

## Notice of Meeting

# Wellbeing and Health Scrutiny Board

**Date & time**

Thursday, 7 July  
2016 at 10.30 am

**Place**

Ashcombe Suite  
County Hall Penrhyn  
Road Kingston upon  
Thames KT1 2DN

**Contact**

Andrew Spragg  
Room 122, County Hall  
Tel 020 8213 2673

**Chief Executive**

David McNulty

andrew.spragg@surreycc.gov  
.uk

**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 [andrew.spragg@surreycc.gov.uk](mailto:andrew.spragg@surreycc.gov.uk).**

**This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Andrew Spragg on 020 8213 2673.**

### Elected 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 and Mrs Helena Windsor

### 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 and 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.

## AGENDA

### 1 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

### 2 MINUTES OF THE PREVIOUS MEETING: 3 MAY 2016

(Pages 1  
- 10)

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 (1 July 2016).
2. The deadline for public questions is seven days before the meeting (30 June 2016).
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 SOUTH EAST COAST AMBULANCE SERVICE UPDATE

(Pages  
11 - 22)

#### Purpose of the report:

This briefing note is to update Board members with recent information as to South East Coast Ambulance Service's (SECAMB's) performance, outline the findings of the recent CQC inspection and the Trust's plan to address the issues raised. Alongside this a further update is provided as to the risks associated with patient handover delays at acute hospitals.

**7 24/7 ASSESSMENT AND TREATMENT REVIEW SECOND MENTAL HEALTH HOSPITAL** (Pages 23 - 26)

**Purpose of the report:** Consultation on substantial developments

To update the Committee on Surrey and Borders Partnership Foundation NHS Trust's public engagement and consultation to develop plans for a second mental health hospital in Surrey.

**8 INTERNAL AUDIT: HIV SERVICE 2015/16** (Pages 27 - 34)

**Purpose of the report:** Scrutiny of Services

To review the summary of audit findings and Management Action Plan produced as a result of an internal audit review of the HIV Service 2015/16

**9 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME** (Pages 35 - 44)

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

The Board will review its recommendation tracker and work programme.

**10 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, 29 June 2016

## **MOBILE TECHNOLOGY AND FILMING – ACCEPTABLE USE**

Those attending for the purpose of reporting on the meeting may use social media or mobile devices in silent mode to send electronic messages about the progress of the public parts of the meeting. To support this, County Hall has wifi available for visitors – please ask at reception for details.

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It is requested that if you are not using your mobile device for any of the activities outlined above, it be switched off or placed in silent mode during the meeting to prevent interruptions and interference with PA and Induction Loop systems.

*Thank you for your co-operation*

FIELD\_TITLE

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**MINUTES** of the meeting of the **WELLBEING AND HEALTH SCRUTINY BOARD** held at 10.30 am on 3 May 2016 at Ashcombe Suite County Hall Penrhyn Road Kingston upon Thames KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 7 July 2016.

**Elected Members:**

- \* Mr W D Barker OBE
- \* Mr Ben Carasco (Vice-Chairman)
- \* Mr Bill Chapman (Chairman)
- \* Mr Graham Ellwood
- \* Mr Bob Gardner
- \* Mr Tim Hall
- A Mr Peter Hickman
- \* Rachael I. Lake
- \* Mrs Tina Mountain
- \* Mr Chris Pitt
- \* Mrs Pauline Searle
- \* Mrs Helena Windsor

**Ex officio Members:**

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

**Co-opted Members:**

- \* District Councillor Lucy Botting
- \* Borough Councillor Karen Randolph
- \* Borough Councillor Mrs Rachel Turner

**21/16 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]**

Apologies were received from Peter Hickman. There were no substitutions.

**22/16 MINUTES OF THE PREVIOUS MEETING: [Item 2]**

The minutes were agreed as a true record of the meeting.

**23/16 DECLARATIONS OF INTEREST [Item 3]**

None received

**24/16 QUESTIONS AND PETITIONS [Item 4]**

None received

## **25/16 CHAIRMAN'S ORAL REPORT [Item 5]**

The Chairman updated the Board on recent meetings he had attended and other matters of note. A copy of this report is included as an annex to these minutes.

## **26/16 ASHFORD AND ST. PETER'S HOSPITALS AND ROYAL SURREY COUNTY HOSPITAL MERGER UPDATE [Item 6]**

### **Declarations of interest:**

None

### **Witnesses:**

John Denning, Chairman, Royal Surrey County Hospital  
Suzanne Rankin, Chief Executive, Ashford and St Peter's Hospital  
Aileen McLeish, Chairman, Ashford and Saint Peter's Hospital  
Giselle Rothwell, Head of Communications, Ashford and Saint Peter's Hospital

### **Key pointed raised during the discussion:**

1. The Chairman of Royal Surrey County Hospital introduced the report and informed the Board that the merger was on hold. It was outlined that an NHS Improvement investigation was underway and that both the Chief Executive and Finance Director of Royal Surrey had stood down. The Board was informed that a regulator approved Turnaround Director had been appointed for six months.
2. The Board questioned whether the merger between the two organisations would still be viable in light of the financial position of Royal Surrey County Hospital. The Chairman of Royal Surrey County Hospital expressed the view that the strategic principles for the merger were still applicable. The Board was informed that a merger would provide better opportunities for long-term sustainability of service and funding for both Trusts. It was noted that the external environment had changed and that the Sustainability and Transformation Plans (STPs) would develop a long term view as to how NHS services remained sustainable.
3. Witnesses confirmed that the merger had a potential to realise savings of £10 million per annum. The Board asked for detail on whether the merger would see closures at one of the three hospitals sites. It was confirmed that the merger proposal had described a situation where there was a future for each of the three sites, and continuing the services already provided.

*Bob Gardner arrived at the meeting at 11.00 am.*

4. The Board expressed concern over the financial governance and reporting arrangements for Royal Surrey County Hospital, and highlighted the sudden increase of the financial deficit in the final quarter of 2015/16. The Chairman advised the Board that he would write to NHS England Improvement to ensure they fully consulted with governors at the Royal Surrey County Hospital NHS Foundation Trust.



He thanked Bill Barker for his hard work as a governor for Royal Surrey.

5. The Chairman of Royal Surrey explained to the Board that both organisations faced ongoing challenges in recruiting and retaining staff. The Board was informed that the recruitment issue was a national problem. It was suggested that a way to help resolve this issue would be to share staff and promote recruitment days at universities and overseas. It was stated that one of the main issues when recruiting staff is housing affordability in Surrey.

*Pauline Searle arrived at the meeting at 11.17 am.*

6. The Board discussed the reasons for a formal merger, and what could be realised informally. Witnesses highlighted that there were achievable benefits being realised in this regard, but that a formal merger would provide clear reporting lines and clarity of vision for hospital staff.

**Recommendations:**

The Board resolved

- That the Chairman write to the NHS Improvement team seeking assurances that governors at Royal Surrey will be given the opportunity to share their views as part of the reporting process.

The Board recommended:

- That the findings and recommendations of the NHS Improvement report are brought to a future meeting of the Wellbeing and Health Scrutiny Board;
- That the business case and revised timeline for the merger is brought back to the Board, at an appropriate time following the publication of the both the Improvement report and STP plans.

**27/16 NORTH WEST SURREY CCG COMMUNITY HEALTH PROCUREMENT REPORT [Item 7]**

**Declarations of interest:**

None

**Witnesses:**

Rachel Graham, Head of non-acute contracts, North West Surrey CCG

**Key points raised during the discussion:**

1. The Board was informed that the current procurement exercise would see services being developed to address local priorities. The Board questioned whether the decision to procure for North West Surrey solely rather than a county-wide contract arrangement would mean a reduction in the economies of scale. It was acknowledged that there

was a risk pertaining to this, though witnesses also highlighted that there were presently 81 different service specifications in place. The Board was informed that that the new procurement exercise would enable the Clinical Commissioning Group (CCG) to address local priorities.

2. The Board was informed that contract arrangements would seek to ensure a degree of fluidity in specifications, and ensure that there was a flexible element to the services provided.
3. The Board asked for details on how complaints and contract delivery would be monitored by the CCG. It was explained that there were a number of different quality metrics including staff training, timescales and the number of complaints received.
4. The Board discussed the importance of creating a clear governance structure for the contracts and suggested that local residents and clinicians should be involved in planning and setting priorities.

*Bob Gardner left the meeting at 12.07pm*

**Recommendations:**

The Board requests a further update on the procurement of the community health services is on its agenda for September 2016. It recommends:

- That the update in September 2016 brings examples of the quality metrics used in monitoring contract delivery

**28/16 SASH VIRGINIA MASON INSTITUTE COLLABORATION REPORT [Item 8]**

**Declarations of Interest:**

None

**Witnesses:**

Michael Wilson, Chief Executive, Surrey and Sussex Healthcare NHS  
Sue Jenkins, Director of Strategy and Kaizen Promotion Office Lead

**Key points raised during the discussion:**

1. The Chief Executive of Surrey and Sussex Healthcare NHS introduced the report and explained that the Trust was undertaking an ambitious development programme in partnership with Virginia Mason Institute (VMI) and NHS Improvement (NHSI).
2. The Board raised questions about the management of GP referrals and how processes could be simplified. Witnesses clarified the referral process and how non-urgent referrals were dealt with. The Board was informed that administrative policies and practice were being reviewed as part of the collaborative work, and this would assist in identifying areas that could be stream-lined and improved.

3. The Board was informed that certification for those undertaking training in relation to the VMI collaboration would take eight months. It was noted that of the four members of staff that would be certified, one had completed the process and two would be completing their training in May and July 2016.
4. The Board highlighted that this collaboration was something it would wish to publicise more widely, and encouraged witnesses to provide a more detailed evidence base for future updates.

**Recommendations:**

The Board invites witnesses to come back to this Board and update on progress. The Board recommends:

- That the report covers the improvement projects with hard data on the target improvements e.g. on referral times

**29/16 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 9]**

**Declarations of Interest:**

None

**Witnesses:**

None

**Key points raised during the discussion:**

1. The Board was asked to note its recommendations tracker and to review its Forward Work Programme. The Chairman highlighted the role the Board could play in working with Surrey MPs on local issues pertaining to health services.

**Recommendations:**

None.

**30/16 DATE OF NEXT MEETING [Item 10]**

The Board noted its next meeting will be held at 10.30 am on Thursday 7 July 2016 in the Ashcombe Suite.

Meeting ended at: 12.49 pm

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**Chairman**

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## **Chairman's Report to the Wellbeing and Health Scrutiny Committee – 3 May 2016**

### South East Coast Ambulance Trust (SECAMB)

Members will recall that at our WHSB Meeting of 7 Jan 2016 we scrutinised the performance of SECAMB, particularly over the fact that the triaging method had been altered substantially without full agreement of the SECAMB management board.

The outcome of our scrutiny was that we requested that the SECAMB communicates the outcomes of the patient impact, governance and clinical reviews with the WHSB and reports on any changes to its services as a result. It appears that these reports will be available in time for our next WHSB meeting on 7 July.

The Board will then be in a position to scrutinise the detail of these proposed improvements and understand the timescales for change. I propose that this will also allow us to see the key themes emerging from our regional scrutiny counterparts, and use that to inform our discussions.

### Better Care Fund

The Better Care Fund (BCF) is one element of the wider NHS strategic planning arrangements set out to deliver the NHS Five Year Forward View, a shared vision for the future of the NHS based around the new models of care and the description of how the health service needs to change over the next five years if it is to close the widening gaps in the health of the population, quality of care and the funding of services.

At its meeting of the 17 April 2016 the Surrey Health and Wellbeing agreed detailed Integration Plans for the 2016/17 operation of the BCF for each of the Surrey CCGs.

### Sustainability and Transformation Plans

The emerging Sustainability and Transformation Plans (STPs) are a basic component of the NHS Five Year Forward View, and will bring together commissioners and suppliers more effectively. This will enable joint end-to-end redesign of clinical pathways (process re-engineering) to provide better outcomes for patients and better value for money.

The transformation footprints for the Surrey STPs and their leadership have been agreed recently:

1. The Frimley Health Footprint covers the catchment area of the Frimley Health Foundation Trust and so includes Surrey Heath CCG and North East Hants

and Farnham CCG. It will be led by Sir Andrew Morris, CEO of Frimley Health

2. The Sussex and East Surrey Footprint includes East Surrey CCG and is led by Michael Wilson, CEO of Surrey and Sussex Hospital Trust.
3. The Surrey Heartlands Footprint includes the catchment areas of Guildford and Waverley CCG; North West Surrey CCG; Surrey Downs CCG and is led by our own David McNulty.

Initial Sustainability and Transformation Plans for 2016/17 are to be approved by July 2016 and we may carry out some initial scrutiny at our 14 Sep 2016 Meeting.

#### Internal Audit Report: Review of the HIV Service

Board Members may be aware that an internal audit report on the HIV services joint funded by the NHS and Surrey County Council was published on 27 April. This featured one high priority recommendation and a number of medium priority recommendations. The findings will also be reported to the Audit and Governance Committee on 26 May.

I have sought assurance from officers that this is being taken forward by the relevant services, and asked that they report progress against the audit's Management Action Plan at our meeting on 7 July. In this way, I believe we can add best value by monitoring progress and ensuring any concerns are being suitably addressed.

I will also ask officers to circulate this report to you, please do contact me if you've specific comments that you wish addressed by that update to our next meeting.

#### **Finance**

##### Public Health Budgets.

Following our briefings earlier this year, we will establish a small working party to continue to scrutinise the Public Health Budgets. The first meeting of this working party will be held after the first quarter budget report is available, probably towards the end of July.

For the 2016/17 year we will try to help minimise the impact of the necessary 20% cut to the budget. For the 2017/18 year we will help to identify savings in good time for budget setting early in the 2017 calendar year. Currently additional 10% savings are assumed for 2017/18.

##### Financial Pressures on Surrey's Health Service

The health service in Surrey is undergoing a time of increasing demand and reducing resources. The pressure is reflected in higher savings targets, although these remain significantly less than those required in social care due to the

government announcing the NHS budget as protected. Savings may result in risks to the quality of services. The WHSB will need to consider how to detect and evaluate the impact of any adverse impacts on the residents of Surrey arising from this source.

## **Local Matters**

### Surrey Downs CCG Community Hospital Services Consultation

Surrey Downs CCG is currently conducting a 14 week public consultation on a review of community hospital services to look at inpatient (overnight) rehabilitation care, as well as day clinics and other specialist appointments. This includes some options for how services could be delivered in future. This consultation ends on 5 May and I have asked Tim to take this forward and respond on behalf of the Board. You are also welcome, of course, to make your individual views known through the consultation process.

### Estate Redevelopment at Epsom and St Helier University Hospitals NHS Trust

Members may recall that at our Meeting of 2 July 2015 we heard from the CEO, Daniel Elkeles, an outline of the apparent need to replace the aging buildings at the Hospitals. Subsequently Daniel has committed to deliver a preferred option for the redevelopment by the end of June.

On 19 Mar 2016 Daniel and his management team hosted 2 events at which members of the public were invited to help to fix the criteria against which the options for redevelopment will be evaluated. Several WHSB Members took part in these events.

We will invite the Trust to our WHSB meeting on 7 July 2016 to outline the preferred option and how they will undertake public consultation.

### Quality Summit at Epsom and St Helier University Hospitals NHS Trust

I will be attending a Quality Summit on 1 June 2016. The Quality Summit will follow the standard form under which the Care Quality Commission will present the findings from its recent Inspection. The Trust will then respond to the Inspection findings and set out what it is doing to address the issues raised and what, if any, additional support it needs.

Following this, focus will shift to agreeing a high level action plan in response to the findings.

## **Forward Planning**

### WHSB Reset Event

I intend to hold this event early in the new Council Year with the objective of refreshing our approach to scrutiny, particularly through the work of our Member Reference Groups. I hope that all WHSB Members will be able to attend.

There are 2 important sources that I believe can impact significantly on our work in the coming year:

1. NHS Planning Guidance on Delivering the NHS 5 Year Forward View.  
The Guidance defines 9 'must dos' for each STP Footprint in 2016/17 including, for example, getting back on track with access standards for A&E and ambulance waits; actions to address the sustainability and quality of general practice; and the 2 new mental health access standards. We need to reflect on which of the 'must dos' are particularly relevant to our residents and examine how effective the actions are in addressing them.
2. 360 Degree Assessments for Clinical Commissioning Groups.  
Each of our 6 CCGs is required by NHS England to invite annual 360 degree evaluations of their performance from a number of the CCG's partners. The majority of Surrey CCGs invite either the Chairman of WHSB or an MRG Member to provide this feedback, giving us and the CCGs the opportunity to discuss shared priorities and ways to work better together.

**Bill Chapman**  
**Chairman, Wellbeing and Health Scrutiny Board**



## Surrey Wellbeing and Health Scrutiny Board – South East Coast Ambulance Service Update 7 July 2016

### Purpose

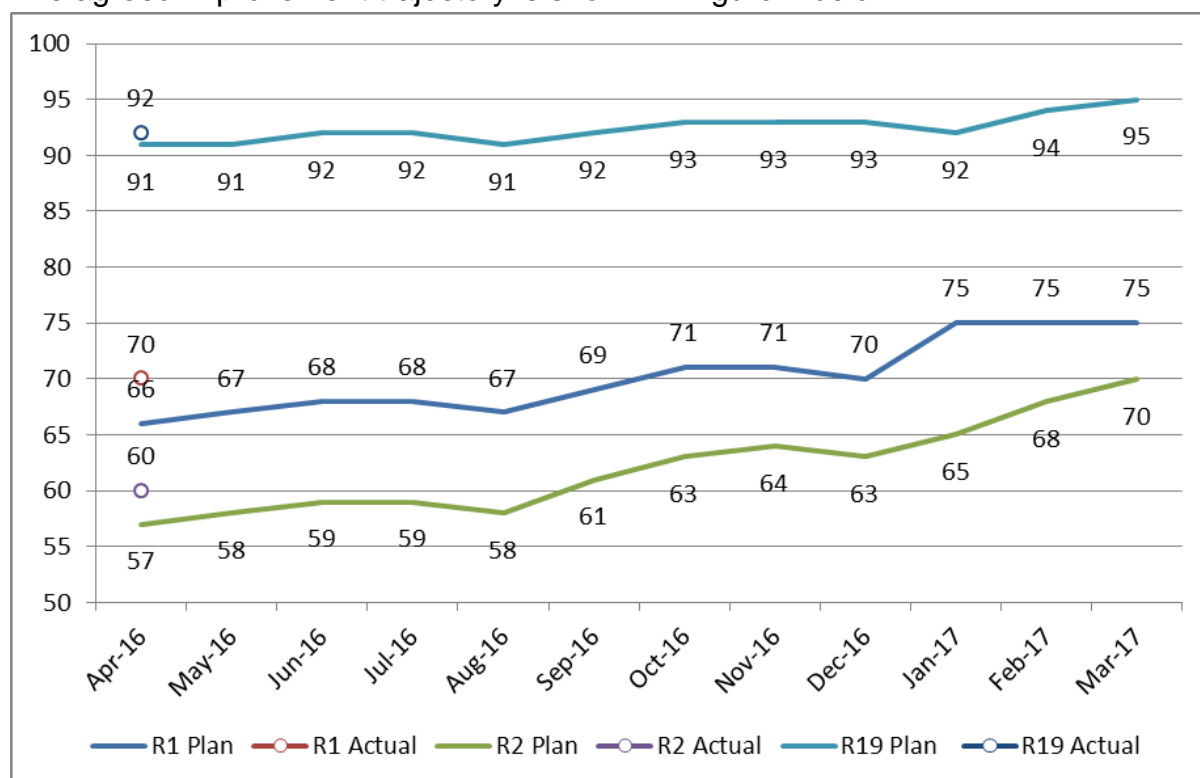
This briefing note is to update Board members with recent information as to South East Coast Ambulance Service’s (SECAmb’s) performance, outline the findings of the recent CQC inspection and the Trust’s plan to address the issues raised. Alongside this a further update is provided as to the risks associated with patient handover delays at acute hospitals.

### South East Coast Ambulance Service Performance

For 2016/17, SECAmb has agreed a performance improvement trajectory for the 3 main Ambulance Quality Indicators:

- Percentage of Red 1 calls receiving a response within 8 minutes
- Percentage of Red 2 calls receiving a response within 8 minutes
- Percentage of Red 1 & 2 calls receiving a transport-capable response within 19 minutes

The agreed improvement trajectory is shown in Figure 1 below:



## Figure 1: 999 Performance Improvement Trajectory

To date, the following performance has been achieved against the trajectory:

<b>SECamb performance</b>	<b>April 2016</b>	<b>May 2016</b>	<b>Jun 2016</b>
Red 1 trajectory	66%	67%	68%
Red 1 actual	70%	66%	Not yet available
Red 2 trajectory	57%	58%	59%
Red 2 actual	60%	57%	Not yet available
Red 19 trajectory	91%	91%	92%
Red 19 actual	92%	91%	Not yet available

**Table 1 – Performance achieved year to date against improvement trajectory**

SECamb met the trajectory for all three targets in April 2016, and narrowly missed targets for Red 1 and Red 2 in May 2016.

### Improving Our Performance

SECamb is finalising a Trust-wide Recovery Plan, focusing on operational performance, improvements in quality, governance and culture, and delivery of major projects. This plan will be agreed with our Commissioners by June 30<sup>th</sup> 2016.

The 999 elements of this Plan will drive achievement of the trajectory outlined above through a focus on key factors within our control including:

- 1) Provision of sufficient response capacity (unit hours) to meet expected activity. This will require accurate forecasting and planning, and maintenance of appropriate staff skill mix and vehicle provision mix in each local area. Alongside this, we will minimise loss of hours due to absences and sickness.
- 2) Effective demand management through appropriate clinical management of calls transferred to 999 from NHS 111. The Trust will improve the proportion of calls resolved through 'Hear & Treat' (for example, by improving our management of frequent callers), and maximising our available capacity to meet peak demand through effective planning and escalation processes.
- 3) Delivering response time improvement by improving 999 call answer performance, and the effectiveness with which resources are dispatched.
- 4) Maximising the use of available capacity, by identifying safe and appropriate ways to reduce job cycle time and working with the wider healthcare system to minimise loss of hours due to hospital handover delays.

Alongside this, the Trust will implement a range of projects to ensure continued improvement in clinical quality and patient experience.

### **External Factors Affecting Performance**

SECAMB's performance is also affected by a range of external factors over which we have limited influence. The most important amongst these are explained below.

Where activity levels exceed those for which SECAMB has been commissioned and funded, the level of capacity available 'per incident' is reduced and overall response time reliability will be reduced. During April and May 2016, activity exceeded our commissioned plan by 2.5% and 5.6% respectively which will have reduced the level of performance it was possible to deliver.

Delays to patient handover at hospitals further reduce the capacity available to respond to new incidents. During 2015/16, SECAMB lost over 47,000 hours to hospital delays – an increase of over 60% on the level of hours lost in 2013/14.

Unfortunately, the general trend remains one of increasing losses of resource hours to handover delays, with 4600 and 4800 hours lost in April and May 2016 respectively. Alongside the impact on response performance, these delays present a significant risk to patient experience and safety whilst awaiting handover, and the safety of patients in the wider community who will receive a slower response to their emergency needs.

The impact of handover delays and the trends over the past several years are summarised in Appendix One.

### **Role for Wellbeing & Scrutiny Boards**

Board members are asked to:

- Recognise the severity and impact of this issue, and ensure it remains a high priority for the healthcare economy
- Invite regular updates from local Systems Resilience Groups / Urgent & Emergency Care Networks as to progress in driving improvement
- Provide constructive challenge and scrutiny to the healthcare system to ensure risk is appropriately managed

### **SECAMB CQC Inspection**

SECAMB was inspected by the CQC during the week commencing 3<sup>rd</sup> May 2016. We have received initial feedback via letter and expect the full report in due course.

The initial feedback letter has been published on the Trust's website, and via the public Trust board meeting on 23<sup>rd</sup> June.

The inspectors gave positive feedback in a range of areas, including the quality of caring amongst our staff, with high levels compassion and awareness of patient need being demonstrated. Several of the Trust's innovations such as the IBIS system, and the roles of our Critical Care Paramedics and Community Paramedics were praised. However, the Trust received challenging feedback in a number of areas, including:

- The management of risks, incidents and complaints and how we learn from these
- Lack of clarity and accountability in some senior management roles
- Safeguarding training and responsibilities
- Infection control issues relating to hand hygiene and waste disposal
- Staff not feeling cared for, alongside issues of bullying and harassment
- Business continuity planning at Dorking Patient Transport Service locations
- Security and access issues at Lewes Emergency Operations Centre (EOC)
- Issues with the Trust's Computer Aided Dispatch System (CAD)

The Trust has taken immediate action to address the practical concerns, including:

- Resolving the access and security issues at Lewes EOC
- Communicated with staff about their responsibilities for infection control, and planned a training needs analysis to identify any further improvement needs. Key skills training is underway for patient facing staff to reinforce infection control practices
- Commenced an action plan to improve business continuity in the Patient Transport Service
- Resolved several immediate CAD issues, and ensured a program of planned maintenance and upgrades is in place to address the concerns that have been raised

Alongside this, the Trust is implementing a longer term program to improve governance and culture. This program will focus on areas including:

- Review of executive portfolios to ensure clarity of roles and responsibilities
- Redesign of committee structures and revised terms of reference to ensure clarity and coherence of decisions and management of issues
- Establishing a new Risk Practice Meeting and revised Risk Management Strategy
- Renewed focus on incident reporting and process improvement to provide assurance of resolution of issues, and implementation of lessons learned

- Improving quality and speed of response to complaints to address the current backlog
- Ensuring the basic structures and processes are in place to ensure staff are well looked after, such as guaranteed regular appraisals, and personal development plans.
- Commissioning external support for a full review of how the Trust works together, with specific training and support to address bullying and harassment issues
- Implementing a leadership development program and talent management framework

Whilst the Trust pursues these improvements, we will maintain our focus on our key goals of:

- Improving operational performance in 999, 111 and PTS
- Improving patient safety and performance against national Clinical Quality Indicators

## **Appendix One – Update on Hospital Handover & Turnaround Delays**

Delays to patient handover give rise to significant concerns including:

- Increased risk to patient safety, quality of care and dignity whilst their access to acute hospital care and associated nursing support is delayed
- Increased risk to the wider patient community arising from the reduction in SECAMB's available capacity to respond to new 999 emergency incidents, and longer average response times as a result
- Potential 'plan wipe out' where ALL resources across a large area are at scene or at hospital, leaving no resource at all to respond to new emergencies
- Longer 'back up' times for patients and paramedics at scene awaiting a double-crewed ambulance where conveyance to hospital is required
- Unsustainable pressure on staff welfare in both ambulance and hospital services as they manage the impact of these delays
- Reduced whole system efficiency and increased costs arising from time lost to delays and any reduction in care quality that may result

### **Current Performance & Trends**

- SECAMB lost over 47,000 hours to hospital handover and turnaround delays in 2015/16. This represents an increase of 63% in 2 years Trust-wide (with a 100% increase in Surrey).
- General trend is upwards, with around 5,000 hours being lost each month recently
- Despite productive engagement with hospitals, Systems Resilience Groups, CCGs and other partners delays are increasing at most hospitals

### **Factors Affecting Handover & Turnaround Delays**

Each hospital and local healthcare economy has different challenges, but some common factors observed include:

- Surges in A&E demand (particularly self-presenting patients)
- Staffing capacity in A&E and whether capacity can be matched to demand (quality of operational planning)
- Lack of dedicated 'handover nurse'
- Quality of pathways for 'expected' or GP-referred patients (e.g. ability to handover straight to specialist assessment or ward rather than A&E)
- Speed and quality each hospital's response to escalation and surges in demand
- Choice of priorities and risk preferences (balancing risks in hospital against those to patients in community who have not yet presented)

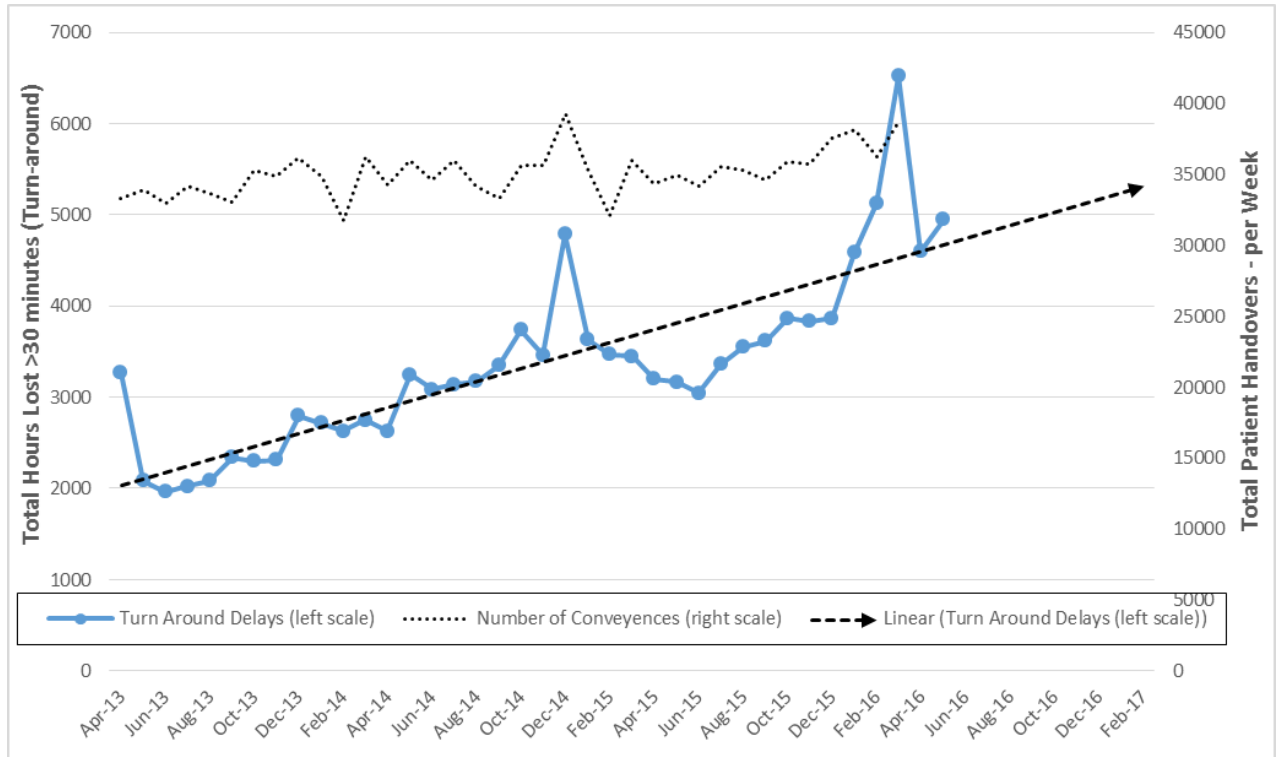
## **Driving Improvement**

Whole system focus on the issue can reduce handover delays and improve patient safety. There is a collective need to:

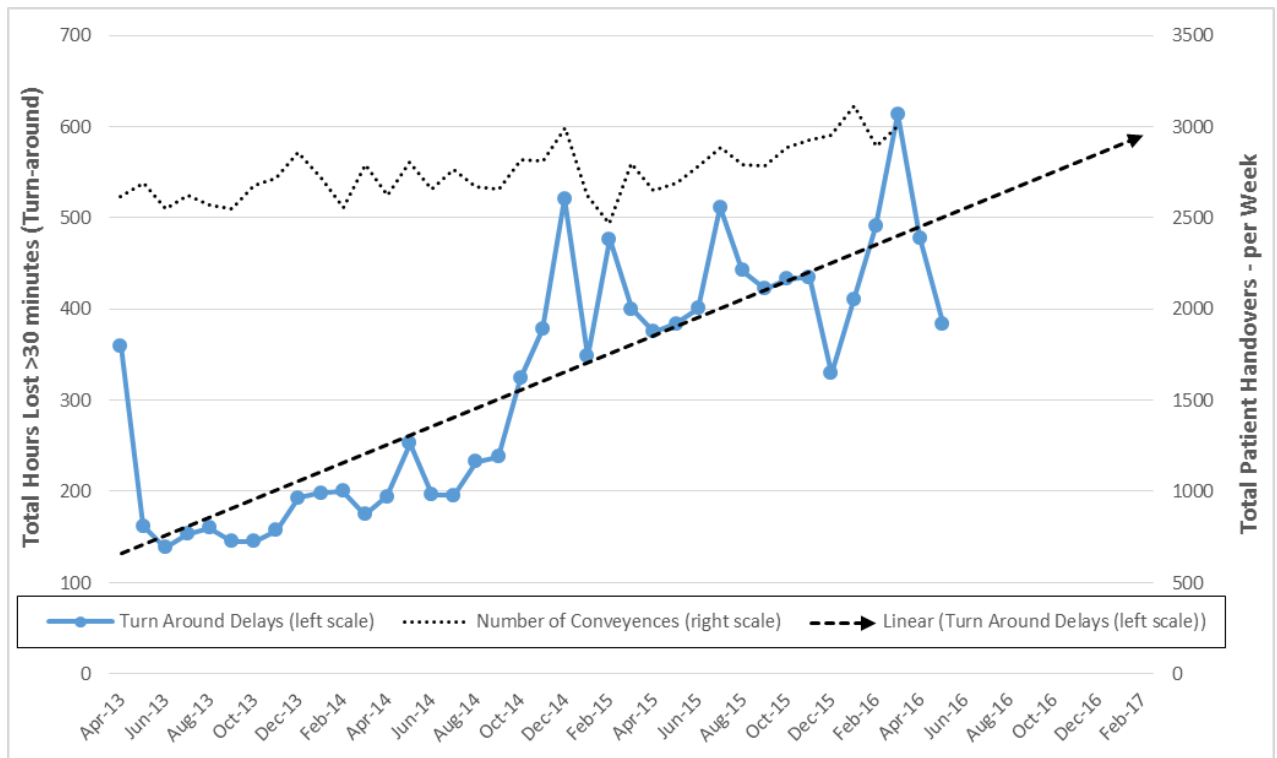
- Address factors above, particularly speed and quality of response to escalation
- Review process and quality in Emergency Departments and identify opportunities to improve (external support such as that provided by ECIP has proved useful)
- Evaluate whether current 'balance of risk' is right – when Emergency Departments are full, ambulances tend to queue up. This pushes risk on to the community and the system should consider more appropriate ways to manage that pressure.
- Ensure ambulance handover is treated with the same priority as the 4 hr A&E standard and agree clear trajectories and action plans to improve performance

## Hospital Handover and Turnaround Performance

The graphs and table below show the trends in hours lost to delays at key hospital sites across Kent & Medway, Surrey & Sussex from April 2013 to June 2016:

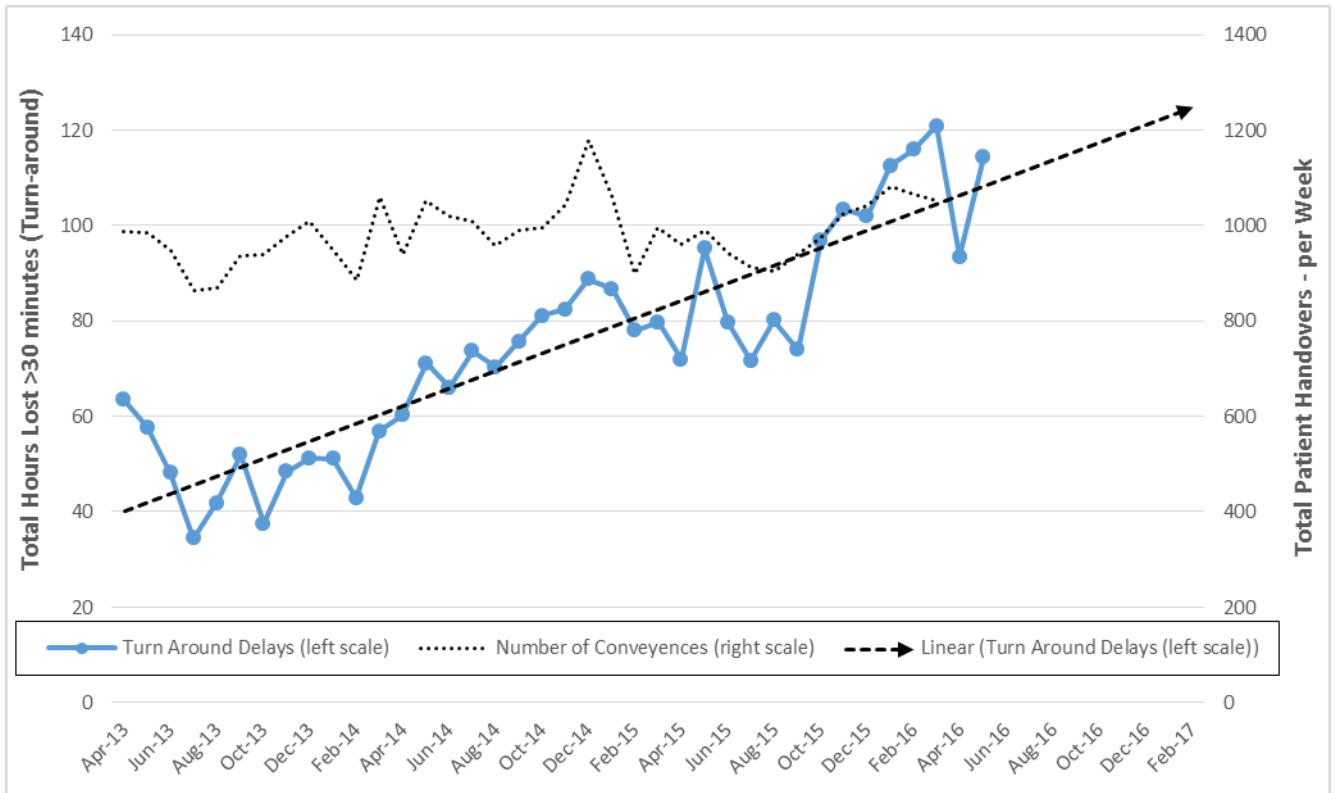


## SECamb Area Overall – hours lost to delays by month

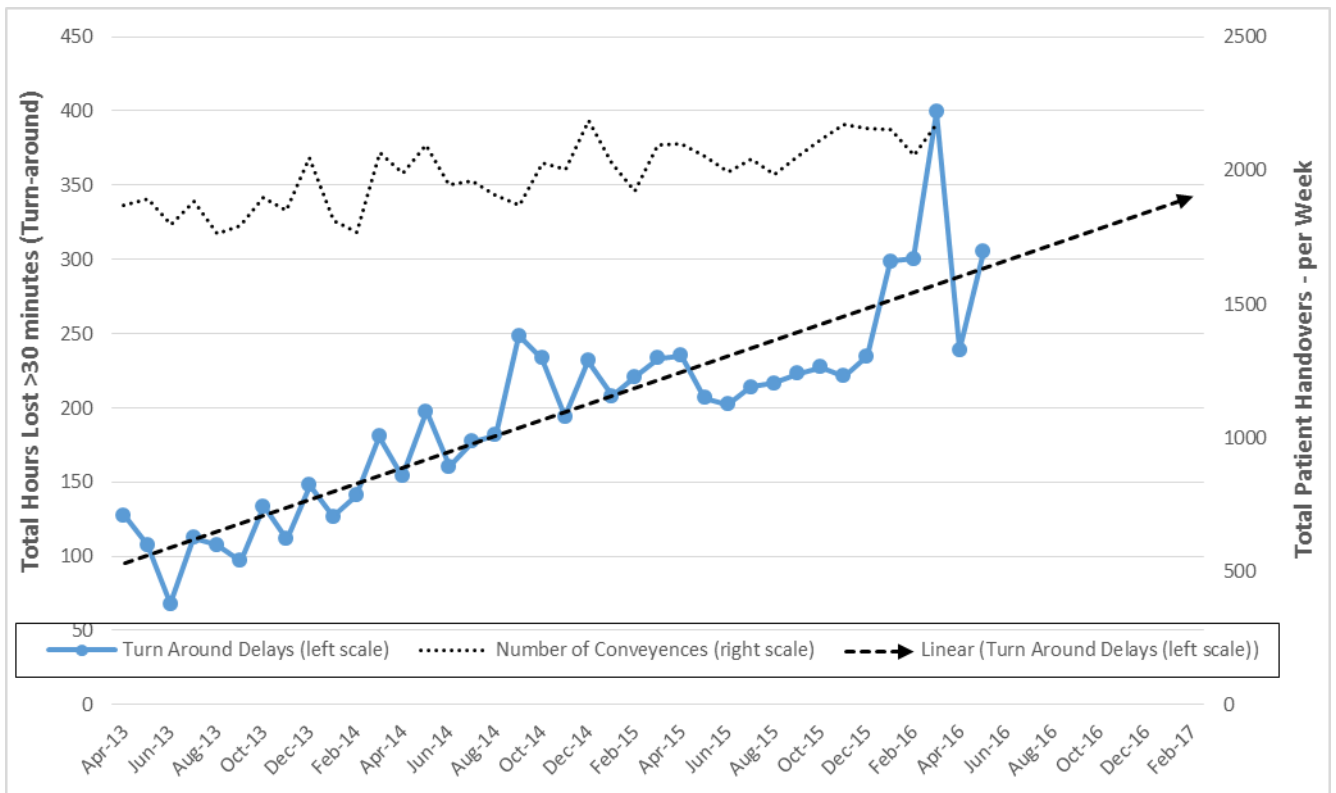




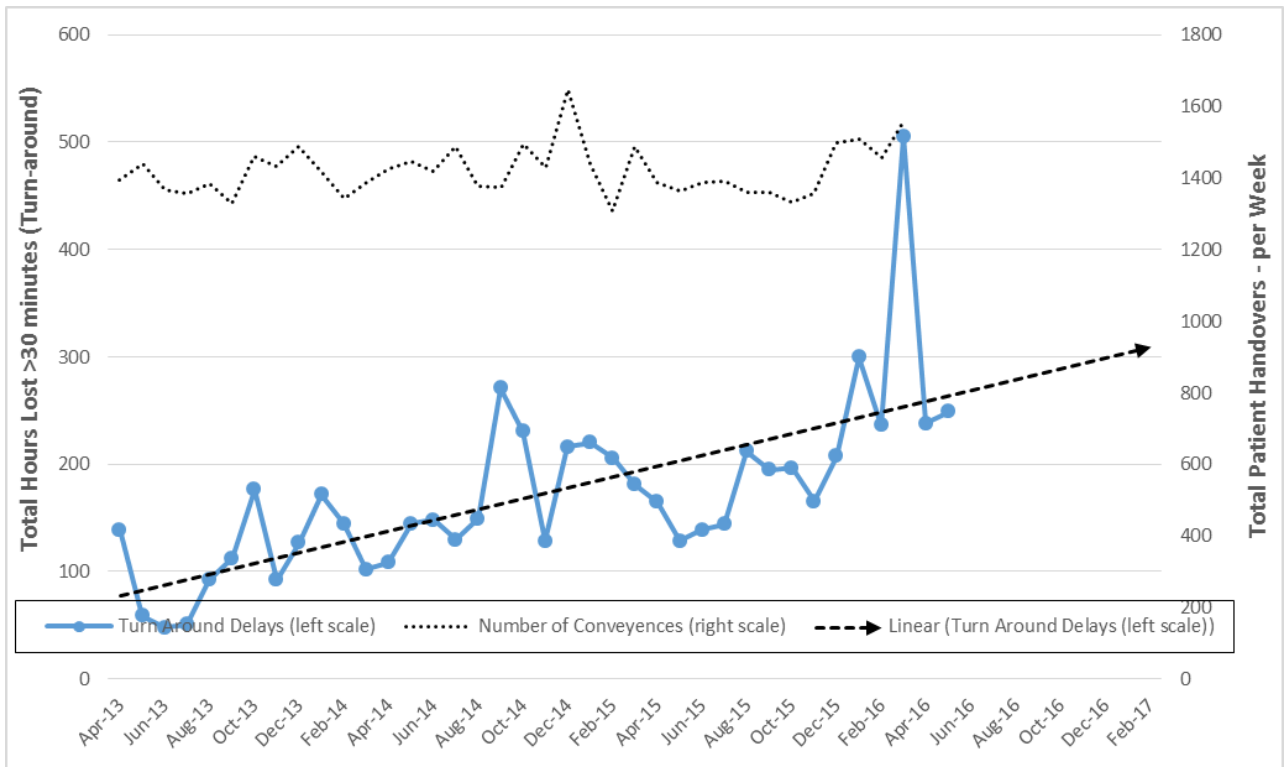
### East Surrey Hospital – hours lost to delays by month



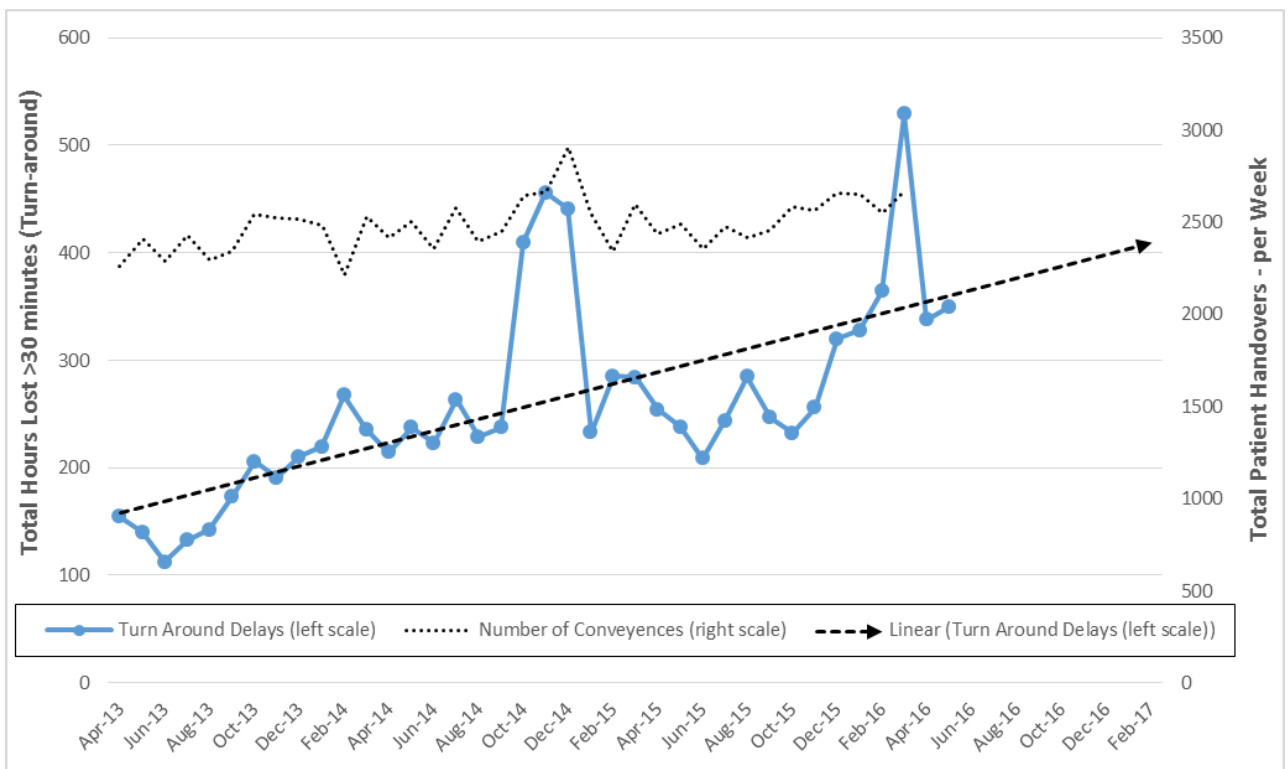
### Epsom General hospital - hours lost to delays by month



### Frimley Park Hospital – hours lost to delays by month



**Royal Surrey County Hospital – hours lost to delays by month**



## St Peters Hospital, Chertsey – hours lost to delays by month

The table below shows year on year trends for the period April to March for hospitals across the SECamb area:

Area	2013-14 (to specified month)	2014-15 (to specified month)	2015-16 (to specified month)	% Growth From 2014-15 to 15-16	% Growth From 2013-14 to 15-16
<b>SECAMB (Hours Lost)</b>	<b>29251</b>	<b>41134</b>	<b>47720</b>	<b>16%</b>	<b>63%</b>
<b>Kent Area</b>	<b>9247</b>	<b>12132</b>	<b>14337</b>	<b>18%</b>	<b>55%</b>
Darent Valley Hospital	1780	2254	3245	44%	82%
Kent and Canterbury Hospital	426	651	869	34%	104%
Maidstone Hospital	376	656	627	-4%	67%
Medway Hospital	3562	3987	3185	-20%	-11%
Queen Elizabeth The Queen Mother Hospital	684	1072	1549	44%	126%
Tunbridge Wells Hosp	1103	1666	1984	19%	80%
William Harvey Hospital (Ashford)	1315	1846	2877	56%	119%
<b>Surrey Area</b>	<b>7731.61</b>	<b>12751.98</b>	<b>15447.41</b>	<b>21%</b>	<b>100%</b>
East Surrey	2187	3757	5248	40%	140%
Epsom General Hospital	585	914	1124	23%	92%
Frimley Park Hospital	1461	2439	2979	22%	104%
Royal Surrey County Hospital	1314	2132	2592	22%	97%
St Peters Hospital, Chertsey	2184	3511	3505	0%	60%
<b>Sussex Area</b>	<b>12272.42</b>	<b>16249.45</b>	<b>17935.58</b>	<b>10%</b>	<b>46%</b>
Conquest Hospital	2279	2850	3284	15%	44%
Eastbourne DGH	2279	2396	2755	15%	21%
Princess Royal	605	955	1107	16%	83%
Royal Sussex County	4635	6320	6269	-1%	35%
St Richards	972	1358	1854	37%	91%
Worthing	1502	2371	2667	12%	78%

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Wellbeing and Health Scrutiny Board  
Thursday 7 July

## **24/7 Assessment and Treatment Review Second Mental Health Hospital**

**Purpose of the report:** Consultation on Substantial Developments

To update the Committee on Surrey and Borders Partnership Foundation NHS Trust's public engagement and consultation to develop plans for a second mental health hospital in Surrey.

### **Introduction**

1. In 2008 we consulted widely on our plans to develop three new mental health hospitals for people living in Surrey and north east Hampshire.
2. We have recently completed the first of these new state-of-the-art hospitals with therapeutic surroundings that aid recovery at Farnham Road Hospital in Guildford. This hospital serves people living in south west Surrey, Surrey Heath and north east Hampshire.
3. Following changes in mental health over the last few years, including significant investment in early intervention and more support services providing treatment in or close to people's homes, we are now considering whether two hospitals will meet local needs.
4. We are at the start of the process to develop plans for a second hospital and held three workshops across Surrey involving 65 stakeholders in May 2016. We will hear further from local people during our public consultation beginning this summer.

### **Rational for developing a second mental health hospital**

5. In 2008/09 Surrey and Borders Partnership NHS Trust (SABP) and the Primary Care Trusts in Hampshire and Surrey consulted on a proposal to develop three new mental health hospital sites to serve the populations of Surrey and north east Hampshire. This was based on the projected required bed numbers at the time. As a result of the consultation, agreed locations for the new hospitals were Farnham Road Hospital in Guildford, St Peter's Hospital site in Chertsey and a new site to be acquired in Redhill. It was subsequently determined to develop the hospital in Guildford first which is now fully operational.

6. In 2014 a 24/7 Review Group was established including representatives of people who use services and carers to consider whether the previously agreed bed numbers and hospital sites still meet the needs of the population now and into the future. Mental Health Strategies were commissioned to advise on required bed numbers and the number of sites. This took into account recent developments within community services and the focus on recovery models and early intervention both nationally and locally. As a result they have suggested a total of 202 mental health assessment and treatment beds for working age adults and older adults should be provided across two sites.
  
7. The results of the Mental Health Strategies work were shared with stakeholders in summer 2015 and Surrey and Borders Partnership NHS Foundation Trust Board has now approved plans to undertake wider engagement to test out the number of sites and the location of a second site (the first being Farnham Road Hospital in Guildford).

<b>Public engagement in hospital plans</b>
--------------------------------------------

8. In Spring 2016 we established a project implementation team to oversee the development plans for the second hospital and to make recommendations to the Surrey and Borders Executive Directors. This team is made up of clinical and corporate staff from Surrey and Borders Partnership and a representative from our commissioners along with two of our Governors representing people from east and north west Surrey and people who use services and carers from east and north west Surrey.
  
9. As part of our pre-consultation engagement work for the second mental health hospital development, we hosted three workshops across Surrey in May 2016 to seek people's views around the principles for the hospital.
  
10. A total of 70 people participated in the three events including commissioners, people who use services, carers, staff, Foundation Trust Governors and people from local, statutory and voluntary sector organisations.

Date	Time	Venue	Participants
Tuesday 17 <sup>th</sup> May	2pm – 5pm	Chertsey Hall	16
Tuesday 24 <sup>th</sup> May	2pm – 5pm	The Curve, Cobham	21
Friday 27 May	10am – 1pm	Redhill Methodist Church	33

### Conclusions:

11. The participants were extremely passionate about ensuring high quality care is delivered and a need for seamless integration with other services.
12. The comments from the workshops and the presentation have been uploaded onto the Surrey and Borders website. An email was sent to all participants, and those who registered but were not able to attend, on Monday 13 June with a summary of the themes and links to the details online. There is also the opportunity for people to continue to leave comments using [Meetingsphere](#).

### Public Health Impacts

13. A second mental health hospital will provide the latest innovations in modern mental health care, designed to promote the wellbeing of people using the service in north west, east and mid Surrey.

### Recommendations:

14. The themes and comments from the public workshops are being considered by Surrey and Borders and CCG staff to help shape the public consultation which will commence in summer 2016.
15. Surrey and Borders are currently carrying out feasibility studies that will provide some possible sites for the new hospital. This information will be included in the public consultation.
16. The committee is asked to support our approach to engaging with local people for their views on our second mental health hospital in Surrey.

### Next steps:

17. A full public consultation will run for three months beginning later this summer. A meeting with Surrey & Borders Partnership Foundation NHS Trust and Clinical Commissioning Groups will take place on 1 July to agree the consultation timings and the Committee will receive an update following this meeting.
18. The findings of consultation will inform the proposals we make later this year to the Boards of Surrey and Borders Partnership Board and NHS Clinical Commissioning Groups. This proposal will also be consulted on with the Wellbeing and Health Scrutiny Committee.

**Report contact:** Stephanie Forster, Director of Marketing and Communications, Surrey & Borders Partnership Foundation NHS Trust

**Contact details:** Tel: 01372 216010  
E: [Stephanie.Forster@sabp.nhs.uk](mailto:Stephanie.Forster@sabp.nhs.uk)





Wellbeing and Health Scrutiny Board  
7 July 2016

**Internal Audit: HIV Service 2015/16**

**Purpose of the report:** Scrutiny of Services

To review the summary of audit findings and Management Action Plan produced as a result of an internal audit review of the HIV Service 2015/16

**Introduction:**

1. It has been agreed by the Chairmen of the Council's Select Committees that any relevant Internal Audit reports that have attracted an audit opinion of either "Major Improvement Needed" or "Unsatisfactory", and/or those with high priority recommendations, will be considered for inclusion on the Committee's work programme.

**Context:**

2. Internal Audit undertook a review of the HIV Service in April 2016. The report produced as a result of this review attracted an audit opinion of Some Improvement Needed. There was one High Priority recommendation and six Medium Priority recommendations made. A summary of the audit findings and recommendations is attached as **Annex A**. The agreed Management Action Plan is attached as **Annex B**. The supporting audit report has been previously circulated to committee members.
3. Officers from the service and Internal Audit will be available at the meeting, and the Scrutiny Board is asked to review the actions being taken to address the audit recommendations made.

**Recommendations:**

4. That the Board review the audit report and Management Action Plan and makes recommendations as necessary.

**Next steps:**

The Board will continue to have oversight of any relevant audit report that has attracted an audit opinion of either “Major Improvement Needed” or “Unsatisfactory”, and/or those with high priority recommendations.

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**Report contact:** Sue Lewry-Jones, Chief Internal Auditor

**Contact details:** 020 8541 9190

**Sources/background papers:** Internal Audit: Review of HIV Services  
2015/16

Audit	Background to review	Key findings	Audit opinion	Recommendations for improvement (Priority)
HIV Service	<p>The NHS and Surrey County Council are jointly responsible for providing the HIV Service in Surrey. The Service comprises a mixture of clinical services, support in relation to health improvement and long term condition management.</p>	<p>Arrangements for the continuity of the HIV Service beyond the contract end date (31 March 2016) have not yet been finalised.</p> <p>There are no agreed regular anonymous quality assurance surveys being completed by service users.</p> <p>The contract requires reporting on 7 outcomes to be measured against the Commission of Social Care Inspection 'Independence, Well-being and Choice', which is currently not being done.</p> <p>The Contract Managers have not provided an annual report to be presented at the Annual Review meeting.</p> <p>The Contract provides for ongoing monitoring of services. From discussions with key officers, there was no evidence of any such monitoring or inspection visits carried out by the Public Health Team even though the contract facilitates this.</p>	Some Improvement Needed	<p>The Public Health Service should work with Procurement and Commissioning to agree a forward plan to maintain the HIV Service. <b>(H)</b></p> <p>Ensure that quarterly contract monitoring reports provide information on outcomes and surveys in compliance with the contract terms. <b>(M)</b></p> <p>The officer responsible for monitoring the contract should ensure that the contract provider submits an annual report in accordance with the contract terms. <b>(M)</b></p> <p>Responsibility for contract management and carrying out of inspection visits at contractor sites should be assigned to existing officers thus ensuring the service provider meets the contract terms and service specification. <b>(M)</b></p>

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<b>MANAGEMENT ACTION PLAN</b>
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<b>Directorate:</b>	Adults Services
<b>Audit report:</b>	HIV Service
<b>Dated:</b>	27 April 2016

**PRIORITY RATINGS**

**Priority 1 (high)** - major control weakness requiring immediate implementation of recommendation

**Priority 2 (medium)** - existing procedures have negative impact on internal control or the efficient use of resources

**Priority 3 (low)** - recommendation represents good practice but its implementation is not fundamental to internal control

Para Ref	Recommendation	Priority Rating	Management Action Proposed	Timescale for Action	Officer Responsible	Audit Agree?
5.7	The council officer responsible for contract monitoring should ensure that Quarterly contract monitoring reports provide information on outcomes and surveys in compliance with the service specification and contract terms.	M	Whilst the recommendations and findings are accepted, at the present date not all CCG's are planning to provide ongoing funding for this service in 2016/17. The Deputy Director (Commissioning & Operations) is working with Public Health and the Better Care Board to obtain a decision on future provision, as the intention is that this is a county-wide service.	Ongoing – Internal Audit will follow up as part of the 2016/17 Annual Plan	Liz Uliasz (ASC Deputy Director – Commissioning & Operations)	Yes

Internal Audit

5.8	The officer responsible for monitoring the contract should ensure that the contract provider submits an annual report in accordance with the contract terms.	M	Whilst the recommendations and findings are accepted, at the present date not all CCG's are planning to provide ongoing funding for this service in 2016/17. The Deputy Director (Commissioning & Operations) is working with Public Health and the Better Care Board to obtain a decision on future provision, as the intention is that this is a county-wide service.	Ongoing – Internal Audit will follow up as part of the 2016/17 Annual Plan	Liz Uliasz (ASC Deputy Director – Commissioning & Operations)	Yes
5.12	The Public Health Service should work with Procurement and Commissioning to agree a forward plan to maintain the HIV Service.	H	Whilst the recommendations and findings are accepted, at the present date not all CCG's are planning to provide ongoing funding for this service in 2016/17. The Deputy Director (Commissioning & Operations) is working with Public Health and the Better Care Board to obtain a decision on future provision, as the intention is that this is a county-wide service.	Ongoing – Internal Audit will follow up as part of the 2016/17 Annual Plan	Liz Uliasz (ASC Deputy Director – Commissioning & Operations)	Yes

Internal Audit

5.16	Responsibility for contract management and carrying out of inspection visits at contractor sites should be assigned to existing officers thus ensuring the service provider meets the contract terms and service specification.	M	Whilst the recommendations and findings are accepted, at the present date not all CCG's are planning to provide ongoing funding for this service in 2016/17. The Deputy Director (Commissioning & Operations) is working with Public Health and the Better Care Board to obtain a decision on future provision, as the intention is that this is a county-wide service.	Ongoing – Internal Audit will follow up as part of the 2016/17 Annual Plan	Liz Uliasz (ASC Deputy Director – Commissioning & Operations)	Yes
5.21	The service provider should report on progress towards achieving the above outcomes within the quarterly reports. A template for reporting should be agreed with the service provider.	M	Whilst the recommendations and findings are accepted, at the present date not all CCG's are planning to provide ongoing funding for this service in 2016/17. The Deputy Director (Commissioning & Operations) is working with Public Health and the Better Care Board to obtain a decision on future provision, as the intention is that this is a county-wide service.	Ongoing – Internal Audit will follow up as part of the 2016/17 Annual Plan	Liz Uliasz (ASC Deputy Director – Commissioning & Operations)	Yes

Internal Audit

5.25	Results of independent surveys should be used to assess the quality of service provided by THT and its subcontractor as part of the contract monitoring process. Preferably results of the surveys should be reported directly to the Authority to maintain independence.	M	Whilst the recommendations and findings are accepted, at the present date not all CCG's are planning to provide ongoing funding for this service in 2016/17. The Deputy Director (Commissioning & Operations) is working with Public Health and the Better Care Board to obtain a decision on future provision, as the intention is that this is a county-wide service.	Ongoing – Internal Audit will follow up as part of the 2016/17 Annual Plan	Liz Uliasz (ASC Deputy Director – Commissioning & Operations)	Yes
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I agree the action above and accept overall accountability for their timely completion. I will inform Internal Audit if timescales are likely to be missed.

Head of Service: Strategic Director Adult Social Care and Public Health  
Date: 27/04/2016

The action agreed is satisfactory.

Auditor: Tasneem Ali  
Date: 27/04/2016



## ANNEX 1

### WELLBEING AND HEALTH SCRUTINY BOARD ACTIONS AND RECOMMENDATIONS TRACKER – UPDATED July 2016

The recommendations tracker allows Board Members to monitor responses, actions and outcomes against their recommendations or requests for further actions. The tracker is updated following each Scrutiny Board. 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	Progress Check
SCO71	Epsom and St. Helier University Hospitals NHS Trust [6/15]	<p>1. The Board supports the Trust's investigation into future estate strategy and recommends that it emphasises the improvements it can make to its services and its wider contribution to the management of the total health system finances and;</p> <p>2. That the Board is involved as part of future public engagement on this issue.</p>	ESTH Chief Executive	<i>Members attended a number of public events to launch the strategy and an item has been added to the Forward Work Programme for September 2016.</i>	<i>September 2016</i>
SC072	Surrey Downs CCG Community Hospital Review [Item 8]	<p>Approves of the review process undertaken by Surrey Downs CCG.</p> <p>Requests that it continue to be involved with the review process by scrutinising the CCG's public consultation plans through a sub-group of Members - Tim Hall, Lucy Botting, Karen Randolph and Tina Mountain</p>	Head of Communications and Engagement	<i>Public Consultation has started on the options for SD CCG's community hospital. The closing date for response is 5 May</i>	<i>May 2016</i>

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Progress Check
SC073	Update from Surrey's Health and Wellbeing Board	<p>The Board recommends that: It receives a further update from the Health and Wellbeing Board on the progress against its strategic priorities and any possible changes to how it operates in 12 months time.</p> <p>The Co-Chairs discuss with the Director of Public Health how the Health and Wellbeing Board can strengthen the focus on the wider determinants of health in CCG prevention plans.</p>	<p>Scrutiny Officer</p> <p>Co-Chairs of HWB</p>	<i>Added to the Forward Work Programme.</i>	<i>September 2016</i>
SC074	Access to Primary Care [Item 6]	<p>The Board recognises the need for effective communications with patients and the public and recommends that the Surrey Health and Wellbeing Board works with the NHS England communications team to explore publicity relating to expectation of delivery of primary care services.</p> <p>The Scrutiny Board will schedule further scrutiny on new models of local delivery of primary care</p>	Cabinet Member for Health and Wellbeing		<i>July 2016</i>
SC077	Children's Mental Health [Item 6]	It also recommends that NHS England provide details on the outcome of specialised CAMHS commissioning and in particular how this will deal with adverse travelling times experienced by Surrey residents	Head of Mental Health Specialised Commissioning, NHS England South		<i>September 2016</i>

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Progress Check
		<p>The Board recommends that commissioners and SABP return to the Board in 2017 with a report that outlines the new CAMHS performance against Key Performance Indicators. This should include the time taken for children to be referred, assessed and treated, the type of interventions they receive and what differences these have made</p>			<i>January 2017</i>
SC079	Public Health and Savings plan Report [Item 7]	<p>Requests that Public Health communicates the outcome of the provider negotiations regarding final budget figures and return to the Board to review the performance and progress against saving plans.</p> <p>The Board recognised the efforts made by Public Health to improve realistic efficiencies across Surrey by working together.</p> <p>It was agreed by the Board that the plans for the re-procurement of major services will be discussed at a later date.</p>	Deputy Director of Public Health	<i>An update will be requested.</i>	<i>September 2016</i>

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Progress Check
SC080	Health Inequalities in Surrey Workshop [Item 9]	The Chairman and Vice-Chairman will meet with the Public Health Consultant to develop the Board's scrutiny of the three areas identified by Members.	Deputy Director of Public Health	<i>Meeting to be scheduled July 2016</i>	<i>September 2016</i>
SC081 3 May 2016	Ashford and St. Peter's Hospitals and Royal Surrey County Hospital Merger Update	That the Chairman write to the NHS Improvement team seeking assurances that governors at Royal Surrey will be given the opportunity to share their views as part of the reporting process.	Chairman	<i>This letter was sent following the meeting on 3 May 2016</i>	<i>Complete</i>
SC082 3 May 2016	Ashford and St. Peter's Hospitals and Royal Surrey County Hospital Merger Update	That the findings and recommendations of the NHS Improvement report are brought to a future meeting of the Wellbeing and Health Scrutiny Board;  That the business case and revised timeline for the merger is brought back to the Board, at an appropriate time following the publication of the both the Improvement report and STP plans.	Scrutiny officer	<i>This will be added to the forward work programme following confirmation of timescales.</i>	<i>September 2016</i>
SC083 3 May 2016	NORTH WEST SURREY CCG COMMUNITY HEALTH PROCUREMENT REPORT	The Board requests a further update on the procurement of the community health services is on its agenda for September 2016. It recommends:  That the update in September 2016 brings examples of the quality metrics used in monitoring contract delivery	Scrutiny officer	<i>It is proposed that this is taken to the November 2016 meeting, as a joint item updating on both NW Surrey CCG and Guildford and Waverly CCG Adult Community Health</i>	

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Progress Check
				<i>Procurement</i>	
SC084 3 May 2016	Surrey and Sussex Healthcare and Virginia Mason Institute Collaboration Report	<p>The Board invites witnesses to come back to this Board and update on progress. The Board recommends:</p> <ul style="list-style-type: none"> <li>o That the report covers the improvement projects with hard data on the target improvements e.g. on referral times</li> </ul>		<i>This will be added to the forward work programme following confirmation of timescales.</i>	<i>September 2016</i>

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Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
<b>September 2016</b>				
14 Sep	Epsom & St Helier Hospitals Estate Strategy	Policy Development – the Trust is pressing ahead with a redevelopment strategy for its sites as part of the NHS’ Sustainability and Transformation Plan. The Board will review the strategy and emerging options for the estates.	Daniel Elkeles, Chief Executive, ESTH	
14 Sep	Guildford and Waverley CCG Community Health Procurement	Scrutiny of Services – Surrey CCGs are embarking on a procurement process for the provision of adult community health services. Guildford and Waverley CCG will update the Board on their plans.	Dominic Wright, Chief Officer, Guildford and Waverley CCG  Hannah Yasuda, Senior Commissioning Manager	
14 Sep	Primary and Acute Care System (PACS) Vanguard programme	Policy Development – the Board will scrutinise the development of NE Hants and Farnham CCGs vanguard project after a item on its Community Bed Review	Charlotte Keeble, Associate Director of Integrated and Urgent Care	

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
7 Sep	Stroke Review: Options for Change	Scrutiny of Services – The Board will review the options for reforming the delivery of stroke services in Surrey.	Dr Clare Fuller, Surrey Downs CCG  Claire Norfolk, Project Manager, NW Surrey CCG	
14 Sep	Healthwatch/Scrutiny Planning Workshop	As partners in the health accountability system the Board and representatives from Healthwatch will work together to coordinate future work where appropriate.	Chairman, Scrutiny Officer  Kate Scribbins, Chief Executive & Matthew Parris, Engagement and Insight Manager	
<b>November 2016</b>				
10 Nov	Joint Procurement of Children's Community Health	Scrutiny of Services – Surrey CCGs are embarking on a procurement process for the provision of children's community health services. Guildford and Waverley CCG will update the Board on progress.	Guildford and Waverley CCG	
10 Nov	Surrey Transformation Board	Scrutiny of Services - The Board will consider the work and impact of the Surrey Transformation Board which brings together providers and commissioners countywide.	Dr Andy Brookes, Chief Clinical Officer, Surrey Heath CCG	



**To Be Scheduled**

**Task and Working Groups**

<b>CCG Reference Groups</b>	All Members	To liaise with CCGs and monitor activity and plans across the county, and provide patient and public voice where appropriate.	As appropriate
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