patients. Improvements in the Trust's performance against quality indicators suggest that these measures are working and that the consistency of care across both hospitals is getting better. The CEASP reminded the Committee that the Trust is on an improvement journey as has moved from the bottom of the ranks to the middle and, in some cases, to leading the country in some quality indicators such as weekend mortality.

Recommendations:

1. The Committee recognises the system's response in North West Surrey including the actions of the Clinical Commissioning Group, Ashford & St. Peter's Hospitals, Virgin Care and the council's Adult Social Care teams to protect lives during a period of substantially increased demand centred on the acute hospital.

Actions/further information to be provided:

1. The Committee recommends that it receives a further update in September from the partners in this system on the steps taken in the wake of 2014/15 to minimise the need to declare 'Major Incident' status and reinforce resilience in the north west of Surrey.

Committee next steps:

1. The Committee recommends that it contact the health and social care leaders in the rest of the county to highlight any potential risks for the 2015/16.

16/15 THE HEALTHY CHILD PROGRAMME IN SURREY, INCLUDING HEALTH VISITING AND SCHOOL NURSING SERVICES [Item 7]

Declarations of interest:

None

Witnesses:

Ruth Hutchinson, Deputy Director, Public Health
Harriet Derrett-Smith, Public Health Principal, Public Health
Karen Cridland, Lead for Universal Services, Virgin Care

Key points raised during the discussion:

- Members inquired about the transfer of responsibility for the commissioning of health visiting services for children under five to Public Health (PH) which comes into effect from 1 October 2015 and requested information on what work still needs to be done to complete this transfer as well as details on the challenges and risks to performance indicators. The Public Health Principal (PHP) advised that PH is working closely with the current providers of health visiting services. A Board which includes representatives from NHS England and the current providers meets regularly to discuss the transfer of responsibility for commissioning these services and has oversight of the 'Call to Action' programme to increase the number of Health Visitors and the delivery of their reviews. NHS England, as the current commissioners of the Health Visiting Service, currently collects data on the performance of service providers against current Key Performance Indicators (KPIs). These are made available to PH on a quarterly basis through the transition board.
- The Committee was advised that more work to understand the current and future workforce capacity of both Health Visiting and School Nursing Services in Surrey is being undertaken by PH. This builds on a previous review into the School Nursing service by PH.
- Health Visiting has been closely monitored by NHS England through a suite of KPIs and PH will continue to have oversight of these through the transition process. PH will also ensure that any monitoring processes remain after transition through use of contracting procedures. It was agreed that the current KPIs for Health Visiting will be circulated, with agreement from NHS England, to the Committee.

Recommendations:

1. The Committee is pleased with Public Health's confidence in their preparation for the transfer of 0-5 responsibilities in October 2015.

Actions/further information to be provided:

1. The Committee requests that Public Health share information collected by the present commissioner – NHS England – on the current performance of Health Visiting in Surrey; and
2. The Committee recommends that it receive a further report from Public Health on performance, benchmark data and Surrey specific targets in 2014/15 in this area and the commissioning plans for the complete 0-19 service at its November meeting.

Committee next steps:

None

17/15 PREVENTION AND SEXUAL HEALTH IN SURREY [Item 8]**Declarations of interest:**

None

Witnesses:

Ruth Hutchinson, Deputy Director, Public Health
Lisa Andrews, Senior Public Health Lead, Public Health
Harriet Derrett-Smith, Public Health Principal, Public Health

Key points raised during the discussion:

The Senior Public Health Lead (SPHL) gave a brief update on the delivery of sexual health services for young people. The Committee were informed that PH has now taken on new responsibilities such as the commissioning of the condom distribution scheme and locality based teenage pregnancy advisors and is working to ensure that cohesive and comprehensive sexual health services are delivered by all providers across the county.

- There was agreement between the Committee and the SPHL that more needed to be done to make young people in Surrey aware of the sexual health services that are already available in the county and to ensure that they are comfortable accessing these services when required. Members were informed that PH is in the process of improving how it promotes the availability of sexual health services by using social media more effectively.
- Attention was drawn to the gap in the provision of 40 working time equivalent (WTE) school nurses. The PHP advised the Committee that the recruitment of school nurses is a national problem although Surrey's problem is exacerbated further by proximity to London and a workforce that is retiring and not being replaced. PH is in the process of formalising a partnership with counterparts in Kent and Sussex in order to help address this Page 8. It was also highlighted that work is

being done in conjunction with Children's Services and Youth Support Services to look at commissioning more broadly in this area and to explore creative opportunities for collaboration.

- The SPHL was asked what evidence there is to indicate that these services are improving the sexual health of young people in Surrey. It was highlighted that Surrey performs better than rest of England on most indicators such as having lower teenage pregnancies and recording fewer sexual health problems. There are patches in the county where performing more poorly than expected and PH is working to drive improvement in these areas.
- The Committee asked how well children were responding to sex education in Personal Social Health and Economic (PSHE) education classes at school. The SPHL indicated that feedback suggested that this can be an uncomfortable environment for many children to receive sex education and schools have been surveyed to provide information on how PH can best support them in creating tailored delivery for PHSE for children.

Recommendations:

1. The Committee suggests that the Woking Local Committee invites Public Health to a forthcoming meeting to understand the particular issues facing their residents.

Actions/further information to be provided:

None

Committee next steps:

None

18/15 REVIEW OF QUALITY ACCOUNT PRIORITIES [Item 9]

Declarations of interest:

None

Witnesses:

Mr Bill Chapman, Mr Ben Carasco, Mr W.D. Barker OBE, Mr Tim Evans, Mr Tim Hall, Mr Peter Hickman, Rachael I. Lake, Mrs Tina Mountain, Mr Chris Pitt, Mrs Pauline Searle, Mrs Helena Windsor
Ross Pike, Scrutiny Officer

Key points raised during the discussion:

A brief discussion took place with each of the Members providing feedback to the committee on their work with trusts on the quality accounts for 2014/15.

The conversation included a number of points raised by Members beyond the scope of health provider quality accounts.

The meeting adjourned at 12.40 pm to discuss the membership and purpose of the groups in private. The meeting was reconvened at 12.55 pm.

Recommendations:

1. The Committee endorses the shift in purpose of the Member Reference Groups to act as liaison bodies with each of the six CCGs and the two countywide providers.
2. Members of the Committee to contribute to draft Terms of Reference for these groups at the next meeting of the Health Scrutiny Committee and sign-off.

Actions/further information to be provided:

- Scrutiny Officer to seek the views and agreement of the six CCGs in the operation of these groups.

Committee next steps:

None

**19/15 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME
[Item 10]**

Declarations of interest:

None

Witnesses:

None

Key points raised during the discussion:

None

Recommendations:

None

Actions/further information to be provided:

None

Committee next steps:

None

20/15 DATE OF NEXT MEETING [Item 11]

The Committee noted its next meeting will be held at 10.30 am on Thursday 21 May 2015.

Meeting ended at: 1.15 pm

Chairman

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**Surrey County Council Wellbeing and Health Scrutiny Board
 2 July 2015**

**Report from Epsom and St Helier University Hospitals NHS
 Trust**

Purpose of the report: Scrutiny of Services

Report from the Chief Executive of Epsom and St Helier University Hospitals NHS Trust on the current performance, including quality and finance and the future direction of the Trust.

Introduction

Thank you for inviting me to your meeting today and for giving me the opportunity to provide you with a progress report on my first six months as Chief Executive of Epsom and St Helier Hospitals. I'm going to share with you how we performed last financial year, explain our five year strategy and key objectives for 2015/16, report on how we are doing as we approach the conclusion of Q1 of 2015/16 and a look beyond our five year plan for the future of our estates.

One of the things that has impressed me from my very first day has been the professionalism, dedication and enthusiasm of our staff and volunteers and I'd like to come back to this at the end of this presentation, when you will also have an opportunity to ask any questions.

1. How did we perform in 2014/15?

I am pleased to report that the trust performed well against almost all of the key quality, performance and financial standards.

1.1 Quality and performance:

Our Hospital Standardised Mortality Ratio (HSMR) was favourable at 96.8 (at Dec 2014) against the standard of less than 100.

We achieved the four hour A&E target of 95% of patients being seen, treated or admitted with 95.7% and are only one of three London trusts that achieved this.

The 18 week referral to treatment (RTT) performance for the remaining target following the recent announcement about changing it was 93.5% against a target of 92% for completed pathways.

We reported seven trust apportioned MRSA bacteraemias (vs 8 in 2013/14) of which five were classified as avoidable and two unavoidable. The standard was zero avoidable bacteraemias.

For C.difficile infections, we reported 42 hospital apportioned cases against the DH limit of less than 40 cases. Our limit for 2015/16 is no more than 39 cases.

For cancer treatment we worked hard throughout the year to improve on our performance for treatment to start within 62 days of urgent GP referral where the target was 85% and we achieved 75.1%.

1.2 Our finances:

The Trust met its breakeven plan and delivered a small surplus of £79k – the first time we have achieved a surplus in recent years.

At the end of March 2015 we sold of a small parcel of land on the Sutton Hospital site to Sutton Borough Council and made a profit of £5m on the land sale all of which is being reinvested in our estate in 2015/16.

2. Our Five year strategy and key objectives for 2015/16

At the end of March 2015, our board approved our 5-year strategy for 2015-2020 and our 2015/16 objectives.

2.1 Our five year strategy states that both Epsom and St Helier hospitals will continue to provide consultant-led, 24/7 Accident & Emergency (A&E), maternity and in-patient paediatric services. St Helier will provide specialist and emergency care, such as acute surgery, and Epsom will expand its range of planned care. We will work with GPs to provide significantly more care in community settings so that people only come to hospital when it is absolutely necessary.

2.2 Our 2015/16 objectives will ensure we provide high quality, compassionate care to all our patients by:

- delivering safe and effective care with respect and dignity
- creating a positive experience that meets the expectations of our patients, their families and carers
- providing responsive care that delivers the right treatment, in the right place at the right time
- being financially sustainable

- working in partnership with all of our local stakeholders in the interests of our local patients and a sustainable local health and social care economy.

In setting these objectives we have recognised the principal challenges that we face:

- the need to strengthen staffing in key service areas
- address variability in the delivery of clinical care
- address the poor quality of our estates
- create a financial recurrent surplus each year.

3. Q1 performance

I can report the following for Q1 to date (April):

- A&E four hour standard we achieved 95.4% in April
- Our 18 week referral to treatment (RTT) performance for complete pathways achieved 92.9% (target = 92%)
- MRSA = zero bacteraemias
- C.difficile = three cases
- Cancer 62 days = 65.3% (target = 85%)

Finances – we posted a deficit of £2,304k against the planned deficit of £1,382k which was £992k adverse against our plan. A detailed recovery plan has been implemented to address this shortfall.

4. Investing in a high quality healthcare environment

We are committed to our five-year plan of improving our existing estate and facilities for all our patients.

We also need to plan for the long term to deliver high quality care from facilities our patients deserve and can be proud of. No proposals beyond 2020 have yet been formulated but you will, no doubt, have heard that a review of the options is underway and our next public Board meeting on 26 June will include an update on where we are.

The paper we will be presenting to our board will outline why we are looking at our estates strategy for 2020-2030, describing our buildings and the current challenges we are facing. It will highlight what hospital buildings should look like in 2020-2030 giving some examples of what can be achieved through excellent buildings. The paper will then compare our current estate to others, encompassing the developments we already have planned and the impact this will have on patient experience. It will also look at the cost of developing our current estate to be fit for 2020-2030.

As you can see from this brief overview, it will be a discussion document and makes no proposals on options. It does look at what could be the next steps which are focused on meeting with patients and local people, key stakeholders and interested parties to discuss what they see as important to them in terms of hospital estate.

This approach to engagement, which will be discussed at the Board meeting on 26 June, is scheduled to take place over this summer and will report back to our board in October 2015.

5. Our People

I want to share with you some of the fantastic work our staff and volunteers have been doing in the last couple of months to support our patients and our hospitals.

Nurses Day on 12 May was celebrated at Epsom for the excellent work our nurses and midwives do every day across both our sites. Midwife Lydia Baker won our Nurse of the Year Award and Suzanne White was awarded Support Worker of the Year.

From 1 to 7 June was our Volunteers Week which celebrated the contribution they make to help feed patients, help visitors find their way around our hospitals, run the shops and tea bars and broadcast on our hospital radio stations. We have nearly 500 volunteers aged 17-94 who contribute a staggering 65,000 hours each year.

Two colleagues Ron Dalton, a staff Nurse in A&E and Joanna Edwards, physiotherapist recently travelled to Kenya with 139 wheelchairs as part of the 'Wheels for the World' charity to provide disabled people in Africa with wheelchairs and giving them increased independence.

There have been many other examples where our staff have gone above and beyond the call of duty. This includes our staff who supported us over two May bank holidays and Derby Day on Saturday 6 June, held our Dementia Awareness Week in May and held training for our new healthcare assistants in caring for our older patients.

Daniel Elkeles
Chief Executive
Epsom and St Helier University Hospitals NHS Trust

Report contact: Phil Ireland, Trust Secretary, Epsom and St Helier University Hospitals NHS Trust

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Wellbeing and Health Scrutiny Board
2 July 2015

Recommendations Tracker and Forward Work Programme

Purpose of the report: Scrutiny of Services and Budgets/Policy Development and Review

The Committee will review its Recommendation Tracker and draft Work Programme.

Summary:

1. A recommendations tracker recording actions and recommendations from previous meetings is attached as **Annex 1**, and the Committee is asked to review progress on the items listed.
2. The Work Programme for 2014/15 is attached at **Annex 2**. The Committee is asked to note its contents and make any relevant comments.

Recommendations:

3. The Committee is asked to monitor progress on the implementation of recommendations from previous meetings and to review the Work Programme.

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Sources/background papers: None

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ANNEX 1

**WELLBEING AND HEALTH SCRUTINY BOARD
ACTIONS AND RECOMMENDATIONS TRACKER – UPDATED JUNE 2015**

The recommendations tracker allows Committee Members to monitor responses, actions and outcomes against their recommendations or requests for further actions. The tracker is updated following each Select Committee. Once an action has been completed, it will be shaded out to indicate that it will be removed from the tracker at the next meeting. The next progress check will highlight to members where actions have not been dealt with.

Scrutiny Board Actions & Recommendations

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
SC061	Care Quality Commission [28/14]	Invite CQC to return in the autumn to review progress on the work they have carried out in Surrey following this Committee meeting	CQC/Scrutiny Officer		<i>TBC</i>
SCO66	Patient Transport Service Update	The Committee requests that, along with Healthwatch and user-groups, it is included in the re-tendering of the patient transport service contract in 2015. This is to include the service specification and complaint-handling procedures.	NW Surrey CCG MRG		<i>September 2015</i>
SCO67	Follow Up from CQC Inspection Quality Summit [6/15]	SABP to provide an update on the findings of the external governance review to the Health Scrutiny Committee. SABP to provide the Health Scrutiny Committee with a briefing on the reconfigured CAMHS.	Medical Director, SABP		<i>July 2015</i>

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
SCO68	Better Care Fund Locality Hubs	<p>That the Committee reviews the financial and quality outcomes of the three locality hubs throughout 2015 and 2016.</p> <p>Mr Tim Evans, Rachael I Lake and Borough Councillor Karen Randolph to take part in stakeholder engagement with North West Surrey CCG and report back to the Committee as appropriate.</p>	Head of Communications and Engagement, NW Surrey CCG		2016
SCO69	A&E Winter Pressures [15/15]	<p>The Committee recommends that it receives a further update in September from the partners in this system on the steps taken in the wake of 2014/15 to minimise the need to declare 'Major Incident' status and reinforce resilience in the north west of Surrey.</p> <p>The Committee recommends that it contact the health and social care leaders in the rest of the county to highlight any potential risks for the 2015/16.</p>	<p>ASPH and NW Surrey Chief Executives</p> <p>Scrutiny Officer</p>		September 2015
SCO70	The Healthy Child Programme in Surrey including Health Visiting and School Nurses [16/15]	The Committee requests that Public Health share information collected by the present commissioner – NHS England – on the current performance of Health Visiting in Surrey; and	Public Health Principal	Circulated	Complete

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
		<p>The Committee recommends that it receive a further report from Public Health on performance, benchmark data and Surrey specific targets in 2014/15 in this area and the commissioning plans for the complete 0-19 service at its November meeting.</p>		Scheduled	<i>November 2015</i>

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Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
July 2015				
21 May	Epsom & St.Helier Hospitals Trust: Performance and Future Direction	Scrutiny of Services – the Trust’s new Chief Executive will update the Board on the current performance and quality of the hospitals’ services and outline the future for the Trust	Daniel Elkeles, Chief Executive	
September 2015				
16 Sep	Surrey Downs CCG: Community Hospital Review	Scrutiny of Services – the Board will review the progress made in the review and consider any options that have been developed by the CCG for future provision.	James Blythe, Director of Commissioning	
16 Sep	Joint Commissioning Strategy: Speech and Language Therapy	Policy Development – the council and Guildford and Waverley CCG have developed a new strategy for providing speech and language therapy in Surrey. The Board will review the proposed service specification.	Zarah Lowe, Provision and Partnership Development Manager (SEN)	
16 Sep	Surrey Health and Wellbeing Update Report	Scrutiny of Services – an update has been requested on the progress on existing priorities and its future work from the new Cabinet Member for Health and Wellbeing.	Helyn Clack, Cabinet Member for Health and Wellbeing	
16 Sep	Ashford and St Peter’s Hospitals Foundation Trust update on A&E resilience	Scrutiny of Services – following a report in March from the health system in north west Surrey the Board will receive a progress from the leaders.	Julia Ross - Chief Executive, NW Surrey CCG	

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
			and Suzanne Rankin - Chief Executive ASPH	

Task and Working Groups

Better Care Fund (Joint with Adult Social Care)	Bill Chapman, Tina Mountain, <i>Vacancy</i>	To monitor and scrutinise the plans and investment in services in terms of impact and risk for existing services in Surrey and patients.	Quarterly
GP Access Task Group	Ben Carasco, Karen Randolph, Tim Evans, Tim Hall	Working together with partners in the NHS Surrey and Sussex Area Team and Healthwatch Surrey, this group aims to gather evidence on the availability of appointments, the barriers to improved access and to offer solutions and support in improving availability for residents.	March 2015
CCG Reference Groups	All Members	To liaise with CCGs and monitor activity and plans across the county, and provide patient and public voice where appropriate.	